

Healing in Silence: Black Nurses in Charleston, South Carolina, 1896-1948

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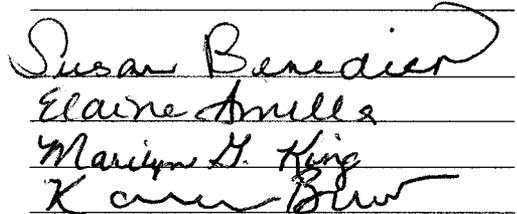
Sarah Ann Johnson

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Approved by:

Chairman, Advisory Committee


Susan Benedier
Elaine Ansell
Marjorie G. King
Karen Blum

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This dissertation is dedicated to those who have sincerely sacrificed and devoted themselves to the cause of human rights and social justice in health care and education.

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Abstract

Healing in Silence: Black Nurses in Charleston, South Carolina, 1896-1948

Sarah Ann Johnson

This dissertation examines the experiences and the roles of black nurses in Charleston, South Carolina, from 1896-1948 against the backdrop of Post-Reconstruction America and leading up to the Civil Rights Movement. This study further examines the early transition of healthcare in Charleston from the domain of religious and benevolent organizations to intersection with mainstream healthcare in the United States. The study questions examined are: 1) What was the origin and experience of black nurses in Charleston, South Carolina? 2) How did the experience of black nurses of the era compare with their antebellum and post-bellum nurse predecessors at large? 3) What impact did the cultural and political climate in the South have on the transformation of nursing practice of black nurses? 4) What impact did black nurses have on healthcare delivery in Charleston from 1896 to 1948? and 5) What influence did early black nurses have on the evolution of and the integration of professional nursing? Primary and secondary sources from the United States, Great Britain, Canada and the West Indies were analyzed using a social history framework. The education and practice of black nurses in Charleston was developed and sustained under the umbrella of religions and philanthropic organizations. Though their Fourteenth Amendment political rights and their voices were subdued, black nurses utilized nursing work as a conduit through which black women forged a message of inclusion in professional nursing and by which they

were introduced to limited benefits of citizenship. Black nurses in early Charleston articulated their citizenship and the need for social justice in healthcare through nursing work.

Chapter 1

Introduction

Should we not try to do something to relieve the suffering of these poor people by placing hospitals and medical aid within their reach?—Anna DeCosta Banks

The purpose of this dissertation is to examine the experiences of black nurses and nursing students in Charleston, South Carolina as lower class free women from 1896 to 1948. The time period beginning the study marks a journey toward citizenship for black women in the South as descendants of antebellum slaves. It also represents the most rapid period of growth in the early history of professional nursing schools, nursing organizations and the emergence of many of the most well known nursing leaders in the United States.¹ The time period surrounding 1948 is a marker for the first shift toward desegregated nursing education in Charleston.²

Specifically, this study addresses the following questions:

- 1) What was the origin and experience of black nurses in Charleston, South Carolina?
- 2) How did the experience of black nurses of the era compare with their antebellum and post-bellum nurse predecessors at large?
- 3) What impact did the cultural and political climate in the South have on the transformation of nursing practice of black nurses?
- 4) What impact did black nurses have on healthcare delivery in Charleston from 1896 to 1948?

5) What influence did early black nurses have on the evolution of and the integration of professional nursing?

In June 1959, the Hospital and Training School for Nurses in Charleston, South Carolina, which had been chartered in 1896, closed its doors as a hospital and was razed by 1961. As the walls of the structure were swept away, so was the symbol of opportunity and citizenship for black women in Charleston to assimilate into the American nursing profession for the first time.³ Prior to its demolition, the facility operated as the original primary health care provider specifically founded to address the health care needs of Charleston's black community.⁴ The first two years of operation for the training school can be described as a careful beginning with inadequate clinical facilities.⁵ However, the April 1899 cover photo and caption of *The Hospital Herald*, a journal publication of the facility, publicly announced the sobering realities for pioneer black nurses and nursing students in Charleston. In the photo, two black female nursing students stand side by side like sentinels in their starched school uniforms, staring down at the face of the black female patient from Lake City, South Carolina. The patient had been transported to the hospital and training school for treatment of a gunshot wound. The caption with the photo described how the patient's husband, the postmaster of Lake City, and their baby son had been shot to death, and that her three other children were wounded. Their injuries, along with the burning of the family's home, were in protest to the federal appointment of a black postmaster in Lake City, South Carolina, to a position that represented community prominence and leadership.⁶

To compound these realities for black nurses and nursing students, requests to allow them to practice and train on the City Hospital's colored wards were initially refused by City Hospital leaders.⁷ These conditions and dilemmas for the fledgling Hospital and Training School for Nurses defined the challenge for black nursing pioneers to heal their own condition, their patients' conditions, and societal conditions while simultaneously seeking inclusion and recognition in professional nursing. Their challenge had to be attained without upsetting the delicate balance of race and class relations in post-bellum Charleston, South Carolina.⁸ These challenges marked the beginning of a silent movement.

Social history records many causes and movements based on the need to understand the complexity of race, class, gender, religion, social justice and human rights as they relate to physical and mental health. Many of these causes have, within the context of time, been silenced in the dissonant vernacular of diversity. The history of professional nursing is rooted in caring; a construct described by nurse anthropologist Madeleine Leininger as "critical to human growth, development, and survival for human beings for millions of years."⁹ Leininger defined caring as "the central and unifying domain for the body of knowledge and practice in nursing."¹⁰ She believed that the phenomenon of caring must be examined from a historical, philosophical and epistemological analysis.¹¹ She punctuated this definition by stating that caring involves assisting another to grow and self actualize and is "the antithesis of simply using the other person to satisfy one's needs."¹²

Robinson described nursing in regard to women as a natural instinct. Of this historically complex intersection between nursing and womanhood, Robinson wrote, Woman is an instinctive nurse taught by Mother Nature. The nurse has always been a necessity, and thus lacked social status. In primitive times, she was a slave, and in the civilized era a domestic. Overlooked by the plans of legislators, and forgotten in the curricula of pedagogues, she was left without protection and remained without education. She was not an artisan who could obtain the help of a hereditary guild; there was no Hanseatic League for nurses. Drawn from the nameless and numberless army of poverty, the nurse worked as a menial and obeyed as a servant. Denied the dignity of a trade, and devoid of professional ethics, she could not rise above the degradation of her environment. It never occurred to Aristotles of the past that it would be safer if nurses were educated instead of lawyers. The untrained nurse is as old as the human race; the trained nurse is a recent discovery. The distinction between the two is a sharp commentary on the follies and prejudices of mankind.¹³

Due to the complex nature of nursing work, which is rooted in the phenomenon of caring, nursing history provides unique perspectives on the historic effects of race and poverty on physical and mental health, and human suffering in general. Knowledge of history regarding long-standing trends in professional nursing is what Lynaugh describes as “our source of identity, our cultural DNA.”¹⁴ Examination of the shifting ideals of caring and nursing care at the intersection of the history of the health sciences is a

necessary step in the analysis of contemporary threats to global health. These threats include nursing workforce attrition, decreased availability of nursing faculty, nurses' rights and safety, and patient rights and safety.

Chapter 1 contains the study purpose and rationale. Chapter 2 contains a necessary contextual overview of the emergence of nurse training in America. This section includes the experience of Jamaican nurse Mary Grant Seacole to provide context to the emergence of women of color into modern western nursing. Chapter 3 describes the political origin and evolution of the Hospital and Training School for Nurses and the emergence of Charleston's first trained black nurses. This chapter also describes the learning environment for nurses and nursing students. Chapter 4 is devoted to the experience of black nurses of the era outside of the domain of the hospital in public health and community work. Both chapters 3 and 4 discuss the work of Anna DeCosta Banks, Charleston's first professionally trained nurse. Chapter 3 discusses her role at the training school and Chapter 4 focuses more on her community work, but at times the duties overlap. Chapter 5 is the conclusion for the study. Appendix A contains brief biographical data on nurses affiliated with the training school for whom some information is available. Appendix B provides class listings and data of known graduates and nurse leaders of the Hospital and Training School for Nurses.

Primary and secondary documents used for the analysis of this study were predominantly from United States sources on the same and similar topics. All documents were written in English. Some secondary resource articles were from British and

Canadian publications. Research for this study began at the Avery Research Center for African American Culture on the College of Charleston Campus in Charleston, South Carolina. The Center houses extensive collections of primary sources and secondary sources on the history of education for blacks in Charleston. From these collections, data pertaining to the Hospital and Training School for Nurses was reviewed. This data was located under the title of its successor facility, the McClennan-Banks Memorial Hospital Collection. The Helen Evangeline Banks Harrison Papers 1898-1985 (daughter of Anna DeCosta Banks) were used to enhance the study with data pertaining to her mother's experiences. Archival data from Roper Hospital School of Practical Nursing was obtained and used with permission from Roper-St. Francis Healthcare System in Charleston, South Carolina.

Data collection was continued with two separate trips to Hampton University Museum and Archives in Hampton, Virginia. The African American and the Education collections at Hampton housed records of Banks' alma mater, Hampton Institute and her mentors. These collections included predominantly letters, reports, photos, and articles from *The Southern Workman*, a classic journal at the former Hampton Institute. Data on Banks' personal life outside of her nursing work was limited except for the mention of her mother, grandmother and daughter in her letters. Banks' husband, Isaiah Banks,⁰ was only mentioned by name in one primary source record at Hampton. No separate collection for Isaiah Banks was located in any facility; however, he is mentioned in secondary sources. One document from the South Carolina Federation of Colored

Women's Clubs was located in the Mary Church Terrell Papers at the Library of Congress, Washington, D.C.

The South Carolina Historical Society in Charleston was utilized because it houses an extensive collection of original reports of the Ladies Benevolent Society (LBS), including reports written by Banks. The collection contains social history data regarding public health in the Charleston area and includes primary source data on early local work of the American Red Cross (ARC) and Metropolitan Life Insurance Company of New York City (MLIC). It also contains data on multiple community organizations affiliated with the work of early black nurses in Charleston. The South Carolina Room at the Charleston County Library and the South Caroliniana Library at the University of South Carolina in Columbia were visited to review classic books, articles, microfilm and web-based records on the social of history of Charleston and the state of South Carolina.

The Waring Historical Library on the campus of the Medical University of South Carolina in Charleston houses biographical files on Banks and other pertinent founders of the Hospital and Training School for Nurses, such as Lucy Hughes Brown, M. D., and Alonzo Clifton McClennan, M. D. The Waring Historical Library also houses classic books, journal articles, manuscripts on the history of healthcare education public health and public health nursing in Charleston, South Carolina. The Ruth Chamberlin Biographical File is also housed at the Waring Library. One DVD, "Portraits of Health Care Pioneers," produced by the College of Nursing at the Medical University of South Carolina from a May 12, 2005 presentation, was also reviewed to gain insight into the

experiences of two nurses, one faculty and one graduate, of the Hospital and Training School for Nurses. The Highlander Collection at the University of North Carolina in Asheville, North Carolina holds a biographical file and photo of Hospital and Training School for Nurses graduate Ruby Woodbury Scarlett Hilton, but was otherwise limited regarding the purpose of this study. The Rare Book, Manuscript, and Special Collections Library at Duke University in Durham, North Carolina houses the collection of early Charleston photographer Michael Francis Blake which contained an early class photo of training school graduates from the Hospital and Training School for Nurses in Charleston. Aside from data regarding Duke Endowment funding for t The time period surrounding 1948 is a marker for the first shift toward desegregated nursing education in Charleston.¹⁵ T he Hospital and Training School successor institution, McClennan Banks Memorial Hospital, it was otherwise limited regarding the central focus of the study of black nurses in Charleston.

Two separate visits to the Rockefeller Archive Center in Sleepy Hollow, New York revealed extensive collections of primary source data on the history of health and philanthropy and nurse training in the United States. These documents were primarily in the form of reports and budgets. These included the Rockefeller Foundation records and the General Education Board records. The Center houses the original 1925 research report, *A Study of the Present Status of the Negro Woman in Nursing*, authored by Ethel Johns. The Johns report was a primary source rich with insight regarding the history of and historical perception of black nurses in the United States.

For the purpose of this dissertation, the term “healing” and its derivatives in some instances refer to direct acts of nursing or patient care. However, the overarching theme or concept of “healing” refers to the nurses’ simultaneous attempts at healing their patients, themselves and society through nursing work. In this study, “silence” is defined as the complex, quiet, careful acquiescence of women to the expectations of Southern society in the cause of human rights. This definition includes white women, the pseudo-hierarchy of wealthy black women of Charleston’s black aristocracy, and economically poor, lower class of black women in Charleston. “Silence” also refers to the fact that the experience of lesser known black nurses and nursing students is documented by the opinions of someone other than themselves. One dimension of the term is intended to serve as homage to women of all races in early Charleston whose efforts paved the foundation for community public health and minority participation in professional nursing.

Though this definition excludes the societal condition of black men of the era, there is no intent to minimize their existence, struggle, and restricted political rights. Race and class status of all black Charlestonians remains an overarching theme throughout the study. The omission of men from the definition of “silence” for the purpose of this dissertation is merely intended to frame the study of post-bellum nursing in Charleston as a conversation about women.

The story of black nurses as women in Charleston society during the late nineteenth through turn-of-the-twentieth century was not far removed from the

experiences of their antebellum predecessors at large. In *Ar'n't I a Woman*, Deborah Gray White argues that the slave women antebellum predecessors of black women in early Charleston possessed the least amount of societal power and describes them as being “perhaps the most vulnerable group of antebellum Americans.”¹⁶ Freedom from slavery did not eradicate the realities of their exploitation as a sub-culture of women.

Review of Literature

The broad scope of literature on health sciences history in the United States contains an overarching framework for this study of black nurses in Charleston. Literature that captures the complex discussion of black nurses in the health sciences includes the disciplines of American History, Women’s Studies, Feminist Studies, African American Studies, Nursing History, Public Health History and the History of Medicine. For the purpose of this dissertation, and in keeping with the historic complexity of the study topic, examination of literature for this study was cross-disciplinary. Therefore, it is divided into categories that address national healthcare of the era: the history of healthcare in Charleston, nursing in Charleston, and black nurses within nursing. The historical literature on black nurses is the central focus of the literature review. A category addressing the historically complex existence of and relationships among women in Southern society is included as the final and crucial contextual piece underpinning the review of literature for this study. Literature to frame the study involves a cacophony of issues, all of which suggest that the status of being

black women on the lower rung of society caused them to remain in a state of chronic vulnerability at the intersection of professional nursing.

Many authors support this notion of professional vulnerability superimposed on societal vulnerability. For example, Aptheker defined the experience of turn-of-the-century black professional women in the United States as “a quest for dignity.”¹⁷ The absence or latency of citizenship is also made manifest in the timing of scholarship that emerged documenting their existence. In 1983, black feminist historian Hortense Spillers identified that, with the exception of a few nineteenth century autobiographies, published literature regarding the realities of black women in America was essentially suppressed and sporadic until the American Harlem Renaissance period that emerged in the 1920’s.¹⁸ The Harlem Renaissance was critical to the development of and expression of black culture in America.¹⁹ This time period marked the beginning of study and critique of black women, many of whom were previously unrecognized, as authors and scholars of and in mainstream America. But perhaps more importantly, such scholarly recognition gave them something that they had been long since denied—societal voice.

A classic example of this excavation of the black female voice was black scholar and educator Anna Julia Cooper’s *A Voice from the South* in 1892, which described the lived experience of black women in early America as “voiceless” and “the long dull pain.”²⁰ Cooper’s descriptive language was succeeded by a cascade of twentieth century titles in which the historical existence of black women in America has been described as chronically pathological with societal contributions unrecognized and plagued by social

injustice. Many of these titles captured the life experiences, challenges and accomplishments of black women in America late in life or posthumously. For example, titles such as Guy-Sheftall's *Daughters of Sorrow: Attitudes Toward Black Women, 1880–1929*; Morton's *Disfigured Images: The Historical Assault on Afro America Women*; Ruffin's "Lifting As We Climb"; Hine, King and Reed's "*We Specialize In the Wholly Impossible*"; and Gray-White's *Too Heavy a Load: Black Women in Defense of Themselves, 1884-1994* have been used to label and capture the historical experience of black women in America in the quest for survival, citizenship and professionalism.²¹

Health Care of the Era

Among the historical phenomena that framed the experience of black nurses nationally and in the South was that of the politics of professional medicine. By being so closely linked to nursing, medicine subsequently and directly impacted the evolution of professional nursing. In *A Time to Heal: American Medical Education from the Turn of the Century to the Era of Managed Care*, Ludmerer described the years at the foundation of mid-twentieth century health sciences as a period focused on the promotion of medical education. He believed that, early on, the medical profession and the health sciences at large were more focused on research with less emphasis on nursing education and social variables related to poor health.²² In *The Social Transformation of American Medicine: The Rise of a Sovereign Profession and the Making of a Vast Industry*, Starr wrote an interpretive history outlining what he described as the journey of American medicine to unification and dominion over the health sciences.²³ Starr punctuated Ludmerer's

description of the historical role of nurses in the health sciences hierarchy. He described the emergence of formal nurse training schools during the late nineteenth century United States as “a source of cheap labor in the form of unpaid nursing students,” and as “mainstays of the hospital’s labor force.”²⁴ In *Devices and Desires; Gender, Technology and American Nursing*, Sandelowski also captured the power and gender stratification issues of early nurses as laborers in the health science hierarchy. She emphasized how early nurses were described as parts of the physician, such as the eye, hand and right arm; how nurses were used as part of hospital décor in advertisements; and how nurses had medical instruments or equipment named after them.²⁵ Sandelowski also pointed out that early hospital planners were interested in developing equipment that could serve as “nurse substitutes” and as calling devices that summoned nurses.²⁶

King expanded the conversation and analysis of labor conditions and status for nursing students and nurses during the onset of professional nursing. She also described the origins of shortage and how shortage was defined. She argued that in order for the early United States training schools to attract high-school educated, middle class women, working conditions and the public perception of nursing needed improvement. She further argued that improving educational standards alone could not improve these conditions.²⁷ Using the example of the Peter Bent Brigham School of Nursing in Boston, she concluded that nursing education reform could not be achieved without addressing the power imbalance between hospital administrators and nurses regarding resources and labor distribution.²⁸

As central to political stratification issues in the health sciences arena for nurses as laborers in early America was the societal condition of the populations that they cared for. In describing the state of early American health, Douglas Ewbank compared the mortality of blacks and whites in the United States before 1940. In his study, he also placed the history of black mortality in the broader context of the history of mortality in the United States leading up to 1940.²⁹ He cited unequal education, employment and income as persistent determinants of mortality differentials between blacks and whites.³⁰ Black nurses provided nursing care in many of the most disparate populations in the country. In fact, Byrd and Clayton cited black healthcare workers during the era of this study as essential to poverty-stricken black communities lacking access to health care.³¹ In their 2002 comprehensive study on healthcare disparities in the United States, the Institute of Medicine (IOM) defined the Post-Reconstruction period in America between 1865 and 1910 as critical in the development and training of black health professionals, in white institutions.³² However, in the broad scope of historical literature addressing turn-of-the-twentieth-century health in the United States, nursing is discussed as a footnote to the growth of the field of medicine.

A common theme in historical literature referencing health sciences history during the time period of the study (1896 to 1948) was a tendency to cite the antebellum and post-bellum periods as contributory to and a harbinger of ominous public health care trends in the United States.³³ Also, within the body of historical health sciences literature in America

from the late nineteenth through twentieth centuries, the issues of race and gender are cited as variables that have plagued public health for decades.

Churches as Public Health Providers in Charleston, South Carolina

Churches and charitable organizations were closely linked to healthcare in early Charleston because they were the medium through which health care and charitable goods were channeled to the urban and rural communities. In *The Churches of Charleston and the Low Country*, Jacoby described Charleston as an early center of religious freedom in the New World.³⁴ She described how Antebellum Catholics in Charleston, under the leadership of Bishop John England, provided health care services to persons of European, Latin, African and Asiatic descent. King wrote of Charleston's St. Mary's Hospital, a facility that existed near the unfinished Roper Hospital in early Charleston. She documented that the hospital housed patients of all nationalities during a yellow Fever epidemic that killed 499 people in Charleston, including almost half of the city's Catholic population, in the nineteenth century.³⁵ In *Historic Churches of Charleston, South Carolina*, Legerton chronicles the significant contributions of multiple denominations of churches in Charleston. He framed his discussion to include a focus on missionary efforts toward health and education of Charleston's black community and the historic use of churches during wartime as supply warehouses, stables and hospitals.³⁶ Legerton described these church venues as being on the frontier of trauma, disease and epidemic.³⁷

In their study, *Alternative Mental Health Services: The Role of the Black Church in the South*, Blank, Mahood, Fox and Guterbock linked religious freedom to the historically dominant role of the black church as an informal mental health service provider and a conduit connecting underserved, marginalized citizens to formal health care systems in the South.³⁸ However, others have pointed out the fact that black churches have not, historically, been the sole providers of health care and missionary services to Charleston's early black community. In Kostner-Donato and Oxner-Waring's biography of Charleston physician Joseph Ioor Waring, and his contributions to community health in Charleston, they emphasized the relationship between the health care community and the white religious community in the cause of community health in Charleston as a tradition that began as early as the eighteenth century.³⁹ In doing so, they also emphasized the community physicians' collaboration with and the independent role of the Ladies' Benevolent Society (LBS).

The LBS was a charitable organization of white women that consistently provided and facilitated charitable and health care services to Charleston's black and white communities for over a century.⁴⁰ The LBS was founded in 1813 and incorporated in 1814, staking their claim as pioneers in charitable or benevolent services and health care with the specific stated mission, "relief of the sick and poor."⁴¹ Catherine Ravenel, Superintendent of the LBS beginning in 1895, documented the challenge of the longstanding organization, stating, "Ours is a hand-to-hand fight against disease and poverty and dirt, the most pitiful ignorance, and inherent prejudice."⁴²

Public Health and Politics in Early Charleston, South Carolina

In *A History of Medicine in South Carolina*, Waring characterized the health care climate and the political evolution of healthcare in Charleston. In his critique of the early history of disease rates in Charleston and South Carolina at large, he cited that the late nineteenth through the early twentieth century was a period of rapid decline in the health of South Carolina blacks, beginning in 1865.⁴³ Along with the challenge of disease and epidemic for health care providers came the challenge of public sanitation and asepsis. Walter J. Fraser's *Charleston! Charleston! The History of a Southern City* documented the history of disease outbreaks and sanitation challenges beginning in the 1890s through the early 1900s. Fraser described the pivotal role of the city's chief health officer, Dr. Henry Horlbeck and his efforts to curtail Charleston's 1890's typhoid outbreaks, particularly as they affected poor blacks and whites who were not represented in political domains.⁴⁴ Fraser also introduced and described the work of Charleston County Health Department Director, Dr. Leon Banov, Horlbeck's successor and his politically complicated public health challenges from 1898 to 1906—the beginning of a new era of segregation laws in South Carolina.⁴⁵ In Leon Banov's autobiography, he described his experience as Director of the Charleston County Health Departments after it merged with the City Health Department in the early twentieth century. He captured the ominous history of disease, mortality rates, and public health concerns in early Charleston. It was Banov's writing and reports that included and emphasized the significance of black and white public health nurses in the cause of local and state public health in South

Carolina.⁴⁶ Banov's endorsement as a public health official gave credibility to the status of Charleston's nurses, particularly those in public health who were not hospital based.

In Powers' social history on early Black Charlestonians, he provided insight regarding the transmission of disease in early Charleston. His study delved into how the slave trade and decades leading up to 1896 resulted in the large influx of African blacks into the port city of Charleston. He also discussed the early patterns of race relations in Charleston that were divided along lines of race and class. However, he pointed out that separate class did not mean that blacks and whites lived far from one another in the city. Powers also argued that post Civil War emancipation created different realities for free urban blacks in comparison to their rural slave counterparts.⁴⁷

Patterson studied the health of Southern blacks from 1890 to 1930, with a focus on the relationships between health and racism. Her findings, like Powers', captured the common theme of most of the historical studies on the health of black Southerners of the era. This theme emphasized that during the late nineteenth and early twentieth centuries the politics of racial discrimination dictated every aspect of health care for Southern blacks in the United States and that the short-lived Southern progressive movement, from the 1890s to the 1920s, was instrumental in health care reform.⁴⁸ Hahn's *A Nation Under Our Feet: Black Struggles in the Rural South from Slavery to the Great Migration* emphasized that social reform was driven mainly by middle class blacks, Catholics, and Jewish Americans who pushed for both government programs and community self-help programs to enhance public well being and social justice in general. However, he argued

that this movement was plagued by contradictions within the movement in regard to race.⁴⁹ In contrast, Drago's *Charleston's Avery Center: From Education and Civil Rights to Preserving the African American Experience* described how black Charlestonian citizens became more politically active near the turn of the twentieth century. However, Drago's work revealed that much of this self-help took place within the confines of closed community groups. For example, he described how Charleston's black elite formed and maintained literary societies that excluded other blacks of the lower class.⁵⁰

David's study discussed an early educational link between literacy and nursing in the low country of South Carolina, near Charleston. According to him, this link occurred at the Penn School on St. Helena Island, South Carolina from 1862 to 1922. His study of literacy development described the early efforts of founder and educator, Laura Towne and her successors, Ellen Murray, and Hampton Institute graduate Rosa Cooley, in the development of a curriculum that promoted basic literacy and life skills to rural blacks of the lower class. David argued that while Towne's goal was to prepare blacks for leadership through academics, Cooley's Hampton Institute-inspired teaching style prepared blacks for second class citizenship.⁵¹

But in spite of more minor disagreements, the general consensus of literature documenting the early history of public health politics in Charleston, South Carolina, emphasized the role of religious and charitable organizations as the springboard of public health in early Charleston. These themes revealed the slow evolution of community self-help toward health, literacy and societal equality running at cross purpose to the tenets of

segregation. Another shared theme implicated race, illiteracy, and poverty in the bleak public health outlook for black Charlestonians from the late 1800s and extending well into the mid-twentieth century.

Black Women as Nurses

From the mid-to-late nineteenth century through the mid-twentieth century, the history of black women in nursing and nursing education in the United States has been documented to mark milestones in the health sciences legacy. Existing historical literature regarding black women in nursing is filled with verbiage synonymous with the struggle for inclusion in nursing, the overcoming of barriers, and the roles of silence and obedience as mechanisms of survival and subdued reform.

The pattern of descriptors found in historical literature regarding black women in America, naturally, spills over into the titles of historical nursing literature regarding black nurses. These titles include autobiographies and biographies about more widely known and idolized black nursing leaders. These titles are, for the most part, described with the language of “firsts,” i.e., the first black nurse to achieve some professional milestone.

One classical example of such autobiographical work includes *Wonderful Adventures of Mrs. Seacole in Many Lands*, by Mary Grant Seacole. In this autobiography, Jamaican nurse Mary Grant Seacole wrote of her own experiences with nursing, predominantly with the British military in the Crimea. Seacole is documented as

the first biracial nurse in Western nursing.⁵² Seacole believed that her contributions were rejected by mainstream British Nursing because of her mixed race.

An example of an early historical autobiography of an American Southern black nurse written in the language of “firsts” is *Reminiscences of My Life in Camp with the 33rd U. S. Colored Troops Late 1st South Carolina Volunteers*, written by black Civil War nurse, Susie Baker King-Taylor in 1902. In this work, Taylor shared her experiences as the first recognized black military nurse in the United States.⁵³ Like Seacole, Taylor believed that her color was a hindrance, even on the battlefields. She described her experience as tolerated because of the wartime need for nursing work, but under compensated and unrecognized with regard to her contributions to mainstream nursing.⁵⁴

A classic example of biographical nursing history literature, also in the language of “firsts” includes Helen S. Miller’s *Mary Eliza Mahoney, 1845 to 1926: America’s First Black Nurse*, which describes the life of the first recognized black professionally trained nurse in the United States and her professional experience with nursing and nursing education.⁵⁵ Miller described Mahoney’s experience as more recognized for what she symbolized than for her actual practice. Miller also described Mahoney as more recognized after retirement and posthumously as a legend than she was during her (Mahoney’s) lifetime.⁵⁶

Several mid-to-late twentieth century and early twenty-first century titles also contained biographical data about Mary Grant Seacole, described and depicted as, “The Florence Nightingale of Jamaica,” “America’s First Nurse Practitioner,” and “The Most

Famous Black Woman of the Victorian Age.”⁵⁷ Like Nightingale, Seacole is honored as a nursing legend more so in Great Britain than in the United States.⁵⁸

A second category of literature includes social histories of black nurses, such as *Black Women in the Nursing Profession: A Documentary History*, by Darlene Clark Hine. In this book Hine argued that the journey of black nurses was as a separate entity in the nursing profession’s struggle for advancement and opportunity.⁵⁹ In “They Shall Mount Up With Wings As Eagles” in *Historical Images of Black Nurses, 1890-1950*, Anne Hudson-Jones offered another self-explanatory title rich with historical connotations regarding the intersection of race, religion, health care and the history of black nurses.⁶⁰ The pattern of self-explanatory social history titles recounting the history of black nurses includes Mary Elizabeth Carnegie’s classic *The Path We Tread: Blacks in Nursing Worldwide*, which offered an international survey of multiple black international nursing pioneers.⁶¹ Carnegie’s classic marked a milestone in introducing black nursing pioneers to mainstream historical and nursing literature. Gamble’s *Making a Place for Ourselves: The Black Hospital Movement 1920-1945* provided a descriptive analysis and overview of race relations in nursing with a focus on early black hospitals as a mechanism of survival for both black nurses and black physicians. In this study, the experience of black nurses paralleled the evolution and demise of segregated benevolent institutions.⁶²

In *Early Black Leaders in Nursing: Architects for Integration and Equality*, Davis focused on the lives of nursing reformers. Davis argued that four women, Marie Zakrzewska, M. D., Mary Eliza Mahoney, Martha Minerva Franklin, and Adah Belle

Samuels Thoms were the main reformers in the cause of black professional nurses. In her study, Davis likened these women to architects responsible for upgrading the quality of opportunity, practice and education for early black nurses in the United States.⁶³ Collectively, these sections of literature and powerfully descriptive titles clearly documented the challenge for early nurses in the Western world as a struggle for inclusion.

In *Bad Blood: the Tuskegee Syphilis Experiment*, Jones delved into the ethical dilemmas and exploitation encountered by black nurses in the early twentieth century South and their participation in government research.⁶⁴ In *Reflections of Nurse Rivers*, Hine also explored the history of the American black nursing experience in the broader context of ethics and health sciences research. Her focus centered on the Southern black nurse, Eunice Rivers Laurie, and her experience and participation with the Tuskegee Syphilis Study involving the harmful experimentation on men. Rivers' controversial experience is documented in her own words.⁶⁵ Hine's and Jones' writings beg the question of whether or not Rivers was exploited by more knowledgeable researchers; whether or not she believed she was improving community health and advancing opportunity for black women in the nursing profession; or whether or not her actions were based on self-preservation. Collectively, these studies on Rivers delved into the controversy of the motives and commitment of black nurses of early America as go-betweens in the delivery of health care to the black community while in subjugation to the mainstream health sciences hierarchy. Rivers' experience with the early syphilis trials

in Alabama remained throughout nursing and public health literature as both a catalyst for research reform in the United States and a symbol of a culture of tainted trust issues regarding black nurses in their own communities.⁶⁶ Both Jones and Hine suggested the possibility that professional survival for black nurses in the early to mid-twentieth century South required participation in practices that were not necessarily beneficial to them or the black community but were, arguably, better than no change at all. These works offered exemplars of the moral dilemmas facing black public health nurses beginning in the late 1920s, as they attempted to gain professional footing at the local, state and federal levels in the United States.

Darlene Clark Hines's *Black Women in White: Racial Conflict and Cooperation in the Nursing Profession, 1890-1950* and *Black Women in the Nursing Profession* specifically described race relations within nursing and the commonalities of the experiences among northern and southern black nurses. In these works, Hine included experiences of Charlestonian nursing pioneer Anna DeCosta Banks, describing Banks' contributions to nursing as being often met with anxiety and fear from patients who accepted her help predominantly out of desperation but did not offer her money for her nursing services.⁶⁷ In a more contemporary critique, a 21st century post-graduate nursing student in South Carolina critiqued Banks' role in the evolution of professional nursing in Charleston in retrospect as sacrificial in nature, stating, "She used her communication skill not only to integrate nursing, but to be a bridge to humanity."⁶⁸

By far the most controversial nursing literature regarding black nurses in America was *A Study of the Present Status of the Negro Woman in Nursing*. This study was conducted in 1925, and written in 1926, by a white, British-born nurse, Ethel Johns, who practiced nursing in Canada. Johns was hired by the Rockefeller Foundation to study the experience of black women in nursing in early America. Though the report included northern and southern black institutions, the Johns report was critical of both Southern culture and black nurses. Of the sixteen states covered in the study, only six were in the South, and South Carolina was not one of them. However, Hampton Institute, which was closely linked to the black nursing experience in Charleston, was included in the study.⁶⁹ Johns described the experience of black nurses as having “serious racial disabilities which weigh so heavily on the Negro nurse.”⁷⁰

In the late twentieth century, Hine wrote the first historiographic analysis of Johns’ report, which had been insulated in secrecy for 50 years. She argued that the Johns report served to reinforce an enduring inferior perception of black women as nurses.⁷¹ Young also critiqued the Johns study and the manner in which the black nursing experience in America was filtered through the opinion of and the reporting by Johns. Like Hine, Young believed that the language in Johns’ expressions was demeaning and exposed her own (Johns’) racial prejudice toward black nurses.⁷²

In a twenty-first century study of the Johns report, Grypma further analyzed the work of Ethel Johns and offered critique that was opposite to that of Hine and Young. Grypma argued that in the controversial study, Johns’ commitment to social equality was

evidenced by the fact that she observed and articulated the “racist character” of the relations between white institutions and black nurses in an era when few others would do so.⁷³ There are passages throughout the study that support Grypma’s position. For example during one visit, Johns wrote,

I heard four hundred Negro men and women sing an old spiritual with the recurring refrain, “Lord, what shall I do?” That one poignant phrase expresses as nothing else could the blind groping of Negro nurses toward the light they feel to be denied them.⁷⁴

Another example in support of Grypma’s more positive critique was Johns’ inclusion of the opinion and comments of black nurses. According to Johns, some of the black nurses expressed that by initiating Johns’ study, “the foundation [Rockefeller] had begun at the wrong end.” Of their opinion, Johns concluded,

What is really needed is not only a study of Negro nursing, but something much broader than that—a study of the whole Negro situation in relation to health, especially those phases which bear on hospital services and the practice of medicine by Negroes. The nursing problem, interesting though it may be, is insignificant in comparison.⁷⁵

In this passage, Johns elevated the voice of black nurses from silence to mainstream, revealing them as being capable of critiquing their own professional and social dilemmas. Regarding her own critique of black nurses, Johns prefaced her report with a disclaimer acknowledging the fact that she was an English woman professionally trained in Canada,

and that the Johns Report marked her first contact with what she described as “the Negro problem.”⁷⁶ However, she also admitted that her report was “neither thorough nor exhaustive.” Nonetheless, it was a valuable reference source from which to critique and research the state of nursing in the United States.⁷⁷ In defense of her own work, and perhaps in anticipation of future controversial critique and scrutiny by others, Johns offered that she was enriched by the study. She stated that Negro study participants critiqued the black nursing problem as parallel to that of the mainstream conflicts of feminism and the labor movement. Of the complexity of nursing in the South, Johns concluded,

...no one should presume to express an opinion on the race question who has not lived long enough in the South to get the Southern point of view. It is not necessary to agree with it. It is necessary to get a sympathetic understanding of it by actual contact with the conditions that so profoundly affect it.⁷⁸

All of the studies about the Johns report suggested that it formally captured the unique historical experience of black nurses within an inequitable American health care system.

Though there was evidence in the historical literature of the history of black men in nursing, the majority of literature on black nurses referred to black women.

Seventeenth through mid-twentieth century literature cited Philadelphia native James Derham as both America’s first black physician and America’s first black nurse. Derham was commonly described as a slave owned by and educated by multiple physicians. Early American authors, such as Williams, described Derham’s duties as a medical assistant

performing apothecary work in the late 1700s; a description more similar to that of a physician and predating the professional nursing movement of the late 1890s.⁷⁹ However, twentieth century authors, such as Quarles, described Derham's experience as performing nursing work in New Orleans in 1783 to purchase his freedom and become a physician.⁸⁰ No literature was found suggesting that Derham was trained in any formal nurse training program. Durham's experience as described in historical literature highlights the fact that the conversation of black nurses in Southern history is predicated more upon the experiences of black women as opposed to the experiences of black men.

In general, the available literature underpinning the history of black women in nursing culture identified some enduring themes in nursing history. These included black nurses' historical reliance upon and subjugation within the dynamic nexus of health science disciplines, religious institutions and philanthropic organizations. Collectively, available literature on the topic of black nurses in the South and America at large reinforced the concept of the stratified powerlessness of black women in nursing, and of nursing as a women's profession in late nineteenth and early-to-mid-twentieth century America.

Another prevalent theme throughout the literature regarding the contributions of lesser known black nurses and black nursing icons was that, in the context of history, their work was often described as ineffectual, ordinary, mundane and unremarkable during their own lifetimes; yet extraordinary, beneficial and marketable when examined and published in retrospect as a body of literature.

Women in Southern Society

Historical literature that analyzed the evolution of the complex roles of women, and cross-cultural relationships of women-at-large in Southern society is a necessary discussion that underpins the historical study of the evolution of black nurses in Southern society. For example, Johnson highlighted the activities of southern club women in community service in South Carolina from 1890 to 1930. She included descriptions of black and white South Carolinian and Charlestonian club women of the era and their roles in community service. She noted the belief, by black and white southern women, that they owned a separate identity than mainstream America simply because they were Southern.⁸¹ She also emphasized the enduring strength of exclusionary traditions regarding race and gender in the South, a concept she described as “Confederate identity” originating in Charleston.⁸²

Another publication by Johnson collected the letters of the four Poppenheim sisters of Charleston. They were the first South Carolinian women to travel north to attend Vassar, a women’s college in New York.⁸³ Johnson’s studies provided insight into the education and socialization of post-bellum Southern white women. She argued that there was a “gulf” between their experience and that of Southern black women.⁸⁴ But some argued that this gulf was as much as the one between white women and white men. For example, in *The Southern Lady from Pedestal to Politics*, Frior-Scott studied the pivotal role of the Civil War and Reconstruction in changing the societal role of women as followers into leadership roles out of the necessity of self-sufficiency in the war-

induced absence of men.⁸⁵ She believed that this shift toward a matriarchal society widened the gulf between the sexes and that, even after wartime, societal leadership did not shift entirely back to men.⁸⁶ In contrast to Johnson's studies, Massey's *Women in the Civil War* emphasized the social stigma and initially harsh treatment encountered by northern and southern women nursing on the battlefields during the Civil War.⁸⁷ Having been forced into legitimate gainful employment by war, they faced opposition to their presence by some military physicians and military officers, who later began to appreciate their necessity.⁸⁸ She also described how war was the impetus for early relief agencies, such as the Women's Central Association of Relief in 1861, and the United States Sanitary Commission, under the leadership of Mary Bickerdyke, also known as "Mother Bickerdyke" and Mary Livermore, the wife of a Chicago clergyman.⁸⁹ The United States Sanitary Commission was the predecessor agency to the ARC and closely linked to mainstream nursing.⁹⁰ These studies highlight the conflicts at the intersection of religion, feminism and women's labor movement activity.

Historical literature that emphasized the complex of historic roles of nineteenth century and/or early twentieth century womanhood in antebellum America included *Ladies, Women, and Wenches: Choice and Constraint in Antebellum Charleston and Boston*. In this study, Pease and Pease compared the variations in women's lives between the northern urban city of Boston, Massachusetts, and the Southern urban city of Charleston, South Carolina. They stated that near the turn of the twentieth century, no women of the era were completely free. They pointed out that the legacy of slavery and

lack of protection under the law stigmatized black women as being less than ladies.⁹¹ They also stated that nursing was considered a feminine activity in both cities, and that nurses usually received higher pay than seamstresses and domestics.⁹² Their study somewhat narrowed the gulf between the experiences of black women and white women as opposed to other studies regarding these complex relationships.

In *Gender, Class, Race and Reform in the Progressive Era*, Harley delved into the working class consciousness of late nineteenth and early twentieth century working women in the early South.⁹³ She pointed out that domestic work was the primary work available to black women. She further that black and white women of the era were often united by exploitive labor practices toward all women.⁹⁴ Moore extended the conversation of women's labor during wartime. Her study compared mainstream working class women during wartime in America to the experience of black military nurses in World War II. She believed that it was the Second World War that shifted race and gender politics in the United States, upgrading the status of black working women in America.⁹⁵

A preponderance of the literature regarding women in southern society, particularly in contrast to mainstream American society, suggested that the discussion of opportunity for working women in southern society was purely a discussion of race. However, there was as much evidence throughout this body of literature to argue that it was, just as much, a discussion about class. An overarching theme in the discussion of

women in southern society was that the core of the female experiences for black women and white women in southern society were analogous in many aspects.

Nursing in Charleston, South Carolina

In her 1938 manuscript, *History and Development of Public Health Nursing in South Carolina*, nurse Rosa Heyward Clarke described the roots of professional nursing in Charleston as being far removed from expert care, and simply “neighborly visiting.”⁹⁶ Clarke credited the LBS of Charleston as the original public health nurses of record for the state of South Carolina.⁹⁷ Unlike descriptions of the LBS previously stated in this review, Clarke credited the organization as the original developers of public health nursing structure. Unlike other authors, she explained how nursing care and the LBS concept stemmed from pioneer women and Pilgrim Mothers of the Virginia colonies who had no choice but to depend on one another for health care. Clarke also discussed cargos of spinsters sent from Europe to the colonies by the Virginia Company. She cited their provision of nursing work as being instrumental to the founding of the LBS.⁹⁸ She stated that first formal nursing title in Charleston, “district nursing,” came in the organization’s stated mission, “the systematic management and gradual extension of District Nursing to the city of Charleston.”⁹⁹ Clarke pointed out that community health care from the LBS crossed all lines of race and class and was for the stated purpose, “the relief of such persons as suffer under the anguish of disease and penury.”¹⁰⁰

A body of literature too large for comprehensive review in this study outlines strong slave traditions and midwifery as a source of health care for both the white upper

class and the black slave community in the early South (For example, Valerie Lee's "Western Science and Folk Medicine: White Men's Forceps and Black Women's Forces" in *Granny Midwives and Black Women Writers: Double-Dutched Readings* and Jane B. Donegan's "Midwives and Female Doctresses," in "*Women & Men Midwives: Medicine, Morality, and Misogyny in Early America*). Both of these writers revealed an enduring cadre of midwives throughout the United States, including rural and urban South Carolina, who practiced and who were relied upon for health care. A consensus of these works and similar titles suggested that midwifery has existed for centuries. These titles also illustrated that emancipation of southern blacks after the civil war did not curb traditional nurse midwifery and related traditional healing methods, but that that these healthcare practices continued well into the late nineteenth century and beyond.¹⁰¹

The available literature regarding the early history of nursing in Charleston, South Carolina, must also be contextualized within the framework of the available literature on nursing in American society. In *Economic Facts of Life for Nurses*, Titus cited the failure of early nurse pioneers to challenge paternalism in American society as "nursing's long social slumber."¹⁰² She believed that this failure to address paternalism in the beginning decades of nursing not only stunted the growth of nurses as nurses but also as women in American society.¹⁰³ Reverby's *Ordered to Care: The Dilemma of American Nursing 1850-1945* described the profession of nursing as being "fractured both by patriarchal constraints imposed from above by hospitals, physicians and the broader culture, and by differences among women from within."¹⁰⁴

Reverby's description of early nursing mimicked the description of early nursing in Charleston by one of Charleston's nursing leaders, Ruth Chamberlin. It was clear from her writings that the experience of paternalism that affected nurses at the national level extended to the nursing experience in Charleston as well. An example of this parallel is revealed in *The School of Nursing at the Medical College of South Carolina: Its Story*, in which Chamberlin wrote the early history of formal nurse training in Charleston, South Carolina. She described the foundation of nursing education in Charleston as being modeled after Florence Nightingale's methods but as being the idea of early city leaders who were men.¹⁰⁵ She also highlighted the challenges of Charlestonian women in acclimating to the new profession of nursing while simultaneously acquiescing to their prescribed roles as Charlestonian women.¹⁰⁶ Chamberlin described a subdued form of professional progress for women in nursing; one that was predominantly controlled by the opinions of male physicians and leaders.¹⁰⁷

In *Nurses in American History; Nurses and Early Feminism*, Ashley punctuated the discussion regarding the influence of paternalism in early nursing history. She simply stated that at the turn of the twentieth century, women had no political status.¹⁰⁸ She depicted nurses of the era as "accomplices to their own subordination" and argued that "second-class citizenship brought second-class professionalism as well."¹⁰⁹ She further characterized the overall position of turn-of-the-century American women as accepting of paternalism and living silently with the results. Ashley also stated that the enduring consequences for the silence of nurses, coupled with acceptance of their institutionalized

apprenticeship, were “low status and gross economic discrimination in this woman’s profession.”¹¹⁰

In “Caring in Its ‘Proper Place’: Race and Benevolence in Charleston, South Carolina, 1813-1930,” Buhler-Wilkerson wrote a historical case study describing community healthcare delivery systems in Charleston, in the nineteenth and early twentieth centuries. She discussed the utilization of black nurses by the LBS and the MLIC as both a strategy and an effort to promote community healthcare. Buhler-Wilkerson and Johnson discussed the reform efforts, albeit controlled, of Charleston’s first formally educated Black Charlestonian nurse, Anna DeCosta Banks.¹¹¹ However, these studies do not focus on the larger body of available writings of Banks and experiences of lesser known black nurses in Charleston. These studies do not examine or attempt to capture what is known of the individual experiences of the graduates of the Hospital and Training School for Nurses from the founding of the facility until its closing.

Buhler-Wilkerson also wrote a case study based on public health in Charleston. In the study, she discussed the role of the ARC in an early twentieth century attempt to standardize national public health services across the United States, and the outcome of this effort in Charleston. The case study illustrated how local traditional views regarding control of health care delivery in Charleston insulated the local community health agenda from the national health agenda.¹¹² Collectively, these studies reinforced the fact that any expression of black women’s autonomy in nursing in turn-of-the-century Charleston was

absolutely dictated by the societal confines of race, class and gender. This severely restricted form of nursing for black nurses was also discussed in Savitt's *Walking the Color Line: Alonzo McClennan, The Hospital Herald and Segregated Medicine in Turn-of-the-Twentieth-Century Charleston*. In his work, Savitt documented the history of black physicians in Charleston and their experience with segregated medicine. He argued that nurse training at the segregated facility was an avenue for black physicians to gain hospital access and credibility in Charleston. Though his focus was the experience of black physicians, his study still provided one framework by which to examine the powerless identities of Charleston's black nurses. Savitt's work revealed a parallel between the experiences of black nurses and white nurses in regard to societal power. His work illustrated that even though neither black physicians nor black nurses of the era had political rights, the experiences of black nurses remained, like their white counterparts, somewhat dependent upon the experiences of male physicians in early Charleston.¹¹³

The discussion regarding political rights of black nurses and physicians would be incomplete without mention and definition of the body of historical literature that addressed what it meant to be free and black in early Charleston. In Wikramanayake's study, *A World in Shadow: The Free Black in Antebellum South Carolina*, she defined the complex existence of black Charlestonians who were legally free but still politically restricted, living in poverty and illiteracy; a definition that spilled over into the post-bellum era.¹¹⁴ In *No Chariot Let Down*, Johnson and Roark critiqued the letters of two free black businessmen in early South Carolina. They provided an analysis of how free

blacks survived in a society that denied them social justice. They further illustrated that gender role constraints toward women in the wealthy free black community mimicked that of the white community.¹¹⁵ Powers extended this discussion of social justice complexity by delving into the curious and taboo phenomenon of black Charlestonians owning black slaves. He believed that this phenomenon supported the notion of certain parallelisms between wealthy free blacks and whites in early Charleston; ones he believed shaped societal norms in Charleston for decades.¹¹⁶ Fitchett, like Powers, highlighted the complexity of intra-racial black class structure in early Charleston. He pointed out that when Charleston's first census was taken in 1790, its population consisted of "8,089 white persons, 7,684 slaves and 586 Free Negroes."¹¹⁷ He discussed invisible color line issues and the invisible color line doctrine of the Brown Fellowship Society which later evolved into the Century Fellowship, and its female auxiliary organization the Daughters of the Century Fellowship Society. These groups of black Charlestonian abided by exclusionary doctrines that discriminated against other blacks based on skin color. These exclusionary traditions were documented as declarations in their bylaws. Fitchett's work revealed that some early black Charlestonians believed that exclusionary public laws that applied to lower class blacks did not apply to them.¹¹⁸ The language of this exclusionary doctrine was prevalent in the careful reporting of health data and mortality statistics, in *The Hospital Herald*, the training school's journal. The journal reported two population categories, "White" and a separate, but combined category, "Blacks and Colored."¹¹⁹

The broad body of literature addressing the complex relationships in Charleston's early black community could exist as a separate study altogether. The topic is included in this section to punctuate the significant dimensions of societal complexity in the practice setting of Charleston's early health care practices. It is mentioned to emphasize that, in early Charleston, not only were members the black race were categorized differently according to race by whites, but that there was intra-racial bias by which blacks discriminated against other blacks based on race and class. It also serves to contextualize and define the existence of black nurses as working class free women juxtaposed against the complexities of local society. The general consensus among authors of historical literature on the topic black-imposed racial stratification in Charleston society was that this phenomenon as particularly curious given that neither class, working class nor wealthy and "free," owned full political rights. This theme of blacks maneuvering the color line toward the cause of optimal political rights, survival, and racial uplift crossed every category of the literature review in the discussion of black nurses in early Charleston.

Available historical literature on the topic of black nurses in Charleston revealed that their journey was embedded in political, charitable and religious causes. It also revealed Anna DeCosta Banks as exemplar for working class free black women in nursing.¹²⁰ However, none of the literature extended the discussion of black nurses in Charleston toward the salvage of and critique of the words and experiences of its lesser known black nurse pioneers in early Charleston. The available literature underpinning

this study revealed that early black nurses in Charleston, like other women of their era, remained a silent sub-culture of professional nursing and society and that the concept of healing, in the context of their time, was multidimensional.

Chapter 2

The Evolving Role of Black Women in Western Nursing

Doubts and suspicions arose in my heart for the first and last time, thank Heaven. Was it possible that American prejudices against colour had some root here? Did these ladies shrink from accepting my aid because my blood flowed beneath a somewhat duskier skin than theirs?—Mary Grant Seacole

Human rights controversy regarding black women in western nursing culture arose as early as the mid-nineteenth century in Great Britain. This controversy surrounded the practice of Mary Grant Seacole, the biracial daughter of a Jamaican herbal medicine practitioner from Kingston, Jamaica, and a Scottish soldier.¹ Owing to the prevailing culture of class and racial exclusion in 19th century Great Britain Seacole's application to serve the government in the Crimean War was rejected.² Of her experience, Seacole wrote,

I stood in the twilight, which was fast deepening into wintry night, and looked back upon the ruins of my last castle in the air. The disappointment seemed a cruel one. I was so conscious of the unselfishness of the motives which induced me to leave England – so certain of the service I could render among the sick soldiery, and yet I found it so difficult to convince others of these facts. Doubts and suspicions arose in my heart for the first and last time, thank Heaven. Was it possible that American prejudices against colour had some root here? Did these ladies shrink from accepting my aid because my blood flowed beneath a somewhat duskier skin than theirs?³

While Seacole can hardly be described as a political extremist for performing nursing work for British officers in spite of formal rejection, her presence challenged the image that defined nursing of the Victorian era. Seacole's rejection by the ranks of British nursing is considered by many to be a defining moment in nursing history that predestined the practice of ethnic minority nurses to be perceived as substandard, predestined exclusion of minority leadership in nursing, and predestined underrepresentation of ethnic minority nurses in professional nursing at large.⁴

Black Nurse Training in the United States

The 1870s charter of the New England Hospital for Women and Children in Boston, Massachusetts permitted admission of a black woman and a Jewish woman on an experimental basis. The black student, thirty-two year old Mary Eliza Mahoney, graduated in 1879, becoming the first professionally trained black nurse in the United States; however, no black women were admitted to Southern schools at that time.⁵

By the following year, 1880, a total of 15 professional nurse training schools had been established in the United States.⁶ The barring of black nurses from mainstream American nurse training schools initiated the establishment of segregated nurse training programs in the North, beginning with the 1891 establishment of Provident Hospital School of Nursing in Chicago, Illinois and the 1894, establishment of the Freedmen's Hospital and Nursing School in Washington, D. C.⁷

In the South, the first nursing program in the United States exclusively for black nurses was a diploma program founded at Spellman Seminary in Atlanta, Georgia in 1886.⁸ This trend continued with nurse training at the Hampton Hospital and Training School for Nurses (also known as Dixie Hospital) at Hampton Institute in Virginia in 1892, the John A. Andrew Hospital at Tuskegee Institute in Alabama in 1892, the Phyllis Wheatley Sanitarium and Training School for Nurses in New Orleans, Louisiana, in 1896, and the Hospital and Training School for Nurses in Charleston, South Carolina, in 1896.⁹ Early in 1893, the phenomenon of segregated nurse training programs, particularly the training of black women as nurses at the Hampton Hospital and Training School for Nurses, was a special topic at the already established Johns Hopkins Training School for Nurses Journal Club.¹⁰

Though the black nurse training schools faced similar challenges to that of the white nurse training schools, they also faced the additional and complex challenges associated with racial prejudice.¹¹ The segregated programs were among the 432 nurse training programs that existed in the United States by 1900.¹² It was the Hampton Hospital and Training School for Nurses in Virginia that graduated a black native of Charleston, Anna DeCosta Banks, in its first graduating class of 1893 before she relocated back to Charleston to practice.¹³

To capture the impact of the late nineteenth and early twentieth century black nurse training schools, Elizabeth Jones, a black nurse, published her 1923 critique regarding the progress of black nurses. Jones stated,

For today the race is the proud possessor or at least twelve large training schools for Negro women, as well as a number of small ones throughout the South. This number is being increased as the white training schools are opening their doors to the aspirant Negro woman. Here we find her received kindly and yet with doubt of her ability...

Jones believed that nursing work had elevated black women in the United States to the state of being no longer looked upon as mere servants. Still, she stated that the two main questions remaining for black nurses in the United States were far removed from the topics of clinical practice and education. Instead, she stated these two main questions were, "How may I become a valuable factor in bringing about a better relation between the two races?" and "What are the future prospects of the race?"¹⁴

But Jones' perceptions were clearly not shared by everyone else in nursing culture. The challenge of being a black nurse in the late nineteenth and early twentieth century South was so daunting that even northern-born black nurses were said to have balked at the concept of working in the region. For example, one northern-trained black nurse leader, Ada Thoms is quoted to have said,

It is quite useless to expect colored nurses used to northern conditions, to work in the South...the southern colored nurse resents any attempt at domination by the Northerner...the northern colored nurse refuses to accept the disabilities imposed on her by the social attitude of the South.¹⁵

Thoms was quoted by a white Canadian nurse as expressing the opinion that black southern nurses were incapable of thinking “nationally or even racially.”¹⁶ However, in spite of implied and perceived difference by northern black nurses, a summary of the northern black nurse training institutions in early America revealed that many of their facilities were segregated also. Thoms’ comments could indicate that perhaps black northern nurses were in denial, imagining themselves more progressive and owning more superiority of circumstance than that of their black Southern nurse counterparts. The report also raises the question of how much the need to survive both in nursing and Western society trumped and filtered the communication of both nurses.¹⁷

The general experience of black nurse training in early America was characterized by stratified expressions of powerlessness and altruism rooted in paternalism in quest of professional status. This experience was selectively divergent from human rights with minority women existing as a subset of nursing. Black women’s autonomy in nursing in turn-of-the-century Charleston was absolutely dictated by the societal confines of race, class and gender.

The Catalysts for Change

The United States slave trade during the nineteenth century resulted in a large influx of Africans into the port city of Charleston, South Carolina.¹⁸ Between 1790 and 1860, blacks outnumbered whites in the city of Charleston in every decade except one. Charleston’s black population reached 22,973 in 1850, with black and white populations living in close proximity to each other.¹⁹ By 1890, the total population for the city of

Charleston increased to 54, 955.²⁰ At that time, the total population of Charleston County, including the city of Charleston, reached 88,006.²¹

This population growth and convergence continued to feed the cascade of United States public health and infectious disease concerns resulting from early group migration and interaction, particularly exposure of non-immune populations to new diseases, environmental conditions and physical conditions.²² Through the process of slave trading, African blacks suffered from diseases uncommon to their tropical environment, such as pneumonia, tuberculosis and measles.²³ American colonists contracted malaria, yellow fever, smallpox, leprosy and multiple vector-transmitted diseases uncommon in the American colonies prior to the slave trade.²⁴ Such conditions were catalysts to the slave health deficit and, the disparity in health status between blacks and whites in the United States.²⁵ This increase in transmittable diseases was also the catalyst to the development of Charleston's municipal sewage-water system in the early 1890s.²⁶ Mortality and disease rates in Charleston's black community would continue to outpace those of the local white community for decades.²⁷

Nurse Training in Charleston, South Carolina

Former Nursing Dean of the Medical College of South Carolina Ruth Chamberlin formally captured the powerlessness and voicelessness embedded in the early historical experience of nursing and nurses as women in early Charleston society. In her comprehensive historical publication regarding the founding of formal nursing education in Charleston, Chamberlin wrote,

...women had little opportunity for decent employment except as governesses in those times, and they didn't dream of participating with a voice or a vote for anything."²⁸

She credited the successful work of Florence Nightingale's educational methods and successful implementation of these methods in the original northern training schools as being instrumental in the development of nursing education in Charleston. According to Chamberlin, in order to address early Charleston's public health dilemma, in 1881 the General Assembly of South Carolina and the city of Charleston allocated a total of \$7,000 towards a plan to establish the Nightingale system locally. From that allocation, the concept of the trained nurse was introduced to Charleston.²⁹ At that time, local hospital administrators believed that Charleston was the best location for such a training program, citing the large populations of persons requiring treatment.³⁰ Their emphasis on population was substantiated by the fact that Charleston was, at that time, the 5th largest city in the United States.³¹

Following the trends of the original northern nurse training schools, an 1883 school prospectus was prepared by the Board of Trustees for the South Carolina Training School for Nurses, which stipulated that nursing courses would be taught at the city's medical college. Charleston's first formal nursing school, whose first principal and assistant principal were graduates of the New York Hospital Training School, opened in 1883.³²

Funding controversy ensued regarding the city administrators (men) funding the training of nurses (women) but having no control or claim on the nurses practice after they graduated. Therefore, no allocation was made by the city for nurse training in 1886. However, a disastrous earthquake on the Charleston peninsula in August 1886 highlighted the value of the availability of trained nurses.³³

This awkward beginning of formalized nursing education at the Medical College began a cascade of more formalized health care institutions throughout the city of Charleston. For example, Charleston's Memorial Hospital, also known as City Hospital, was completed in 1888.³⁴ The hospital accepted not only whites, but freedmen (former slaves), refugees, and psychiatric patients. When it was replaced by Roper Hospital, the Memorial Hospital structure was maintained for the care of the city's poor.³⁵

When formal nurse training resumed in 1890 at the Medical College, Chamberlin stated that many Charlestonian women were ostracized by their families and friends for taking up what was considered in Charleston society to be the disgraceful behavior required by nursing work.³⁶ Such nursing work not only included an educational component, but involved domestic labor and being in contact with patients on colored wards with babies being born alongside infected patients.³⁷

According to Chamberlin, the nursing students provided patient care for black patients on segregated wards with the help of black male orderlies, but the training school did not accept black nursing students.³⁸ She also stated that wealthy Charlestonian women applicants were not always accepted to nursing education because nursing was

considered to be the domain of women who needed money.³⁹ Though many women carefully and reluctantly continued to pursue careers in nursing while worried about their reputations, approval of the Nightingale system by community business leaders and the clergy gradually upgraded the status of nursing to societal acceptance. However, unlike the Anglican Sisterhood's nurses and Nightingale's nurses in Great Britain who lived dormitory-style and returned most earned revenue to the parent institution, Charleston's original professionally trained nursing kept a large part of their earnings and could live at home.⁴⁰

In contrast, black Charlestonian women's opportunities for enrollment in integrated formal and comparable nursing education and training programs were non-existent.⁴¹ In 1896, in the midst of the evolution of nurse training programs in Charleston, a group of black community leaders led by a physician presented a revolutionary concept to the city of Charleston—the concept of training young black women as nurses. By 1897, this concept became reality when the Hospital and Training School for Nurses at 135 Cannon Street opened. What set the educational facility apart was its distinction of being the only teaching hospital in the history of Charleston founded, owned and operated by Charleston's black community for the purpose black nurse training.⁴² Following a trend similar to Charleston's other nurse training facilities, its first head nurse was trained in the north—that is, north of Charleston, in Virginia. However, she differed from the trend of Charleston's professional leaders by being black, Southern trained, and a native Charlestonian.⁴³

By 1898, the second year of operation for the Hospital and Training School, the city of Charleston's Health Department documented a slight decrease in Charleston's mortality rate from 31.48 per 1,000 to 31.43 per 1,000.⁴⁴ The leading cause of death in the black community was diarrhea, followed by tuberculosis, kidney disease and heart disease. The City Hospital reported that, of the 1,532 people treated, 889 were black and 643 were white; of the white patients, less than 9 percent died, while just over 19 percent of blacks died. Thirty-six percent of the total deaths in the black community were in patients under the age of 5 years.⁴⁵

The segregated St. Francis Xavier School of Nursing was organized in Charleston in 1900 by The Sisters of Charity of Our Lady of Mercy. This occurred after Reverend Mother Loretta Quinlan declared that the sisters "could no longer ignore the necessity and obligation of the Sisters to nurse."⁴⁶ In keeping with the trends in nurse training development and organization of the era, the Reverend Mother was assisted in the sisters' hospital, organization of the hospital by a northern nurse from Massachusetts.⁴⁷ St. Francis Abbey, the sisters' hospital was known to provide health care for some of the city's black population.⁴⁸

In 1912, Baker-Craig Sanatorium, later known as Baker Hospital, opened as a 50-bed private institution overlooking Colonial Lake in Charleston and added a nurse training program in 1917.⁴⁹ The hospital also ran a bread line and accepted some charity cases. However, this hospital did not treat black Charlestonians, did not have infectious disease wards, and did not accept mentally ill patients.⁵⁰ Soon after, the United States

Navy opened a 250-bed Naval Hospital in 1917 and increased its capacity to 1000 by 1918 to support military troops during and after World War I.⁵¹ The Naval Hospital closed by 1922 and later re-opened by necessity with the onset of World War II in the 1940s. Though what can be described as focused, on-the-job nurse training of military personnel occurred at the facility, there is no evidence that formal, integrated nurse training programs for civilians, local or otherwise, took place there.⁵² In the meantime, through the recommendation of the Vice President of Roper Hospital's Board of Commissioners in 1918, the South Carolina Training School for Nurses was renamed the School of Nursing of Roper Hospital and the Medical College of the State of South Carolina.⁵³

Collectively, the evolution of nurse training programs in the United States and Charleston since the end of slavery through the World War II occurred against the backdrop of disparity in social classes in public health. It was an evolution that occurred in an atmosphere of shifting definitions of morality driven by powerful socio-economic and political systems and events.⁵⁴ For example, the development of nurse training predated the full societal acceptance of women's rights in both the northern and southern United States.⁵⁵ Nursing education for black women in the South during the Reconstruction and Post-Reconstruction Eras, 1865 through 1910, was further hampered by the fact that it was initially illegal for blacks to read and seek education, and yet it still remained a critical time in the education of black health professionals in white institutions.⁵⁶

In addition to the social justice agenda, another example of a powerful political event that shaped the evolution of nursing was the effect of war. The residual societal impact of war time on post-war time has historically represented a portal of opportunity for all American women in nursing and semi-professional roles outside of traditional women's roles.⁵⁷ Black women experienced a slight shift in societal acceptance in the World War II period when the United States Army opened its ranks nationally to black nurses.⁵⁸ However, for black nurses in-late nineteenth and early-twentieth century Charleston professional acceptance remained a challenge as it did for their national contemporaries. The reality of their existence still included the compound challenges of seeking power over paternalism and balancing the changing ideals of morality toward a full sense of American citizenship.⁵⁹ Even though Charleston's black society elite still considered nursing work to be the province of lower class black women, the Hospital and Training School remained both a symbol of and a method of racial uplift for all echelons of the black community.

Chapter 3

The Hospital and Training School for Nurses

*On one of my visits to the Old Folks' Home I found a young man quite sick. He had no one to care for him but the inmates, who could hardly get out of their own way. I found that he had not eaten anything for two days, and he was very weak and discouraged. I brought him to our hospital. His name was Gilbert Johnson, a graduate of Hampton.—
Anna DeCosta Banks*

In the late 1800s in Charleston, South Carolina, community controversy and curiosity developed concerning the purchase of an antiquated former Revolutionary War dwelling, Islington Manor, on Cannon Street. The controversy was based on the structure's conversion to a hospital and training school for black women.¹ After a period of quiet scrutiny and observation by the Charlestonian public, an early twentieth century reporter for Charleston's *News and Courier* described the facility by stating,

Near the west end of Cannon Street is a plain, unpretentious brick building. Its solid walls and massive pillars and general style of architecture attest its age. A small marble tablet in front of the wall and bearing date 1897 is hidden by a large signboard, which displays the inscription, Hospital and Training School for Nurses. The Hospital and Training School for Nurses is an institution with a history. The well kept grounds and neatly whitewashed outbuildings and the general air of repose pervading the place gives no hint of the difficulties and

discouragements overcome and the obstacles surmounted to establish and maintain this institution for preparing colored women to be professional nurses.²

The formal mission statement, published in the training school's journal, *The Hospital Herald*, specified in its opening lines, "This Institution was established for The purpose of giving practical training to Colored Girls who desire to follow the profession of the Trained Nurse."³ The fact that formal nurse training for black women in early Charleston was inextricably linked to the professional experience and practice of early black physicians was somewhat downplayed by the advertisements. Both black nurses and black physicians, by virtue of their race, owned a legacy of politically subdued visibility in the realm of formal education and health care. In the South, race severely limited accessibility to educational facilities for blacks educators of the era, and, for them, teaching was a challenge that extended far beyond the classroom.⁴ Black educational leaders were appointed by whites who controlled them financially; these blacks walked a tightrope as envoys between whites and the black community.⁵

In Charleston, there were no formal practice settings readily available and accepting of black physicians.⁶ Nurse training was one chosen platform by which black physicians acted as go-betweens to carefully lead and challenge exclusionary health science politics in the segregated South.⁷ The traditionally subservient social role of women to men facilitated the use of black nurse training as the conduit by which black physicians simultaneously established a medical society, a practice setting, and

professional identity for themselves.⁸ Indicative of the relationship between gender and leadership in turn-of-the-century segregated hospital was a December 1898 article in *The Hospital Herald* that began with the words, “All successful reforms and institutions owe their beginning to some one man.”⁹

The primary man credited for the concept of educational reform in black nurse education and training in Charleston was co-founder Alonzo Clifton McClennan, M. D. The concept was, in large part, driven by his experiences and tribulations with academia in the North and the South. McClennan was born in Columbia, South Carolina, on May 1, 1855 and was orphaned at an early age. As a young man, he became the second black man in history to be accepted to the United States Naval Academy at Annapolis, Maryland, in 1873. His acceptance followed an early education described by historian Willard Gatewood as, “at best, sporadic and uneven.”¹⁰ McClennan’s acceptance to the Naval Academy was short lived when white cadets discovered his fair complexion masked the fact that he was black. Their discovery initiated his leaving the academy in 1874 following a discriminatory incident in which he refused to give his chair to a white cadet. This incident resulted in his court-martial and imprisonment aboard the *Santee*.¹¹

After his imprisonment, he resigned from the Academy with the assistance of two professors from the Naval Academy who became interested in him and were instrumental in his continued education at Wesleyan Academy in Wilbraham, Massachusetts. He returned home in 1876 to attend the University of South Carolina, which had only

become accessible to blacks in 1868 during Reconstruction. However, the state legislation banned blacks from the university by 1876, thus interrupting his attempt to receive an education there.¹²

Troubled but persistent, McClennan moved north and matriculated at Howard University Medical School in Washington, D.C., where he graduated in 1880. After a brief practice in Augusta, Georgia, he moved to Charleston in 1884 after marrying Ida Ridley of Augusta's black inner circle elite. By 1892, he opened the People's Pharmacy, which was the Charleston's first pharmacy accessible to blacks. However, there were no formal practice settings in Charleston readily available and accepting of black physicians.¹³

An 1896 charter for nurse training by McClennan and community leaders was successful, but the training and its concept were relegated to a church school auditorium, Wallingford Academy.¹⁴ Prior to the charter, several unsuccessful strategies were utilized by early black leaders in Charleston to create a setting in which black nurses could practice. These efforts included unsuccessful attempts to obtain tax-supported public land to build a hospital. Another failed strategy was an attempt to obtain privileges on a designated ward at the City Hospital and the Old Folks Home.¹⁵ McClennan and his constituents also petitioned the Commissioner of Public Lands to establish a treatment ward for sick inmates of Ashley River Asylum in which nursing services would be provided by black nurses and nursing students at no cost.¹⁶ Finally, in 1897, McClennan

and his cohorts' philanthropic efforts toward purchasing a building for a separate hospital proved successful. In the winter of 1897, the local newspaper described the purchase of a building for the new revolutionary concept of segregated nurse training. A down payment of \$500 was raised by the black community through "concerts and other entertainment" toward the total purchase price of \$4,500.¹⁷

In the local newspaper, *The Charleston News and Courier*, the facility was announced to the public as, "The Charleston Training School for Colored Nurses," advertising the concept and the facility by stating "a new field of labor is afforded the better class of colored people."¹⁸ The article advertised the program as open to "colored men and women" and, ironically, given McClellan's troubled background, as having a goal of achieving equality of practice and educational opportunity for "the best class of Negroes."¹⁹

The advertisement for the new hospital and training school was suggestive of conflicting ideals regarding challenge for inclusion in Charleston's medical community. Such conflicting ideals were made manifest through revealing statements, such as one published in *The Hospital Herald* and reprinted by *The Aiken Herald* in Aiken, South Carolina. A year after successful graduation of the facility's second graduating class of nine nurses an article presented the progressive statement mixed with a regressive undertone:

And it is hoped that in time, the great purposes sought to be served by this school

will become fully known and appreciated by every intelligent colored family in this State. It is an opening into new fields of activity for young women who aspire to independence and self support.²⁰

Such statements limited the mission of the school by implying that the services were focused solely on the black community and the training of black nurses. In contrast to the city newspaper, the hospital's medical journal introduced and advertised the facility as "The Hospital and Training School for Nurses" with a more purposeful description that focused on community support and public health.²¹

The journal advertised the facility as consisting of a private ward for those who could afford to pay more than regular hospital charges; hospital wards for cases of "ordinary sickness;" an operating room; and a "Lying-In-Ward" for people who didn't have facilities to recuperate at home. The facility administrators offered special rates for societies and churches.²² In addition, the hospital was also advertised as being open as a practice setting for all physicians, and a not-for-profit organization. McClennan and the officers of the newly established Hospital Association were careful to frame advertisements for the hospital and training school with verbiage emphasizing community good and community ownership. For example, in the same religious tone that was the hallmark of early benevolent organizations in Charleston, one conclusion to an advertisement tactfully stated,

We recognize the fact that we can do nothing without the favor and blessing of our Heavenly Father, and we invoke the aid, assistance and kindly feeling of all classes to make the Hospital and the work of training our girls to be professional nurses a grand success.²³

Such statements were usually followed by and diverted to highlighting the available services and staff. For example, in addition to the students, the organizational leadership was outlined and described to the public. Descriptions highlighted the fact that staff consisted of a head nurse, a superintendent of nurses, a house physician, a chief physician, a cook and two laundry women whose focus was making sure that the facility was, “neat, inviting, and very creditable.”²⁴

The manner in which the black nurses and nursing students were described to the public by the organization’s black male leaders essentially followed the pattern of many prominent black male leaders of the era who proffered racial uplift. Their descriptions tended to express the value and need for training black nurses for community good while simultaneously binding them to domesticity. Prominent black leader Booker T. Washington said of black women, “Colored women have always made good nurses. They have, I believe, a natural aptitude for that sort of work.”²⁵ Washington expressed a belief that nurse training for black women helped to make them better homemakers.²⁶ McClennan’s strict leadership methods regarding black nursing students at the local level even suggested negative stereotypes of immorality, as he exacted severely restrictive and

regimented control over their lives. His militaristic methods were endorsed by an agent of the General Education Board as necessary when attempting to train black women.²⁷ In keeping with these prescribed gender role standards of the era, Lucy Manetta Hughes Brown, M. D., the training school's first superintendent, was assigned to the nurses and nursing students, with the following stated rationale by hospital leaders:

The work could not be successfully operated where women of different ages and temperaments are to be managed and looked after, without the assistance of a competent person.²⁸

Brown, a native of Statesville, North Carolina, was an 1894 graduate of the Women's Medical College of Pennsylvania. When she arrived in Charleston, she became the city's first black female physician and was among the first female physicians in South Carolina.²⁹ In the absence of any other black female physicians in Charleston's segregated society, Brown was closely associated with her nurses, referring to trained nurses as, "one of the strongest proofs of the advancement of this age."³⁰

Brown also served as secretary for the Hospital and Training School for Nurses Hospital Association. In her position as Secretary, she used the opportunity to publicize to the association how the activities of the nurses supported its overall mission. For example, Brown advertised nurse Anna DeCosta Banks' selfless use of her own funds to defray work-related travel expenses.³¹ The political rights of black nurses remained

somewhat downplayed by administrators; however, such selfless acts by the nurses, primarily toward the cause of facility finances, were valued by the leadership.

Though Brown was assigned to the nurses based on her gender, her philosophical writings remained carefully visionary in tone. In her professional writing, the one glaring topic that was consistently omitted was the topic of race. Her writings, however, were still transparently indicative of her understanding and acceptance of blacks' and women's places in society and of nursing as the domain of women. Her philosophical prose regarding nurse training of black women offered no hint that their experience was any different than that of white women. According to Brown, the essentials of good nursing were, "clean hands, well-kept nails, carefully brushed hair, sweet breath and a gentle voice."³² On the topic of succeeding in late nineteenth-century nursing, Brown, not mentioning the topic of social justice, wrote in an 1899 publication of *The Hospital Herald*,

The nurse who depends entirely upon her textbook will make only medium success, and she who depends alone upon practical experience will fail to reach the heights, while she who combines both has within her grasp vast possibilities."³³

She cautiously and tactfully warned, "She who has not first considered the matter from every standpoint should not enter the field of nursing."³⁴

Head Nurse Anna DeCosta Banks' sentiments regarding nursing work echoed Brown's, particularly her silence regarding societal rights of black women. Regarding nursing work and nurse training applicants at the Cannon Street facility she wrote,

These duties are not always pleasant, and it is best for the aspirant to hospital work to understand that there are disagreeable things to be encountered, that she may decide whether she is sufficiently eager to overlook them.³⁵

Basic requirements for entry into the nursing program were good health, a certificate of good moral standing, a diploma from some college or high school, a second grade teacher's certificate, or the passing of an examination to demonstrate a common school education.³⁶ These requirements were comparable to national standards for nursing school applicants in small cities through the early nineteenth century.³⁷ Nationally, graduates were typically required to be between the ages of eighteen and thirty-five with "careful home training" and "definite knowledge of housekeeping duties."³⁸ At The Hospital and Training school, new students had a probationary period before becoming pupils. After selection as a pupil, applicants were elevated to the status of junior nurse.³⁹ Instead of issuing uniform stipends like other hospitals and training schools of the era, the Cannon Street facility provided shoes, uniforms and corsets with the rationale that if uniform maintenance was provided the nursing staff would always be neat and clean. The lodging of eight nurses and paying of half-salaries for two or three nurses living outside the facility initially cost the hospital \$120 per year.⁴⁰

The details of Anna DeCosta Banks' hiring are unclear. Though presumably Brown, as a physician, had more authority than Banks, the delineation between Brown's responsibilities as a physician and Superintendent of the nurses, and Banks' responsibilities as head nurse is ambiguous. However, it is clear that the two of them were primarily responsible for education and training of the nursing students. Donations to Brown's and Banks' nurses and nursing students included linens, books, papers, and a large cooking range. One of Banks' early accomplishments in addition to her \$300 annual salary was to make improvements to the Hospital, such as the addition of a hen farm and poultry nursery.⁴¹ The training facility initially consisted of a kitchen, dining room, two wards, two private rooms, a reading room and an operating room.⁴² The basic responsibility of the nurses and nursing students was to reside in the hospital building and be "constantly on hand to attend to the wants of those who may need their attention at any moment."⁴³

In the summer of 1899, Banks described her work as "quite a hard task here, but a pleasant one."⁴⁴ She reported difficulty finding suitable reading material for the nursing students' library, which consisted of medical books instead of nursing texts.⁴⁵ An ordinary day for Banks included reading the night report before eating breakfast, consulting with the laundress and cook and then making rounds on the wards to greet patients. These activities were followed by making work assignments for day nurses, picking out food for the dinner meal, and making sure that the dining room and nurses' rooms were cleaned by ten o'clock in the morning. After that, Banks made rounds with

the physicians on patients with surgical dressings for an hour and a half. Dinner was at one o'clock, and lectures for the nurses began at four o'clock. Very few of the patients were paying patients. The majority had no money and often paid for services with potatoes, corn, eggs and chickens.⁴⁶

The day nurses ate breakfast at 6:45 AM before relieving the night nurses—then the night nurses ate breakfast and went to bed. The day nurses then fed those patients who could not feed themselves. This activity was followed by bed baths that included combing of the male patients' hair and styling of the female patients' hair. Linen changes and ward cleaning followed. A major success criterion was that every detail was "spotlessly neat to the scrutiny of the head nurse when she makes her rounds."⁴⁷

Some of the nurses worked in private homes for payment that was applied toward the operating expenses of the training facility. Banks reported that the training school also provided two night nurses per night at a white hospital. Their low thirty dollar per month salary was a trade-off for gaining experience and exposing them to potential employers upon graduation.⁴⁸

In 1899, an outdoor free clinic for children was established at the Hospital and Training School for Nurses. Hospital Association President James Preston described the advent of the hospital and the work that was being done there as a timely medium of information to channel philanthropy "for the good of suffering humanity."⁴⁹ He credited the head nurse for the efficient handling of hospital affairs. In spite of the progress of the

nurses, issues of revenue remained.⁵⁰ In the summer of 1899, the hospital's gas had to be shut off and replaced with oil lamps due to financial constraints. To make matters worse, the condition of the hospital cistern created the threat of typhoid fever and diarrhea for the nurses and patients. This threat was exacerbated when mortality rates for children in the community increased. Although the overall health of the nurses and nursing students had not been a problem, one of the nursing students contracted typhoid fever. To everyone's relief, the student subsequently recovered, and the epidemic did not interfere with Charleston's first formal graduation of black women as nurses.⁵¹ Preston boasted that the first class of seven trained nurses graduated on June 13, 1899 was a "crowning act" for the Hospital and Training School for Nurses. However, he prefaced his commentary by stating that the success of the nurses "demonstrates the capability of the colored physicians."⁵²

In a lengthy speech to the training school graduates, surgeon Charles C. Johnson, M. D., former President of the Association of Colored Physicians of South Carolina, addressed the graduates and community attendees with the familiar dichotomy of remarks of congratulatory racial uplift, undermined with remarks at cross purpose to social justice. Of this milestone in professional nursing education for black women Johnson said,

Be true to yourself, and true to the physician, and true to the patient, and you cannot make a serious mistake. Young ladies, I charge you not to talk too much. Some evil minded man, he was not a physician, has said that the only secret a

woman ever kept was her own age. The history of the labors and self-sacrifice of those who have established and maintained this school, of which you have the honor to be the first graduates, will no doubt have proved all inspiration to you in your efforts. You are the first class. Be first-class women, first-class nurses: do first class work. Let first-class be your motto and duty your watchword.⁵³

That same year, the Hospital and Training School for Nurses treated 34 outpatients, 62 inpatients, and 84 outside patients. Nursing work resulted in the collection of \$1, 205.50, sixty-eight dollars of which was paid to outside nurses.⁵⁴ In spite of these successes in nursing education and nursing work, societal challenges associated with the absence of political rights remained. In the absence of their written or verbal expressions, the identities of the nurses and nursing students of the Hospital and Training School existed only in threads extricated from what was written or said about them by others—both in the Charleston community and surrounding areas. For example, in 1905 Assistant Secretary for Associated Charities in Charleston, Mrs. William Sinkler, expressed thanks regarding “Charleston’s Colored Hospital” for “sending forth women who are not only capable, but tender and faithful.”⁵⁵ Such expressions of approval were crucial to the nurses’ acceptance outside the hospital.

Frequently, communications regarding these black nurses contained similar descriptors alluding to appreciation for the mission of the facility based on the work of the nurses. The gratitude and recognition expressed in these writings is often either

preceded or succeeded by citing individual nurses. For example, in Sinkler's letter, she highlighted the contributions of a black nurse from the segregated facility and stated,

I particularly mention Gussie Davis who during an epidemic of typhoid fever, at our Episcopal Church Home, fought hard often [sic] night as well as day for the lives of those children, and through the Master's blessing many were saved.⁵⁶

Another such example regarding a positive experience with a nurse trained at the Hospital and Training School for Nurses came when a community member wrote to Anna DeCosta Banks,

Thanking you for your promptness in sending me a nurse, it gives me pleasure to inform you that we found Miss Carrie Edmonston efficient, gentle, cheerful and kind. She has won the affection of my whole household, and is a splendid nurse.⁵⁷

In other correspondence regarding nurses affiliated with the training school, they remain nameless and were either individually or collectively described by their occupation as nurses. For example, one Charleston physician stated,

One of these nurses attended the mayor of Rock Hill, S. C. and did her work so well that after his death she was given a place in the city hospital where she is the only colored nurse. She has the privilege too of going out on private cases for her own gain.⁵⁸

In an editorial section of *The Hospital Herald*, hospital leaders described the experiences of nursing students beginning with the positive ones, such as,

Nurse Bowen, of the graduating class, will go to Newberry to locate and work in the practice of Dr. Mayer, the leading physician in a thriving town. This is an excellent opening, and we feel satisfied that Nurse Bowen will be equal to any demands made upon her profession.⁵⁹

Another passage in *The Hospital Herald* stated,

Mrs. Mary Gaillard, one of our graduates, has been called to Sumter to attend a case...Graduate Nurses Osborne and Gerideau are kept busy and find constant employment at good wages....Drs. J. S. Buist and John L. Dawson expressed themselves as highly pleased with our student nurses who have been recently with patients of theirs...Nurse Droze was highly complimented and was given five dollars where she recently nursed in the family of Mrs. Jervey, on Tradd Street.⁶⁰

Some issues highlighted individual nurses' work to advertise the progress of their facility outside of the state of South Carolina. For example, "Senior nurse Droze has been sent to Fletcher, N. C., to nurse a patient for Dr. Mullally. The popularity of our nurses has even spread to North Carolina."⁶¹

Nursing students and nurses affiliated with the Hospital and Training School were subject to having any aspect of their lives published in *The Hospital Herald*. The journal reported not only the positive accomplishments of trained graduate nurses and nursing students, but also documented their entrance into the program, their leaving the program for any reason, and other more personal aspects of their lives as well. These personal aspects

included the students' health problems and their ability or inability to cope with the rigors of the nursing program. For example, the journal reported in list form,

Nurse Hector was on the sick list, but has recovered sufficiently to return to her home in Atlanta to recuperate for a short season.”

Nurse Jackson, who has had a long siege with typhoid fever, is slowly convalescing. She was under the treatment of Dr. Brown, Supt. of nurse [sic].

Four new nurses have been admitted into the Hospital, Misses Moses and Robinson from Blackville, Miss Farr from Summerville, and Miss Morant from Charleston. Miss Morant remained in the building only a few days, as she concluded with this short experience in the ward with the sick and dying, that she was mistaken in what she supposed her calling.⁶²

The conditions of patients treated at the hospital were often publicized and advertised to market the skills of the staff and students to the community. For example, the journal editors reported the important news of a patient who journeyed all the way from Savannah, Georgia, for a surgical procedure at the Hospital and Training School for Nurses on Cannon Street.⁶³

Another entry in the journal listed the name of a student at Orangeburg State College who was referred for special treatment at the hospital and training school by an Orangeburg physician.⁶⁴ The hospital leaders were careful to publicize patient discharges

and outcomes as well, particularly outcomes that reflected potential for increasing revenue for the facility. For example,

Miss Mary Stephenson, who came to the Hospital from Darlington with chronic eczema of four years standing, is now nearly well, and will return home shortly. She promises to raise money and work for the Hospital when she returns home.⁶⁵

The hospital and training school's publication consistently pushed a platform of stakeholding to the community with phrases such as, "Every penny you give will do something toward the relief of suffering and toward training some deserving colored woman in an honorable and useful profession."⁶⁶

At the same time, the public was cautioned that the Hospital and Training School for Nurses was not a reformatory for the irresponsible, and the hospital officials stood ready to dismiss "any irresponsible girl" who didn't measure up to her recommendation.⁶⁷

It is evident that the experiences of the nurses were not lacking in adventure. In one instance, they had to manage a "strange cow" that tore through the Hospital's fence and ran into the hospital.⁶⁸ The nurses also learned early on to be proactive in their own cause to preserve the unique opportunity afforded to them in nurse training. For example, in 1899, a club of nurses formed called "the Gatling Guns" and they put on an entertainment benefit for the Hospital which included the loading of coins into guns to collect money.⁶⁹ One senior class of nursing students also took their turn at philanthropy

by organizing and founding “The Silver Spray Circle” to raise money for a sterilizer and an operating room table.⁷⁰

When Banks was permitted to publish a section in *The Hospital Herald* entitled, “Nurse Training” and her photo with photos of the nurses began to appear, it represented a rare opportunity for public expression for black women.⁷¹ This publication afforded her a semblance of power, albeit at the lowest end of existing power structures of the era. Banks utilized the opportunity to advance the cause of black nurses in Charleston and to offset any preconceived ideas about the ominous conditions for nurse training at the Hospital and Training School. Banks’ expressions about black nurses at the training facility publicly established that she recognized the link between nursing theory and practice. She expressed an awareness of the connection between black nurses in Charleston and mainstream turn-of-the-twentieth-century professional nurses. Banks cited nursing pioneer Florence Nightingale regarding the patient environment to support the teaching model at the Hospital and Training School for Nurses in Charleston. For example, Banks wrote, “Florence Nightingale has said that, “a nurse must nurse the room as well as the patient”—that is [to] keep it in the condition that will contribute to the recovery of the patient.”⁷²

Banks’ written descriptions creatively marketed the environment for nurse training and provided an image of what patients of the hospital would see in the facility, describing it as “a sunny, well-kept ward, clean and fresh with its white beds and neat

appointments.”⁷³ She described the nursing students as part of the environment, and stated,

The nurses in their dainty caps, white aprons, and light uniforms are not overshadowed with gloom. If their responsibilities have banished careless gayety from their faces, there is serenity and calm brightness in its place which is far removed from sadness.⁷⁴

Banks also used her editorial section to subtly highlight the commonalities of her work and that of her students as regular and similar to that of “most” hospitals of the era. She marketed the nursing education program to black women by advertising the enjoyment of stated rest periods and recreational periods, “which is not always the case with busy workers in the outside world.”⁷⁵

To close her editorial section, she took the opportunity to speak for her voiceless nurses, known only by their work, and captured their perceptions with her own words, “Most of them love their work, and would not exchange it for any other.”⁷⁶

The designated space in *The Hospital Herald* devoted to nurse training was also utilized to introduce publications of other nurses from outside the facility. One such article was authored by Annie R. Smith, an 1894 graduate of Banks’ alma mater, the Dixie Training School in Hampton. The article entitled, “Trained Nursing” credited, in Smith’s words,

Miss Florence Nightingale, an Englishwoman of lovely character...who did so much to alleviate the sufferings of the sick and wounded for the development of nurse training all over the world, and, recently the training of black nurses in the South.⁷⁷

Smith described the life of a nurse as one of “self-denial and sacrifice,” yet “the noblest profession that a young woman can engage in, that of helping suffering humanity.”⁷⁸ All of the nursing publications in the designated space in the journal emphasized that nurse training was training for life.⁷⁹ Through the creative use of the “Nurse Training” section of *The Hospital Herald*, publications by black nurses was introduced in Charleston and the legend of Florence Nightingale was imprinted in the segregated facility.

And even though Banks managed to establish her nurses as capable, tender and faithful, they remained, in a broad sense, powerless and voiceless in Charleston society, with their survival contingent upon what was said about them. An unspoken factor that lifted them from voicelessness in the eyes of her hospital leaders was made evident when Banks’ photo, a head shot, appeared in *The Hospital Herald*. Her photo was strategically located next to a listing of colored physicians in South Carolina. The caption with the photo of Banks mentioned a \$100 dollar donation, one of many donations that she facilitated for the hospital. While the Hospital Association clearly recognized that Banks and her nurses were far removed from social consciousness in many ways, their ability to parlay nursing service into community recognition and large donations from northern

philanthropists toward their cause was unmistakable.⁸⁰ Whether or not the use of Banks' photo was construed as exploitation of the nurses for the purpose of advertisement, within the context of their time, it was a step toward professional and societal inclusion.

During Banks' tenure at the Cannon Street facility, she utilized connectedness and dialogue with her alma mater for more than funding the new hospital and training school in Charleston.⁸¹ Her visits to her alma mater and speeches at their closing exercises demonstrated her ability to capture and make the most of what little power she had—these circumstances gave her a limited voice in nursing, but a voice nonetheless.⁸²

While in Charleston, the bulk of Banks' letters were written to her northern mentors, former teacher, Myrtilla Sherman, Miss Abigail Cleveland, and Rev. Dr. Hollis Burke Frissell, successor to General Samuel Chapman Armstrong, the founder of Hampton Institute.⁸³ The common theme in these letters was philanthropy. These writings are in tandem with careful reporting of Banks' work and the work of the nursing students. Another common theme in Banks' writings is the crediting or honoring of her Hampton mentorship, in some form, for influencing the Hospital and Training School for Nurses in Charleston. The tone of her writings suggested that Banks felt a strong obligation to fund the training school and to please her mentors. For example, in one of her philanthropic letters, Banks wrote to Cleveland,

Your two dollars brought good luck to me [sic] on Sunday morning I received a letter from Mrs. Bacon with a check for one hundred dollars enclosed. This

squares up our five hundred with interest for February payment. Now I have one year in which to raise five hundred dollars again.⁸⁴

In some of her writing, Banks' passages were more direct, but still tactful, regarding solicitation of funds for the Cannon Street facility. For example, she wrote to Cleveland,

We have to meet our annual payment of five-hundred dollars in February, 28th day, and so far we have only four hundred and fifty. I trust that someone will send us a few dollars by that time. Miss Cleveland would you be so kind as to send me the names of a few of your friends. I would like to send them our little paper (called *The Hospital Herald*).⁸⁵

Banks also expressed to Cleveland her frustration with collecting funds from black Charlestonians whom the Hospital benefited most: "It seems almost impossible to collect the smallest bill."⁸⁶ In January 1900, Banks wrote a more in-depth critique regarding the basis of her frustration:

Now if we could get every colored person to give us only ten cents each, we could pay for our building with ease. You said the truth when you say they are indifferent. The people who are able to help and ought to help will not give as they say that they do not need hospital treatment and are satisfied with their old fashion [sic] nurses. The people that really would help us [sic] but as I said before, receive such small wages that it is almost impossible to expect it of them.

We are simply placed between two sets of people, those who can do and will not and those who would do more if they could.⁸⁷

In spite of difficulties at the training school, Banks gave a positive critique of them to her former teacher. In a January, 1900 letter to Myrtilla Sherman, Banks wrote,

I must say that I have the best set of girls. They haven't any comforts outside of a good bed and common food. They do not receive any salary, and yet they are as happy as the days are long.⁸⁸

Dr. Lucy Brown died in 1911, and Dr. Alonzo McClennan died in 1912 without witnessing full integration of Charleston's health science facilities. Their deaths clearly placed more responsibility on Banks to keep the hospital mission on track. McClennan's public obituary described him with what haunted him throughout his life--being distinguished as "one of the best known colored men of the city" instead of simply one of the best known men. However, McClennan had been acknowledged as a valuable contributor to the cause of Charleston's public health who was also reported in the local paper as being, "well and favorably known by many in this city [Charleston] and State and numbered his friends among the white as well as the colored people."⁸⁹

In McClennan's twenty-eight year career, sixty nurses graduated from the Hospital and Training School for Nurses and gained both in-state and out-of-state employment. His mission, and that of Banks and Brown, had successfully spearheaded

the possibility of professionalism, education and a degree of societal acceptance for black women in Charleston as formally trained nurses.⁹⁰

With the careful and orderly imitation of mainstream medical society, he had also attained an acceptable practice setting for Charleston's black physicians insulated by the image of nurse training and nursing work toward the cause of community health—a cause that outlasted him. With the usual obedient hard work, in segregated harsh conditions with lean finances and resources, the Hospital and Training School for Nurses limped on through the Depression but class size dwindled.⁹¹ By 1937, the program only managed to graduate a class of two, Vivienne Anderson, and Lucinda Greene.⁹² Their Head Nurse, Mabel Oliver, who studied briefly under the leadership of Banks, was a graduate of the Hospital and Training School for Nurses from only a decade previous. Oliver's 1927 graduating class was only a class of three.⁹³ In the summer of 1939, the Public Welfare Board of Charleston approved semi-monthly, revocable allocations toward the operating expenses for “the clinic operated by” the Hospital, \$1200 of which was for nursing services.⁹⁴ The structure that had been standing since the Revolutionary War was becoming dilapidated beyond repair.⁹⁵ Hard work remained constant, but enrollment numbers at the segregated facility did not recover.⁹⁶ By 1942, the graduating class from the Hospital and Training School that marched down the aisle of Zion Olivett Church in Charleston was a class of one—Dorothy Chaplin.⁹⁷

By 1947, law required the closing of hospitals whose facilities were run down and obsolete, and license renewals were to be denied facilities that could not show evidence of imminent improvement.⁹⁸ Though the official closing date of the original training school is unclear, the circumstances surrounding its closing were as silent as its beginning was controversial. As in the beginning of the mission of the Hospital and Training School for Nurses in 1896, opportunity came from adversity yet again, in the late 1940s. The dilapidated nurse training school was described in the local newspaper as, “Charleston’s ancient Cannon Street Hospital for Negroes running on verbal permission,” having failed to meet State licensure criteria.⁹⁹

The last mention of training at the Cannon Street facility came in the late 1940s. Ruth Chamberlin, nursing Dean of Roper Hospital and later the Medical College’s nursing program, documented what she believed to be the beginning of the end of the segregated Hospital and Training School for Nurses. According to Chamberlin, the licensing requirements in place by the State of South Carolina during fall 1948 proved too much for the segregated school to achieve and maintain.¹⁰⁰ Chamberlin stated that the head nurse of the segregated facility, at that time Melvena Harper Gadsden, advocated on behalf of three Hospital and Training School for Nurses students, whose education was not finished, requesting assistance from the Roper Hospital nursing program. According to Chamberlin, South Carolina law prevented their acceptance into the professional school at the Medical College.¹⁰¹ She stated that, with the approval of commissioners, Gadsden’s students were able to complete their nursing education at Roper Hospital and

passed state board examinations with the assistance of faculty and graduates.¹⁰² Wartime intervened, and with the onset of World War II came the loss many of Charleston's Registered Nurses from the private sector to the armed forces.¹⁰³

The need for local nurses ushered in the concept of practical nurse training in Charleston. On December 9, 1948, Roper Hospital announced the acceptance of "12 white and 36 negro women" into Charleston's first state board approved Licensed Practical Nurse (LPN) program. This founding provides insight into the demise of the segregated Hospital and Training School for Nurses and the first formal opportunity for integrated nurse training and education for the city of Charleston.¹⁰⁴ The LPN was considered a lesser status in mainstream nursing, and it was advertised to the Charleston community that LPN students were "not trained to compete with registered nurses but to offer trained assistance to them and to care for the chronically ill and aged."¹⁰⁵

But for the black nurses in Charleston, less was still more, and yet again, when challenged with the dichotomy of burden and opportunity, they chose both. In the time spanning from 1896 to 1948, the nursing staff and nursing students had successfully used nursing work to parlay their social legacy of professional invisibility and silence into subdued presence in the health sciences and a link in the chain of American evolution. As was the legacy of Catherine Ravenel and Anna DeCosta Banks, key advocates in the final push for integration of black women in professional nursing proved to be Ruth Chamberlin, and Melvena Harper Gadsden. It was also a visionary group of LPN

students, both black and white, who decided that separate graduation and pinning ceremonies based on race were not practical, and that time was in need of healing.¹⁰⁶ Their 1948 push toward integration of Charleston's professional nursing ranks finally came in 1953. Black and white students received their graduation pins together under the leadership of then Director of Nurses, Ruth Chamberlin, having healed in the silence of segregated nursing practice long enough.¹⁰⁷

Chapter 4

Waiting for a Convenient Season

We live in peace and harmony down here, whenever trouble comes it comes from the outside. Not our real home folks. We understand each other perfectly so there is no friction.—Anna DeCosta Banks

Previous chapters introduced a framework by which to consider the history of black nurses in Charleston and Anna DeCosta Banks' emergence as a pioneer nursing leader in a segregated society. Chapter 3 discussed Banks in terms of the fragile and subdued power afforded her in her prescribed duties within the confines of a single segregated educational institution. This section will describe her experience outside of the hospital in the realm of community nursing, and how the two roles were, in many ways, inseparable. In addition to being the most documented black nurse in early Charleston, she owns the distinction of being the black nurse in early Charleston who documented the most about the experience. While there is evidence of other black nurses with similar backgrounds to Banks, she is the only one among them whose voice and experiences were captured in multiple writings of her own hand. Banks' available writings spanned from the late 1890s to the late 1920s, shortly before her death in 1930, and were preserved by her alma mater in Hampton, Virginia—not in Charleston. Throughout her letters, it is clear that the Hospital and Training School for Nurses and its survival were continually in her thoughts. It is also clear through her letters that she was burdened by

the social condition of black women, and that she recognized her nursing role as an opportunity for their social uplift.

Once Banks stepped out of the front door of the Hospital and Training School for Nurses, she was clearly in historically uncharted territory in terms of nursing and education. In early Charleston, teaching was considered a respectable job for black women, but illegal for them in the city; the city's black schools were run by white educators. The teaching occupation for black women, even that of the wealthy, elite, inner circle mulatto women, meant lower pay and teaching in small rural schoolhouses far removed from Charleston.¹

The child of working class parents, Banks was not a member of the more privileged inner circle black elite. She was born Anna DeCosta in Charleston on September 2, 1869, to Samuel and Elizabeth Owens DeCosta. She was the granddaughter of Charlestonian seamstress Susan Owens and was educated in Charleston's city schools.² For reasons that are unclear, Banks traveled north to pursue her education.³

The mission of Banks' alma mater was established to address the fate of disenfranchised Native Americans and black African slaves. Northern philanthropist Alice Mabel Bacon founded the Hampton Hospital and Training School in 1891. In an 1896-97 report at Hampton, Bacon wrote, "The Hampton Training School for Nurses is an institution founded for the instruction of colored women in the profession of nursing."⁴ Of her visionary mission at Hampton, Bacon further stated,

We are convinced that colored women cannot long retain hold upon the profession of nursing without training at least equal to that enjoyed by white women. We are equally convinced that with such training they can be prepared to give as faithful and satisfactory nursing service as that of the white graduates of Northern Training Schools. It is to keep open for them a means of livelihood which they are in danger of losing, that the Hampton Training School for Nurses was founded.⁵

An 1894 publication described the purpose of nurse training at Hampton describing as, “opened to receive intelligent colored women for training as nurses.”⁶ The article expounded on this purpose and stated,

It was thought that intelligent nursing ought to take the place of granny nursing, which for so many years has been the main nursing of Southern people.⁷

The visionary humanitarian and religious underpinnings of Hampton’s mission were made manifest in the inspirational words that appeared on a chalkboards over the shoulders of Hampton faculty members, such as one which read, “Hampton must not go down. It pays to put God and country first.”⁸ Hampton became the setting of Banks’ first employment opportunity after graduation.

After graduation from the Dixie Hospital and Training School, Banks served as head nurse at Dixie Hospital before making a decision to return to Charleston. Her motives for returning to Charleston are unknown.⁹ However, her 1896 return to

Charleston to the positions of head nurse and subsequently, Superintendent of McClellan's mission was a journey into the ominous realities of community health in Charleston.¹⁰ Banks' challenge was to walk the thin line between societal expectation, domestic type work and training and educating black student nurses. The environment for her work consisted of sub-optimal conditions and the care of a predominantly indigent population.¹¹

Banks' writing revealed that she was aware of how nurse training of black women ultimately affected the health care of the community. Her progressive philosophy toward black women in nursing somewhat mimicked that of Bacon. In her critique of the existing traditional cadre of black women health care providers in the Charleston area who lacked formal education, Banks stated,

The care of the sick of the South has always been the work of colored women, called "mormers" or "grannies," but the physicians have begun to realize the need of trained nurses and will not take any others. Now these old nurses have to either come up to the requirements by attending some training school or give up the work. In order to keep this work from drifting into the hands of white nurses, we have got to train these girls to take their places.¹²

With the early 1900s came an opportunity for Banks to pursue her vision of displaying her professional nursing capabilities in a venue *outside the hospital and* training school. In 1903, the LBS lost their first nurse, Laura G. Brown, a white nursing

graduate who quit in January after only two weeks.¹³ A second white nurse of the LBS, F. J. Gasque, became ill after five weeks of service to the LBS. This illness prompted the temporary hiring of Banks through her affiliation with the Hospital and Training School for Nurses.¹⁴ In 1904, Banks wrote of what she described as her “membership” with another organization affiliated with the LBS, the King’s Daughter’s Association (KDA).¹⁵ She described the patient populations during this affiliation as “composed of the better class of white people of this city,” and as “work among both races helping those who are trying to help themselves, not withstanding sickness and poverty.”¹⁶ Banks made it clear in her letter that she was not the head nurse for the KDA, but only working to help them raise money.¹⁷ Subsequently, nurse Gasque resigned from the LBS in November, 1905, which once again presented an opportunity for Banks’ employment.¹⁸

It became clear that while Banks had carved out, or had perhaps fallen into, professional opportunity, the line that separated her hospital work from her newly acquired community responsibilities was blurring. It is also clear that the added responsibilities were already beginning to wear her thin. While some members of the LBS had plans for Banks to fill the gap created by Gasque’s illness, Banks’ actions suggest that she was attempting to gain some degree of control, autonomy and reduction of her hectic workload.¹⁹ Banks wrote to former teacher Myrtilla Sherman requesting a letter of recommendation from Hampton Institute after filling out a job application, a “teachers blank,” for a position as head matron of St. Augustine Industrial School in Florida.²⁰ Banks was clearly interested in the position and rationalized to Sherman that

such a position would give her a rest from the rigor of her duties in Charleston. Banks wrote that Reverend Uggams of the Presbyterian Church in Charleston had offered her the position in Florida.²¹ While waiting for the results of Sherman's reference letter on her behalf to the Presbyterian Church, Banks continued her work at the training school. In addition, she accepted more work from the LBS and was simultaneously swept into the experience of community public health sponsored by the organization. Banks' work with the LBS extended her duties and experiences well beyond the walls of the training school and introduced her to new nursing practice experiences.

An account of one of Banks' visits, under the LBS umbrella, reported the use of an egg to bribe a sick child into washing his face and combing his hair. However, the child began to groom himself in anticipation of her visit—not for egg, but to please her.²²

During August 1905, a typhoid epidemic broke out in the Episcopal Church orphanage in Charleston, debilitating the matrons and orphans. Banks worked there four to five hours in the afternoon for several days to assist in their care.²³ The LBS clearly recognized that this epidemic was overwhelming for Banks alone, so they hired a second black nurse, Gussie Davis, to assist. Through their efforts, many were nursed back to good health.²⁴

In another case, the donation of apparatus for a vapor bath along with massage therapy was utilized by Banks to treat a fourteen year old that the LBS described as a “martyr to inflammatory rheumatism, all drawn up and not able to move.”²⁵ The LBS

reported that, after the vapor and massage treatments from Banks, the boy was subsequently able to throw away his crutches.²⁶ However, the LBS reported that for many of Banks' terminal cancer cases, she could do nothing but provide palliative care which was described as to "freshen the bed, and ease the patient."²⁷ During this assignment with the LBS, Banks also cared for an invalid elderly woman in her eighties who paid her a dollar a week to be eased into a chair in the morning, to have her hair brushed and her bed freshened daily.²⁸ The LBS also reported a case that caused Banks "much anxiety" regarding an irresponsible mother of a patient.²⁹ The mother could not manage to feed and medicate her child, who had typhoid fever and an abscess in each ear. After finding the child "simply sinking" and "the mother too busy with other cares," Banks visited the child daily until he improved.³⁰

Even though Banks unquestionably gained public health nursing experience, it is clear that she was still hoping for relief that the opportunity at St. Augustine Industrial School in Florida might afford her. In December 1905, Banks' grandmother died, and she wrote to Sherman again, mentioning that she heard nothing further about the matron position in St. Augustine. Banks' minister offered to inquire as to the status of the job, but Banks thought it best for him not to do so.³¹

An outbreak of typhoid during the first half of 1906 put a strain on health care resources in Charleston, and cost the LBS their third white nurse, Fanny Bicaise, who left the LBS in February 1906 after only one month of service.³² Bicaise's resignation and

Banks' and Davis' prior temporary work with the LBS, marked a turning point in nursing history in Charleston. This next turning point not only added a new dimension to the teaching and nursing responsibilities at the Hospital and Training School for Nurses but created an added dimension of opportunity—one that created an opening into the ranks of professional nursing and citizenship for more black nursing students in Charleston. The more permanent, yet still experimental employment of Banks and Davis was continued again by the LBS. This time, it was on an experimental basis to attempt to develop the concept of District Nursing in Charleston with black nurses. However, their hiring only occurred after more unsuccessful attempts by the LBS to hire and sustain the employment of white nurses.³³

During the 1906 typhoid outbreak, Banks was afforded the use of several extra black nurses, by both the LBS and training school administrators who were overwhelmed by weeks of public anxiety created by the epidemic. This dichotomy of burden superimposed on opportunity became a pattern for Banks and her nurses. Visits in the community continued much like before, but with more help—help from the segregated training school. Such work included sixty visits to a young boy and visits to a young woman and her baby who had been abandoned by the woman's husband. After the woman and child received care from Banks, the young woman continued to pay Banks after recuperating and finding employment at the Royal Bag Factory. In this case, the LBS described Banks' long-term commitment to the family, stating "the interest and sympathy of the nurse was very much aroused."³⁴

As the demand and workload for district nursing increased, including among paying patients, the LBS afforded Banks more help in their mission. This increase in paying patients prompted the LBS to justify the creation use of a new job description, “an under Nurse” who was “to carry out the orders of the Upper District Nurse while she can get some hours of rest.”³⁵ Careful to promote and protect Banks’ continued employment, LBS Superintendent Ravenel reassured her constituents that Banks was, “faithful and efficient.”³⁶ Ravenel’s arsenal of descriptors included dutiful language, describing Banks as being “most uncommon” and “judicious, tactful and experienced.”³⁷ She was also described as, “very constant in her visiting, so skillful capable and tenderhearted.”³⁸

In May 1906, Banks earned a two-week paid vacation for “rest and a change.”³⁹ All the while, Ravenel continued to emphasize Banks’ character, selling the impact of her community visits to chronically reluctant LBS members. Ravenel likened Banks’ character and impact to that of Florence Nightingale as a strategy to protect Banks’ position and her services. Ravenel also pointed out to the LBS that Banks’ work had the endorsement of local physicians. Regarding Banks, Ravenel reported,

She can give so much comfort to the poor sufferer; her cheerful words and very presence carry brightness into sad depressed homes, and the patient feels less lonely and more encouraged to take hold of life, realizing that there is some kindness in the world. The city physicians continue to employ the nurse; they appreciate the value of her work.⁴⁰

Ravenel carefully tempered her words using connotations of respect for the societal boundaries of domesticity applied to black women in the South, such as having their “hands and thoughts kept busy;” “constantly working;” “never being unable to work;” “busy and anxious;” “skillful;” “capable;” prompt;” “tender;” “tender hearted;” “ can be called on in any emergency and can be employed an hour daily or more if needed” and “called on continually again and again...out the whole night long with her nights’ rest being broken into.”⁴¹ Within such discourse by the LBS was the prescribed code of survival and protection for black women in the sacred space afforded to them by nursing work.

After a rest, it was back to work as usual for Banks. By July 1906, Banks still had not heard anything about the St. Augustine offer, and she rationalized, “Perhaps the trustees are away and Rev. Elliot cannot answer without their approval.”⁴² Banks wrote to thank Sherman for a letter of recommendation for the Florida position that was not to be. Banks then began her summer work, this time defining herself to her mentor, as “district nurse” for the KDA, mainly supplying ice, milk, food, clothing and care to the destitute in what Banks described as “intense heat.”⁴³ In this work, Banks reported a physician as saying that his patients’ recovery always depended on her visits, and patients immediately became courageous and began to get well at the sight of her.⁴⁴ Of this physician endorsement of her work, Banks wrote to her former teacher, “Now it sounds like boasting, but those men are sincere in what they say.”⁴⁵ She also reported continued

work at the training school, and reported to one of her mentors, “I am constantly employed as a private nurse.”⁴⁶

Banks also settled in to work another year with the LBS without explanation or closure regarding the job offer in Florida. With her hope faded, she turned her focus to the duties of the visiting nursing, along with her other mounting responsibilities.⁴⁷ There was no further mention in Bank’s letters of the St. Augustine job, and no evidence that she ever received promotion to any position outside of Charleston since her return in 1896.

LBS Superintendent Catherine Ravenel continued to tackle the controversial issue of Banks’ race head on, describing Banks as, “A coloured nurse, but one who gives great satisfaction to all who have reaped the benefits of her care and nursing.” She continued to advertise Banks as being practically all things to all people at any time. Work with the LBS elevated Banks to being well known over the whole city of Charleston by multiple church denominations and physicians of the city.⁴⁸ Ravenel continued to describe Banks as being “valued and appreciated by the community,” “can be called on in any emergency;” and “can be employed and hour daily or more if needed.”⁴⁹ In 1908, Banks requested a leave of absence from “most of the work” which Ravenel continually described as being steady and “constantly busy and constantly called on.”⁵⁰ This work included lifting paralyzed and disabled patients, the monitoring of patients with nervous

conditions, treatment of cancer patients, treatment of skin ulcers, and assisting physician's with surgery.⁵¹

By 1909, it became increasingly difficult to detect the line of delineation between where Banks' work with the Hospital and Training School ended, and her more public service with the LBS and other community organizations began, but the common denominator among them would prove to be both the nature and amount of work, and perhaps most of all, professional nursing opportunity for a pool of black nurses.⁵² The same year, the LBS reported that Banks made 1800 visits among 147 patients, including night work and paying patients who received an extra hour of care.⁵³ The nursing work also included infectious disease cases, such as typhoid and tuberculosis.⁵⁴ Banks' educational background, training, and experience allowed her to emphasize attention to sick room sanitation and the training of mothers to care for their babies. Though understated, in reality Banks, who had also been teaching at the training school for some time, achieved sustained ability to teach within the city limits of Charleston. Another subtle milestone in nursing under the rubric of Banks' work with the LBS was that this 1909 report did not differentiate between white and black patients, as had been so painstakingly done before. By that time, more modern tools carried by the nurse included a small alcohol lamp and a small saucepot for making the patients' hot tea.⁵⁵ Banks, her substitutes and assistants also utilized articles that were donated the by the Loan Closet and the Mother's Basket, resources that were under the control of the LBS.⁵⁶

Banks' workload and that of her nurses became so vast that it was no longer quantifiable. Unable to keep track and provide an accurate account of their service to the community, the LBS resorted to documenting that attempting to measure their work accurately was, "almost impossible."⁵⁷ In the midst of the serious work of community nursing in a segregated society, possible hint of "tongue-in-cheek" humor from the perspective of Banks, the LBS, or both occurred. The January 18, 1909 LBS Nurses Report described the diet of recovering tuberculosis patients to include eggs, prefaced with a quote from Banks as being from the "Missionary Hens of Legare St."⁵⁸ Another milestone in raising the voice and leadership of Banks occurred when she was permitted to write up her own reports and cases for review by the LBS instead of the LBS writing Banks' reports and opinions for her.⁵⁹ Her writing style in these reports virtually mimicked the humanitarian format and tone of the LBS reports as well as the religious undertone in her letters. Banks did not begin her report with patient care data, but instead with humanitarian prose such as,

Open the door of your heart my friend, Heedless of class or creed

When you hear the cry of a brother's voice, Or the sob of a child in need. ⁶⁰

With her newfound freedom to write public health records outside the training school, Banks wrote a 1910-1911 report that she carefully entitled "Coloured Sick Visited." In her first report, Banks was careful to confine her words to work-related activity. Her reports basically mimicked the style of those authored by Ravenel and other

LBS members. For example, she reported being welcomed by a bed-bound patient for whom she provided milk, eggs, cocoa, sugar and other supplies without charge. Her report also included a female patient with Bright's disease who would "smile between the tears" when Banks visited weekly with groceries and medicine, delivering wood to a crippled woman, nursing care for a woman with a tumor.⁶¹ Though Banks' contributions to public health in Charleston were far from over, in the midst of this modest progress in nursing came tangible evidence of inclusion and citizenship for black nurses—a license for Banks as a registered nurse from the State Board of Medical Examiners of South Carolina on December 31, 1910.⁶² That was the same year The State Board of Medical examiners first required a registration examination for nurses in the State of South Carolina.⁶³

Banks' LBS work as a district nurse for the city of Charleston shifted her work into nursing care of more white Charlestonians. Banks' writings acknowledged the challenges of race relations in the South. She credited her ability to handle these challenges to her nurse training at Hampton. Of her diplomacy efforts and the state of race relations in nursing work in early twentieth century Charleston, Banks confided to northern mentor Reverend Dr. Hollis Burke Frissell,

My work is confined mostly to the white people (the poor & ignorant class) so you see it requires a lot of tact to get along smoothly with them. I have found out

that when a person is sick or in need, it does not make any difference to them who you are or what color. If you have come to help them, all are gladly received.⁶⁴

One of Banks' strategies for tackling the multi-faceted problems of community and hospital-based nursing was to bring trained nurses from Dixie Hospital in Virginia to the Charleston community. In a paper read at the Dixie Memorial Meeting held at Hampton Institute on November 20, 1925, Banks subtly hinted of integration in Charleston's nursing community. She described how one of Hampton's graduates, Mary E. Bailey, went to Charleston in 1896, offering to train young black women. Bailey trained seven black nurses in Charleston, doing so without pay. According to Banks, after three months of instruction, these nurses were permitted to practice on a ward at one of Charleston's white hospitals to gain experience as night nurses. According to Banks, the student nurses were paid fifty cents per night, and the amount gradually increased to one dollar per night.⁶⁵

Banks' writings also cited the delivery of healthcare and health education to illiterate citizens as one of her greatest challenges. On one occasion, while accompanying a physician on home visits, only one of the fifteen patients visited could read. She described that, in one home, a mother placed her own medicine beside her bed, and her child's medicine in the next room just to distinguish between the two. In another home, a patient was instructed to take powder in the morning and oil at bedtime, and did the opposite. In yet another home, a mother doubled the dose of a child's medication to make

up for the ones she had forgotten to give. Banks critiqued and summarized the experience of these visits to northern philanthropist Abigail Cleveland by stating, “You could scarce believe the ignorance in that such ignorance exists so near the city.”⁶⁶

Equally challenging to Banks’ work were the “conjurers” who took full advantage of illiterate citizens for the sole purpose of defrauding them out of what little they had. For example, one of Banks’ patients reported that she had witnessed a conjurer taking a snake out of her sister’s leg. Banks described the patient’s description of this deception stating,

She said that the doctor made an opening just above the swelling and covered it with a cow’s horn, and in a minute afterwards the snake jumped out. The whole truth of the story is that the ignorant conjure doctor, in order to deceive this poor woman, had a snake concealed in the end of the cow horn, and the cut was simply made to obtain blood to cover the snake. As soon as the warm blood touched the snake, it began to move. The usual price for such cases is from ten to twenty-five dollars. When the conjurer finds the money is scarce or the patient likely to die on his hands he suddenly disappears.⁶⁷

A major event of tragic fate that somewhat disrupted and compounded Banks’ responsibilities at the Hospital and Training School was the aforementioned 1911 death of Dr. Lucy Brown after a seven-year illness.⁶⁸ Brown’s death resulted in Banks’ promotion to Superintendent of Nurses at the Hospital and Training School. This difficult

loss simultaneously created both burden and opportunity for the cause of black nurses in Charleston.⁶⁹ It was an opportunity because the promotion gave Banks closer control over the pool of black nurses at the Hospital and Training School. It was also an opportunity because no black nurse in Charleston had been formally named to a high leadership role in an institution of higher learning. However, it was a tremendous burden, because it meant compounded work and responsibility in her already overly taxed existence. As her career continued, so too did the pattern of Banks' work as though there were only one choice. That choice was to consistently accept the burden to preserve opportunity for herself, her nurses, and the indigent citizens who depended upon her.

When Banks took a well-needed summer vacation in 1911 while still working for the LBS and the training school, more burdensome events developed that would impact her future. In her absence, Banks was able to get Hampton graduate Viola Ford to cover for her while Banks took her daughter, Evangeline, to Southbridge, Boston, and New York.⁷⁰ Near the same time of this vacation, the LBS began its association with the MLIC, and Banks' work was included in these plans.

LBS records surrounding the 1912 plans with the MLIC reflected that there was enough work and funding to support the general use of two black nurses, along with the utilization of undergraduate nursing students from the Hospital and Training School for Nurses under the supervision of Banks.⁷¹ The use of Banks' work in conjunction with that of her nursing students became typically listed as a line item in LBS reports

regarding MLIC work. But it was difficult to differentiate between where their general responsibilities to the LBS stopped, and the responsibilities dedicated to the MLIC work began. For example, and typical of many of these reports, one annual report during the time period of the MLIC's business in Charleston illustrates in a brief sentence the scope of Banks' and her students' service to the community: "The Nurse Anna D. Banks, R. N. has visited 184 white and 54 colored patients and made 1,919 visits being assisted by extra nurses and helpers when necessary, she had 18 tuberculosis cases, 15 deaths and 22 births."⁷²

In April 1912, Banks wrote that black nurse Viola Ford became her assistant as "District nurse," but she also indicated that her nursing work was significantly compounded. The LBS described this addendum to Banks' workload, describing that she was to "indiscriminately" visit, in addition to her regular duties, "any sick person who is a policy holder in their (MLIC's) company" including "industrial policy holders" and that the LBS would receive fifty cents per visit.⁷³

Tasks required to meet the criteria of MLIC meant that in addition to provision of basic nursing care, the visiting nurse was instrumental in collecting demographic data. Recorded demographic data included each patient's "name, address, age, colour, physician, disease, employment."⁷⁴ In addition, Banks was to obtain patients' insurance policy numbers. Under the authority of MLIC, the LBS and Banks were to withhold visits from delinquent policy holders, but policy holders "in good standing" were afforded as

much as four to five days of care from the visiting nurse, a timeframe which could be renewed if a patient was very ill.⁷⁵

The LBS acknowledged the enormity of Banks' additional work, and documented in the January, 1912 Minutes regarding the nurses,

The condensed account of the actual daily work of the Nurse, cannot begin to give any idea of the work, number of patients, number of physicians who employ her—the deaths, the births, etc. sound very meager and cold—and yet one can rightly conceive the blessedness that visit [sic] to those who are suffering and need care and sympathy and attention.⁷⁶

By the summer of 1912, the LBS indicated they had profited from the venture with MLIC, but not as much as the members had hoped for and not enough to sustain the employment of a second nurse. The LBS indicated that Banks made a total of 675 visits, 531 of which were to white patients, and 144 to black patients. Her visits that year represented a wide range of nursing care from infectious disease cases to medical-surgical, obstetrical, and post mortem care cases. Banks' total visits included six tuberculosis cases, six births, and nine deaths. Six of the patients were described as paying patients, and five extra nurses were utilized by the LBS to assist Banks. The services of two of the extra nurses had been paid for in their entirety by the MLIC. By the same token, it was reported that Banks had been able to accomplish the added visits as “part of her regular work.”⁷⁷ At same time, in 1912, LBS expressed regret upon receiving

word that the Charleston City Council had not approved their formal request for a yearly appropriation to the organization and at being unable to “inspire each one here with the zeal and interest that enthuses those who are in close touch with the work of the Visiting Nurse.”⁷⁸ This rejection from the City Council was interpreted by LBS leaders as Charleston’s missing out on, “both the blessings to the suffering and sick as well as a benefit to the health of the city.”⁷⁹

In a 1914 letter, Banks described her perception of having the further responsibility of MLIC work added to her already overburdened workload. Banks described her very existence as synonymous with work—but there is no evidence that she expressed her perception locally. In a letter to one of her mentors in the Virginia, she confided,

I have reached the place now where the work is mine and I belong to the work. The two are often spoke of as Anna Banks the (Visiting Nurse.) We have still another branch added to our work now; by the Metropolitan Life Insurance Company of New York City. That is, to investigate all policy holders reported to the company as being sick and supplying a nurse when needed, and I keep watch over the case until well.⁸⁰

Banks described the availability of insurance to black patients as an improvement in public health and even as “a blessing to the colored people.”⁸¹ But this project involving the delivery of healthcare via black visiting nurses in early twentieth century Charleston,

and the interjection of the modern concept of insurance, was not without pitfalls. Banks described these pitfalls by writing to one of her northern mentors, “Our only stumbling block is that the agents fail to report cases until they are almost hopeless. Therefore, we have had quite a number of deaths.”⁸²

Failure by the agents to report cases was not in fact, the only pitfall of the new venture with the MLIC under the control of the LBS. Perhaps the largest pitfall was Banks possible denial or naiveté in her both her perceptions and written accounts to her northern mentors. She described the MLIC as being satisfied with the work of the black visiting nurses and wanting them to continue.⁸³ Time was to prove her wrong, and the untimely aforementioned death of Dr. Alonzo Clifton McClennan placed her under additional strain. In April of 1914, after two years of helping with the training school’s transition following McClennan’s death, Banks wrote that she had increased responsibilities at the hospital and training School, without pay, because there was no one who was willing to manage the workload. Of the ever increasing responsibilities at the school she explained, again, not locally, but to her former teacher in Virginia, “Everybody seems to think it was my place, so I just took it, with the assurance that God would give me strength to hold on.”⁸⁴

This was the year that Banks’ letters revealed that she was beginning to buckle under the pressure of nursing responsibilities. The tone of Banks’ letters revealed an ominous and stark change in tone with elements of complaint and frankness being raised

one octave. For example, Banks wrote to her former teacher, “Now Miss Sherman, you can see that it is impossible for me to hold out under such a strain, working around the city all day, and then looking after the hospital too.”⁸⁵ To compound Banks’ stress, she mentioned that one of the black physicians, Dr. William Thorne, left the hospital and training school, telling Banks he accepted a position at Howard University and telling her that she needed to stay at the hospital to help keep it operating.⁸⁶ In January, 1916 Banks wrote to Sherman that her (Banks’) health would not allow her to continue her workload, reporting swelling in her left leg, and shortness of breath when climbing stairs.⁸⁷ That same year, she expressed an obligation to serve some of the local charities until December, and explained, “I hate to think of resigning and will not unless I find it necessary.”⁸⁸

The following April, Banks, despite being a native Charlestonian, recalled and lamented her previous experience as a citizen of late nineteenth century Hampton, Virginia. Of this experience she stated, “I am a Hamptonian—It has help [sic] me so much to live right.”⁸⁹ Banks further critiqued what she believed to be the state of the black experience in early twentieth-century Charleston by stating,

You know we are noted for being very slow in this old city; and especially in turning against our white friends. We live in peace and harmony down here, [sic] whenever trouble comes, it comes from the outside. Not our real homefolks. We understand each other perfectly so there is no friction.⁹⁰

While Banks internalized these words and a philosophy of acceptance regarding the realities of societal friction over race and her own career, a line entry in the January 1918 report of the LBS described Banks with the title, “our public health nurse” and indicated black nurse Cecile Trescott and other helpers had worked under virtually every physician in Charleston.⁹¹ Though this afforded Banks some relief, unbeknownst to her, more changes from more outsiders were on the way. In 1920, Banks witnessed another milestone in public education outside of nursing. She expressed elation when public law permitted the employment of colored teachers in the city’s public schools of Charleston to teach colored children for the first time.⁹² But February 1920 also marked a profound historic day in nursing. A national organization, the American Red Cross (ARC), was taking over the delivery of public health nursing care in Charleston—at least the members of the ARC thought so at the time. Word of this national undertaking left Charleston nurse providers, both black and white, wondering how and to what extent the national program would affect their local work.⁹³

In 1921, the LBS maintained and solidified the listing of its two main nurses with their credentials documented: “A. D. Banks, R. N. and Cecelia Trescott, R.N.”⁹⁴ While the ARC was attempting to launch their services locally, an LBS report documented a solid eleven-year relationship with MLIC industrial policy holders. The LBS counted approximately 12,000 policy holders in Charleston that “could call upon us at any moment,” and that the company’s agents expressed “entire satisfaction” with the work of black visiting nurses provided by LBS.⁹⁵ But that account and Banks’ earlier perception

of the emerging experience of black nurses with MLIC was contradicted the following year. The black MLIC visiting nurses, politically powerless as they were in Charleston society, were viewed as offensive to white MLIC policy holders. According to the LBS minutes, MLIC cited the presence of the black nurses as a hindrance. In the January 15, 1923 meeting of the LBS, officials reported that MLIC was displeased with the use of black nurses. According to LBS reports, the MLIC nursing supervisor stated that their clients “do not call the nurses as much as the Metropolitan desires” and “they do not like the coloured nurses and feel that they are acting as spies.”⁹⁶ In spite of the complaints by MLIC clients, the LBS informed MLIC officials that they (LBS) could not afford the cost of hiring white visiting nurses for their policy holders.

The local response and position of the Public Health Nurse Association (PHNA) was that they would not interfere with the decision of the LBS regarding the utilization of black visiting nurses for Charleston’s MLIC policy holders.⁹⁷ In the absence of quick and decisive interference from the PHNA in their position regarding black visiting nurses, the race controversy over visiting nurses progressively overshadowed the positive patient care outcomes in the Charleston community previously reported by the MLIC. However, statistics were provided to the LBS by MLIC that revealed decreased mortality rates from 1916 to 1923 while utilizing the black nurses.⁹⁸

In spite of the reported decrease, MLIC third vice-president Lee Frankel wrote to Catherine Ravenel, acknowledging “the good work done by your nurses,” but prefaced

his statement by withdrawing the MLIC contract with LBS beginning on March 15, 1923, citing persistent objections to the use of colored nurses by both group and industrial policyholders.⁹⁹ Though the LBS did not attempt continued collaboration with the MLIC because of the race issue, discontinuation of the MLIC contract still resulted in the LBS terminating nurse Cecile Trescott due to budgetary constraints.¹⁰⁰

In the meantime, Banks announced that she was going to take a three-month summer vacation from the MLIC, hoping to utilize the “vacation” time by giving nursing lectures at the Young Women’s Christian Association (YWCA). She stated that she hoped to get around to talking to some of the citizens on the surrounding islands. Banks offered up this working vacation as justification to one of her former teacher, Myrtila Sherman, for not being able to attend a commencement ceremony at Hampton stating, “trusting you will forget my negligence this time.”¹⁰¹ Banks’ writing reflected that she was tired and discouraged with some activities being missed. But they also indicated that she coped as she always had—by trying to help others in the way that her mentors had helped her.¹⁰²

By June 1921, ARC representative Marie Leby wrote to Ravenel of the LBS attempting to outline the necessity and rationale for LBS to join forces with a more national public health organization, such as ARC, in Charleston. The tone of the letter also reinforced the common historical societal paradigm—that nursing work was the

domain of women functioning in a historically sacred space for women. In a letter to the Ravenel, Leby extolled,

...in many cities an ever increasing proportion of the municipal budget is being placed in the hands of the nurse. It is she, who going from house to house, in intimate contact with the people, discovers the conditions which are undermining the health of the community, and brings them to the surface where all may see. It is she who is spreading her doctrine of health as she goes, opens the eyes of the people so that they may recognize these problems, and it is she, who by the hold which her ministrations have given her, is able to influence the people to act.¹⁰³

Leby went on to say that the ARC was willing to negotiate the organizational constitution of the LBS, but informed Ravenel that the LBS standards were already in violation of the ARC standards “in regard to the care of negroes.”¹⁰⁴ The ARC did not accept equal health care for blacks or the use of black nurses in their ranks to deliver public health.¹⁰⁵ The LBS had been caring for blacks utilizing black nurses in Charleston since the turn of the twentieth century. The tone of the letter to impose the will of the ARC outsiders on the LBS caused Ravenel to consult with an attorney, who responded by June 9, 1921, regarding the rights of the LBS to a federal outsider organization.¹⁰⁶

Leby’s letter also rekindled “some misapprehensions as to the care of Negroes” and the manner in which black nurses were utilized in Charleston society among some of the more chronically skeptical members of the LBS.¹⁰⁷ However, the ARC’s 1921 financial

crisis, coupled with the LBS resistance to their intrusion and infliction of outsider standards, brought the mission of the ARC to a close in Charleston.¹⁰⁸

While the local women public health leaders in Charleston strategized to resist the efforts of the ARC national outsiders, a January 1922 letter by Banks indicated that her hard work had not changed much. Her writing indicated that she understood that though the LBS dilemmas with MLIC and ARC had ramifications for her survival, she was a stakeholder of a lesser degree. Her reality was still predominantly defined by working hard, as long as there was work to be done, for whoever allowed it, under the prescribed protection of organizational leaders. Around this time, instead of focusing on the ARC issue when she sent her usual annual report to Hampton, she shifted the focus of her writing to indicate that she was experiencing problems of her own—health problems. She wrote,

We are having our first ice and snow and I am compelled to remain in doors on account of severe pain in my right shoulder and side. I was out in the rain too long yesterday. I was called to an ill child yesterday morning and found that it was a case of scarlet fever. I had to report the case and arrange for it to be taken to the hospital.¹⁰⁹

Hard work at all hours had continued for Banks, but now with more signs of her diminishing health. She did not send her traditional Christmas letter up north to Hampton for two years in a row. She justified the omission with the only consistently palatable

excuse to which she was accustomed—work. She excused her omission, explaining that she had delivered a baby at six o'clock in the morning Christmas Day, and another baby on New Year's Eve.¹¹⁰ However, in 1925, Banks while in poor health suggested the progressive idea of the formation of the Hampton-Tuskegee Club in order to promote a subdued form of empowerment for nurses training at Hampton and Tuskegee—not in Charleston.¹¹¹ In her final years, she continued to work sowing seeds of communication and progress, sending clippings and reports up north to Hampton, a place for which she claimed to yearn.¹¹²

By October 1930, with Banks unable to work for several years, the LBS discussed the allocation of a pension for Banks and the continued employment of Banks' successor, Claudia Green.¹¹³ This relinquishment of the visiting nurse position by Banks and the acceptance by Green was yet another milestone in that it was acknowledgement that black nurses continued to be valuable players in the cause of public health. The November 14, 1930 LBS meeting included discussion of how pleased the local physicians were with the work of Green.¹¹⁴ Like her predecessor, Green's letter of acceptance to LBS expressed gratitude that her work was appreciated, as well as a commitment to be available, "at all times."¹¹⁵ Green's career and communication style mimicked that of Banks—cheerful and grateful acceptance for the opportunity of inclusion in nursing. However, Green's promotion and success were bittersweet in the wake of the sad news of Banks' continued decline. The reading of Green's acceptance letter to the LBS was followed with the news that LBS member Mrs. Arthur Johnston had

recently visited the ailing Banks in the hospital “in the name of the society.”¹¹⁶ Banks’ writings in her final years continued to report of increased swelling in her legs and increased difficulty climbing stairs.¹¹⁷ Banks’ final illness lasted from January 12, 1930, to the date of her death, November 29, 1930.¹¹⁸ Afterward, Ravenel, whose visionary leadership simultaneously facilitated community health and integration through the protection of Banks and her black nursing constituents, reported on the “very impressive” funeral of Anna Banks.¹¹⁹ Another milestone toward acceptance of black nurses in the professional workforce was evidenced in the tribute of the LBS to Banks upon her death which declared, “All ages, races, classes, called her blessed.”¹²⁰ To lament Banks’ death, the local paper expressed her value to the community in a public statement which read,

In the lifetime of any individual seldom does the community take time, in which that individual moves and works to estimate the value of that life which contributes to the welfare of that people living in reach of the services of a constructive life.

During the week there passed from our midst a life that was dedicated and consecrated to the noble task of administering to the sick, maimed and friendless.

Our community has been made finer, happier and healthier for having received the services of the late and lamented Mrs. Anna D. Banks, A laborer in the vineyard of genuine social service, a comforter to the sick, a friend to those

needing friendship, an inspiration to those who have chosen to labor in the hinterland where seldom real values are placed upon the laborer's efforts.

We feel that this community has sustained a real loss in the death of our beloved citizen. We are certain that the life of this community was made richer by Mrs. Banks having lived in it.¹²¹

Another modest hint toward autonomy and progress for black nurses stemming from Banks' career came in October 1931, when the LBS approved the purchase of a car and a gas stipend for Claudia Green.¹²² The benefits for black nurses in public health were slowly mounting. In January of 1933, Green was offered a steady salary of \$12.50 per week with the possibility of a bonus at six months if there were any extra funds left.¹²³ The January 16, 1935 LBS Annual Report mentioned Claudia Green was able to maintain her position with the LBS through the depression era in the same manner black visiting nurses with the LBS had always. The line entry for Green's work was reported in the same style of Banks, but new descriptors included "our visiting, registered trained nurse, Claudia Green, colored" was "efficient, "cheerful" and "courteous."¹²⁴ The depression era brought an increase in visits by the LBS to Charleston's black and indigent populations with a reduced budget. From January 1934 to 1935, Green, along with three extra black nurses for emergency cases, conducted a total of 2,797 visits for 531 patients, only two of whom were paying patients. Their work included 12 births and 6 deaths, and they worked for 7 colored physicians and 29 white physicians and interns. Though the

depression era resulted in a pay cut for Green that was “cheerfully” accepted, eight dollars was appropriated for the maintenance of her car, and her work marked an open, modest milestone in the progress of black nurses.¹²⁵

During her career, Banks had witnessed the societal movement of black nurses from impossibility to possibility in the careful advancement toward citizenship. At the time of Banks’ death, the Hospital and Training School for Nurses also remained open with nursing work and education continued by black nurses. Though Banks’ legacy revealed advancement in professional nursing in Charleston, she passed away still searching for, in her words, “a more convenient season, which never comes.”¹²⁶

Chapter 5

Conclusion

Please pardon my long silence. I will do better in the future. Take good care of yourself.—Anna DeCosta Banks

On December 13, 2006, graduate Dorothy Chaplin, the last formal graduate of the Hospital and Training School for Nurses, died, and with her death, the firsthand memory of a silent black nursing workforce at 135 Cannon Street in Charleston, South Carolina ended. Having survived the turn of the twentieth century, the mission of the facility had also survived the Post-Reconstruction period and the initial part of the Second World War. This study examined what is known of the experiences of black nurses and nursing students as lower class free women at the Hospital and Training School from 1896 to 1948. There was a deliberate attempt to capture these experiences in their own words. The collective experience of black nurses in professional nursing practice in Charleston during this time period can be characterized by provision of nursing services, often in harsh conditions compounded by discrimination for being black, for being women and for being nurses.

The conditions for education and nurse training both at the antiquated facility and through the clinical experiences of field work were clearly driven by powerful social forces. For example, the founding of the training school coincided with the atmosphere created by of the 1896 legal case, *Plessy v. Ferguson*, that ushered in segregation law which restricted the Fourteenth Amendment rights for blacks.¹ The legal case further

ushered in a barrage of public controversy and civil unrest over the ramifications of separate-but-equal public facilities—including educational facilities, such as the training school.² The segregated training school limped through the national Progressive Era near the turn of the twentieth century extending into the 1920s. Nationally, this era brought a historically unprecedented wave of female reformers and activists, including physicians, club women, and settlement women who pushed for legislation supporting women's rights, particularly in health and industry.³ Simultaneously these groups advocated for the rights of infants and children. These powerful women's movements and their advocacy resulted in equally powerful and progressive legislation, such as the Sheppard-Towner Maternity and Infancy Act in 1921, which, for the first time in the history of the United States, federally funded prenatal care and child health services in the United States.⁴

But in South Carolina, social uplift toward the cause of black women had nowhere near the impact of the mainstream women's movement. Skin color remained a barrier for black women outside of and within the health care setting. There was no powerful legislation forthcoming to bring significant improvement in their societal status. Evidence of this societal stagnation was the glaring and common identification of black women by their color in state public health nursing records throughout the Progressive Era. These reports also indicated that black nurses at the state level were few in number, and that even when functioning under the umbrella of religious organizations, their nursing positions and work were still classified by color. A 1920 report of the administrative staff for the South Carolina State Board of health listed, "one colored field

nurse.”⁵ In 1921, they noted a colored nursing committee organized under the Mission Board of the Methodist Episcopal Church.⁶ In 1922, the state recorded “two general field nurses” and “one colored field nurse.”⁷ In 1924, the state reported four specialized maternity-infancy nurses working in public health “three white and one colored.”⁸ In 1928, they noted that a colored midwife from New York’s Bellevue Hospital was employed for the teaching and training of midwives.⁹ By 1931, “four colored nurses were working under the supervision of the State Board of Health.”¹⁰ In 1932, one nurse designated as colored in the Charleston County Health Department was funded by an organization called the Harmon Foundation.¹¹

However, there was progress toward improved status for black women in the public sector generated by need during World War II. The Second World War shifted the professional status for black nurses when the armed forces formally opened its ranks to black women in 1942.¹² It was with the advent of the war that Hospital and Training School for Nurses graduate Dorothy Chaplin turned the burden of license denial from the State of South Carolina into opportunity by enlisting in the newly established Women’s Army Auxiliary Corps (WAAC) in 1942.¹³

This was also the same year that jumpstarted the Civil Rights Movement when President Franklin Roosevelt, under pressure from A. Phillip Randolph of the National Association for the Advancement of Colored People (NAACP), issued executive order 8802 banning race discrimination in government and industry and formed the Fair Employment Practices Commission.¹⁴ Still, in Charleston, change and opportunity for

blacks remained slow. For example, by 1947 most of the cities in South Carolina were offering equal pay for black teachers, but their rural counterparts were still struggling for equitable teaching salaries.¹⁵ The next year, in summer 1948, the controversial case *Pearson v. County Board of Education* regarding the denial of school buses for rural black school children in Clarendon County was thrown out of court in Charleston before the case even started.¹⁶

It can be said that, early on, the position of black women in Charleston's professional nursing hierarchy did not change drastically, but expanded in place. However, both the intrinsic and extrinsic accounts and description of the black nursing experience in early Charleston revealed that nursing represented an opportunity to shift the traditional societal roles of women and to change their destinies, and that of their community, through nursing work. Their existence was, in many ways, synonymous with the female existence in general across late nineteenth through mid-twentieth-century America, as described in the literature. This existence was also characterized by creative women strategizing to surmount perceived impossibility, the achievement of racial uplift, women's rights and social justice in health care.

Like experiences of black women of the era across America, life in the Hospital and Training School for Nurses was defined by similar experiences of quietly overcoming, with basically only the first, Anna DeCosta Banks, being remembered. The essence of surviving the black nursing experience of the era was embedded in her writings. Banks' words consistently expressed gratitude to others for her own hard work

and consistently expressed apology for periods of “long silence” while she was diligently working, often apologizing for being too busy to be even busier.¹⁷

Much of what is known of the student nurses of the Hospital and Training School for Nurses near the turn of late-nineteenth through mid-twentieth century Charleston was told through the individual perceptions of Banks and her letters in which she collectively describes them as “the nurses.”¹⁸ Her writings also revealed an understanding that the training school graduates’ opportunities were predicated upon the successful work and communication style of Banks in addition to their own willingness to work hard. Though they were far removed from the core of societal power, they carved out a world of their own, articulating their existence at both the core and periphery of community health with nursing work. Their professional experience meant caring for the affluent as well as the neediest populations, both black and white, in both rural and urban Charleston.

The work of the black nurses was often presented as line items in letters, reports and budgets, serving to underscore the value of the nurses toward the cause of community health in early Charleston. However, training facilities and work for black nurses were controlled and prescribed by leaders with conflicting ideals. Most examples were black men who mimicked mainstream medical society and utilized nurse training to springboard their careers as physicians. The LBS also owned a complex leadership role in the advancement Charleston’s black nurses. Even while grappling with their own societal challenges as women, they still directly and indirectly facilitated public health, charity, human rights, and the integration of nursing in Charleston. As a parent organization to

black nurse training and education they scripted the boundaries of nursing education and nursing employment toward optimal benefit to community health. For the LBS, the nurses were instrumental in what was often described and interpreted as the administration and use of “benevolent dollars.”¹⁹ The charitable health care provided by black nurses in the Charleston community could not have been optimally disseminated without the funding through multiple black and white charitable organizations—funding that was converted to food, clothing, medicine, wood, and ice.²⁰ Nor could the LBS have been as effective without the generous donations from white donors in the cause of public health. Donors, such as John Hopkins and his family, left money in trust to the LBS specifically designated for the relief of “sick and infirm poor free persons of color residing in the city and suburbs of Charleston.”²¹

Further accounts of the training school nurses’ experiences were embedded in the expressed experiences of patients in the community as they witnessed the work of Banks and her students from the training school. Many of these career experiences are captured only in the gratitude expressed by those who took the time to write to Hospital and Training School administrators about the nurses. Manifestations of community support were also revealed usually through reprints and reports in *The Hospital Herald*. In a gesture of support, a citizen sent seeds to be planted for the flower garden at the training school. Other citizens supplied Christmas dinner for the nursing faculty and students and administrators of the St. Andrew’s Mission Industrial School repaired shoes for the nurses in the winter and returned a bill to the hospital marked, “paid in full.”²²

Some accounts of the nurses' work addressed the health care environment in Charleston. For example, a childhood memory of one patient, a community physician's daughter, stated that the Hospital and Training School was, "a crumbling physical structure, cold in the winter, stifling hot in the summer."²³ In spite of these conditions, she reported, "there was one constant—the caring, attentive spirit of the staff," that "compensated for the lack of creature comforts."²⁴

Other accounts came from childhood memories of individuals later in their lives, such as Banks' daughter, Helen Evangeline Banks-Harrison, known to the Charleston community as "Vangi". In a 1979 interview with Charleston's *News and Courier* Banks-Harrison recalled of her childhood,

Under my mother's supervision and guidance, many young women were trained as nurses. Working under less than adequate conditions, with very little equipment and supplies, she and Dr. McClennan, and student nurses somehow managed to care for large numbers of Negro patients. Charges to each patient covered only the cost of board and medicine. Repairs to the old building were always needed. Through the years, friends and organizations donated food and small financial contributions. The hospital experienced many hard, lean years. Through prayers and perseverance, it survived for 62 years of service to the community of Charleston and surrounding areas...I hardly ever saw my mother out of a nurse's uniform. I would be sent to spend the day with her and the nurses at the hospital, and I came back to my grandmother's at night. Actually, I grew up

in the hospital... Sometimes mother wasn't paid, and at times she dipped into her own meager funds to make payment at the grocery so the patients and nurses could be fed.²⁵

This study is limited by the lack of evidence in the individual voices and written hand of the unknown and lesser known nurses of the Hospital and Training School for Nurses. Many are not accounted for in this study. The examination of their existence through the lens of others places limitations on this study. However, in many cases the filtration of their experiences through the perceptions of others is the only evidence, along with photos, of their nursing careers.²⁶ Therefore, such external critique is useful in the validation of their presence and work experiences. *The Hospital Herald* reported that many of the graduates left Charleston to return to their respective hometowns and assisted physicians. Since the hospitals remained segregated, those who remained in Charleston worked predominantly in private duty, public health and in community nursing through the mid-twentieth century.²⁷

Aside from Banks' written personal accounts and those of organizations, written accounts and critique by other black nursing leaders in early Charleston came only after their retirement. These public remembrances and critiques of the experiences of professional nursing were told in retrospect. For example, one of Banks' successors, former head nurse of the Hospital and Training School for Nurses Charlotte Meyers Pembroke, offered a retrospective critique comparing late twentieth century opportunity for black nurses to the early training school days:

You can go where you want to go, and do what you want to do. You can study wherever and practice wherever. Strive to move on, and let what we have done...just be the stepping stone for you to do better.²⁸

Some of the of more widely known black nurses' voices were projected only through the inspirational remembrances of their children who viewed them as role models and had to visit them at the hospital in order to spend time with them during their pioneering journeys.²⁹ In all accounts, standards of conduct for black nurses included a clear expectation of unquestioning obedience, silence and the acceptance of social and political boundaries while holding their separate, unequal lamps. However, during the early days of segregation, nurse training and nursing work remained valuable and rewarding in many ways. Nursing by black nurses in early Charleston provided a place and sense of belonging and camaraderie. There was a large and steady pool of people who needed nurses and their nursing care, thereby giving the nurses and nursing students purpose. Caring for others buffered and insulated the nurses and students from the realities of social injustice and was an avenue by which they indirectly cared for themselves.

The work of black nurses was also unspoken participation and human investment in long-range social change—change that they could not anticipate seeing in their lifetimes. Their work supplemented the critical need for nurses by some of the most disparate populations in the history of public health. In the time spanning 1896 to 1948,

the nursing staff and nursing students successfully used nursing work to parlay their legacy of political powerlessness and silence into subdued presence within the health sciences arena in a modest progression toward benefits of citizenship and toward civil rights. This progress was accomplished by quietly demonstrating that they were more capable than they were considered to be and were more vital to society. Having done what they could to convert the possibility of professionalism and social justice in nursing practice into reality for black women, they faded from history as silently as they lived.³⁰ This study raises questions about the shifting ideals of patient care, nursing care and social justice over time. At its broadest application, it provides a historiographical framework to reconsider how gender, race, religion and power at the margins of world history have fundamentally shaped the history and perception of professional nursing.

In summary, the pioneer black nurses of Charleston's segregated nursing workforce comprised a small piece of the matrix of courageous nurses throughout history whose human rights and voices were silenced under the law. Their subdued existence served to sell the grand concept of the educated, professionally trained nurse in America. It also promoted the conceptual image of black inclusion into the American dream and was an attempted healing of time, perhaps until time was strong enough to heal on its own. Both the hospital-based and public health nursing care provided by Charleston's early black nurses resulted in a slowly evolving movement. The work of their hands was a movement of healing in silence that served professional nursing and humanity far better than not healing at all.

Endnotes

Chapter 1 pages 1-38

Prologue-- Anna Banks, "The Work of a Small Hospital and Training School in the South," *Eighth Annual Report of the Hampton Training School for Nurses and Dixie Hospital (1898-99)*, 28.

¹ Teresa Christy, "Nurses in American History: That Fateful Decade, 1890-1900," *American Journal of Nursing* 75, no. 7 (1975): 1163-1165.

² Ruth Chamberlin, "Resignations, Reorganization and Expansion, 1946-1949," in *The School of Nursing of the Medical College of South Carolina: It's Story* (Columbia, SC: The R. L. Bryan Company, 1970), 51-52.

³ Anna Banks, "The Work of a Small Hospital and Training School in the South," *Eighth Annual Report of the Hampton Training School for Nurses and Dixie Hospital (1898-99)*, 23-28. African American Education Collection. Hampton University Museum and Archives, Hampton, Virginia; hereafter cited as HUA.

⁴ James Tolley, "Razed Hospital Played Significant Role" *The Post and Courier*, Charleston, SC, February 14, 2004
<http://archives.postandcourier.com/archive/arch04/0204/arc02141584158.shtml>, on line March 2004; see also, "160 Year-Old residence to be Razed" *Charleston News and Courier*, April 20, 1960, no page no.; See also, Thomas R. Waring, "Hospital and Training School Depended on Dedicated Staff," *Charleston News and Courier*, December 30, 1979, 2B; "New McClennan-Banks Memorial Hospital for Negroes Nears Completion," *Charleston News and Courier*, August 15, 1958, no page no., loose clipping; Hospital and Training School for Nurses Collection, Avery Research Center for African American History and Culture, College of Charleston, Charleston, SC, hereafter cited as ARC-COC.

⁵ Banks, "The Work of a Small Hospital and Training School in the South, 23, HUA.

⁶ *HH* 5, no. 1 (April 1899): 1. See also, *The HH* 1, no. 11 (October 1899): 13. Hereafter cited as *HH*. *The Hospital Herald* was also a voice for private citizens, for example one physician advertised in the journal that his home and office were destroyed by fire, and a grieving man who reported that his wife died.

⁷ Banks, "The Work of a Small Hospital and Training School in the South," 28. HUA. See also W. T. B Williams, Report, Hospital and Training School for Nurses, 1905, Rockefeller Archive Center, Sleepy Hollow, NY, hereafter cited as RAC.

p. 7-8.; The report indicated that black patients who were able to get treatment at the city hospital could not be treated there by black family physicians.

⁸ Karen Buhler-Wilkerson, "Caring In Its Proper Place," in *No Place Like Home: A*

History Nursing and Home Care in the United States (Baltimore: The Johns Hopkins University Press, 2001), 68-97. Describes the societal boundaries and limitations for early black nurses in Charleston.

⁹ Madeleine M. Leininger, *Caring: An Essential Human Need. Proceedings for the Three National Conferences on Caring; 1978, 1979, 1980.* (Thorofare, New Jersey: Charles B. Slack, Inc., 1981), 7.

¹⁰ Madeleine M. Leininger. "Caring: the Essence and Central Focus of Nursing." (Nursing Research Report) *American Nurses' Foundation*, 12, no. 1 (February 1977): 2.

¹¹ Leininger, *Caring: An Essential Human Need*, 3.

¹² *Ibid.*, 9.

¹³ Victor Robinson, *White Caps: The Story of Nursing* (Philadelphia, PA: J. B. Lippincott, 1947), 25.

¹⁴ Joan Lynaugh. "Editorial." *Nursing History Review*, 4, (1996): 1.

¹⁵ Ruth Chamberlin, "Resignations, Reorganization and Expansion, 1946-1949," in *The School of Nursing of the Medical College of South Carolina: It's Story* (Columbia, SC: The R. L. Bryan Company, 1970), 51-52.

¹⁶ Deborah Gray White, *Ar'n't I a Woman?: Female Slaves in the Plantation South*, 1st ed. (New York: Norton, 1985), 15.

¹⁷ Bettina Aptheker, "Quest for Dignity: Black women in the Professions, 1865-1900," in *Women's Legacy: Essays on Race, Sex, and Class in American History* (Amherst, MA: University of Massachusetts Press, 1982), 89-110.

¹⁸ Hortense Spillers. "A Hateful Passion: A Lost Love." *Feminist Studies*, 9, no. 2(1983): 293-323.

¹⁹ Jacqueline M. Moore. *Leading the Race: Transformation of the Black Elite in the Nation's Capital, 1880-1920.* (Charlottesville, VA: University of Virginia Press 1999), 9. Moore states that blacks and whites in New York recognized Harlem as the center for black culture as early as the late 1800s, prior to the Harlem Renaissance.

²⁰ Anna Julia Cooper, *A Voice from the South* (New York: Oxford University Press, reprint 1892/1988), 31.

²¹ Beverly Guy-Sheftall, *Daughters of Sorrow: Attitudes Toward Black Women: 1880-1920* (Brooklyn, NY: 1900); Deborah Gray-White, *Too Heavy A Load: Black Women in Defense of Themselves, 1884-1994* (New York, 1999); Patricia Morton, *Disfigured Images: The Historical Assault on Afro-American Women* (New York, 1991); Fath Davis Ruffins " 'Lifting As We Climb': Black Women and the Preservation of African American History and Culture, *Gender & History*, 6, no. 3 (1994): 376-396.

²² Kenneth M. Ludmerer, "World War II and Medical Education," in *A Time to Heal: American Medical Education from the Turn of the Century to the Era of Managed Care*, 125-135 (New York: Oxford University Press, 1999), 125, 131.

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- ²³ Paul Starr. "The Reconstitution of the Hospital," in *The Social Transformation of American Medicine: The Rise of a Sovereign Profession, and the Making of a Vast Industry*, 145-169 (New York: Basic Books, 1982), 156.
- ²⁴ *Ibid.*, 155-56.
- ²⁵ Margarete Sandelowski, *Devices & Desires: Gender, Technology and American Nursing* (Chapel Hill, NC: The University of North Carolina Press), 3-4. Incubators for premature infants were referred to by physicians as "mechanical" or "thermostatic nurse." The invention of incubator was part of the concept for equipment that substituted for the presence of a nurse.
- ²⁶ *Ibid.*
- ²⁷ Marilyn King, "Nursing Shortage, Circa 1915," *Image, Journal of Nursing Scholarship* 21, no.3 (Fall 1989): 124-125.
- ²⁸ *Ibid.*, 127.
- ²⁹ Douglas C. Ewbank, "History of Black Mortality and Health before 1940," *The Milbank Quarterly*, 63, Suppl. 1 (1987): 100-128.
- ³⁰ *Ibid.*
- ³¹ W. Michael Byrd and Linda A. Clayton. 2003. "Racial and Ethnic Disparities in Healthcare: A Background and History. In *Unequal treatment: Confronting Racial and Ethnic Disparities*, ed. Institute of Medicine of the National Academies (Washington, D.C: National Academies Press, 2003), 455-527.
- ³² Institute of Medicine. "Historical Determinants of the Contemporary Minority Health Professions Workforce," in *Unequal Treatment: Confronting Racial and Ethnic Disparities in Healthcare*. (Washington, D. C.: National Academies Press, 2003), 105-108.
- ³³ *Ibid.*
- ³⁴ Preservation Society of Charleston, *The Churches of Charleston and the Low Country*, ed. by Mary Moore Jacoby (Columbia, University of South Carolina Press, 1994), i.
- ³⁵ Susan S. King. "Introduction." In *Roman Catholic Deaths in Charleston, South Carolina: 1800-1860*. (Columbia, SC: South Carolina Magazine of Ancestral Research [SCMAR], 2000), iv.
- ³⁶ Clifford L. Legerton, *Historic Churches of Charleston, South Carolina* (Charleston, SC: Legerton & Company, 1966), 49, 76.
- ³⁷ *Ibid.*
- ³⁸ Michael B. Blank, Marcus Mahood, Jeanne C. Fox and Thomas Guterbock, "Alternative Mental Health Services: The Role of the Black Church in the South," *American Journal of Public Health* 92, no. 10 (2002): 1668-1672.
- ³⁹ Joseph Ioor Waring, "Address to the Ladies' Benevolent Society, February 21, 1963" in *Joseph Ioor Waring: A True Physician* (Medical University Press, Charleston, SC, 1997), 121.

⁴⁰ Ibid., 121. The LBS collaborated with local physicians, philanthropic organizations and the religions community in the provision of community services.

⁴¹ Catherine P. Ravenel, "Sketch of the Ladies' Benevolent Society," in *Ladies' Benevolent Society Centennial Pamphlet* (Columbia, SC: The R. L. Bryan Company, 1913), 6.; copy donated to author by Mrs. Margaret Burgess, former Superintendent of the LBS; also in LBS Collection, South Carolina Historical Society, Charleston, SC, hereafter cited as LBS, SCHS. See also Gail S. Murray, "Charity Within the Bounds of Race and Class: Female Benevolence in the Old South," *South Carolina Historical Magazine*, 96, no. 1 (January, 1995), 55. Early benevolence in the South was predominantly expressed within the boundaries of race, class and gender.

⁴² 90th Anniversary of the Ladies' Benevolent Society. Ladies' Benevolent Society Records, Clipping 00116.01, Item 3, LBS, SCHS, See Also *Ladies' Benevolent Society Centennial Pamphlet*, 5, and LBS Nurses Report 1920-1930. Catherine Ravenel joined the LBS in 1882, and became Acting Superintendent for two years when her predecessor Rebecca T. Holmes became ill. After Holmes died in 1894, Ravenel became Superintendent in 1895.

⁴³ Joseph Ioor Waring and the South Carolina Medical Association, *A History of Medicine in South Carolina, 1825-1900* (Columbia, South Carolina: R. L. Bryan Company, 1967), 10-11.

⁴⁴ Walter J. Fraser, "An Old Southern City, 1890-1908: 'Reform' and 'the Dawn of a New Era' " in *Charleston! Charleston! The History of a Southern City* (Columbia, South Carolina: The University of South Carolina Press), 323-347.; See also, "America's Most Historic City' and the New Deal" in *Charleston! Charleston! The History of a Southern City* (Columbia, South Carolina: The University of South Carolina Press, 1989), 1923-1938.

⁴⁵ Ibid. For details regarding mandates of segregation laws in contrast to *Fourteenth Amendment* rights, See also, Stephen Kantrowitz, *Ben Tillman & the Reconstruction of White Supremacy* (Chapel Hill: University of North Carolina Press, 2000).

⁴⁶ Leon Banov, *As I Recall: The Story of the Charleston County Health Department*. (Columbia, South Carolina: The R. L. Bryan Company, 1970), p. 29-32.

⁴⁷ Bernard E. Powers, "Introduction." in *Black Charlestonians: A Social History, 1822-1885* (Fayetteville, AR: The University of Arkansas Press, 1994), 1-7.

⁴⁸ Andrea Patterson, "The Health of Southern Blacks, 1890-1930s" (PhD diss., University of California, Berkley, 2003).

⁴⁹ Steven Hahn. *A Nation Under Our Feet: Black Struggles in the Rural South from Slavery to the Great Migration*. (Cambridge, Massachusetts; The Belknap Press of Harvard University Press, 2003).

⁵⁰ Edmund L. Drago, "The Guilded Age, 1878-1915" in *Charleston's Avery Center: from Education Civil Rights to Preserving the African American Experience*, 83-133, ed. W. Marvin Delaney (Charleston, SC: The History Press, 1990/2006), 85, 86.

⁵¹ Marc Charlton David, "The Penn School of St. Helena: Breaking the Shackles of Illiteracy of the Sea Islands of South Carolina, 1862 to 1922" (PhD diss., Syracuse University, 1999).

⁵² Mary Seacole, *Wonderful Adventures of Mrs. Seacole in Many Lands* (1857, London: J. Blackwood; repr., Oxford: Oxford University Press, 1988).

⁵³ Susie King Taylor. *Reminiscences of My Life in Camp with the 33rd U. S. Colored Troops Late 1st South Carolina Volunteers* (Boston, MA: Privately Printed, 1902).

⁵⁴ *Ibid.* 1.

⁵⁵ Helen S. Miller. *Mary Eliza Mahoney, 1845 to 1926: America's First Black Professional Nurse* (Atlanta, GA: Wright Publishing Company, 1986), 19-21; See also, "Mary Eliza Mahoney; First Negro Nurse," *Journal of the National Medical Association* 46 (July 1954), 299.

⁵⁶ *Ibid.*

⁵⁷ Patricia R. Messmer and Yvonne Parchment, "Mary Grant Seacole, The First Nurse Practitioner," *Clinical Nursing for Nurse Practitioners* 2, no. 1(1998): 47; Jane Robinson, *Mary Seacole: The Most Famous Black Woman of the Victorian Age* (New York, Carroll and Graf Publishers, 2004). See Also Syringa Marshall-Burnett, "Mary Seacole Honored in London," *The Jamaican Nurse* 12, no. 3 (1973): 1, 23.

⁵⁸ *Ibid.*

⁵⁹ Darlene Clark Hine, "The Intersection of Race, Class, and Gender in the Nursing Profession," in *Enduring Issues in American Nursing*, E. D. Baer and others, eds., (New York: Springer Publishing Company, 2002), 25-36.

⁶⁰ Anne Hudson-Jones, ed. "They Shall Mount Up With Wings As Eagles" in *Historical Images of Black Nurses, 1890-1950: Images of Nurses: Perspectives from History, Art, and Literature* (Philadelphia: University of Pennsylvania Press, 1988), 176-96.

⁶¹ M. Elizabeth Carnegie, "The Foundation is Laid," in *The Path We Tread: Blacks in Nursing Worldwide, 1854-1994*, 3rd ed. (Sudbury, MA: Jones & Bartlett Publishers, 2000), 17-48.

⁶² Vanessa Northington Gamble, "The Black Hospital: A Vanishing Medical Institution," in *Making a Place for Ourselves: The Black Hospital Movement, 1920-1945* (New York: Oxford University Press, 1995); 182-196.

⁶³ Althea T. Davis. *Early Black American Leaders in Nursing: Architects for Integration and Equality* (Sudbury, MA: Jones and Bartlett Publishers, 1999), 100.

⁶⁴ James H. Jones, "The Joy of My Life," in *Bad Blood, the Tuskegee Syphilis Experiment* (New York: The Free Press, 1981/1993), 151-170; "Bringing Them to Autopsy" in *Bad Blood, the Tuskegee Syphilis Experiment* (New York: The Free Press, 1981/1993), 130-150.

⁶⁵ Darlene Clark Hine, "Reflections on Nurse Rivers" in *Tuskegee's Truths: Rethinking the Tuskegee Syphilis Study*, Susan Reverby ed. (Chapel Hill, NC: University of North Carolina Press), 386-395. See also Evelyn M. Hammonds, "Your Silence Will Not

Protect You: Nurse Rivers and the Tuskegee Syphilis Study” in *The Black Women’s Health Book: Speaking for Ourselves*, Evelyn C. White ed. (Seattle, WA: Seal Press, 1994), 323-31.

⁶⁶ Ibid.

⁶⁷ Darlene Clark Hine, “Origins of the Black Hospital and Nurse Training School Movement,” in *Black Women in White: Racial Conflict and Cooperation in the Nursing Profession, 1890-1950* (Bloomington & Indianapolis, IN: Indiana University Press, 1989), 3-25. See also *Black Women in the Nursing Profession: A Documentary History*, Darlene Clarke Hine, ed. (Garland Publishing Company, 1985), 22-23.

⁶⁸ “Charleston Native Was a Pioneer in Nursing,” *The State*, (Columbia, SC) March 10, 2003, Women’s History Month, Metro Section, B-1.

⁶⁹ Ethel Johns. “A Study of the Present Status of Negro Women in Nursing (1925); Rockefeller Foundation Collection, Record Group 1.1, series 200, Box 122, folder 1507, p. 4., hereafter cited as “Johns Report,” RF, RG 1.1, RAC. The six southern states included in the study were Alabama, Georgia, Kentucky, Tennessee, North Carolina and Virginia. For details of Johns Celtic background and nursing career in Canada, see Margaret M. Street, *Watch Fires on the Mountain: The Life and Writings of Ethel Johns* (Toronto: University of Toronto Press, 1973).

⁷⁰ “Johns Report,” p. 1, RF, RG 1.1, RAC.

⁷¹ Darlene Clarke Hine, “The Ethel Johns Report: Black Women in the Nursing Profession, 1925,” *Journal of Negro History* 67, no. 3 (1982): 212-28.

⁷² Judith Young, “Revisiting the 1925 Johns Report on African American Nurses” *Nursing History Review* 13 (2005): 77-99.

⁷³ Sonya J. Grypma, “Profile of a Leader: Unearthing Ethel Johns’ ‘Buried Commitment’ to Racial Equality, 1925,” *Canadian Journal of Nursing Leadership* 16, no. 4 (2003): 39-47.

⁷⁴ “Johns Report,” p.2, RF, RG 1.1, RAC.

⁷⁵ Ibid., forward and p.1-2., RF, RG 1.1, RAC.

⁷⁶ Ibid., forward and p. 2., RF, RG 1.1, RAC.

⁷⁷ Ibid, RF, RG 1.1, RAC.

⁷⁸ Ibid., forward and p. 1., RF, RG 1.1, RAC.

⁷⁹ George W. Williams, “Negro Intellect,” in *History of the Negro Race in America from 1619 to 1880* (New York: G. P. Putnam Sons, 1883), 385-402. For the early history of men in nursing, see also, Charles Kingsley, *Hypatia* (New York: Lovell, Coryell & Company. n.d.). Kingsley describes the Parabolani brotherhood, revealing the history of men as nurses, as early as the third-century in Rome.

⁸⁰ Benjamin Quarles, *The Negro in the Making of America* (New York: Collier Macmillan, 1987), 85. Some available literature pertaining to James Derham is cited with the alternate spelling “James Durham.”

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- ⁸¹ Joan Marie Johnson, "Southern Ladies, New Women" in *Southern Ladies, New Women: Race Region and Clubwomen in South Carolina, 1890-1930* (Gainesville, FL: University Press of Florida, 2004), 1-23.
- ⁸² Joan Marie Johnson, "Conclusion: 'This Wonderful Dream Nation!' Contesting Confederate Culture," in *Southern Ladies New Women: Race Region and Clubwomen in South Carolina, 1890-1390* (Gainesville, FL: University Press of Florida, 2004), 202-207; See also, Joan Marie Johnson, "This Wonderful Dream Nation!" Black and White South Carolina Women and the Creation of the New South, 1898-1930 (PhD diss., University of California, Los Angeles, 1997).
- ⁸³ Joan Marie Johnson, ed. "Introduction" in *Southern Women at Vassar: The Poppenheim Family Letters 1882-1916* (Columbia, SC: University of South Carolina Press), 1-15.
- ⁸⁴ Ibid.
- ⁸⁵ Ann Frior Scott, "The War" in *The Southern Lady: From Pedestal to Politics*. (Chicago, IL: The University of Chicago Press, 1970), 89-102.
- ⁸⁶ Ibid., 100.
- ⁸⁷ M. E. Massey, *Women in the Civil War* (Lincoln, NE: University of Nebraska Press, 1994), 100.
- ⁸⁸ Ibid.
- ⁸⁹ Ibid.
- ⁹⁰ Ibid.
- ⁹¹ Jane H. Pease and William H. Pease, "Choice and Constraint," in *Ladies, Women and Wenches: Choice and Constraint in Antebellum Charleston and Boston* (Chapel Hill, North Carolina: University of North Carolina Press, 1990), 169.
- ⁹² Jane H. Pease and William H. Pease, "House Work and Paid Work," in *Ladies, Women and Wenches: Choice and Constraint in Antebellum Charleston and Boston*. (Chapel Hill, North Carolina: University of North Carolina Press, 1990), p. 55.
- ⁹³ Sharon Harley, "When Your Work is Not Who You Are: the Development of Working-Class Consciousness among Afro-American Women," in *Gender, Class, Race and Reform in the Progressive Era*, N. Frankel and N. Dye, eds. (Lexington Kentucky; University of Kentucky Press, 1991) 42-55.
- ⁹⁴ Ibid.
- ⁹⁵ Brenda L. Moore, *To Serve My Country, To Serve My Race: The Story of the Only African American WAACs Stationed Overseas during World War II* (New York: New York University Press, 1996), 1-48.
- ⁹⁶ Rosa Heyward Clarke, *History and Development of Public Health Nursing in South Carolina*, (Unpublished Masters Thesis, 1938): 2: Manuscript Collection; MS SC 655, Waring Historical Library, Medical University of South Carolina, Charleston, South Carolina, hereafter cited as WHL, MUSC.

⁹⁷ Clarke. *History and Development of Public Health Nursing in South Carolina*, p. 7; WHL, MUSC.

⁹⁸ *Ibid.*, 1, WHL, MUSC.

⁹⁹ *Ibid.*, 7-8, WHL, MUSC.

¹⁰⁰ See also, The Ladies Benevolent Society, *Centennial Pamphlet*. 1; LBS, SCHS.

¹⁰¹ Valerie Lee, "Western Science and Folk Medicine: White Men's Forceps and Black Women's Forces," in *Granny Midwives and Black Women Writers: Double-Dutched Readings* (New York: Routledge, 1996) 23-49; See Also, Jane B. Donegan, "Midwives and Female Doctresses," in *Women & Men Midwives: Medicine, Morality, and Misogyny in Early America* (West Port, CT: Greenwood Press, 1978); 197-236; and, "Resistance and Change," *Women and Midwives*, " 237-283. See also Laura E. Ettinger, "Don't Push: Struggling to Create a Political Strategy and Professional Identity" in *Nurse Midwifery: The Birth of a New America* (Columbus, OH: Ohio State University Press), 10-11, 151-152. Ettinger describes the contributions to South Carolinian midwifery by midwife, Maude Callen and Eugenia Broughton, former head nurse of the Hospital and Training School for Nurses in Charleston. Ettinger highlights that early midwife immigrants struggled as did African Americans during a time of anti-immigration sentiment and legalized segregation. In W. Eugene Smith, "Nurse Midwife Maude Callen Eases Pain of Birth Life and Death," *Life Magazine* (December 1951): 151, and Ben Maddow and John G. Morris, *Let the Truth Be the Prejudice: W Eugene Smith, His Life and Photographs*, (Millerton, NY: Aperture, 1985), 35. Smith captures the one-woman efforts of Maude Callen to create a health care system for thousands of indigent South Carolinians in created spaces. Smith's photo essay highlighted the inadequacies of South Carolinian rural health. In, Jamie Thomas, "Maude E. Callen: 84-year old Nurse, Midwife and Teacher Still Serving Her Berkley County Community Despite Media Spotlight." *The Charleston News and Courier*, 1983, 2B. Callen is described as having traveled by horse and buggy to King Street in Charleston before roads were paved, and her practice setting in Pineville, South Carolina in Berkley County is described as "the edge of Hell Hole Swamp."

¹⁰² Shirley Titus, "Economic Facts of Life for Nurses," *American Journal of Nursing* (1952):1109-1112.

¹⁰³ *Ibid.*, 1109.

¹⁰⁴ Susan M. Reverby, *Ordered to Care: the Dilemma of American nursing, 1850-1945* (Cambridge University Press, 1987), 3.

¹⁰⁵ Ruth Chamberlin, "A Training School is Born," in *The School of Nursing of the Medical College of South Carolina: Its Story* (Columbia, SC: The R. L. Bryan Company, 1970), 3-9.

¹⁰⁶ Ruth Chamberlin, "A Training School is Born." 3-9. See also "A Training School is Reborn, 1886-1903," 10-14.

¹⁰⁷ Chamberlin, "A Training School is Born," 3-9.

¹⁰⁸ Joan Ann Ashley, "Nurses in American History: Nursing and Early Feminism," *American Journal of Nursing* 75, no. 1 (1975): 1465-1467.

¹⁰⁹ *Ibid.*, 1466.

¹¹⁰ *Ibid.*, 1466. For comprehensive discuss on silence and communication in nursing, see also Bernice Buresh and Suzanne Gordon, *From Silence to Voice: What Nurses Know and Must Communicate to the Public* (Ottawa, Canada: The Canadian Nurses Association, 2000), 14. The authors cite "being silent and unknown" as a persistent problem that has plagued nursing.

¹¹¹ Karen Buhler-Wilkerson, "Caring in Its 'Proper place': Race and Benevolence In Charleston, South Carolina, 1813-1930," *Nursing Research* 41, no. 1 (1992): 15-20. See also Karen Buhler-Wilkerson, "Caring In Its Proper Place," In *No Place Like Home: A History Nursing and Home Care in the United States* (Baltimore: The Johns Hopkins University Press, 2001), 68-97. See also Karen Buhler-Wilkerson and Sarah A. Johnson, "Anna DeCosta Banks," in *Black Women in America an Historic Encyclopedia*, Darlene Clark Hine, ed. (New York: Oxford University Press, 2005), 68-70.

¹¹² Karen Buhler-Wilkerson, "Guarded by Standards and Directed by Strangers: Charleston, South Carolina's Response to a National Health Care Agenda, 1920-1930," *Nursing History Review* 1, (1993): 39-154.

¹¹³ Todd Savitt, "Walking the Color Line: Alonzo McClennan, *The Hospital Herald*, and Segregated Medicine in Turn-of-the-Twentieth Century Charleston, South Carolina, *The South Carolina Historic Magazine*, 104, no. 4. (Oct 2003): 228-257.

¹¹⁴ Marina Wikramanayake, "A World in Shadow; the Free Black in Antebellum South Carolina," in *Tricentennial Studies*. 1st ed., vol. 7 (Columbia: University of South Carolina Press), 100.

¹¹⁵ Michael P. Johnson and James L. Roark, *No Chariot Let Down: Charleston's Free People of Color on the Eve of the Civil War* (Chapel Hill: University of North Carolina Press, 1984), p. 109.

¹¹⁶ Bernard E. Powers, "Introduction" in *Black Charlestonians: A Social History, 1822-1885* (Fayetteville, AR: The University of Arkansas Press, 1994), 1-7.

¹¹⁷ E. Horace Fitchett, *The Traditions of the Free Negro in South Carolina*, p.140. SCR 323.1F; South Carolina Room, Charleston County Library, Charleston, South Carolina, hereafter cited as SCR, CCL. See also E. Horace Fitchett, "Status of the Free Negro in Charleston, South Carolina, and His Descendants in Modern Society". *Journal of Negro History*, Washington, D. C., 440-441, R23.1F SCR, CCL.

¹¹⁸ *Ibid.* LBS *Centennial Pamphlet*, p. 1, LBS, SCHS.

¹¹⁹ For an example of statistical reporting at the facility, see. *HH*, July 1899, Vol. 1, no. 8, p. 11.

¹²⁰ LBS *Centennial Pamphlet*, p. 1, LBS, SCHS; Buhler-Wilkerson, "Caring In Its Proper Place," in *No Place Like Home: A History Nursing and Home Care in the United States*, 68-97.

Chapter 2 pages 39-50

Prologue—Seacole, *Wonderful Adventures of Mrs. Seacole in Many Lands*, 79-80.

1 Marshall-Burnett, "Mary Seacole Honored in London," 1, 23.; Messmer and Parchment, 47; Carnegie, "Answering the Call," 2. Though evidence exists of other black women providing nursing care during the Crimean War, Seacole is the only one among them well documented in nursing literature.

2 Robinson, "Pomp, Pride and Circumstance," 88-92. In 1854, in response to need for medical support of British Troops at Scutari, British Secretary of War Sidney Herbert formed a committee to select nurses, who were desperately needed. See also Trevor Royle, "Ladies' with Lamps," in *Crimea: The Great Crimean War, 1854-1856* (New York: St. Martin's, 2000), 256-257.

3 Seacole. *Wonderful Adventures of Mrs. Seacole in Many Lands*, 79-80.

4 Danice B. Greer, "Minority Under-representation in Nursing: Socioeconomic and Political Effects," *The ABNF Journal* 6, no. 2 (1995): 44-46.

5 Hine, "The Intersection of Race, Class, and Gender in the Nursing Profession," 25-36.

6 Hine, "Origins of the Black Hospital and Nurse Training School Movement," 3-25.

7 Darlene Clark Hine, "Training Black Nurses in Southern Hospitals," in *Black Women in White: Racial Conflict and Cooperation in the Nursing Profession, 1890-1950*, 47-62.

8 Carnegie, "The Foundation is Laid," 17-48.

9 Hine, "Training Black Nurses in Southern Hospitals," 47.

10 Janet W. James, "Isabel Hampton and the Professionalization of Nursing," in *Enduring Issues in American Nursing in Enduring Issues in American Nursing*, Baer and others, eds. (New York: Springer Publishing Company, 2002), 42-84. The Johns Hopkins training school for Nurses was founded in 1889.

11 M. Patricia Donahue, "The Evolution of Schools of Nursing," in *Nursing, The Finest Art: An Illustrated History* (St. Louis, MO: Mosby, 1985), 264-280.

12 Hine, "Origins of the Black Hospital and Nurse Training School Movement," 5.

13 Ibid., 23; "Nurse Training in Charleston," *The Southern Workman and Hampton School Record* 28, no. 6 (June 1899): 223, African American Collection, HUA.

14 Elizabeth Jones, "The Negro Woman in the Nursing Profession," *The Messenger* 5, no. 7 (July 1923): 764-65. *Periodicals in the United States, 1840-1960, Series I* (New York, New York: Negro University Press, 1969), 765. Jones recalled her encounter with the first trained nurse, describing the nurse as working untiringly day and night, "moving softly and swiftly about her duties, always ready with a smile, always so immaculate in her white uniform."

15 "John's Report," no page no., RF, RG 1.1, RAC. See also Rackham Hold, "Brown Women in White: Negro Women Follow Nurses' Creed with Dignity and Pride" *Negro Digest* (June 1944): 9-13. Discusses the common belief that in the early twentieth-century

United States, Southern nurses were more suitable to take care of Southern patients, and how the shortage of Negro nurses in the South was attributed Jim Crow Politics and sub-standard formal educational preparation.

¹⁶ "Johns Report," Box 122, Folder 1508, no page number RF, RG 1.1,

¹⁷ Ibid. Johns reported that Thoms was not immediately forthcoming at the prospect of being interviewed for her study.

¹⁸ Bernard E. Powers, "Introduction" in *Charleston, South Carolina* John Meffert and others, eds. (Charleston, SC: Arcadia Publishing, 2000), 7-12.

¹⁹ Powers, *Black Charlestonians*, 1-7.

²⁰ U.S. Bureau of the Census, "Selected Historical Decennial Census Population and Housing Counts, 1790 to 1990," Table 12, June 15, 1998,

<http://www.census.gov/population/documentation/twps0027/tab12.txt> (accessed November 21, 2006).

²¹ Office of Research Statistics, South Carolina Budget and Control Board, "South Carolina Reports: South Carolina State and County Population 1900-2000,"

<http://www.ors2.state.sc.us/populaton/pop1900.asp> (accessed November 21, 2006).

²² Byrd and Clayton, "Racial and Ethnic Disparities in Healthcare: A Background and History," 455-527.

²³ Todd Savitt, "Filariasis in the United States." *Journal of the History of Medicine*, 32 (April 1977): 140-150.

²⁴ Ibid.

²⁵ Byrd and Clayton, "Racial and Ethnic Disparities in Healthcare: A Background and History," 525.

²⁶ E. Chernin, "The Disappearance of Bancroftian Filariasis from Charleston, South Carolina. *American Journal of Tropical Medicine* 37 no.1 (1987): 111-114.

²⁷ Report of the Health Subcommittee, in *Charleston Looks At its Services for Negroes: A Condensed Report of the Findings and Recommendations for the Inter-racial Study Committee of the Charleston Welfare Council*, Stephen L. Nelson, ed. (Author, Charleston, SC May 1947), B1-B15. SC,CCL.

²⁸ Chamberlin, "A Training School is Born," 4.

²⁹ Ibid., 3-9.

³⁰ Ibid., 4.

³¹ U.S. Bureau of the Census, "Selected Historical Decennial Census Population and Housing Counts, 1790 to 1990," Table 12, June 15, 1998,

<http://www.census.gov/population/documentation/twps0027/tab03.txt> (accessed November 21, 2006).

³² Chamberlin, "A Training School is Born," 4-5.

³³ Ibid., 5. See also *City of Charleston, South Carolina Yearbook-1886* (Charleston, SC: Walker Evans and Cogswell Company, 1886), 87. SCR, CCL.

³⁴ Joseph I. Waring, *The History of Medicine in South Carolina 1825-1900* (Charleston, SC: The South Carolina Medical Association, 1967), 180-184. Waring also described prior military hospitals and quarantine stations on Morris Island and Fort Johnson.

³⁵ *Ibid.*, 183.

³⁶ Chamberlin, "A Training School is Reborn, 11-12.

³⁷ *Ibid.*

³⁸ Ruth Chamberlin, "Resignations, Reorganization and Expansion, 1946-1949," in *The School of Nursing of the Medical College of South Carolina: Its Story* (Columbia, SC: The R. L. Bryan Company, 1970), 51-52.

³⁹ *Ibid.*, 12.

⁴⁰ Chamberlin, "A Training School is Reborn," 10-14.

⁴¹ Banks, "The Work of a Small Hospital and Training School in the South," 23-28, HUA

⁴² *HH* (no. 2, February 1900): 3. See also, John Meffert and others, eds., *Charleston, South Carolina*, 60-62.

⁴³ Banks, "Nurse Training in Charleston," 223, HUA

⁴⁴ *HH*, 1, no. 5 (1899), 5-6.

⁴⁵ *Ibid.*, 5.

⁴⁶ The Sisters of Charity of Our Lady of Mercy. *Saint Francis Xavier School of Nursing 1900-1968: A Memoir* (Author: Charleston, SC: 1968), 4, SCR, CCL.

⁴⁷ *Ibid.*, 4.

⁴⁸ W. T. B. Williams, Report "Hospital and Training School for Nurses," Charleston, S. C., A.C. McClennan, M. D. Surgeon in Charge, 28 November 1905, p. 6. General Education Board Collection, Series 1, Box 200, Folder 1899, Rockefeller Archive Center, North Tarrytown, New York. Hereafter cited as GEB, RAC.

⁴⁹ "Institution Marks its 22 Birthday." *The News & Courier*, June 11, 1934 in Vertical File-Baker Hospital, SCR, CCL.

⁵⁰ *Ibid.*

⁵¹ Hood, Victoria. "Naval Hospital Celebrates Long History of Care". *Charleston Post and Courier*, August 1, 1992, B-3. See also Clipping Vertical File-Naval Hospital, SCR, CCL; Naval hospital did not delve into the impact of segregation in the armed forces on nurse training at the naval base; the file did not specify the demographic make up of those participating in nursing activities.

⁵² *Ibid.*

⁵³ Alumni Association of the Medical University of South Carolina, *Medical University of South Carolina Alumni Association Centennial Directory, 1892-1992* (White Plains, NY: Bernard C. Harris Publishing Company, 1992), xiii. WHL, MUSC. See also, Kenneth M. Lynch, *Medical Schooling in South Carolina 1823-1969* (Columbia, SC: R. L. Bryan Company, 1970); p 80. For more history on the evolution of Roper Hospital, see Joseph Ioor Waring, *Roper Hospital, A Brief History*, Charleston, SC: the Board of Commissioners of Roper Hospital, 1964); and John R. Coyne, "Roper Hospital," in

Private Practice; The Journal of Socio-economic Medicine, May 1975; reprint copy, Roper Hospital School of Practical Nursing Archives, Roper, St. Francis Healthcare, Charleston, South Carolina, hereafter cited as RHA.

⁵⁴ Susan M. Poslusny, "Feminist Friendship: Isabel Hampton Robb, Lavinia Lloyd Dock and Mary Adelaide Nutting," *Image: Journal of Nursing Scholarship* 21, no. 2 (1998): 64-67.

⁵⁵ Pease and Pease, "Choice and Constraint," 169.

⁵⁶ Institute of Medicine, "Historical Determinants of the Contemporary Minority Health Professions workforce," in *Unequal Treatment: Confronting Racial and Ethnic Disparities in Healthcare* (Washington, D. C.: National Academies Press, 2003), 105-108.

⁵⁷ Paula Giddings, "The Second World War and After," in *When and Where I Enter: The Impact of Black Women on Race and Sex in America* (New York, NY: Harper Collins, 1996/2001), 231-258.

⁵⁸ Moore, *To Serve My Country; To Serve My Race*, 6.

⁵⁹ Edmund Drago, Eugene Hunt, Ralph Melnick and Nan Woodruff, *Black Charleston: Slavery and Freedom: A Pictorial History from Colonial Times to the Present* (Charleston, SC: College of Charleston and the Avery Research Center for Afro American Culture, 1980), 2.

Chapter 3 pages 51-78

Prologue—Banks, "The Work of a Small Hospital and Training School in the South," 28, HUA.

¹ Cannon Street Section in Chairman for City of Charleston Tourism Commission, *Information for Guides of Historic Charleston*, March 17, 1985, WHL, MUSC. For historical data on Islington Manor; States that Islington Manor Was built in 1800 making the building already 97 years old when it was purchased for hospital use; See also, "Do You Know Your Charleston?: 147-Year Old Building Houses facilities for 32 Patients" *Charleston News and Courier*, 11 November 1947; no page number; also in Hospital-Hospital/Training School File, SCR, CCL. For zoning of training facility see Charleston Sanborn Map 1902, sheet 9, and 1944, sheet 9, CCL.

² "A Credit to the Race: Hospital and Training School for Colored Nurses," *Charleston News and Courier*, 20 July 1902, p. 3, microfiche, SCR, CCL. The author used the date "1798" but building photos reveal "1897." See also *Information for Guides of Historic Charleston*, Chairman, City of Charleston Tourism Commission, p. 172; states original building was built in 1800, and was the Revolutionary War Dwelling of Henry Ellison, WHL, MUSC.

³ A. C. McClennan, "Hospital and Training School for Nurses, Announcement to the Public," *HH* 9, no. 1 (August, 1899): face page. ARC, COC.

⁴ Todd Savitt. "The Use of Blacks for Medical Experimentation and Demonstration in the Old South," *The Journal of Southern History*, XLVII, no. 3 (1982): 331-348. See also, Michael Fulz, "African American Teachers in the South, 1890-1940: Powerlessness and the Ironies of Expectation and Protest," *History of Education Quarterly*, 35, no. 4 (Winter 1995): 401-422; For descriptions of Rural Schools in late nineteenth and early twentieth century America see also, S. L. Smith, "Negro Public Schools in the South," *Southern Workman* 56 (July 1927): 316-321, HUA; Mamie G. Fields and Karen Fields, *Lemon Swamp and Other Places: A Carolina Memoir* (New York, World Publishing, 1983), 114.

⁵ Gunnar Myrdal, *An American Dilemma: The Negro Problem and Modern Democracy* (New York, Harper and Brothers 1944), 769.

⁶ Savitt, "Walking the Color Line," 228-257.

⁷ Thomas J. Ward, Jr., *Black Physicians in the Jim Crow South* (Fayetteville, AR: University of Arkansas Press, 2003), 191-212. "Sons of South Carolina, Graduates of the Medical College of Howard University, Washington, D.C." McClennan-Banks Hospital Collection; Clipping, ARC.; Savitt. "Walking the Color Line," 228-257.

⁸ Ibid.

⁹ *HH* 1, no. 1 (December, 1898): 4.

¹⁰ Willard B. Gatewood, Jr. "Alonzo Clifton McClennan: Black Midshipman from South Carolina, 1873-1874," *South Carolina Historical Magazine* 89, no. 1 (1988): 25-39. McClennan publicly describes his experience at Annapolis to the Charlestonian public in his own words in A. C. McClennan, "Trial of an Ex-Naval Cadet: The Experience of a Colored Boy at Annapolis [Charleston] *The Sunday News*, April 25, 1897, p. 5., A.C. McClennan Biographical File, WHL, MUSC.

¹¹ Ibid.

¹² Gatewood, "Alonzo Clifton McClennan: Black Midshipman from South Carolina, 1873-1874," 25.

¹³ Ibid. See also, *HH* 1, no.1 (December 1898): 6-7. ARC, COC.

¹⁴ I. C. Downing, "Early Negro Hospitals: with Special Reference to Nurse's Training Schools," *Journal of the National Medical Association*, 33, no. 1 (1941): 13-18

¹⁵ Ibid. "In the Colored Hospital: Patients Are Being Treated There Successfully," *Charleston News and Courier*, 5 November 1897, p. 8. Microfiche, SCR, CCL.

¹⁶ "A Credit to the Race," 3.

¹⁷ Ibid., See also Anna DeCosta Banks to Abigail Cleveland, not dated, Anna DeCosta Banks Papers, African American Collection, HUA. Banks describes the hospital debt and payment activity. In her letters, Banks used spellings "Cleaveland" and "Cleveland" interchangeably. There were three Cleaveland sisters affiliated with Hampton near the turn of the twentieth century; Co-founder and Dentist Robert J. McBeth gives McClennan credit for success of the hospital mission in Robert J. McBeth, "A. C. McClennan," *HH* 1, no. 1 (1899): 5-6, McClennan-Banks Collection, ARC, COC.

¹⁸ In the Colored Hospital: Patients are Being Treated There Successfully: A Work Among Negroes that Promises Excellent Results—A Number of Colored Nurses Being Trained,” *The Charleston News and Courier*, 5 November 1897, p. 8, Microfiche, SCR, CCL.

¹⁹ *Ibid.*, See also Banov, “As I Recall,” 95. The opening of the hospital opened against the backdrop of a yellow fever epidemic.

²⁰ *HH* 1, no. 11 (October, 1899):14, McClennan-Banks Collection, ARC, COC.

²¹ *Ibid.*

²² A. C. McClennan, “Hospital and Training School: Announcement to the Public, *HH*, 1, no. 9 (1899): front insert.

²³ *Ibid.*

²⁴ “Report of the Special Committee: Hospital and Training School Association, August 24, 1899,” *HH* 1, no. 9 (August 1899):12-13, McClennan-Banks Collection, ARC, COC.

²⁵ Booker T. Washington, “Training Colored Nurses at Tuskegee” reprint, in *American Journal of Nursing* (December 10, 1910): 167-171.

²⁶ *Ibid.*, 171.

²⁷ W. T. B. Williams, “Hospital and Training School for Nurses,” 13. GEB, RAC.

²⁸ See also *HH* 1, no. 9 (August 1899): p. 11.

²⁹ Maxine Smith-Martin, “Dr. Lucy Hughes Brown (1863-1911): A Pioneer African American Physician,” *The Journal of the South Carolina Medical Association* 89, no. 1 (1993): 15-19. See also *HH*, 1, no. 9 (August 1899):11; See Also *HH*, 1, no. 4: 6. Indicates that Brown lead discussions during the Colored Physicians Proceedings at South Carolina State University in Orangeburg, entitled, “Should we encourage nurses training schools Lucy Hughes-Brown,” “Editorial, Department of Nurse Training,” *HH* 11, no. 1 (October 1899):12; See also “Negro Women Nurses” *The Record* (Philadelphia, PA) called Dr. Brown a Republican doing work similar to Booker T. Washington; also described Dr. Matilda Arabelle Evans establishing a similar nurse training school in Columbia, South Carolina.; and L. A. Scruggs, “Lucy Hughes Brown” In *Women of Distinction* (Raleigh, NC: L. A. Scruggs Publisher, 1892); See also Essays in the History of Medical Science and Medical Service, 1524-1960. Dorothy Long Ed. vol. 1, Raleigh, NC: the North Carolina Medical Society, 1972, 224. Lucy Hughes Brown Biographical File, WHL, MUSC.

³⁰ Lucy Hughes-Brown, “Editorial, Department of Nurse Training,” *HH*, 11, no. 1, (October, 1899):12; See also *HH*, no. 8 (July 1899): 11, McClennan-Banks Collection, ARC, COC.

³¹ “Hospital Notes,” *HH* 1, no. 8 (July 1899): 11.

³² Lucy Hughes-Brown, “Editorial, Department of Nurse Training,” *HH* 11, no. 1, (October 1899):12.

³³ *Ibid.*

³⁴ Brown, "Department of Nurse Training," 12, Smith-Martin, "Dr. Lucy Hughes Brown," 15.

³⁵ *HH* 1, no. 3, (March 1900): 8., McClennan-Banks Collection, ARC, COC.

³⁶ "In the Colored Hospital" *and Courier* (5 November 1897): 8.

³⁷ Philip A. Kalisch and Beatrice J. Kalisch, "In Quest of Reform, 1909-1917," 290-326 (Boston, MA: Little, Brown & Company), p. 299.

³⁸ *Ibid.*

³⁹ Throughout the *HH* the nurses were referred to as junior nurse, senior nurse, and simply nurse interchangeably. The lines of delineation were often unclear.

⁴⁰ *HH* 1, no. 9 (August, 1899): 11-12. McClennan-Banks Collection, ARC, COC.

⁴¹ *HH* 1, no. 5 (April, 1899): 7. See also *HH* 1, no. 9 (August, 1899): 11 which shows Banks' annual salary was decreased by the fall. See Hospital and Training for Nurses Report, Evangeline Banks Harrison Collection, unprocessed. ARC. By 1905 the head nurse salary was \$85.

⁴² "Nurse Training in Charleston," 224.HUA.

⁴³ *HH* 1, no. 9 (August 1899):1. McClennan-Banks Collection, ARC, COC.

⁴⁴ "Nurse Training in Charleston," *The Southern Workman and Hampton School Record*, Volume 28, 6 p. 224.; HUA

⁴⁵ *Ibid.* "W. T. B Williams, Report," GEB, RAC. 5. By 1905 the nursing texts were *Practical Points in Nursing*, by Emily A. M. Stoney; *Anatomy and Physiology* by Diana C. Kimber; *Surgical Nursing* by Anna M. Fullerton, M.D.; *Materia Medica for Nurses* by Lavinia L. Dock and *Pocket Medical Dictionary* by George M. Gould M. D.

⁴⁶ "Nurse Training in Charleston," 224, HUA.

⁴⁷ *HH* 1, no 3 (March 1900): 7-8.

⁴⁸ *Ibid.*; In her reporting, Banks refers to the student nurses as nurses even before they have completed their programs.

⁴⁹ *Ibid.*

⁵⁰ *Ibid.*, 10.

⁵¹ *HH*, 1 no. 9 (August 1899): 9, 12. See also, Banov, *As I Recall*, p. 95 for details of the 1898 Outbreak of Typhoid in Charleston attributed to military troop presence at the camps of Chickamauga.

⁵² *HH* 1, no. 9 (August 1899): 9. See also, Banov, *As I Recall*, p. 95. In the following year, 1899, fifty-eight of 240 cisterns in Charleston county were condemned because they were contaminated with sewage. In *HH* 1 no. 11, Oct 1999, a reprinted article from the *Aiken Herald* reported nine graduates in 1898. The Thirteenth Annual Graduating Exercises of the Hospital and Training School for Nurses April 24, 1911 does not list a class of 1898 begins its documentation in 1899 with two graduates deceased. *HH* 1, no. 7 (June 1899) contains a graduation photo of Anna Banks seated in the middle of a class of seven graduates.

⁵³ Graduation Address by Dr. Charles C. Johnson to the Graduating Class of the Hospital and Training School for Nurses, *HH* 1, no. 7 (June 13, 1899): 3-6.

⁵⁴ J. A. Spencer, "Report of Special Committee, August 24, 1899," in *HH* 1, no. 9 (August 1899): 13. ARC, COC. The term "outside patients" refers to patients treated in the yard or in their homes; and outpatients were patients who came to the hospital for a visit and treatment without staying overnight in the hospital.

⁵⁵ "Letter from Mrs. William Sinkler," in W. T. B. Williams Report, 10. GEB, RAC.

⁵⁶ *Ibid.*

⁵⁷ Letter to Banks from W. H. Pinkney, in *The HH* 1, no. 8 (July 1899): 13.

⁵⁸ *Ibid.*, 9.

⁵⁹ Editorial, *HH* 1, no. 8 (July 1899): 13.

⁶⁰ *HH* 2, no. 2 (February 1900): 11.

⁶¹ "Hospital Notes," *HH* 1, no. 10 (September 1899): 6.

⁶² *Ibid.*

⁶³ *Ibid.*

⁶⁴ *HH* 1, no. 5 (April 1899): 7.

⁶⁵ *Ibid.*

⁶⁶ *Ibid.*, 9.

⁶⁷ *HH* 1, no. 9 (August 1899): 8.

⁶⁸ *HH*, 1, no. 5 (April, 1899): 7-8. "Nurse Training in Charleston" 224. HUA

⁶⁹ *HH*, 1 no. 5 (April, 1899): 8.

⁷⁰ *HH* 2, no. 4, (May 1900): 5.

⁷¹ "Anna D. Banks-Head Nurse Editorial Notes," *HH* 2, no. 3 (March 1900): See also *HH* 2, no. 3 (March 1900): 5, for a portrait of Banks seated in the center of seven women, but states it is a class of six, which is either an error, or one of the women is other than a graduating nurse. One appears to be wearing a heavy chord, around her neck not worn by the others; nine nurses were announced as being in current training; this volume also contains an article on the influence of Hampton Institute on the Hospital and Training School for nurses and features three letters citing donations influenced by Banks.; see also Michael Francis Blake papers, circa 1912, Volume 1, Charleston, South Carolina at Duke University Archives, Durham, North Carolina, for a photo of a class of nurses from the training school.

⁷² *Ibid.* See also Annie R. Smith "Trained Nursing" *HH* 2, no. 2. (March, 1900): 8-9. Smith, an 1894 graduate of the Hospital and Training School for Nurses in Hampton, Virginia cites Florence Nightingale as "an English woman of lovely character" and defines life of a nurse as "one of self-denial and sacrifice, yet it is the noblest profession that a young woman can engage in, that of helping suffering humanity. Smith published a history of nursing as the domain of women and the establishment of training schools for black nurses in Alabama, Georgia, South Carolina, Virginia and Washington. D.C.

⁷³ *HH* 1, No. 3 (March 1900): 7-8. See also the Nightingale pledge handwritten by Banks in HEBH 1032, 1-12, ARC, COC. For Nightingale's ideal for the patient care environment, see Florence Nightingale, *Notes on Nursing: What it Is and What it is Not* (New York: Appleton, Century Crofts, 1860, repr., New York: Dover Publications, Inc., 1969).

⁷⁴ *Ibid.*, 8.

⁷⁵ *Ibid.*

⁷⁶ *Ibid.*

⁷⁷ *HH* 2, no. 2 (February, 1900): 9-10.

⁷⁸ *Ibid.*

⁷⁹ *Ibid.*, p. 10

⁸⁰ "Anna D. Banks-Head Nurse." Editorial Notes, *HH* 2, no. 3 (March 1900): 5.

⁸¹ "Hospital Notes," *HH* 1, no. 8 (1899): 1.

⁸² "Mrs. Anna Banks," *HH* 1, no. 6 (1899): 8.

⁸³ For the history of Hampton Institute and the training of disenfranchised blacks and Indians, see Francis G. Peabody. *Education for Life: The Story of Hampton Institute*. (Garden City: Doubleday, Page and Company, 1918), HUA.

⁸⁴ *HH* 1, no. 9 (1899), 12-13.

⁸⁵ Anna DeCosta Banks to Cleveland, not dated, ADB, HUA.

⁸⁶ *Ibid.*

⁸⁷ Anna De Costa Banks to Cleveland, 22 January 1900, ADB, HUA; See also *HH* 1, no. 5 (April 1899): 7. Describes how Hospital and Training School for Nurses requested 10 cents from each of the 35,000 people living in Charleston in addition to a request of ten dollars from each colored society and twenty-five dollars from each church.

⁸⁸ Anna DeCosta Banks to Sherman, 22 January 1900. ADB, HUA.

⁸⁹ "Dr. McClennan's Funeral Services to Be Held at St. Mark's Church This Afternoon." *Charleston News and Courier* (April 1912), p. 2; See also, "Eleventh Annual Convention of the South Carolina Federation of Colored Women's Clubs, Florence, South Carolina" June 14-16, 192, Mary Church Terrell Papers, Microfilm AC#16,976 Library of Congress, Washington, D. C.; During 1920 the federation organized the Lucy Brown Club in honor of Brown to support the Charleston Hospital and Training School for Nurses on Cannon Street with gowns and linens.

⁹⁰ *Ibid.*

⁹¹ See list of graduates, Thirteenth Annual Graduating Exercises April 24, 1911, HEBH, 1032, 2-6, ARC, COC. Class sizes were larger in the beginning with a class sizes seven to nine. The average class size between 1899 and 1911 was only 4. ARC and Graduation photo, Hospital and Training School for Nurses Class of 1937; McClennan-Banks Collection, ARC, COC.

⁹² See Class of 1937, McClennan-Banks Collection, ARC, COC.

⁹³ Program for the Graduating Exercises of the Hospital and Training School for Nurses, Charleston, S.C.1927; McClennan-Banks Collection, Box 7, Folder 1. ARC, College of Charleston, Charleston, S.C.; In 1927 there were only three graduates from the Training School, Henrietta Alethia Jenkins, Mabel Jeraldene Oliver and Julia Mae Williams; Oliver studied under the leadership of Anna DeCosta Banks Training School for Nurses Collection.

⁹⁴ Henry C. Hass to Dr. H. U. Seabrook, 11 July 1939 and Public Welfare Report for the Hospital Training School for Nurses ending June 20, 1939. McClennan-Banks Collection, ARC, COC.

⁹⁵ Ibid.

⁹⁶ Earl Douglas, "43 Years in Public Health; Nurse Has Seen Many Changes." The Evening Post, Thursday, April 6, 1978, 8-B. See also graduation records for the Hospital and Training School for Nurses Collection, ARC, COC.

⁹⁷ "Portraits of Health Care Pioneers" Presentation at the MUSC College of Nursing, May 12, 2005; McClennan-Banks Collection, ARC. Also used with permission; Dean Gail Stuart, MUSC. Owing to the timing of her graduation, Chaplin did not receive licensure as a registered nurse in the State of South Carolina, but was later awarded an LPN license by the state of New York.

⁹⁸ Ibid. See also Chamberlin, "Resignations, Reorganization and Expansion, 1946-1949," in *The School of Nursing of the Medical College of South Carolina: Its Story* (Columbia, SC: The R. L. Bryan Company, 1970), 52.

⁹⁹ "Negro Hospital May Operate During July: Recommendations from City Ways and Means Group Likely," *Charleston News and Courier*, July 10, 1952; loose clipping. McClennan-Banks Collection, ARC, COC.

¹⁰⁰ Ruth Chamberlin, "Resignations, Reorganization and Expansion, 1946-1949," 51-52.

¹⁰¹ Ibid., 52

¹⁰² Ibid., 52.

¹⁰³ Sheila Hunt. "Summary of Roper Hospital School of Practical Nursing, 2000." RH.

¹⁰⁴ "Practical Nurse Class is Graduated." *The News and Courier*, December 19, 1948, Charleston, S. C., p. 8-B See also Ruth Chamberlin, "Resignations, Reorganization and Expansion, 1946-1949," 52; The year 1948 also marked the year that marriage and pregnancy were permitted for white nursing students in Charleston. See also Roper Hospital School of Practical Nursing Archives, Roper, St. Francis Healthcare, Charleston, South Carolina.

¹⁰⁵ Ibid. By the 21st century the Roper Hospital School of Practical Nursing, founded in 1948, remained the oldest LPN program in the state of South Carolina.

¹⁰⁶ Ibid. Chamberlin's title from director to Dean later in her career; William Huff Biography of Ruth Chamberlin. Ruth Chamberlin; biographical file, WHL, MUSC

¹⁰⁷ Chamberlin received her nurse training at Mount Sinai Hospital School of Nursing in New York City. She served in the Army Nurse Corps from 1942 to 1945 in field

hospitals in North Africa, Italy and France. She became director of the School of Nursing at the Medical College of the State of South Carolina in 1946 and also served as Director of Roper Hospital until 1953. She was the first female appointee to the South Carolina's State Board of Health Chamberlin's title changed from director to Dean in 1949; See William Huff Biography of Ruth Chamberlin; Biographical File, WHL, MUSC. See also Obituary Section *The News & Courier-The Evening Post*, (February 21, 1988): 13-A. Ruth Chamberlin passed away on February 19, 1988.

Chapter 4 pages 79-109

Prologue—Anna DeCosta Banks to Hollis B. Frissell, 30 April 1917, ADB, HUA.

¹ Edward Ball. "Eyes Sadder Than the Grave." In *The Sweet Hell Inside; A Family History* p. 108-133, (New York: HarperCollins Publishers, Inc., 2001), p. 118. Discusses the lives of prominent renaissance painter and founder of the National Association for the Advancement of Colored People (NAACP), Edwin Augustus Harleston and his family. Wealth, mulatto status and membership among Charleston's Inner Circle elite did not always shield the Harleston women from segregation laws governing the acceptable activity of black women in early Charleston. For history of color consciousness and it's influence on the evolution of black educators, see Edmund L. Drago. *Charleston's Avery Center: From Education and Civil Rights to Preserving the African American Experience*. Rev. ed. by W. Marvin Dulaney (London/Charleston, SC: History Press, 1990/2006). See also, Susan V. Donaldson, "Edwin A Harleston and Charleston's Racial Politics of Preservation" in *Edwin Augustus Harleston: Artist and Activist in A Changing World*, 33-48 (Charleston, SC: Avery Research Center, 2006), p. 41. Donaldson critiques Harleston's 1917 portrait, *The Nurse*, "A young professional radiating confidence and assertiveness." See also, portrait, "The Nurse" in "The Orphan Dancers," 267-233 in Edward Ball, *The Sweet Hell Inside: A Family History*. Ball critiques the nurse as "attentive," "sad," "startled" and "a personality study." Harleston's oil portrait, "The Nurse" is housed in the Gibbes Museum in Charleston, SC.

² Thomas R. Waring, "Hospital and Training School Depended on Dedicated Staff," *Charleston News and Courier*, 30 December 1979, 2B; Lois Averetta Simms, *Profiles of African American Females in the Low Country of South Carolina* (Avery Research Center for African American History and Culture, College of Charleston, Charleston, SC, 1992), 9.

³ Graduation Records, HUA. For education info on Banks, see also HEBH 1032 2-2, ARC, COC.

⁴ Annual Report of the Hampton Training School for Nurses and Dixie Hospital 1896-97, p. 9-10. H.610.73, HH232aHV.6, Hampton University Archives.

⁵ *Ibid.*

⁶ Marie Louise Burges. "The Dixie Hospital and Hampton Training School for Nurses" in The Women's Era: Women at Home section, *The Southern Workman* vol. 1, no. 5 (August 1894): 5. Hampton publication; clipping HEBH 1032 2-1, ARC, COC.

⁷ Ibid.

⁸ Myrtilla Sherman Collection, See also Sara Lane, "Myrtilla Jewell Sherman" *The Southern Workman*, September 1931, 390-391, Education Collection, HUA. Mentions Sherman's annual Christmas letters to her graduate students, such as those to Banks, and detailed background on Wellesley College graduate Myrtilla Sherman, teacher and mentor of Banks. Sherman was selected by General Samuel Chapman Armstrong to help establish Hampton Institute in Hampton, Virginia. Sherman taught American Indian and Negro students; See also Cecile Arthier to President Moron from and attached clipping for family background of Sherman, and professional impact at Hampton. Sherman died in 1931, HUA.

⁹ Education File ADB, HUA.

¹⁰ Thomas R. Waring, "Hospital and Training School Depended on Dedicated Staff," *Charleston News and Courier*, 30 December 1979, 2B.

¹¹ Ibid.

¹² Banks, "The Work of a Small Hospital and Training School in the South," 24, HUA.

¹³ *Ladies' Benevolent Society Centennial Pamphlet*, 5. LBS, SCHS.

¹⁴ First Semi-annual report of the LBS, June 16, 1903, LBS Reports 1803-1908, 0116.05, p. 7; An LBS advertisement indicated that Miss Gasque did not work at night, LBS Nurses Report 1920-1930, which contains descriptions of LBS services for physicians. Loose clipping., SCHS.

¹⁵ Anna DeCosta Banks to Davis 14 May 1904, ADB, HUA.

¹⁶ Ibid.

¹⁷ Ibid.

¹⁸ *Ladies' Benevolent Society Centennial Pamphlet*, 5. LBS, SCHS.

¹⁹ Ibid.

²⁰ Ibid.

²¹ Anna DeCosta Banks to M. Sherman, 19 June 1905, ADB, HUA.

²² 2nd annual Report of the Nurses Committee, LBS Reports 1881-1906, Journal 3, 0116.01.02, p. 264-265., SCHS.

²³ Ibid., 265.

²⁴ W. T. B Williams, "Report, Hospital and Training School for Nurses, 1905", p. 10. GEB, RAC.

²⁵ 2nd Annual Report of the Nurses Committee, LBS Reports 1881-1906, Journal 3, 0116.01.02, p. 266, SCHS.

²⁶ Ibid., 266.

²⁷ Ibid., 266.

²⁸ Ibid., 266-67.

²⁹ Ibid., 267.

³⁰ Ibid., 267.

³¹ Anna DeCosta Banks to Myrtilla Sherman, 2 January 1906, ADB, HUA.

³² *Ladies' Benevolent Society Centennial Pamphlet*, 5. Contains a list of nurses hired by the LBS prior to Banks beginning with a white nurse, Laura A. Brown in 1903; lists Gussie Davis, a black nurse hired the same year as Banks; The Semi-Annual Report of the Nurse's Committee of the Benevolent Society, June 20, 1906; LBS Papers 0116.01.01; reports the resignation of Fanny Bicaise stating that after only one month of work, it was impossible for her continued work with the LBS; described the extremely heavy workload for the visiting nurse position, SCHS.

³³ Ibid.

³⁴ Ibid., p. 81

³⁵ Ibid., 81-82.

³⁶ "The Visiting Nurse" in Charleston, S.C. Superintendent's Report of the 94th Annual Meeting of the LBS Record of the Administration of Miss C. P. Ravenel. Loose newspaper clipping in 0116.01.02. SCHS.

³⁷ "The Visiting Nurse" in Charleston, S.C. Superintendent's Report of the 94th Annual Meeting of the LBS Record of the Administration of Miss C. P. Ravenel. Loose newspaper clipping in 0116.01.02, SCHS.

³⁸ The 4th Semi-Annual Report of the Nurse's Committee, January, 1907; Report for the year 1906; LBS Nurse Reports, 1903-1908 0116.05, Item 4-D, p. 92, SCHS.

³⁹ Ibid; Training School graduation brochures list training school graduate, Celestine Martin as Head Nurse from 1096 to 1909 citing that she taught Dietetics and Practical Nursing and Domestic Science. HEBH 1032, 2-6, ARC, COC.

⁴⁰ Ibid.

⁴¹ The 4th Annual Report of the Nurse's Committee, January 16, 1907; Report for the year 1906 of the District Nurse ; LBS 1903-1908; 0116.05, Item 4-D, p. 80; The 4th Semi-Annual Report of the Nurse's Committee, January, 1907; Report for the year 1906; LBS; The Semi-Annual Report of the Nurse's Committee, June 16, 1909. LBS Nurses Reports 1907-1912, 0116.01.05, p. 29. These descriptors black nurses are used repeatedly throughout LBS records. Nurse Reports, 1903-1908 0116.05, Item 4-D, p. 92. SCHS.

⁴² Anna DeCosta Banks to Myrtilla Sherman, 8 July 1906, ADB Collection, HUA.

⁴³ Ibid. Banks describes herself as a District Nurse for the Kings Daughters Association.

⁴⁴ Anna DeCosta Banks to Myrtilla Sherman, 15 January 1907, ADB Collection, HUA.

⁴⁵ Ibid.

⁴⁶ Anna DeCosta Banks to Myrtilla Sherman, 7 December 1906, The 4th Annual Report of the Nurse's Committee, January 16, 1907; ADB Collection, HUA. Report for the year 1906 of the District Nurse; LBS 1903-1908; 0116.05, Item 4-D, p. 80, SCHS.

⁴⁷ The 4th Annual Report of the Nurse's Committee, January 16, 1907; Report for the year 1906 of the District Nurse; LBS 1903-1908; 0116.05, Item 4-D, p. 80.

⁴⁸ Ibid.

⁴⁹ The 4th Annual Report of the Nurse's Committee, January 16, 1907; Report for the year 1906 of the District Nurse; LBS 1903-1908; 0116.05, Item 4-D, p. 80. Throughout the LBS Collection, standard LBS letterhead contained the religious motto, "I was sick and ye visited me," and ended with a prayer, and the phrase, "It is with a deep sense of our shortcomings, again, we pray..." At the beginning of the twentieth century the motto was adopted "Inasmuch as ye have done it unto one of the least of these, ye have done it unto me. Matthew 25:40 in the King James Version of *The Bible*. The verse appears throughout minutes. SCHS

⁵⁰ The Semi-Annual Report of the Nurse's Committee, June 16, 1909, LBS Nurses Reports 1907-1912, 0116.01.05, p. 10.

⁵¹ Ibid. LBS First Board Meeting of the LBS January 9, 1931; LBS Records, 1924-1938, Journal 8, 0116.01 Item 9, p. 341.

⁵² Ibid.

⁵³ The Annual Report of the Nurse's Committee, January 1908 to January 1909. LBS Nurses Reports 1907-1912, 0116.01.05, p. 20, SCHS.

⁵⁴ Ibid.

⁵⁵ The Semi-Annual Report of the Nurse's Committee, June 16, 1909. LBS Nurses Reports 1907-1912, 0116.01.05, p. 29. In this report it is emphasized that Loan Closet Items were given and not loaned by the LBS to Charleston's needy whether or not they were patients. Details on collection and donors to the Loan Closet, which provided items such as linens; the Baby Basket, which provided pads and diapers; and the Mothers Basket are located in LBS Loan Closet Records 1918-1923, 0116.04; Hopkins Fund contributions designated specifically for the care of negro patients and citizens are detailed in Hopkins Fund-LBS Records 1836-1936, 0116.03.03, SCHS.

⁵⁶ Ibid.

⁵⁷ The Annual Report of the Nurse's Committee, January 1908 to January 1909. LBS Nurses Reports 1907-1912, 0116.01.05, p. 20, SCHS.

⁵⁸ Annual Report of the Nurses Committee for 1909, January 18, 1909. Nurse Reports 1907-1912, LBS Records 0116.01.05, p.36-37, SCHS.

⁵⁹ LBS Nurses Reports 1907-1912, 0116.05.05, p 29. SCHS

⁶⁰ Report of the Visiting Nurse (Coloured) 1910-1911. LBS Reports 1897-1912, 0116.01.01, SCHS.

⁶¹ Ibid. See also, Richard J. Johnson, Dan Feig, Takahiko Nakagowa, Gabriella Sanchez-Lozada, and Bernardo Rodriguez-Iturbe. "Pathogenesis of Essential Hypertension: Historical paradigms and Modern Insights," *Journal of Hypertension*, 26, no. 3 (March 2008): 381-391 for etiology of Bright's disease. Bright's disease characterized by chronic hypertension leading to chronic renal vasoconstriction resulting in decreased renal function. See also Anna DeCosta Banks to Sherman, 13 June 1909, ADB, HUA. Banks cites mosquito netting as part of nursing supplies.

⁶² Registered Nurse License, December 13, 1910, Anna D. Banks, HEBH 1032, COC, ARC.

⁶³ Chamberlin. "New Names for the Training School," 16. According to Chamberlin, there were no nurses on the State Board of Medical Examiners in 1910.

⁶⁴ Anna DeCosta Banks to Hollis B. Frissell, 20 January 1910. ADB, HUA; "Dixie Nurses in Charleston," *The Southern Workman* 54, no. 4 (1926): 180-182, HUA.

⁶⁵ Banks, "Dixie Nurses in Charleston," 180-182, HUA.

⁶⁶ Anna DeCosta Banks to Cleveland. No date. ADB, HUA. Records indicate that Mrs. Banks sometimes spelled name as Cleveland and Cleaveland interchangeably. There were three Cleaveland sisters affiliated with Hampton Institute.

⁶⁷ Anna DeCosta Banks. "The Work of a Small Hospital and Training School in the South." *Eight Annual Report of the Hampton Training School for Nurses and Dixie Hospital*, 23-28. (Hampton, VA, 1898-1899), 24. HUA

⁶⁸ Smith-Martin, "Dr. Lucy Hughes Brown," 15. Brown's health began to fail in 1904; she died in 1911.

⁶⁹ Ibid.

⁷⁰ Anna DeCosta Banks to Sherman, 3 January 1911, ADB, HUA. See also, Annual Report of the Nurse Committee, January 1912, LBS Nurses Reports 1907-1912, 0116.05.05, p 77. indicates that Viola Ford substituted for Banks the latter part of June, 1911, SCHS.

⁷¹ 99th Anniversary of the Ladies' Benevolent Society, January 17, 1912. LBS Reports 1897-1912, 0116.01, SCHS. The use of the "colored" nurses was listed as a line item. Black nurses, other than Banks were usually not listed by name.

⁷² Report of the 100th Anniversary of the Ladies' Benevolent Society, 1913, Anna DeCosta Banks Biographical File, WHL, MUSC.

⁷³ Annual Report of the Nurse Committee, January 1912, Nurses Report 1907-1912, LBS 0116.05.05, p. 77. SCHS

⁷⁴ Ibid.

⁷⁵ Ibid., 78.

⁷⁶ Ibid.

⁷⁷ Annual Report of the Nurse Committee, June 1912, Nurses Report 1907-1912, 0116.05.05, p. 91. SCHS

⁷⁸ Ibid.

⁷⁹ Ibid., 92.

⁸⁰ Banks to Davis, 18 April 1914, ADB, HUA.

⁸¹ Ibid.

⁸² Banks to Sherman, 13 April 1912, ADB, HUA.

⁸³ Ibid.

⁸⁴ Anna DeCosta Banks to Sherman, 18 April 1914, ADB, HUA. In her letter to Sherman, Banks also reported the addition of a new building added to the Hospital and Training School consisting of five private rooms, an operating room, and a sterilizing room.

⁸⁵ Ibid.

⁸⁶ Ibid. The physician who left the hospital was Dr. William Miller Thorne, a native of Summerville, South Carolina, and graduate of Hampton Institute in 1899, seven years after Banks. He was a 1903 graduate of Yale University, and a 1910 graduate of the Medical School of Michigan University. See also A. B. Caldwell, "William Miller Thorne" in *History of the American Negro: South Carolina Edition* (Atlanta, Georgia: A. B. Caldwell Publishing Company, 1919), p. 216-217, does not list any affiliation between Thorne and Howard University; Bulletin of Yale University; Obituary Record of Graduates of Yale University Deceased During the Year 1941-1942, Series 39, Number 1, January 1943 also does not indicate that Dr. Thorne worked at Howard University; Literature donated by Carol Hill Love, granddaughter of William Miller Thorne.

⁸⁷ Anna DeCosta Banks to Myrtilla Sherman, 9 January 1916, ADB, HUA.

⁸⁸ Anna DeCosta Banks to Myrtilla Sherman, 17 January 1916, ADB, HUA.

⁸⁹ Anna DeCosta Banks to Hollis B. Frissell, 30 April 1917, ADB, HUA.

⁹⁰ Ibid.

⁹¹ Report of the LBS, January 16, 1922, LBS Reports, 1913-1927, 0116.01.01; "*As I Recall: The Story*," 24; Report of the 100th Anniversary of the Ladies' Benevolent Society, 1913. Anna DeCosta Banks, Biographical File, WHL, MUSC. Charleston County Health Department, 31, Leon Banov documented Trescott as the first colored nurse employed by the Charleston County Health Department.

⁹² Anna DeCosta Banks to Sherman, 1 February 1920, ADB, HUA.

⁹³ Ibid.

⁹⁴ Report of the 108th Anniversary of the LBS. LBS Reports, Journal 7, 1918-1924, 0116.01.02

⁹⁵ Report of the LBS, January 18, 1922, LBS Reports, 1913-1927, 0116.01.01, SCHS.

⁹⁶ LBS Record, January 15, 1923 Report by Louise Randolph, Journal 7, 1918-1924, p. 259, SCHS

⁹⁷ Ibid.

⁹⁸ Ibid. See also Lee K. Frankel to Mrs. George S. Holmes of the LBS, 17 January 1920, citing a rate of sixty-cents per visit for the colored nurses by 1920. LBS Record, Journal 7, 1918-1924, loose letter, 0116.01.02 SCHS.

⁹⁹ Lee K. Frankel to Catherine Ravenel, 3 February 1923, LBS Record, Journal 7, 1918-1924, p. 269. SCHS

¹⁰⁰ LBS Record 1918-1924, Journal #7, p. 268, 0116.01.02; "Credit is Due", In *As I Recall*, p. 31. Trescott was hired in 1935, fifteen years after the Charleston County Health Department opened, to assist it's first public health nurse, Amelia Tanksley; according to

Banov, Trescott was well respected and liked by her patients, so much so that a white family named their child after her.

¹⁰¹ Anna DeCosta Banks to Myrtilla Sherman, 13 April 1912, ADB, HUA.

¹⁰² Anna DeCosta Banks to Myrtilla Sherman, April 13, 1912, ADB, HUA.

¹⁰³ Marie Leiby to Catherine Ravenel, 1 June 1921, LBS Record 1918-1924, Journal #7, p. 172, 0116.01.02SCHS; See page 1 of letter for the persuasive, but coercive undertone of Leiby's letter to Ravenel.

¹⁰⁴ Ibid.

¹⁰⁵ Ibid, p. 4.

¹⁰⁶ Attorney Frank Frost to Catherine Ravenel, 9 June 1921, LBS Record 1918-1924, Journal #7, p. 173, 0116.01 SCHS; Frost informs Ravenel that he needs more information regarding the ARC plan, but advised her of the option to revise the LBS constitution. For details regarding the attempted standardization efforts of ARC into local public health in Charleston, South Carolina, See also Buhler-Wilkerson, "Guarded by Standards and Directed by Strangers," 139-54.

¹⁰⁷ LBS Report by Louise Randolph, June 15, 1921, Journal 7, 1918-1924, p. 177, SCHS

¹⁰⁸ Buhler-Wilkerson, "Guarded by Standards," 149.

¹⁰⁹ Anna DeCosta Banks to Sherman, 26 January, 1922, ADB, HUA.

¹¹⁰ Ibid.

¹¹¹ Anna DeCosta Banks to Sherman 18 April 1925, ADB, HUA.

¹¹² Anna DeCosta Banks to D. Gregg, 12 February 1927, ADB, HUA.

¹¹³ First Board Meeting of the LBS after the summer, October 10, 1930; LBS Records, 1924-1938, Journal 8 ,0116.01 Item 9, p. 337.

¹¹⁴ Board Meeting of the LBS November 14, 1930; LBS Records, 1924-1938 Journal 8, 0116.01 Item 9, p. 339.

¹¹⁵ Claudia Green to President of the LBS, 19 November 1930; LBS Records, 1924-1938. Journal 8, 0116.01 Item 9, p. 340.

¹¹⁶ Board Meeting of the LBS, January 9, 1931; LBS Records, 1924-1938, Journal 8, 0116.01 Item 9, p. 341, SCHS.

¹¹⁷ Anna DeCosta Banks to Myrtilla Sherman, 17 January 1916, ADB, HUA.

¹¹⁸ Helen Evangeline Banks-Harrison to H. Hilts, 16 January 1931; ADB, HUA.

¹¹⁹ Board Meeting of the LBS, January 9, 1931; LBS Records, 1924-1938, Journal 8, 0116.01 Item 9, p. 341.

¹²⁰ See commemorative data in Annual Report of the LBS for 1997 Donated to author by former LBS Superintendent Margaret Burgess. See also, "Memorabilia on Black Medical History Donated to Waring," *Newscope*, (April, 1979) Medical University of South Carolina, Charleston, South Carolina, and "Tablet to Negro Nurse: Anna D. Banks Memorial at Cannon St. Hospital, loose clipping. HEBH 1032, 1-2, ARC, CRC.

¹²¹ "A Community Loss," *Charleston News and Courier*, 1930: loose clipping in HEBH 1032, 2-1, ARC, COC.

¹²² Board Meeting of the LBS, October 9, 1931; LBS Records, 1924-1938, Journal 8, 0116.01 Item 9, p. 355, SCHS.

¹²³ Board Meeting of the LBS, May 12; 1933 LBS Records, 1924-1938, Journal 8, 0116.01 Item 9, p. 391, SCHS.

¹²⁴ Annual Report of the LBS, January 16, 1935, SCHS.

¹²⁵ Report of the 122nd Anniversary of the LBS, January 16, 1935, 0116.06, p. 419. This report also mentions the LBS contributions by Charleston's first white female physician, Dr. Sarah [Campbell] Allan. For details regarding the experiences of early female physicians in Charleston, Allan and Dr. Lucy Manetta Hughes Brown, First Superintendent of the Hospital and Training School for Nurses, and Charleston's first black female physician, See also Smith-Martin, "Dr. Lucy Hughes Brown," 15-19. See also *HH* 1 no. 9 (March, 1899): 7. Discusses Dr. Allan's collaboration with leaders of the Hospital and Training School for Nurses to have a nurse from the State Hospital for the Insane to train at the Cannon Street facility.

¹²⁶ Anna DeCosta Banks to D. Gregg, 12 February 1927, ADB, HUA.

Chapter 5 pages 110-120

Prologue—Anna DeCosta Banks to Sherman, 26 January 1922, ADB, HUA.

¹ Charles J. Ogletree, Jr., "The Significance of Brown," in *All Deliberate Speed: Reflections on the First Half Century of Brown v. Board of Education*. 1-14 (New York; W. W. Norton & Company, Inc., 2004), 7. The Supreme Court ruled that separate-but-equal facilities did not violate the *Fourteenth Amendment to the U. S. Constitution*; See also Clayborne Carson, "Early Struggle" 8-40, in *Civil Rights Chronicles: The African American Struggle for Freedom*, 9 (Lincolnwood, IL: Legacy Publishing, 2003), 28. Early on *The Fourteenth Amendment* to the U. S. Constitution granted citizenship to all persons born in the U.S except Native American Indians.

² *Ibid.*

³ Carol S. Weisman, "Progressive Era Movements in Women's Health" (59-68) in *Women's Health Care: Activist Traditions and Institutional Change*. (Baltimore, MD: the Johnson Hopkins University Press, 1998), 58.

⁴ *Ibid.*, 61.

⁵ Heyward Clark, 66.

⁶ *Ibid.*, 67.

⁷ *Ibid.*

⁸ *Ibid.*, 68.

⁹ *Ibid.*, 70.

¹⁰ *Ibid.*, 72.

¹¹ *Ibid.*, 54.

¹² Moore, "To Serve My Country," 1.

¹³ “Portraits of Health Care Pioneers,” MUSC College of Nursing, ARC, COC.

¹⁴ Dorothy Height, *Open Wide the Freedom Gates* (Cambridge, MA; Perseus Books, 2003), 135.

¹⁵ Richard Kluger, “Together Let Us Sweetly Live” in *Simple Justice; The History of Brown v. Board of Education and Black America’s Struggle for Equality*, 1-26 (New York: Vintage Books/Random House 1975/2004); p.16-17.

¹⁶ *Ibid.*

¹⁷ One example of how Banks, though swamped with community responsibilities apologized to her former teacher for not writing a Christmas letter. See also, Essie Mae Washington Williams (2005) *Dear Senator: A Memoir by the daughter of Strom Thurmond* (New York/Harper Collins). Washington-Williams, the bi-racial daughter of the late Senator Strom Thurmond breaks a lifelong silence and contextualizes use of silence by Southern women for protection and navigation of open secrets in the South.

¹⁸ Throughout her letters, Banks refers uses the term nurses to refer to both nurses and nursing students.

¹⁹ Annual Report of the LBS for 1997; Donated to author by former LBS Superintendent Margaret Burgess.

²⁰ Report of the Visiting Nurse (coloured) 1919-1911. LBS Reports 1897-1912, 0116.01.01, SCHS.

²¹ Heyward Clarke, 9.

²² *HH* 1, no. 5 (April 1899): 7; *HH* 2, no. 1 (January 1900): 10; *HH* 1, no. 8 (July 1899): 12.

²³ Norma Hoffman Davis, “Memories of a Physician Father,” (Unpublished essay, December 16, 2004): Joseph I. Hoffman, Jr. Collection, ARC, COC.

²⁴ *Ibid.*

²⁵ Waring, “Hospital and Training School Depended on Dedicated Staff,” 2-B.

²⁶ “Desegregation Threatening Charleston Negro Hospital,” *The State and Columbia Record* (29 May 1966):12A. Cites St. Francis Hospital as the first Hospital in Charleston to desegregate, but not until the 1960s.

²⁷ St. Francis Hospital was the first Hospital to desegregate, but not until 1960s. In Charleston the bulk of available employment for graduate was in private duty. See UNC Asheville Highlander for graduate Ruby Hilton pursuits and political aspirations in Columbia, SC, the northern United States. Alvena Cooke, Claudia Green and Cecile Trescott were active in public health.

²⁸ Claire Pooser. “Black Nurses Have Made Big Strides.” *The Charleston Post and Courier*, February 3, 1990, 7B. Note that Charlotte “Meyers” Pembroke is also listed as Charlotte “Myers” Pembroke in some sources.

²⁹ Waring, “Hospital and Training School Depended on Dedicated Staff,” 2-B; Genevieve Gadsden commentary in “Portraits” DVD; MUSC; Hoffman-Davis, “Memories,” ARC, COC.

³⁰ Obituary of Dorothy Chaplin; Dorothy Chaplin Biographical file [not processed] ARC, COC.

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Appendix A

Brief Biographies of Nurse Pioneers

This appendix contains brief biographies of four nursing pioneers affiliated with the Hospital and Training School for Nurses in Charleston, South Carolina. Three of them, Dorothy Elizabeth Chaplin, Alvena Margaret Cooke, and Ruby Woodbury Scarlett Hilton, were training school graduates. The fourth, Melvena Harper Gadsden, was the training school's last head nurse before nurse training ended at the facility. These brief biographies are included in this study to provide context to the history of nurse training in Charleston for black nurses. The biographies also give insight into the post-graduation climate for black nurses of the era described in this study. Aside from Anna DeCosta Banks, these women represent the nurses for whom the most data was located at the time of this study.

Dorothy Elizabeth Chaplin "Chappie"

While Banks was the first professionally trained nurse at the Hospital and Training School for Nurses, Dorothy Chaplin, lovingly nicknamed by her peers as "Chappie," described herself as among the last to graduate from the segregated program.¹ When Chaplin graduated in July 1942, she did not receive a license from the state of South Carolina because standards at the Hospital and Training School for Nurses were such that her diploma did not qualify her for a license.² She subsequently was granted an LPN license in the state of New York.³

Chaplain was born on June 19, 1920 on Seabrook Island, South Carolina, and attended public school in Charleston. She was raised by a single mother and was inspired to become a nurse by her grandmother, Colleton County midwife Elizabeth Frazier. At the onset of the Second World War and at the reluctance of her mother, Chaplin crossed the color line into the newly established Women's Army Auxiliary Corps (WAAC).⁴ Chaplin credited her mother, and especially her grandmother, for her career in nursing. She became interested in nursing while wondering what was in her grandmother's nursing bag. During her exposure to patient care, Chaplin also observed that there was no after care for families of deceased patients, she decided to become a funeral director. In a twenty-first-century interview Chaplin stated, "They needed someone with compassion, and I felt like I had the compassion to give these loved ones."⁵

After leaving Charleston, and after leaving the military, she lived and worked in New York for thirty-four years, almost thirty of which were with the Department and Health. She was able to travel extensively and take vacations because her mother would travel to New York and relieve her of duties. Chaplin returned to Charleston in the 1980s when her mother became ill and stayed until her mother's death in 1996 at the age of 96.⁶

After retirement Chaplin continued being active in her church until death on December 19, 2006, at which time she was honored as someone who "did so much for so many."⁷ Chaplin's quiet sacrifice and contributions to the nursing profession and public

health gained her public recognition late in her life. She, along with two other nursing pioneers, was honored in a commemorative ceremony at the Medical University of South Carolina (MUSC) in the spring of 2005, one year before her death. A portrait of Chaplin in her military uniform is displayed in the College of Nursing at MUSC.⁸

Alvena Cooke “Cookie”

Biographical information capturing the voice and career experiences of Hospital and Training School for Nurses graduate, Alvena Margaret Cooke was captured by late twentieth century interviews in Charleston’s *The News and Courier—The Evening Post*. Cooke was born June 15, 1913 on a Dorchester County farm to Harry M. Cooke and Mary Richardson Cooke. While living with her aunt in Summerville, South Carolina, she began her primary education at the Episcopal School there. She later relocated to Charleston to live with a friend of her aunt on Rutledge Avenue. Cooke credited her inspiration to become a nurse to a three-year-old toddler that she baby sat for—a toddler who told Cooke that he wanted to be a doctor. After graduating from Burke School, Cooke entered the Hospital and Training School on Cannon Street to pursue her career in nursing because she didn’t want to be a teacher. According to her, teaching was the only other profession available to black women at the time. She studied briefly under Banks, and then Banks’ successor Mabel Oliver, before graduating in 1934.⁹

During one newspaper interview Cooke recalled that the most challenging diseases during her practice were whooping cough, typhoid, pneumonia and syphilis.

Like Chaplin, Cooke graduated alone. Cooke described the work of one nurse or nursing student during her early career as being “the work of four or five people,” without the luxury of licensed practical nurses (LPNs), orderlies or other support staff, and without the focus of nursing theory.¹⁰ According to Cooke, all of her classmates, some of whom had never seen dead people before, dropped out of nurse training almost immediately. She stated that some lasted only two days in the program.¹¹

In another late twentieth- century newspaper interview, the retired nurse Cooke recalled of her career how nurses were expected to take care of a variety of cases. She recalled,

On Christmas Eve I was assigned to an obstetrical case in ‘Do as You Choose Alley’ (a once notorious neighborhood off Coming Street in Charleston).

Everyone, it seemed, was drunk. A bottle just missed me as I arrived. The firemen from the nearby fire house offered to clear the way. They called out ‘Hold the bottles—nurse coming.’ But I really never had any trouble. I covered Charleston, and there’s hardly a house above Broad Street I haven’t been in.¹²

Cooke became a public health nurse with the Charleston County Health Department. Cooke reported that during her health department days, she was initially assigned to black patients, which she believed were the hardest cases because blacks did not have as many resources to maintain sanitation and good health as whites did. She said that at one time the head nurse had assigned her to all black patients not knowing that

Cooke was willing to take care of whites. She stated that once the head nurse found out that Cooke was willing to take care of white patients, they were subsequently added to her caseload. The most glaring perception among Cooke's recollections, as described in her interviews for the newspaper, was her denial that discrimination existed "along the lines of health work."¹³ Her denial of the presence of discrimination in health work was remarkable given the era in which she lived. She graduated from a segregated facility at a time when there were few black public health nurses.¹⁴ In an interview Cooke elaborated on this perception by stating,

There was no discrimination along the lines of health work because then, mosquitoes, rats, contaminated food and milk, dirt and filth and such didn't discriminate when it came to making people sick and killing them. It took a lot of dedication on the part of a great many people, white and black, to make Charleston County a healthy place for folks to live, and I guess we didn't have much time to devote to racial discrimination.¹⁵

Cooke also verbalized a perception that training and educational opportunities for black nurses had improved over the years. In contrast to the nursing experience of black nurses, she expressed the most concern about the state of physicians in Charleston. Her concern was focused on what she described as a decreased number of black physicians in the city.¹⁶

Ruby Woodbury Scarlett Hilton

What is known of Ruby Woodbury Scarlett Hilton's career was captured in short biography in the form of an undated press release at the time of her retirement from Kingsbrook Jewish Medical in Brooklyn, New York.¹⁷ This data is housed at the Ramsey Library Heritage of Black Highlanders Collection at the University of North Carolina in Asheville, North Carolina. Like the information about many of her black nurse colleagues in Charleston, this data is limited to what was written about her by someone else.

From the limited information concerning the details of her career, it is evident that leadership was valued by Hilton. After graduating from the Hospital and Training School for Nurses in Charleston, Hilton moved north where, like Banks and Chaplin, she discovered opportunity. She pursued graduate work at Harlem Hospital in Manhattan, and at New York University where she focused on education, management and hospital administration.¹⁸

Similar to Banks, Hilton returned to her hometown near Charleston, founding and operating a hospital in Georgetown, South Carolina. She also worked in Summerville, South Carolina, near Charleston, serving as Director of the Arthur B. Lee Hospital, and the Good Samaritan Hospital and Training School in the state's capital, Columbia. Hilton's experience in education and hospital administration also included the Blue Ridge Hospital and Training School for Nurses in Asheville, North Carolina. Under her leadership the Richardson Hospital in Greensboro, North Carolina, received

accreditation, and she later became Dean of Women and School Nurses at Kittrell College in Kittrell, North Carolina. Hilton is also credited for her successful philanthropic efforts toward establishing a nursing home through the Julius Rosenwald Fund.¹⁹ She was, at one time, married to a North Carolinian physician, who was an attending physician at the Richardson Hospital. Hilton became President of the North Carolina State Nurses Association from 1933-37, and was Supervisor of the District Nurses Association covering Greensboro, High Point and Winston-Salem, North Carolina. She was honored at a biracial state meeting in Raleigh, North Carolina, following the merger of the white and black state nurses organizations.²⁰

Hilton also pursued leadership in nursing work far from her hometown in the western United States as Director of the Prairie View Hospital and Training School for Nurses in Prairie View, Texas. She also gained prominence at the state level as a State Health Supervisor for the National Youth Administration in Georgia.²¹

Hilton's career did not end in the South. Instead, it ended in the North at Kingsbrook Jewish Medical Center in Brooklyn, New York. Her motivations and the personal demarcations of her life are unclear in the limited biographical data available. But it is clear that Hilton valued leadership and was able to pursue graduate work. Her diploma from the Hospital and Training School for nurses was the beginning of professional leadership and practice opportunities in several regions in the United States.

Melvena Harper Gadsden

Melvena Harper Gadsden was born on May 28, 1914 to native Charlestonians George and Elizabeth Harper. Like Banks and Chaplin, Gadsden's primary education began in Charleston. She received her primary education, through the eighth grade, from Wallingford Academy and secondary education from the Avery Institute in Charleston from which she graduated in 1933.²² Gadsden received her nurse training at Charity Hospital in Savannah, Georgia and she received nursing licensure in 1937.²³ She married Robert Christopher Gadsden. She was the mother of a son, George, and a set of twins, Genevieve and Granville.²⁴

Gadsden's daughter, Genevieve, supported her education by helping her mother with laundry and domestic work, often late at night.²⁵ Of her experience with her nursing education Gadsden stated, in a late twentieth-century newspaper interview, that it was not difficult for her to gain admission to Charity Hospital's segregated program. She described the program as being designed to accommodate the training of black nursing students.²⁶ However, Gadsden's experience in Georgia did not spare her from the challenges of segregated nursing. During her tenure at Charity Hospital, Gadsden successfully advocated for equal curriculum content, requesting that psychiatry courses given to white students should be required of black nursing students as well.²⁷

Gadsden, like Banks, became a visiting nurse for Charleston's LBS in 1941 and a private duty nurse after working briefly at Dorchester County Hospital in South Carolina.

Five years later in 1946, she took over the head nurse position at the Hospital and Training School for Nurses in Charleston. It was during Gadsden's tenure that a group of black citizens who dubbed themselves, "the surgical patients of 1947 of the Hospital and Training School," began sponsorship and planning for the event, "A Womanless Wedding" starring "The Doctors of the City" to support a building fund for a new facility.²⁸ However, nurse training at the facility ended before a new facility was built due to loss of acceptable licensing standards.²⁹ Gadsden advocated on behalf of remaining students from the Cannon Street facility in an attempt to facilitate successful completion of diplomas and licensure by other means, as discussed in Chapter 3 of this study.³⁰ Gadsden's final nursing career assignment of eleven-years was as Director of Nursing Services at Franklin C. Fetter Clinic, in Charleston, after which she officially retired in 1979.³¹

In a 1990 interview with Charleston's *The Post and Courier*, and eight years before her death, Gadsden spoke with Charleston nurses and nursing students of a new generation at a ceremony that was meant to, in her words, "bridge the past and connect the present."³² Gadsden recalled that during her career black nurses were addressed as "Nurse" and white nurses were addressed as "Miss" or "Mrs."

She reported witnessing the firing of a black nurse for violating that protocol.³³ Gadsden also reported performing custodial duties in addition to nursing duties, and working 48-hour shifts. During that ceremony, Gadsden and other veteran black nursing

pioneers verbalized improvement in mainstream nursing since their time in practice. They believed that the field of nurse midwifery had become more valued in the health sciences than it had been previously. They further expressed that the methods for delivering community immunizations were much improved in comparison to the traditional, “shots under the shade tree.”³⁴ Gadsden admitted that she was motivated to move forward by hardship, and stated, “I thought this has got to change because somebody has the feeling that we don’t have the same ability...Knowledge is power.”³⁵ Gadsden cited her greatest accomplishment in nursing as, “being able to stick it out.”³⁶ In her retirement, the one aspect of her career that she cited as missing the most was, “helping people.”³⁷

At a 2005 unveiling of her mother’s portrait at MUSC’s College of Nursing, Gadsden’s daughter, Genevieve, represented her mother for the posthumous honor. Of her recollection of her mother’s nursing career, Genevieve Gadsden stated,

I have a lot of memories of my mother as she worked as a nurse for McClennan Banks Hospital and the Hospital and Training School for Nurses on Cannon Street. It happened to be a block away from our house, and a lot of times I would have to go there to see her. We may not see her for two or three days, because the hospital was so small, it only had three or four RNs sometimes. If somebody was on vacation, or somebody else was sick, she had to stay there, so I spent a lot of nights there with her. And she would get up at night sometimes, and I would get up and watch what she was doing—like when somebody died. I almost became a

doctor, but I ended up in regulatory affairs...but I feel like most of my accomplishments in life all really came as a result of the inspiration from my mother, and I was always struck by the fact that in spite of her talking about her experiences during the early years of nursing and the discrimination that there was, she never showed any signs of bitterness. She just felt that these were—this is the way things were. And even though we suffered, she felt like the white people, who were, in some cases forced to discriminate because of the rules of the day, were also suffering because they didn't get to learn each other's experiences, and each other's education, and life experiences, etcetera. So, she was never bitter in spite of her re-telling of all the things that happened to her during those years, and I think she would feel really vindicated, and, all the things that she suffered during those years was worth it to get this type of honor.³⁸

End Notes to Appendix A

¹“Portraits of Health Care Pioneers,” MUSC College of Nursing, ARC, COC.

² Ibid.

³ Ibid.

⁴ Ibid., Dorothy Chaplin Biographical File [not processed], ARC, COC.

⁵ Ibid.

⁶ Portraits of Health Care Pioneers,” MUSC College of Nursing, ARC, COC.

⁷ Ibid. Funeral Notice of Dorothy Chaplin, Chaplin Biographical File, ARC, COC.

⁸ Ibid.

⁹ Earl Douglas, “43 Years in Public Health; Nurse Has Seen Many Changes.” *The Evening Post*, Thursday, April 6, 1978, 8-B. Reports that Head Nurse Mabel Oliver was the wife of Dr. Tracy Oliver; See also, Thomas R. Waring, Reminiscing Health Topic. *The News and Courier—The Evening Post*, September 7, 1980: 2-E, for interview with Alvena Cooke regarding her nursing career experiences.

¹⁰ Ibid.

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- ¹¹ Ibid.
- ¹² Waring, "Reminiscing Healthy Topic," 2E.
- ¹³ Douglas, "43 Years in Public Health; Nurse Has Seen Many Changes," 8B.
- ¹⁴ Ibid.
- ¹⁵ Ibid.
- ¹⁶ Ibid.
- ¹⁷ "Superintendent of Blue Ridge Hospital," Biography of Ruby Woodbury Hilton from Kingsbrook Jewish Medical Center Heritage of Black Highlanders Collection, University of North Carolina, Asheville, Ramsey Library, Asheville, North Carolina; Hilton is listed as a surviving graduate of the Hospital for Training School for Nurses in a Commemorative ceremony on February 16, 1992; at Zion Olivett Church on Cannon Street across the street from the training school site. McClennan Banks, ARC, COC.
- ¹⁸ Ibid.
- ¹⁹ "Superintendent of Blue Ridge Hospital," UNCC.
- ²⁰ Ibid. See also Report for 1932 Arthur B. Lee Hospital Association, Inc., A Charitable Institution for the Colored People of Dorchester County, Summerville, SC; Vertical file ARC, COC.
- ²¹ Ibid.
- ²² "Portraits of Health Care Pioneers," MUSC College of Nursing, ARC, COC; Waring Reminiscing Healthy Topic," 2E. See also Genevieve Gadsden Diploma; Melvena Harper Gadsden Biographical file [not processed] ARC, COC, hereafter cited as MHG, ARC.
- ²³ Melvena Gadsden also pursued graduate work at Meharry Medical College in Tennessee in later in 1959; Gadsden's career beginning at the Hospital and Training School for Nurses and its successor facility McClennan-Banks Memorial Hospital spanned 22 years; see Resume for Gadsden, MHG, COC.
- ²⁴ Funeral Program for Melvena Rosalie Harper Gadsden 1914-1998. MHG, COC.
- ²⁵ "Portraits of Health Care Pioneers," MUSC College of Nursing, ARC, COC.
- ²⁶ Pooser, "Black Nurses Have Made Big Strides." *The Charleston Post and Courier*, February 3, 1990, 7B.
- ²⁷ "Portraits of Health Care Pioneers," MUSC College of Nursing, ARC, COC.
- ²⁸ Program, A Womanless Wedding, featured black physicians dressed in women's clothing staging a wedding as a fund raiser in support of a new building. McClennan Banks Collection, Folder 1-3, ARC, COC.
- ²⁹ Chamberlin, "Resignations, Reorganization and Expansion, 1946-1949," 51-52.
- ³⁰ Ibid.
- ³¹ Ibid.
- ³² Pooser, "Black Nurses Have Made Big Strides," 7B.
- ³³ Ibid. The time period surrounding 1948 is a marker for the first shift toward desegregated nursing education in Charleston.
- ³⁴ Ibid.

³⁵ Ibid.

³⁶ Ibid.

³⁷ Obituary, Melvena Harper Gadsden, MHG, COC.

³⁸ "Portraits of Health Care Pioneers," MUSC College of Nursing, ARC, COC.

Appendix B

Known Students and Graduates of the Hospital and Training School for Nurses

1899

Susan A. Bowen	Charleston, SC
Lucile Daniels	Philadelphia, PA
Marie J. Galliard	Charleston, SC
Leonora Gerideau (Bryan)	Asheville, NC
Nancy A. Osborne	Sumter, SC
Louisa A. Whaley	Charleston, SC

1900

Marion E. Droze (Deas)	Beaufort, SC
Lelia C. Fraser	Charleston, SC
Emma C. Jackson (Richardson)	Charleston, SC
Georgia A. Hector (Mack)	Charleston, SC
Clara J. Parker	Charleston, SC

1901

Sarah J. Deas	Charleston, SC
Annie C. Fagain (Singleton)	Ithaca, NY
Anna J. Mitchell	Anderson, SC

1902

Mary A. Brown	Winnsboro, SC
Elizabeth Drayton	Memphis, TN
Nietta B. Fischer	Beaufort, SC
Daisy Orr	Cleveland, OH

1903

Ann H. Cooper	San Diego, CA
Gussie E. Davis	Charleston, SC
Francis A. Dore	Dallas, GA
Marion E. Rhone	Macon, GA
Johanna P. Williams	Jacksonville, FL

1904

Pearl S. Baldwin	Durham, NC
Maggie E. Galliard	Charleston, SC

1904 (continued)

Elma M. Gamble	Columbus, GA
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Beulah E. White

Rock Hill, SC

1905

Equilla C. Charleston
Anna B. Crawford
Celestine L. Martin
Maggie M. Streater

Charleston, SC
Rock Hill, SC
Charleston, SC
Florence, SC

1906

Corinne W. Davis
Lucy J. Johnson (Reese)
Lula M. Plowden
Estelle E. Smith
Laura C. Snowden
Lucy B. Williams

Darlington, SC
Sumter, SC
Goodwill, SC
Mt. Pleasant, SC
Newberry, SC
Newberry, SC

1907

Mattie R. Dunbar
Claud C. Sinton

Milledgeville, SC
Milledgeville, SC

1908

Florette Leticia Belle
Anna Belle Dorrell
Cora Olivia Harrington
Ella Belle Lewis
Mary Anna Whitfield

Macon, GA
Charleston, SC
Newberry, SC
Charleston, SC
Macon, GA

1911

Annie Beatrice Gullins
Euphemia Arilee Gray
Mary Magdalene O'Farrel

Macon, GA
Newberry, SC
Danville, GA

Class of 1912

Eva A. Bingham
Mabel B. Caffey
Elouise J. Edwards

Charleston, SC
Charleston, SC
Charleston, SC

Mary E. Hampton
A. Huger Miller
Gertrude B. Pitts
Amelia Russell
Ursula M. Webb

Oxford, NC
Charleston, SC
Macon, GA
Augusta, GA
Charleston, SC

1927

Henrietta Alethia Jenkins
Mabel Jeraldene Oliver
Julia Mae Williams

1928

Martha Katherine Campbell (Gray)

Charleston, SC

1934

Alvena Margaret Cooke

Summerville, SC

1937

Lucenda Green
Vivian Anderson

Circa 1930 -1940

Elsie Adams
Allie Anderson
Mabel Bell
Hattie Broderick
Helen Clinton
Florence Coulter
Beulah Crawford
Marie Gilliard
Julia Glover
Lorraine Moultrie
Charlotte Pembroke
Ruby Woodbury (Hilton)

1942

Dorothy Elizabeth Chaplin

Seabrook Island, SC

Surviving Graduate Nurses
Of the Hospital and Training School for Nurses as of 1992

Alvena M. Cooke	Allie A. Brewton	Charlotte M. Pembroke
Florence E. Coulter	Dorothy E. Chaplin	Vivian A. Moultrie
Julia Glover	Septima Murray	Edna Williamson
Marion Lee	Edith Johnson Beaufort	Edna Edwards
Thelma Washington Bastic	Helen M. Hazel	Ruby W. Hilton

Head Nurses and/or Supervisors
of the Hospital and Training School for Nurse 1897 to 1948

Anna DeCosta Banks
Mabel C. Oliver '27
Charlotte Myers Pembroke
Anita Eugenia Broughton
Melvena Harper Gadsden

Compiled from Commencement Programs and Commemorative Brochures; McClennan-Banks Collection and Helen Evangeline Banks-Harrison Collection. ARC, COC.