FRANCES ELISABETH CROWELL

AN EVALUATION OF A EUROPEAN NURSING EXPERIENCE

by

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<tr>
<th>Abbreviation</th>
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<tr>
<td>AAASS</td>
<td>American Association for the Advancement of Slavic Studies</td>
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<td>AJN</td>
<td>American Journal of Nursing</td>
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<td>IHB</td>
<td>International Health Board</td>
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<td>JFMA</td>
<td>Journal of the Florida Medical Association</td>
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<td>NYMJ</td>
<td>New York Medical Journal</td>
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<td>PHNQ</td>
<td>Public Health Nursing Quarterly</td>
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<td>RAC</td>
<td>Rockefeller Archive Center</td>
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<td>RF</td>
<td>Rockefeller Foundation</td>
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<td>USMHS</td>
<td>U.S. Marine Health Service</td>
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Frances Elisabeth Crowell, an American nurse-social worker, served on the Rockefeller Foundation staff in Europe from 1917 until 1940. Initially, she played a major role in organizing dispensaries and training health visitors during the tuberculosis crisis in France. After the First World War, she studied the state of nursing in Europe and made recommendations, enabling those countries to upgrade nursing education in order to meet growing public health needs. Crowell successfully coordinated efforts of the Foundation, European health ministries, and nursing leaders to achieve these objectives. Because she continued the health visitors program, some of her American colleagues charged that her programs did not meet American nursing education standards. A comparison of her professional experiences in the United States with her work in Europe demonstrates that her understanding of public health nursing and social work, and her insight about European cultures precluded the unqualified imposition of American nursing standards on European countries.
Frances Elisabeth Crowell (1874-1950), an American nurse-social worker, served on the Rockefeller Foundation’s Commission for the Prevention of Tuberculosis in France from 1917 until 1923, when she was appointed to the Foundation’s Division of Studies Program in Paris, a position she held until her retirement in 1940. In this capacity, she studied the nursing needs of European countries; proposed nursing education programs; and worked with European government health officials, nursing personnel, and the Foundation in the implementation of approved recommendations. Crowell’s assessments revealed that the concept of nurse varied from country to country as a result of firmly entrenched cultural traditions that rigidly defined women’s roles, and that governments most frequently controlled the development of nursing programs. Her analyses of nursing conditions in various European countries also reflected an awareness of the political uncertainties of postwar Europe. An astute observer, she undoubtedly appreciated the delicacy of her position as an American, especially in respect to France, in the wake of the American rejection of the Versailles Treaty and because of her relationship with one of America’s corporate giants.\footnote{Crowell’s position demanded diplomatic skill and courage in addition to professional innovation.}

A review of Crowell’s efforts in France and Czechoslovakia between 1917 and 1930
demonstrate that her personal and professional experiences in the United States strongly influenced her plan of action for guiding the development of nursing in Europe. She possessed sufficient insight to recognize that American ideas could not be forcefully imposed on the French and the Czechoslovaks. This thesis is a case study of the tensions and conflicts that arose when concepts of nursing education that had developed over a fifty-year period in a relatively young country were exported to European countries whose intellectual traditions had been refined over many centuries. Any attempt to introduce modern American nursing ideas inevitably ran counter to the varying agendas of groups vying for control of nursing education in an environment where the nurse was not considered an integral part of modern day scientific medicine. The stereotypical perception of a hospital nurse as a lower class servant persisted in France and in Czechoslovakia. Crowell’s strategy, therefore, strived to strengthen nurse training programs by building on what already existed, rather than dismantling and completely replacing them. She emphasized the training of nursing leaders so that individual countries could assume the responsibility of shaping their own nursing destiny and improving the social and economic conditions of women in nursing. Compromise would have to be an integral part of the process.

Crowell’s program generated harsh criticism among American nursing leaders. In the 1920s, the prevailing American philosophy of nursing education envisioned the ideal public health worker as an academically educated professional nurse with additional public health training. In 1923, Annie Goodrich (1866-1954), the dean of the newly established nursing program at Yale University, confided to Crowell’s assistant, Gladys Adams, that Crowell had done little to raise the standards of nursing, and in fact, Goodrich suspected that Crowell “was rather ashamed of being associated with the nursing profession.” The emotional tenor
of this allegation implies a more complex basis for the controversy between Crowell and her American colleagues regarding Crowell’s work in Europe.

Crowell’s education and her broad range of experiences in nursing and social work in the United States from 1896 until 1917 had shaped her insights into European cultural traditions, the emerging field of public health, the complex relationships of health and government, and the need for improved standards of nursing education. She had entered nursing in an era when the professional leadership included some very intelligent, creative, and highly motivated women striving to mold nursing into a well-defined, respectable, independent discipline. This agenda thrived in a Progressive Era atmosphere when American women, seeking a new sense of identity and purpose, were vigorously involved in social reform. Many upper class women were acutely aware that very few shared in the success of industrialization, and that society must address the resulting economic, health, education, and social problems among the urban poor. Crowell aggressively pursued reforms that were to have an impact on housing conditions, midwifery, and the delivery of health care to patients with tuberculosis. Her work exposed the painful realities of immigrant life and the intricate dimensions of European culture, an experience that prepared her for her European venture.

Annie Goodrich, Crowell’s adversary, was a highly respected leader with impeccable professional credentials, but her professional experience differed significantly from Crowell’s. Goodrich had served as superintendent of nurses at various New York Hospitals, functioned as New York state inspector of training schools, organized the United States Army’s school of nursing during World War I, and held an assistant professorship at Columbia Teachers College. Goodrich focused on raising the educational standards of
nursing, and as a member of the Rockefeller Foundation’s committee to study nursing education in the early 1920s, she strongly endorsed the concept that professional nursing belonged in the university.³

Crowell had to accomplish her objectives amid the postwar European turmoil when nations were trying to develop a sense of identity as they restructured their governments and searched for stability. She was keenly aware that the unqualified imposition of American concept on any country was impossible. Crowell’s American experiences enabled her to view the nursing situation in Europe differently from her peers in America, and therefore, one must judge her work from this perspective. Despite severe criticism, she was an effective representative of the nursing profession, the Rockefeller Foundation, and, unofficially, of the United States for twenty-three years.

Very little is known about the early life of Elisabeth Crowell.⁴ She was born in 1874 in Massachusetts and graduated from St. Mary’s of the Springs, a Roman Catholic boarding school near Columbus, Ohio, in 1891. The curriculum at St. Mary’s, which included classical music, art, literature, science, and foreign languages, introduced her to European culture. The graduate was expected to be familiar with major composers, appreciate the great art works of Europe, be fluent in a foreign language, have an appreciation for major literary works, and understand the basics of mathematics, science, and philosophy. Crowell was a “superior student . . . who studied piano, guitar, French, and German and excelled in all.” She was also accomplished in art and studio drawing, wrote a graduation essay on “True Culture,” and received the Gold Medal for Superior Merit.⁵ Her education was an excellent preparation for the traditional “grand tour,” but that was not an apparent option for her. Instead, in 1893, Crowell enrolled in the first class of St. Joseph’s Hospital School of
Nursing, a facility established by the Daughters of Charity of St. Vincent de Paul in Chicago. She had chosen a form of women’s work that was struggling to legitimize itself professionally.

The quest for professional legitimacy grew out of the Civil War experience of American women who had volunteered in the military hospitals. They recognized that nursing was more than an extension of the domestic caring duty and that gender did not automatically confer nursing skills, but society was slow to recognize this fact. Historian Susan Reverby writes that many civilian hospitals of the 1870s were staffed by untrained Civil War widows and women moving into cities in the wake of industrialization. According to nurse-historian, Lavinia Dock (1858-1956), nurses at New York’s Bellevue Hospital in 1873 were often “prisoners arrested for drunkenness, immorality, . . . [who] terrorized the helpless sick, took fees, and were not to be trusted with medicines, nor with food brought in by visitors.”

However, hospitals were gradually becoming places of acute care where scientifically trained physicians could render effective care. It was imperative to replace the untrained, uncaring, and disreputable women with intelligent, caring, virtuous women, but, paradoxically, not necessarily women with a strong sense of independence. Reverby notes that “loyalty and deference to the physician, rather than independence, were stressed,” and that early training programs demanded rigid, militaristic obedience from student nurses. However, attention turned to nursing school standards as scientific innovations improved medical education and practice. At the International Congress of Charities, Correction and Philanthropy held in conjunction with the Columbian Exposition in Chicago in 1893, Isabel Hampton (1860-1910) presented some convincing arguments. As principal of the nursing school at Johns Hopkins, she was acutely aware of the importance of well-educated nurses in
an age of rapid medical advances. For this reason, Hampton delivered a strong message that urged more uniform curricula, admission standards, and better communication among schools. ¹⁰

It is possible that Crowell attended the Columbian Exposition in Chicago in 1893 and heard or read about some of the presentations of nursing reformers. One can only speculate that the forum influenced Crowell to become a nurse.¹¹ Nevertheless, something or someone conveyed the message that nursing was a new and challenging career option for the independent woman who must be self-supporting. Crowell was an intelligent, well-educated, and creative person who must have resented the militaristic demands of nurse’s training.

The educational atmosphere at St. Joseph’s was a dramatic contrast to the intellectually stimulating environment of St. Mary’s. The curriculum emphasized practical experience, so students were on the hospital wards twelve hours each day, had additional nursing related chores to perform after clinical duties, and attended only two one-hour classes each week. Physicians and nuns, who were trained nurses, gave the lectures. A student’s full admission into the school was determined after a rigorous two-month probationary period. This demanding schedule isolated the students physically and intellectually from the outside world.¹²

In 1896, shortly after her graduation, Elisabeth Crowell went to Pensacola, Florida, where she became the Superintendent of the Pensacola Infirmary, owned jointly by Drs. W. E. Anderson (1857-1912) and F. G. Renshaw (1856-1935). A small, but thriving, southern settlement of 14,000 on the Gulf of Mexico, Pensacola was the site of a U. S. Navy Yard and several army forts. However, the economy was related primarily to the rich, virgin forest
resources. Historian James R. McGovern writes that Pensacola’s business and political leaders, influenced by the “New South” ideology of progress, optimistically envisioned the transformation of Pensacola into a major U.S. port because of its proximity to the proposed Panama Canal.\footnote{13}

Pensacola’s culturally diverse city included descendants of the Spaniards; migrant farmers from the old southwest frontier; and enclaves of Greek, Italian, Jewish and British immigrants. Maritime commerce brought in seamen from all over the world, and as a result, cheap boarding houses lined the wharves; saloons, dance halls, gambling houses, and bordellos abounded in the port area.\footnote{14}

Pensacola had a growing economy, but it was always threatened by serious public health problems, especially yellow fever. Between 1810 and 1905, Pensacola experienced approximately twenty-five yellow fever epidemics.\footnote{15} Such a diagnosis always generated great panic and vehement denial by city officials and business leaders because the spread of the disease meant the imminent imposition of a quarantine. For two months in 1882, the city had been under quarantine which paralyzed commerce and cut off communication with the outside world. More than 200 people died during the epidemic. When another epidemic threatened in 1883, the local newspaper was full of scathing editorials that recommended hanging the physicians in effigy and begged God to “send us a freeze . . . for the devil and the doctors have conspired against us.”\footnote{16} Dr. William C. Gorgas (1854-1920), who was serving as a military physician at nearby Fort Barrancas in 1897, wrote that fear of the disease was so intense that he and his assistants had to dig graves themselves and bury victims in the middle of the night. Even the families and the chaplain refused to attend the burial.\footnote{17}
During her stay in Pensacola, Crowell’s professional role matured and expanded beyond the confines of the small hospital, and she began to perceive health care in terms of community needs. The Pensacola Infirmary primarily catered to the merchant seamen and was located close by the boarding houses and places of prostitution, an area where the “true ladies of Pensacola” never ventured.¹⁸ Crowell was obviously not daunted by her new environment, for she bought out Dr. Renshaw’s half interest in the Infirmary for $3,000 in 1898 and assured the local U.S. Marine Hospital Service physician that she intended to continue honoring the hospital’s contract with the Service to provide medical care for seamen.¹⁹

U.S. Marine Hospital Service Records reveal that a significant number of the seamen admitted to the Infirmary were from European countries—England, Italy, Greece, Scandinavia, Germany, Austria, Spain, and even Russia.²⁰ The assortment of foreign tongues must have taxed Crowell’s linguistic skills and may explain why she went off to Ohio to study Italian before going to New York for a new career in public health in 1905.

In 1900, Crowell and Anderson moved the infirmary into a more attractive part of town, acquired a third partner, banker F. C. Brent (1848-1914), and incorporated the facility as St. Anthony’s Hospital with capital stock of $25,000.²¹ Crowell was the Secretary-Treasurer and Superintendent of the forty-bed hospital. The local newspaper applauded her supervision of the planning and renovation of the large Victorian dwelling into a modern hospital. In addition to being an experienced trained nurse, she was described as “a lady of fine business talents, rare tact and taste, and a social favorite in Pensacola.”²² This was a remarkable compliment, indeed, because women in Pensacola led rather sheltered existences
that revolved around the home and rarely participated in the male dominated business affairs of the city. The newspaper account cannot be dismissed as journalistic hyperbole because Crowell accurately observed Pensacola’s changing health and did not hesitate to present concrete solutions. The serious occupational accidents among the stevedores, seamen, railroad workers, fishermen, and sawmill hands warranted the better equipped St. Anthony’s with its updated surgical facilities and ambulance service. Another public health problem involved the the resident poor and the transients of the area. Soon after St. Anthony’s opened, Crowell wrote Mayor James M. Hilliard (1851-1902) and proposed an arrangement for hospital care of paupers for $750 per year, an offer that was formally accepted as a shared responsibility by the city and county. In 1901, Crowell’s report to the stockholders showed an eleven percent increase in admissions, and it discussed the need for “intelligent trained nursing in all cases of serious illness. . . and the rapidly increasing demand made upon the hospital management to supply trained nurses for private cases outside of the hospital.” Hospital income was sufficient to meet all financial obligations and to invest in some additional improvements of the physical plant. However, managing the small, but growing hospital, entailed too much responsibility for one person. Consequently, Crowell enlisted the help of Sister Nellie Olafson (?-1940), a graduate of St. Thomas Hospital in London, and started a nursing school. One can argue that the addition of a nursing school was a way to provide cheap labor for the hospital, the motivation for the establishment of many nursing schools in this era. There were no trained nurses in Pensacola when Crowell came in 1896, so the establishment of such a facility represents the first known attempt to provide the community with women having a minimum amount of professional training in the care of the sick. There are few extant records about activity at St.
Anthony’s between 1900 and 1906 when it was closed because of the financial losses sustained during the last yellow fever epidemic that occurred in 1905.\textsuperscript{27} Crowell had left Pensacola in mid-summer of 1905, before the epidemic started. However, her hospital’s response to the epidemic elicited strong praise from Dr. J.Y. Porter of the Florida Board of Public Health. None of the non-immune nurses (nurses who had never had yellow fever) contracted the illness while caring for patients with virulent yellow fever. Fumigation and screening to eliminate the presence of mosquitoes had demonstrated the validity of the latest theories on yellow fever prevention, according to Porter.\textsuperscript{28}

For ten years, Elisabeth Crowell lived and worked in a community preoccupied with trying to understand epidemic disease. Since 1853, military and civilian physicians had meticulously chronicled each Pensacola epidemic, speculated on its etiology, argued about quarantine and other measures of control, and regularly dealt with the abuse of a frustrated, terrified public. There is little doubt that Gorgas, an active member of the local medical society during his first Pensacola tour of duty must have engaged in these discussions.\textsuperscript{29} The Pensacola medical community surely monitored the subsequent work of the Reed Commission in Havana in 1899 with great interest, particularly since Gorgas was there as the army’s sanitarian charged with controlling yellow fever. Crowell would have been one of those interested observers. As the superintendent of the only civilian hospital in the community, she had not confined herself to the hospital but had reached out to the community, assessed some of its needs, and proposed solutions. She negotiated with the city and county governments regarding care for the paupers, took steps to provide trained nurses for the hospital and private homes, and was instrumental in upgrading the hospital facility that could better meet the health needs emerging in the industrialization of Pensacola.
Crowell was cognizant of some of the harsh social realities that escaped the majority of Pensacola citizens. She could perceive nursing in much broader terms, so it was not surprising that she plunged into the developing field of public health when she went to New York.

Crowell’s professional career thrived in the Progressive atmosphere of New York. The Settlement movement, spearheaded by Lillian Wald (1867-1940) who founded the Henry Street Settlement, was attracting nurses to work among the urban poor. This social phenomenon gave impetus to the development of public health nursing. The Charity Organization Society, an amalgam of various humanitarian groups, argued that poverty was caused by a complex set of social conditions and that assistance to the needy must be determined on an individual basis by trained workers. This philosophy was the basis for the establishment of the New York School of Philanthropy which became the graduate School of Social Work at Columbia University in 1940. Ideally, these two groups--nurses and social workers--aimed to compliment each other as they addressed different aspects of the same problems. However, an overlapping of functions was inevitable as nursing and social work progressed, and an ill-defined struggle to clarify the boundaries between the two professions evolved. When Crowell went to New York in 1905, she enrolled in the New York School of Philanthropy, but she did not desert her nursing profession. Instead, she gained new ideas about the potential for an expanded role for the nurse in public health. Crowell’s additional training provided the background, experience, and flexibility she would later need in guiding the modernization of the nursing profession in postwar Europe. Her expertise in nursing and social work uniquely qualified her to assist Europeans in reconciling their two types of health care workers--the hospital nurse and the health
As a student at the New York School of Philanthropy, Crowell conducted a study of the midwives in New York and subsequently did a similar study in Chicago under the auspices of Hull House. She presented a report to representatives of the New York Medical Society, the Kings County Medical Society, the Academy of Medicine, the Board of Health, and the New York Obstetrical Society. Midwifery, she pointed out, had been women’s domain since ancient times, but as medicine became more scientifically oriented in the fifteenth century and moved into universities which excluded women, the midwife’s role and standards deteriorated for lack of opportunity to improve. However, European women traditionally wanted a woman, not a man, in attendance during confinement, so the midwife continued to struggle for recognition. By the nineteenth century, Crowell pointed out, European officials reluctantly accepted the unyielding demand for midwifery services, and established training programs, licensing laws, and procedures for supervision. Thus, midwifery became a well-organized and respected profession in Europe. In the United States, however, Crowell cited the lack of regulatory legislation of midwives because medical men are prone to anticipate any fancied invasion of their own special domain. They argue that any legal recognition of the midwife will create a new order of medical practitioners who, with little skill and less learning, will not hesitate to assume the gravest responsibilities of life and death with the treatment of many ills. Crowell charged that many unqualified immigrant midwives were filtering into New York, and because they were not accepted nor regulated, they were going into business and jeopardizing the lives of women. Her efficient, methodical study is characteristic of all her subsequent work. She carefully compiled a list of more than nine hundred midwives in greater New York; interviewed over five hundred; and compiled data about their education,
equipment, methods of practice, and nationality. She concluded that only about ten percent were qualified and safe to practice. “That there were even that many is a hopeful indication and an earnest [indication] of the class of women we might have in this profession if we took the proper method of raising the standard of midwifery practice.” Alarming facts about the illegal abortion rate strengthened her argument for regulatory legislation. Furthermore, she did not concur that midwifery would phase itself out if unregulated because the continuing arrival of immigrants would increase the demand. In her debut appearance in the ranks of public health in New York, Crowell had presented powerful and successful arguments which resulted in legislative action to raise the standards of midwifery, not pronounce its demise.

In 1907, Crowell and a group of trained social workers spent a month in Pittsburgh examining living conditions. The study, conducted under the auspices of the Charity Organization Society, was published as a six volume work underwritten by the Russell Sage Foundation. Her graphic report, straightforward critique, and photographic evidence attest to the deplorable living conditions in the steel districts, conditions which she condemned:

We label the foreigner as an undesirable neighbor; we offer him the meanest housing accommodations at our disposal; we lump him with the least desirable classes of our citizens; then we marvel at his low standards of living. Give him better, cheaper, houses where he may have a decent and comfortable home, instead of a mere shelter from the elements, unwholesome, overcrowded and expensive, and then see what his standard of living would be.

Crowell rejected society’s flimsy excuses. One steel executive did not believe in paternalistic responsibility for his laborers; a real estate man argued that immigrant housing was not a very profitable investment. She charged that the Carnegie Steel Company felt they could easily replace workers because of the size of the immigrant population, so it was more
efficient for the company to repair and update their mill equipment than to improve the housing conditions of their workers. Crowell lamented the plight of the immigrants who were forced to live in a filthy, dangerous, and unhealthy environment and exclaimed: “the marvel was not that some of the homes were dirty; the wonder was that any of them were clean.” It required a great expenditure of human energy to maintain a clean home, she argued, when basic sanitary facilities, such as running water and indoor water closets, were non-existent.³⁹

The Pittsburgh Survey was important because it provided much needed data to support demands for social legislation in Pittsburgh. It was also crucial as a model for future urban studies. For example, several of the Survey researchers went to Prague at the invitation of Alice Masaryk (1879-1966), the President of the Czechoslovak Red Cross, after World War I and organized and participated in the Prague Survey, a study to determine the social service needs and the available resources in the city. Crowell gained valuable public health research experience in the Pittsburgh Survey, demonstrated her ability to present well-articulated data with which to confront major industries, and had intimate contact with people of different cultures which fostered her understanding of the immigrants as individuals.

Crowell’s accomplishments during her tenure as Executive Secretary of The Association of Tuberculosis Clinics in New York from 1910-1917 are particularly striking. Her work further demonstrated her ability to observe, collect and analyze data; her organizational skills; and her resourcefulness in working out solutions. A review of her studies shows that she was functioning effectively both as a nurse and as a social worker, a dual role that may have elicited some negative sentiment among her nursing peers.⁴⁰
The Association of Tuberculosis Clinics was formed in New York in 1906 to bring some order and a systematic approach to the work of the tuberculosis clinics in the city. There was much duplication of effort, a lack of uniform standards in the treatment of tuberculosis, and a prevalence of inefficiency. A study funded by the Charity Organization Society resulted in the formation of the Association composed of representatives from the city’s dispensaries, social services, and religious institutions. Its goal was to provide efficient, well-planned and effective treatment of tuberculosis patients. It is not clear if Crowell was an investigator in this early study, however, she later conducted an in-depth review of the work of the Association which was published in 1910.

Crowell routinely noted whether doctors and nurses could speak the language of the immigrants being cared for at the dispensaries and whether educational literature was available in foreign languages. She was not averse to a role for lay persons in the campaign to deal with tuberculosis, although their primary function appeared limited to raising funds. Crowell stressed that the tuberculosis patient needed more than just physical care, and that he was usually burdened by a host of social problems. Consequently, she recommended that all nurses in tuberculosis clinics be required to spend at least a month in one of the Charity Organization Offices or a comparable social service agency to learn about social work. She had specific recommendations about clinic staffing and administration, record keeping, nurses’ duties, and even advice about the physical layout of the dispensary.

Crowell discussed her position in a published paper, “Adequate Clinic Control,” in 1912 and addressed the social dimensions of caring for tuberculosis patients. The entire family must be part of the process, she cautioned, and warned that
not all nurses engaged in tuberculosis work are alive to the social responsibility entailed in their handling of the families with whom they come in contact. Dr. Cabot has said that the training of a nurse is inimical to certain indispensable qualities which a social worker must possess; yet the knowledge of a nurse is most valuable to any medical social worker.45

Crowell was not recommending that all nurses become social workers; instead, she was encouraging them to develop enough insight about the social aspects of illness to function effectively and cooperatively with trained social workers. She noted that “some of the best social work... is being done by women who have had a nurse’s training, but I should prefer to call them social workers rather than nurses.”46 She commended women’s auxiliaries in the tuberculosis clinics. She cited the examples of the Bellevue Settlement House, the establishment of a day care nursery for families of tuberculosis patients, and the supplementary funding of physicians and nurses salaries -- work generously undertaken and successfully carried out by women’s auxiliaries. Obviously, she was not threatened by exploring new solutions to old problems, nor did she fear that the work of nurses would be undermined by an intrusion of social workers or lay persons.47 Furthermore, she reported that the New York Department of Health was about to implement the recommendation of the Association regarding additional education for nurses in the tuberculosis clinics and initiate a special program of courses related to the etiology and pathology of tuberculosis, care of the patient in the home, and concepts of social work. The program would be a cooperative venture of the Department of Health, the Department of Nursing at Columbia Teachers College, and the New York School of Philanthropy. It is highly possible that Crowell was becoming a threat to some of the nursing leaders because she was functioning so prominently in two professional fields. Furthermore, her comment that some nurses were
functioning effectively as social workers and that she preferred to call them social workers, not nurses, could be viewed as an undermining gesture by nursing leaders trying to transform nursing into a professional discipline.\textsuperscript{48}

Additionally, Crowell generated a lot of personal criticism by virtue of her alliance with tuberculosis nursing. In the\textit{Tuberculosis Dispensary Method and Procedure}, she discussed the criticism leveled at nurses in this field:

Nurses have criticized her [the tuberculosis nurse] because she did little or no bedside nursing. Social workers have carped at her because she either failed to see the social implications of tuberculosis or saw them distorted through the lens of her medical interest. A pessimistic public, both professional and lay, have cavilled [sic] because she did not pile up brilliant results, and finally, even her patients themselves have round upon her because she did not come ‘bearing gifts’ but offered them only precept and advice. Some of her difficulties are inherent in the situation itself and will disappear only when economists have either solved the problem of a fair living wage and a decent standard of living for all or else admitted the necessity of society’s permanently subsidizing an irreducible minimum of the socially unfit.\textsuperscript{49}

In this same tuberculosis text, Crowell displays sensitivity for the immigrant by stressing the necessity of understanding their cultural background and to “make it possible for them to put our preachment into practice by showing them how and by supplying them with the necessary means in such a way as not to weaken the fibre of their moral and spiritual being, while endeavoring to meet their social needs.”\textsuperscript{50}

Dr. James A. Miller (1874-1948), President of the Association of Tuberculosis Clinics, had only praise for Crowell. In the Introduction to\textit{Tuberculosis Dispensary Method and Procedure}, he commented that although she was “trained as a nurse, her natural inclination has always been in the direction of social problems.” She had gained “unusual experience,” in her eight years with the association because of her constant intimate contact with physicians, nurses, social workers and administrative staff. This approach “has saved
her from the danger of the theoretical detachment from concrete problems so often developed in executive positions.” It was Crowell’s effective work and good relationships with her medical and lay colleagues that had contributed to the success of tuberculosis dispensary work in New York, according to Miller.\(^{51}\)

About the time of Crowell’s departure for Europe in 1917, she wrote, “A Life Income at Age Sixty,” for *The American Journal of Nursing*. She referred to a quotation that predicted “ninety percent of all women who reach the age of 65 are dependent upon charity or the generosity of others!” An unmarried woman without any family, Crowell had witnessed an abundance of poverty during her twenty years in nursing so it is not surprising that she dwelt on her own retirement years, coped with fears of being destitute, and probably reflected on her own mortality as she prepared to go to war-ravaged France. In her characteristic, logical fashion, she analyzed all the options and decided on the “income bond” offered by insurance companies. This concern for economic well-being emerges also in her study of nursing conditions in Europe. Her assessments always considered nurses’ salaries and living conditions.\(^ {52}\)

Elisabeth Crowell’s experiences prepared her well for her work in Europe. Her boarding school years had instilled an appreciation for the finer aspects of European culture, and her years in Pensacola had exposed her to the laboring man’s culture, particularly the foreign laborer. She had developed administrative skills as superintendent of a hospital in Pensacola and as Executive Secretary for the Association of Tuberculosis Clinics in New York. As a member of the Pittsburgh Survey staff and in her studies of midwifery in New York and Chicago, she demonstrated her research capabilities and produced information which had a positive effect in society. James Miller testified that she worked well with her
peers at all levels and possessed practical, as well as theoretical knowledge, related to tuberculosis nursing. She was equally at home in nursing and in social work.
ENDNOTES

1. Robert H. Bremner, *American Philanthropy* (Chicago: The University of Chicago Press, 1988), 111-115. The government’s anti-trust suit against Standard Oil in 1911 helped influence the defeat of the R F’s efforts to get Congressional approval for a charter of incorporation as a philanthropic trust. The Foundation was subsequently incorporated under New York State laws in 1913. However, the controversy had cast a deep shadow of suspicion on the Foundation’s philanthropic activities.


4. Eleonora Barbieri Massini, Rome, Italy. Interview by author, 27 October 1991, Rome, tape recording. Dr. Massini’s mother, Edith Fullerton Barbieri, who worked for the League of Nations in Paris, became a close, lifelong friend of Elisabeth Crowell. During the Second World War, Crowell was forced to seek refuge in a convent north of Florence because the Italian military commandeered her retirement villa in Santa Margharita, Italy. Massini does not know whether Crowell destroyed her personal papers or if the Italian military did it when they took over her villa, nor does Massini know of any extant papers. For a biographical sketch, see Elizabeth D. Vickers, “F. Elisabeth Crowell: Pensacola’s Pioneer Nurse,” *JFMA*, 70 (August 1983): 642-646.

5. Sister Mary McCaffrey, O.P., St. Mary’s of the Springs, Columbus, Ohio, to Elizabeth D. Vickers, Pensacola, FL, 14 October 1981. The Fra Angelico Society, a student organization, nurtured an interest in the great art museums of Europe through its collection of reproductions. The Philomathena Society fostered their literary development. This information is based on photocopies of school records, brochures, and graduation programs provided by the archivist at St. Mary’s.

6. According to Massini, Crowell was probably orphaned at an early age. Economics may have been the factor in her decision to enter nursing school, one of the few career
opportunities for women at the turn of the century.


12. Beverly A. Ford, Librarian/Archivist, St. Joseph’s Hospital, Chicago Illinois, to Elizabeth D. Vickers, Pensacola, FL, 24 May 1983. Isabel Hampton Robb (1860-1910), the first principle of the training school at Johns Hopkins Hospital in Baltimore commented that a probationer must “remember to do what she is told, and no more; . . . implicit, unquestioning obedience is one of the first lessons a probationer must learn, for this is a quality that will be expected from her in her professional capacity for all future time.” Isabel Hampton Robb, *Nursing Ethics: For Hospital and Private Use* (Cleveland: E.C. Koechert, Publisher, 1912), 57.

13. James R McGovern, *The Emergence of a City in the Modern South: Pensacola 1900-1945* (DeLeon Springs, Fl: E.O. Painter Printing Company, 1976), 1-15. Pensacola never became a major port city because Mobile and New Orleans had better rail and river transportation systems to the interior and were approximately the same distance from the Panama Canal.


16.Pensacola Commercial, 13 October 1883. See F. Norman Vickers and Elizabeth D. Vickers, “Notations on Pensacola’s Medical History,” JFMA. 61 (January 1974): 5-8. It was not until 1900 that the mosquito was identified as the carrier of the organism that caused yellow fever. Pensacolians realized that epidemics abruptly ended with a frost but did not know it was because the mosquito population was destroyed.

17.Marie D. Gorgas and Burton J. Hendrick, William Crawford Gorgas: His Life and Work (Garden City, New York: Doubleday, Page and Company, 1924), 65-66. Gorgas had had yellow fever early in his military medical career and was thus immune to the disease. Consequently, he was assigned twice to Fort Barrancas at Pensacola. He then served in Havana while the Reed Commission successfully researched the cause of yellow fever. Gorgas is credited with the successful implementation of this new knowledge. He directed the sanitary clean-up of Havana where yellow fever had been endemic for centuries and went on to implement the sanitary measures that made the construction of the Panama Canal a reality.

18.McGovern, Emergence of a City, 11. Dr. Anderson’s wife was distressed when she realized Crowell was living in the Infirmary and insisted that she move into the Anderson family home in a more respectable part of town. Modeste Anderson Beard, Pensacola, FL, Interview by author, 19 February, 1981.

19.Deed Book #21, Escambia County Court House, Pensacola, FL, 23 November 1898; J. Whiting Hargis, Acting Assistant Surgeon, USMHS, Pensacola, FL to Dr. Walter Wyman, Supervising Surgeon General, USMHS, Washington, DC, 28 November 1898. National Archives, Public Health Service, General Subject Files, 1897-1923, RG 90, File 449, Box 60. In 1896, a nurse’s salary would have been insufficient to purchase interest in a small hospital. One might assume that Crowell had a small inheritance.


21.Incorporation Record Book #1, Escambia County Court House, Pensacola, FL, 11 August 1900.


24.Minutes, Pensacola [FL] City Council, Book C-5, 20 February 1900, 381; and 19 April 1900, 417. Escambia County [FL] Commission Minutes, Commissioners Court Record, 13 March 1900.

26. Florida State Nurses Association: Year Book and Roster, 1926-1927, n.p. St. Thomas’s Hospital School of Nursing in London was established by Florence Nightingale in 1860, and it became the model for modern nursing education. Three schools of nursing in New York, Boston and New Haven were organized on the Nightingale plan in 1873. It is not clear if Crowell brought Sister Nellie to Pensacola or if she was already living in the city. Efforts to document Sister Nellie’s course of study at St. Thomas’s Hospital been unsuccessful.


28. J. Y. Porter, “Yellow Fever in Tampa and Pensacola, Florida 1905,” Report of the Surgeon General of the U.S. Public Health and Marine Hospital Service for 1906-1907, 177. According to Beard, Crowell’s decision to leave Pensacola in July 1905 was for personal reasons and was neither related to any of her professional activities, nor the financial affairs of St. Anthony’s.

29. Proceedings of the Florida Medical Association 1891, 3, 16. Gorgas was a member of the Pensacola Medical Society and the Florida Medical Association. Following his assignment in Panama, he went on to become the U.S. Surgeon General.

30. Lillian Wald believed that most people were oblivious to the slum realities of the Lower East Side of New York. She argued that “the call to the nurse is not only for the bedside care of the sick, but to help in seeking out the deep-lying basic causes of illness and misery, that in the future there may be less sickness to nurse and to cure.” Lillian D. Wald, The House on Henry Street (New York: Henry Holt and Company, 1915), 2, 63. Crowell’s subsequent work in New York demonstrates that she heartily concurred with Wald’s thinking.


33. The health visitor was a person trained to work in tuberculosis dispensaries and in maternal-child welfare clinics. There were no national standards so training and qualifications varied. In France, these types of workers evolved as socially conscious women recognized the significant public health problems among the poor and the lack of government programs to assist them. Health visitors were a combination nurse-social worker with mostly on-the-job training under the guidance of like-minded physicians concerned about the incidence of tuberculosis and the declining birth rate. Crowell points out that since both “public health nursing and social service work” were just developing in France, they “cannot be clearly defined.” Crowell, “Memorandum on Training Schools For Public Health Visitors in France,” 14 August 1920, RF RAC 1.1-500-10-108.


35. Ibid., 673.

36. Ibid., 667-677.


38. Ibid., 879-80. Crowell’s condemnation of Carnegie Steel for treating the laboring man like an expendable commodity is in ironic contrast to historian Richard Brown’s condemnation of the Rockefeller philanthropies because of their alleged belief that scientific medicine would improve the health of society’s work force and thereby increase productivity. E. Richard Brown, Rockefeller Medicine Men: Medicine and Capitalism in America, (Berkeley: University of California Press, 1979), 10 ff.


40. It is difficult to reconstruct the exact chronology of Crowell’s positions in New York because records of the Charity Organization Society cannot be located. According to Foundation records, she attended the New York School of Philanthropy from 1905-1906, did the midwifery studies, worked on the Pittsburgh Survey, and was employed by the Charity Organization Society. F. Elisabeth Crowell, Personnel File, RF RAC, Folder #1. According to records at the New York Academy of Medicine, Crowell was the Executive Secretary of the Association of Tuberculosis Clinics in New York from 1910-1917. Inge Dupont to Elizabeth D. Vickers, 15 October 1981.


43. Ibid., 6, 8. In the Crowell papers in the RAC, there is much emphasis on a Foundation nurse’s ability to speak the native language of the country in which she is serving. This concern to speak a foreign language was expressed by Isabel Hampton Robb who lamented the fact that members attending the meeting of the International Council of Nurses in Paris had difficulty understanding each other. Mrs. Hunter Robb [Isabel Hampton Robb], “An International Educational Standard for Nurses,” NYMJ (15 January 1910): 112.


45. Crowell, “Adequate Clinic Control,” Transactions of the 8th Annual Meeting of the National Association For the Study and Prevention of Tuberculosis, 6. Dr. Richard Cabot, of Boston’s Massachusetts General Hospital, was one of the foremost proponents of medical social service departments in hospitals. He and Ida Cannon, nurse-social worker, are credited with the organization of the social service department at MGH and convincing administration and trustees it should be incorporated into the hospital. Both became nationally recognized leaders in the field of medical social work. Frederick A. Washburn, The Massachusetts General Hospital: Its Development, 1900-1935. (Boston: Houghton Mifflin Company, 1939), 459-462.


47. Ibid., 8.

48. Ibid., 8-9.


50. Ibid., 59, 64.


In 1917, Dr. Hermann Biggs (1859-1923), Commissioner of the New York State Department of Health, had gone to France as a representative of the Rockefeller Foundation in order to assess reports about the tuberculosis crisis in that country. Biggs determined that there were approximately 440,000 cases, a much higher rate than existed in Great Britain, Germany, or the United States. Furthermore, there were no well-organized, large-scale public health programs to deal with the disease—to identify and treat infected persons, and to educate the public about prevention. For example, men had been inducted into the military without adequate physical examinations, and as a result, 86,000 soldiers were discharged by December 1915 because of active tuberculosis. The Foundation responded to the crisis by creating the Commission for the Prevention of Tuberculosis in France, directed by Dr. Livingston Farrand (1867-1939), who served in the position until March 1919. The Commission’s mission was to establish demonstration units in dispensaries in order to train physicians and nurses and to provide practical field experience for them. Elisabeth Crowell was appointed to serve on the Commission as the supervising nurse responsible for health visitors. Ultimately, responsibility would be transferred to the French government. By the time that the Commission concluded its work in 1921, it had established 373 dispensaries and trained
249 health visitors at a cost of over two million dollars.\(^2\)

Historian Matthew Ramsey argues that France’s public health problem was somewhat paradoxical since it was Louis Pasteur who had provided the scientific research that demonstrated the relationship between microorganisms and disease, a scientific breakthrough that facilitated the development of modern concepts of sanitation and public health. Yet, France lagged behind the rest of Europe in creating an efficient public health organization that could have effectively addressed the tuberculosis problem. Furthermore, although France supported a strong, centralized government, it had failed to create a ministry of health and to enact national laws to support medical efforts to contain the disease. This irresolute position only exacerbated the problem by discouraging people from seeking medical help and reinforcing the shame associated with tuberculosis.\(^3\)

Tuberculosis was only one of France’s on-going problems. For several decades, the country had been struggling with a steadily declining birth rate, a situation worsened by the large number of soldiers killed at the front. Colin Dyer’s population study indicates that in 1914, France had the lowest birth rate of any European nation and had a population of 39,600,000, only the fourth highest in Europe. This had major implications in meeting the need for military manpower during World War I, and it did not bode well for the postwar work force either. Three-fourths of the war dead (947,250) would have been between the ages of twenty-five and forty-five in 1920.\(^4\)

An additional effect of the decreased birth rate was its impact on the role of women in French society. Edméé Charrier of the University of Paris pointed out in his 1930s study of the intellectual development of women that French women were traditionally
trained for marriage, and motherhood. In fact, it was considered a disgrace for one’s daughter to pursue a career. However, as the female population gradually outnumbered that of the male, many families encouraged their daughters to pursue an education because of the fear they would never marry and would have to be self-supporting. The pursuit of careers by women was further stimulated by the extremely high military death rate. This movement of women into the work force did not have a major impact on nursing, partly because of the stereotypical, negative image of the nurse. In fact, nursing was a fragmented, poorly defined form of work in France, a situation that was incompatible with the new American and British developments in public health that depended on well-trained nurses as part of the medical team.

The status of nursing in France in 1914 had deep roots that intertwined with the various political changes that had occurred since the Revolution, the anticlericalism of the Third Republic which laicized the public hospitals, and the impact of Pasteur’s scientific discoveries on the medical world. For centuries, the religious orders had staffed French hospitals and provided comfort for the sick poor, the incurable, and the castaways. Generally, French society had been grateful for the nuns because, beyond prayers and spiritual solace, there was little to offer in the way of medical treatment. Furthermore, the nuns lived together in a community and received no salaries, so public hospitals operated with minimal cost. The role of the nuns was somewhat limited because their religious rule prohibited their caring for obstetrical patients and those with venereal diseases, thus hospital staffs necessarily included lay personnel. The secular personnel, laicization demonstrated, were mostly uneducated and technically unqualified. The inadequate French nursing system frustrated the efforts of reform physicians and
republican leaders who envisioned a country inspired by new hygienic principles which would conquer society’s major ills such as alcoholism and tuberculosis. The nuns, firmly entrenched in tradition, vigorously resisted change that threatened their authority and resisted medical efforts to train nurses who submitted to physicians’ orders and implemented the latest medical concepts.⁶

Nursing schools established by physicians who supported laicization in the Paris municipal hospitals during the last quarter of the nineteenth century failed to attract competent, educated pupils. The more successful efforts were initiated by the various French Red Cross Societies that sprung up in the aftermath of the Franco-Prussian War and by private individuals with wealthy patrons. Recognizing the inadequacy of volunteers caring for the military wounded during the war, members of the altruistic upper class, none of whom were professionally trained nurses, organized private nursing schools with the assistance of physicians in order to be prepared for future conflicts. These privately trained nurses were a significant force in the military hospitals of the First World War and in both tuberculosis and child welfare clinics.⁷ Dr. Anna Hamilton, who organized a nursing school based on Nightingale standards at the Maison de Santé Protestante in Bordeaux in 1901, strongly criticized the municipal hospital programs because they appealed to the uneducated, lower classes. “As for the ladies of the Red Cross they are improvised nurses, elegant but ignorant,” in Hamilton’s view. Her vision of the ideal nurse was the lay equivalent of an educated, devoted, celibate nun.⁸

When Elisabeth Crowell and the Commission arrived in 1917, they soon realized that the American and British equivalent of a professionally trained public health nurse
did not exist in France. The only nursing school comparable to an American model, the Florence Nightingale School in Bordeaux, was a small facility and could not meet the wartime needs of the country. Instead, France depended on a dedicated corps of volunteer nurses with varying degrees and quality of professional training. Those serving in public health facilities such as tuberculosis dispensaries or maternal and child welfare clinics were identified by a variety of titles such as visiteuse [visitor], visiteuse d’hygiène [health visitor], infirmière [nurse], and infirmière visiteuse d’hygiène [visiting health nurse]. Many of these women had had valuable experience in the military hospitals and were effective workers, although they lacked specialized training in public health and social service. They were not comparable to the professionally trained American nurses and would have had no enthusiasm for enforced training in a regular American style nursing program. Since the Foundation had a firm policy that only trained workers would be used in the tuberculosis crisis, the compromise solution was to use the French nurses but provide additional training—six months for women with hospital experience and ten months for all others. Crowell recommended entitling this worker Visiteuse d’Hygiène [health visitor] since she was not a nurse. Le Comité National de Défense contre la Tuberculose, a private organization closely involved with the French government and the Foundation in the fight against tuberculosis, insisted on the inaccurate title Infirmière Visiteuse d’Hygiène [Public Health Visiting Nurse]. The Commission, through its Bureau of Public Health Visiting, provided scholarships for pupils and salaries for instructors in training programs arranged in three private Paris nursing school facilities and others in Lille, Nantes, Bordeaux, and Lyon. The Commission staff also supervised the training in dispensary management and out-patient care. Although the situation was
far from ideal, Crowell and her staff were able to train health workers who could function very effectively during this crisis.9

Dr. Linsly Williams, Director of the Tuberculosis Commission, and Elisabeth Crowell, Associate Director, were troubled by the continuing lack of uniform nursing school standards in Europe. Consequently, in 1919, Williams proposed that the Rockefeller Foundation underwrite a study of nursing in France. The glaring deficiencies of nursing education in that country were of such magnitude that Williams and Crowell persisted in their request for a study as the work of the Tuberculosis Commission drew to a close. Unfortunately, the Foundation maintained that its primary purpose was to assist in tuberculosis work. Furthermore, they could not commit to such an endeavor because their organization lacked a clear understanding of nursing education.10 In a letter to Edwin R. Embree, Secretary of the Foundation, Williams argued “I feel very strongly, however, that the standards of nurses in training are so various, not only in different countries, but even in the United States that the time will come undoubtedly for some institutions to make a study of the entire subject.”11

In February 1921, the Board of Trustees of the Rockefeller Foundation finally approved the appointment of Elisabeth Crowell to “make a detailed study of conditions of nurse training and nursing work both in hospitals and in the public health field” not only in France, but throughout Europe. Crowell’s work with the Tuberculosis Commission delayed the beginning of this new assignment until early 1922, a task which would take her to England, Czechoslovakia, Austria, Germany, Italy, Poland, Serbia (Yugoslavia), Holland, Denmark, and the Balkan countries.12 Crowell’s title would be “Director for Education of Nurses and Health Visitors,” and she would be directly responsible to
Edwin Embree, Director of Division of Studies, in the Foundation’s New York office.13

Williams and Crowell were not optimistic that the study, much desired by the Director of the Ministry of Health, would result in major legislation and appropriations to modernize nurses training in France. Crowell wrote that “with the universal preoccupation over the general financial and economic conditions in France, . . . financial expenditure, however slight, has small chance of consideration.”14 Their apprehension was justified because the French conservative coalition of 1921--le Bloc Nationale--was burdened with a huge war debt of 86 billion francs and the massive restoration problems in the devastated areas of northern France. The government anticipated that German reparation payments would fund reconstruction of the war areas. However, reparation arrangements failed to proceed smoothly, resulting in some French incursions into the Ruhr prior to its major occupation of the area in 1923. The conservative Senate that rejected legislation granting French women the right to vote were certainly less than enthusiastic about subsidizing a women’s profession. Historian Donald J. Harvey writes that they felt “women should release their energies in the kitchen, bedroom and confessional,” not the polling booth.15 Furthermore, as Crowell reviewed a French study of nursing done in 1902, she realized that despite well documented arguments, reform had failed to occur in the intervening seventeen years.16

The 1902 study cited the prevalence of unqualified nursing personnel in France where attempts to reform health care then were no more successful than the Revolution. Although legislation created many nursing schools in French hospitals during the latter half of the nineteenth century, the programs were flawed. Few capable women could afford to train for a year without any income, nor venture into a field of work that
provided only low salaries and poor pension plans, which in some cases was merely the retirement privilege of living, rent free, in one’s institution of employment. Nuns, on the other hand, fared better because their community supported them and provided shelter for the remainder of their lives. Furthermore, the report stated that the government officials and hospital administrators implementing reform had little insight about the real functions of a nurse. In Leroux-Hugon’s view, laicization created as much furor as the Dreyfus Affair. Although the legislation removed the nuns from seventeen Paris hospitals, it had little effect in the provinces where the religious enjoyed strong support. The schools of nursing established by physicians imbued with visions of a disease-ridden Third Republic based on modern scientific concepts were less than ideal because they attracted the uneducated, the lower class of society. Leroux-Hugon points out that a parallel development existed in nursing education that attracted the socially elite through the Red Cross Societies. These organizations emerged after the Franco-Prussian war when upper-class women recognized their deficiencies as volunteers caring for the wounded. They formed three competing societies, and each established a nursing school in which physicians lectured. Their motives were not entirely altruistic, Leroux-Hugon argues, for the society “was a way of rendering to the nobility a prestige and an influence that the development of an industrial society was in process of undermining. Le Société de Secours aux Blessés Militaires [Society of Aid for the Military Wounded] recruited its members on the basis of birth.” By the First World War, there were sixty Red Cross nursing schools that had trained 6,663 nurses who filled an important role during the conflict. This state of nursing in France in 1902 was in sharp contrast to the degree of reform that had been attained in the United States under the innovative leadership of
Isabel Hampton, Lillian Wald, and others. Assisting the French in nursing reform would be a major challenge for Crowell and her staff.

Crowell charged that the situation had changed little since 1902. With the inexpensive supply of nuns to provide hospital nursing care, there was little effort to upgrade nursing and make it a respectable profession. A school brochure indicated that if a woman was not accepted into the nursing school she could always be hired as a ward maid. Although the theoretical aspects of the nurses’ training given by physicians was very good, Crowell noted, it only resulted in preparing “physicians assistants,” and not bedside nurses. Physicians and the public were content with the status quo so the few qualified women who did venture into nursing were altruistic souls with financial resources. Consequently, nurses were generally regarded on a par with the servant.

In order to change the French perception of nursing, the work would have to be viewed as respectable and attractive to qualified women. Crowell’s vision was to effect a merger between the new health worker--the visiteuse d’hygiène--and the hospital nurse. The health visitor had emerged with the development of preventive medicine and dispensaries with an emphasis on education of the public, enforcement of health regulations, and work in child welfare clinics; their staffs were the products of the private schools that flourished in the wake of scientific medicine and the Red Cross Societies. The health visitors trained by the Tuberculosis Commission had proved to be extremely competent dispensary workers. Crowell argued “it was a new field of activity, with no traditions to break, no prejudices to overcome, and . . . it has been possible to attract the best type of women to this work.” The public accepted the health visitor because it recognized her effectiveness, especially in dealing with postwar public health problems.
As the number of women with wartime hospital experience diminished, it would be necessary to revamp the training of health visitors, and Crowell took advantage of this need. She proposed combining the training of nurses and health visitors in a two-year program. The first year would focus on training in bedside care and the second year on either more specialized hospital work or health visiting, depending on the direction the student wished to pursue after graduation. The respect accorded health visitors could have a potential impact on the status of the nurse. Crowell anticipated that physicians and administrators would recognize the improvement in care rendered by a person trained under the supervision of a professional nurse and would begin to demand such quality service throughout the hospitals. She cited the nursing programs associated with the Faculty of Medicine at Strasbourg and Hamilton’s hospital in Bordeaux as prototypes.

Crowell pointed out that “at Strasbourg the diploma is to be given by the Faculty of Medicine, thus giving a university status to the diploma and thereby placing the educational requirements for admission upon a fairly high level.”

Contrary to her American critics, Crowell was diplomatically trying to effect an improvement in nursing standards without offending her host country. She expressed fear that hospital administrators might resist innovation because it might stir up discontent among present personnel and might entail new financial burdens. There was also the possibility that resistance might be a subtle disguise for French resentment of a nursing school model coming out of Alsace with its heavy German influence. Although France was elated over the reacquisition of Alsace-Lorraine, the province had been under German rule since 1873 and had undergone many cultural changes.

Crowell’s rationale for a combined training program becomes clearer in a
communication from Linsly Williams to George Vincent, President of the Rockefeller Foundation. Williams argued that in the early phase of public health work, both nurses (without public health training) and social workers whom he had observed in London and New York, were visiting clients with the result that there was much duplication of effort. He wrote:

Miss Crowell has endeavored with success to create training courses in France which will give to the public health visitor a training which obviates the necessity of having social workers and visiting nurses at the same time. I therefore feel very strongly that, when it is possible in newer countries where this duplication of effort has not crept up, that such duplication should be prevented by following this hybrid type of social public health visitor, and I imagine that it can be done in many countries.\textsuperscript{26}

American nurses and social workers acknowledged that an overlapping of responsibilities existed. In 1917, Mary S. Gardner had written in \textit{The Public Health Nurse Quarterly} “that between these two functions lies a no man’s land of duty into which each may venture with impunity, but where most of the difficulty and friction is to be found.”\textsuperscript{27} Gardner argued for clarification of duties because it was evident that some tasks fell within the domain of a nurse, others of a social worker. However, this proposed combined training program for nurses and health visitors elicited harsh negative criticism from some of Crowell’s American colleagues. Understandably, Crowell appreciated the nature of the “hybrid type of social public health visitor” because she was both a nurse and a social worker herself and most probably had observed duplication of effort during her years of public health experience in New York. Furthermore, she was confident that this hybrid concept could initiate nursing reform in France, and perhaps other countries as well. Annie Goodrich, the Dean of the nursing school at Yale, was to become one of the staunchest opponents of the program.\textsuperscript{28}
A significant weakness of the health visitors program was the lack of access to facilities of a large city hospital where students could obtain broad clinical experience. In Paris, L’École de la Salpêtrière, the official nursing school for the municipal hospitals of Paris, was a “closed corporation” according to Crowell because “the nursing personnel of the Assistance Publique (the administrative agency for Paris municipal hospitals) is syndicated, and they would never admit an outside nurse to regular work within the wards of the Paris hospitals.” Salpêtrière’s nursing school faculty would never agree to an arrangement whereby instructors from a private school, could have access to the hospital’s wards, so that their students could actually work with patients. Crowell’s innovative strategy proposed sending several nurses from the Salpêtrière staff to study in England for a year in order to become qualified instructors. Upon their return to Salpêtrière, they could instruct students from École de Comité National, the private school selected for the pilot project. In order not to rankle the syndicated staff of the municipal hospital, Crowell further proposed that the Foundation subsidize the École de Comité National who would pay the salaries of these Salpêtrière instructors. George Vincent and the Board of Trustees of the Foundation enthusiastically endorsed Crowell’s plan, which received comparable approval from the administration of Salpêtrière. Dr. Genevrier, the educational director, requested funding from the Foundation for a demonstration room (nursing practice laboratory) at Salpêtrière and either an American or British trained nurse who could teach their students until one of their own staff was trained as an instructor. This was a major accomplishment because no outsider had previously been engaged to teach French nurses in the a municipal hospital.

Another important development was a decree signed by President A. Millerand
which established official standards for the training and examination of nurses and other health care workers. Crowell played a significant role in the accomplishment of this legislation. Early in 1921, she prepared a critique of nursing conditions in France at the request of the Bureau of Hygiène. The Bureau then submitted a second request “that Miss Crowell make a . . . study here in order that the material might be used in formulating the necessary legislation.” Linsly Williams strongly endorsed the objectives of the study because of the critical shortage of well-prepared nurses to staff the tuberculosis dispensaries. Crowell’s in-depth study and recommendations for national standards for nursing schools were a strong influence in securing the decree. Ironically, the Advisory Board membership would include representatives from councils of Public Assistance, Public Hygiene, and the Medical Department of the Army, but no nurses. The only specific reference to a nurse was in the requirement that a nurse must be included on the jury that examined nursing candidates for the diploma, a jury that included physicians, surgeons, and apothecaries from the medical schools and the private sector. Regardless of the bias of the decree, it represented a long overdue recognition of the role of the professionally trained nurse in French society.31

Another notable change in the French attitude about nursing occurred in the religious nursing orders. A few months after President Millerand issued the nursing decree, Crowell informed Embree that “the importance of providing some advanced training for nuns is becoming increasingly evident as my study of European conditions proceeds.” The inclusion of nuns in the training programs in Nancy and Lyons plus the interest of the Soeurs de la Sagesse in Brittany in establishing a nursing school for their order convinced Crowell that the nuns’ traditional opposition to modern medicine was
Although Crowell and her Foundation colleagues focused primarily on the nursing situation in Europe, they obviously monitored the political developments very carefully. While she was in Vienna early in 1923, Crowell wrote Embree that Dr. Gunn has just returned from Berlin and advised her not to go into Germany.

There is no question of personal safety—only in their present super-irrational state of mind I don’t believe they would take kindly to my impertinent prying into details. Things ought to be better—or worse—in another month. If I cannot go to Germany then, I’ll go down to Yugoslavia and Bulgaria—unless Turkey boils over.

In July, Embree went on a fact finding trip to Europe to assess the public health situation and to confer with Crowell and other staff personnel in order to determine the future role of the Foundation in nurse training programs in Europe. In addition to visiting western European countries, Embree, Crowell, and Dr. Eversole, from the International Health Board, spent five weeks in East Central Europe and the Balkans. Embree expressed grave concern about conditions in Germany which he feared could potentially destroy the political and economic progress that had occurred in Central Europe since 1920. Furthermore, he predicted that a Bolshevik revolution was highly possible. The work of the Foundation in Europe, Embree cautioned, was further complicated by religious and economic conditions so they must be “wise as serpents and harmless as doves.”

In his report to George Vincent, Embree recommended continuation of the program that trained hospital nurses and public health visitors, and he supported the inclusion of nuns in these programs since they provided a large part of the health care in Europe. He pointed out that physicians who trained in England, Germany, or the United States had
observed quality nursing care and appreciated its value. Consequently, he recommended that nursing schools be associated with teaching hospitals and medical school clinics so that the next generation of physicians would have early exposure to well-trained nurses. However, Embree cautioned against designing programs that were beyond the financial ability of countries to ultimately sustain themselves and he cited two areas of concern. First, because of the traditional prejudice about nurses, it was difficult to recruit qualified persons. Second, the League of Red Cross Societies was interested in assuming administrative responsibility for all organizations involved in nursing education endeavors in Europe. Since the American Red Cross did not support the League position, and the health ministries in most countries directed nursing education, he cautiously rejected the notion.36

Embree’s handwritten note to Vincent from London is more revealing than his official report because it intimates that evaluating Elisabeth Crowell was one of the specific objectives of his trip. He wrote:

I wish to take this opportunity while I am out of Paris to record my appreciation of Miss Crowell’s work in Europe. I have been watchful of her actions and attitudes. I was prepared to find something to criticize in them since much antagonism to her program has been expressed by nursing figures in America. After being in the midst of her work for three months; after going about much with her and seeing the methods and the results of her work; after talking with Dr. Gunn, Dr. Eversole, and many French physicians and health workers, the inevitable conclusion is that Miss Crowell has accomplished a difficult program in France remarkably well. Certainly her study of nursing education in other countries has been clear and informing. She is keen and intelligent in her analyses of situations, sympathetic in her appreciation of individuals and institutions, and effective in her work. We have in her a leader in whom we may place great confidence.37

The intensity of the conflict between Crowell and her American colleagues becomes apparent in a long letter that Gladys Adams, Crowell’s assistant in Paris, wrote to Annie
Goodrich in defense of Crowell in October 1923. The communication included statistical graphs on the rate of tuberculosis and the birth rate in France and an impassioned description of the serious public health problems related to tuberculosis and infant and child care. Adams stressed that the ideal American version of the nursing school was non-existent in France with the exception of Dr. Hamilton’s small facility in Bordeaux, a school which could not meet the tremendous need for trained nurses. She pointed out that 20,000 syndicalized personnel now staffed the municipal hospitals of Paris, a problem which required some skillful maneuvering by Crowell in order to procure clinical experience for pupils from outside nursing schools. The training of health visitors in 1917 had been an absolute necessity and a wise decision. There is a subtle accusation in Adams’ letter that Goodrich does not truly understand the situation in Europe, for she wrote:

One must understand that the French are nationalists, because of their geographic situation, their lack of intermingling of races, with the result that their appreciation of what they have accomplished is enormous, and to introduce to them anything new, without proving the necessity, the feasibility and the advisability of adopting it, is practically impossible. Can you see it as [a] problem, not of nursing procedures or organization, but much deeper than that, a matter of national psychology? It is a slow process of changing the mind of the people.38

Adams contended that the two-year program of study being implemented for hospital nurses and health visitors in France was comparable to the length and course content recommended in the Goldmark Report. She also questioned the wisdom of the American movement to separate the nursing school from hospital administration, as discussed by Adelaide Nutting [1858-1948], Professor of Nurses’ Education at Columbia Teachers College. Nutting argued that under the apprenticeship system, nursing students were providing service to hospitals to the detriment of their education, and she strongly
endorsed the recommendations of the Goldmark report that nursing schools be administered independently of hospitals. Adams countered that in such an arrangement the tendency was to stress theory, the practical experience was limited, and the sense of responsibility to the patients was missing.39

In December 1923, the Board of Trustees of the Foundation recognized the need for nurse training programs in Europe in the aftermath of the war and thus authorized expenditures of $95,000 for 1924 to fund the project. Elisabeth Crowell was appointed a regular member of the Foundation’s field staff at an annual salary of $6,000. Trustees’ confidence in the program remained steadfast and they regularly approved annual appropriations.40

Annie W. Goodrich and Lillian S. Clayton, Director of the nursing school at Philadelphia General Hospital, did not share the confidence expressed by the Board of Trustees of the Rockefeller Foundation.41 In the summer of 1925, at the invitation of Embree, Goodrich and Clayton went to Europe to inspect the work conducted by Crowell and her staff. In their report, Goodrich and Clayton were very commendatory about the progress accomplished thus far, appreciative of the difficult conditions that Crowell and her colleagues encountered in various countries, and understanding of the lack of trained leaders and a “tradition on which to build.” However, they argued that it was time to raise the entrance qualifications of students and the curriculum content of nursing education in Europe. According to Embree, Goodrich and Clayton “believed that a greater number of women of good schooling were available than most people realized. . . [and that] it would be easier to obtain pupils from schools of high standards than for those less exacting.”42 Furthermore, they suggested that European countries would probably establish
“moderately good schools” on their own without outside help. One must be cautious about Goodrich’s comments since she was a beneficiary of Foundation generosity that had underwritten the nursing program at Yale for a five-year period. Goodrich and Crowell were essentially competing for affirmation of their respective ideas on nursing education through financial support from a major philanthropic institution. Embree, formerly one of Crowell’s most ardent supporters, suddenly changed his position and declared that the Foundation had an obligation to set standards above expectations. He suggested that Crowell and her staff were unduly influenced by Europe’s economic and educational depravities, and he maintained that entrance requirements into nursing programs should be more exacting. Embree argued that in “Czechoslovakia where educational standards are high, I think we can properly insist upon preliminary educational requirements, at least of the full high school course.” It was more important to set ideal standards rather than turn out large numbers of nurses, and that emphasis should be placed on schools that were the potential source of the country’s future nurse educators and leaders. His reasoning reflects a significant lack of understanding about the differences in educational levels between the people of Bohemia and those in Slovakia.43 It is interesting to note that in this debate, neither Goodrich nor Embree defined their concept of “ideal standards.”

E. Kathleen Russell, Director of Public Health Nursing at the University of Toronto, and Jean I. Gunn of Toronto General Hospital also toured Europe as guests of the Rockefeller Foundation during the summer of 1925. Their perceptions differed markedly from those of Goodrich and Clayton. Gunn remarked that their survey of facilities in nineteen cities in ten countries could only be superficial at best.44
According to George Vincent’s notes, Kathleen Russell cautioned against an “attitude of superiority or patronage on the part of Americans and Canadians. . . that they have a good deal to learn from almost every country in Europe and that there is real danger to be feared from an attitude of even unconscious superiority and condescending benevolence there.” Both women applauded the work of Crowell and her associates and emphasized that neither Crowell or her assistant attempted to influence their observations. Russell maintained that “to raise the standards any further would virtually bring the work to an end -- it would seem to be quixotic to set up in a given country, standards which would be academic and impractical.”

Jean Gunn recognized the impressive degree of progress in French programs since the war, and like Crowell, regretted the lack of clinical experience available to students. After visiting East Central Europe and the Balkans, Gunn acknowledged that the vast differences among these countries would preclude setting any universal standards regarding nursing education. Both concurred that nursing innovation had to be introduced by nurses within a country and that it was a mistake to impose foreign concepts of nursing on emerging nations. Russell stressed that nursing may not develop uniformly in all countries, and that there would be variations as the profession developed.

The Goldmark Report undoubtedly elicited some intellectual soul searching by the Foundation regarding its work in Europe and, as a result, Embree dispatched the Goodrich and Russell delegations to personally evaluate the situation. Crowell, the seasoned diplomat, must have anticipated Goodrich’s report to Vincent and preempted it with a memo of her own about the ramifications of raising standards. She questioned whether American, English, or Continental standards were to be the benchmark. Also,
she advised that one must consider the variations in education between countries and regions, for example, between the Balkans and France or England. Furthermore, “existing traditions and prejudices, political considerations” hamper the development of nursing education in some countries which “cannot appreciate or assimilate” newly trained leaders returning from abroad with fresh ideas. Before restricting its aid to only one school in a country, she urged the Foundation to consider that “differences in language, customs, standards of living between people tend to keep them from mixing with each other,” and therefore only one section of a country would be served if there were only one model school.  

Crowell’s arguments were strong enough to gain further endorsement of her program by the Board of Trustees at the November 1925 meeting, but George Vincent cautioned her: “I hope that in working out provisional projects in the future you will find it possible to keep them appreciably above the minimum standard that was . . . in some quarters somewhat reluctantly approved.”

In the furor over standards, the establishment of the Central Bureau of Nursing, a significant achievement in the endeavor to modernize nursing education in France, received little attention. This accomplishment was the result of discussions involving Crowell; Selskar Gunn, Director of the International Health Board; officers of the French Office of National Hygiene, and Mlle Delagrange, who had directed nursing service in the devastated areas of France. Delagrange directed the Bureau responsible for implementing the 1922 legislation which set nursing school standards and created the state diploma for nurses and health visitors. Gunn recommended that the International Health Board fund the Bureau with the amount of 350,000 francs over a five-year period.
The philosophy of the Foundation had always been to assist Europeans establish their own system of nursing education by providing fellowships for nursing leaders to study abroad and funding scholarships for pupils training in domestic health facilities; to subsidize the salaries of instructors and supervisory personnel overseeing field work; and to act as advisors. It was expected that the host countries would gradually assume total responsibility for these educational programs. However, Crowell often reminded her superiors that the ideal was not easily attainable. For example, she noted in a 1926 memo that it was difficult to find French women who would accept fellowships abroad.

This is due chiefly to that characteristic of French mentality which apparently makes it so much more difficult for these people to expatriate themselves, even for a short period . . . because of the closeness of family relations which makes it exceedingly difficult for a French girl to leave her home.  

Although the debate over nursing standards in Europe abated, a tense undercurrent of animosity persisted between Crowell and her American nursing colleagues. During a sojourn in Dresden, where she had gone to sharpen her German linguistic skills, Crowell wrote a long friendly letter to George Vincent and summarized her recent activities. She concluded her letter with the sarcastically bitter message:

Please tell my esteemed contemporaries that they are a lot of pills! -- I sent them a merkwürdig letter and diary and told them they could have more if they wanted it. -- and they haven’t even acknowledged it -- Of course, they may have been struck dumb with envy -- or it might have been intranslatable [sic] --- F.E.C.  

Crowell again demonstrated her predisposition to examine an issue from a social and cultural perspective when she discussed a replacement for Gladys Adams, her assistant, who resigned in January 1927. A prospective applicant should have:

a liking for new experiences strong enough to outweigh the absence of friends and discomforts of a strange environment; a cultural background
that can be sensed and that will facilitate the contact with foreign peoples and institutions and the acquiring of foreign languages; work experience with public officials, state or municipal.\textsuperscript{53}

She stressed that such a candidate would more likely be found in the mid-West, where people have a more “liberal and independent attitude of mind and a less didactic attitude towards the world at large than one finds in the East.”\textsuperscript{54} Crowell vetoed Embree’s recommendation to replace Adams with a Polish nurse because Poland desperately needed their trained personnel. Furthermore, she warned Embree that Europeans would not necessarily accept a person from another European country. Instead, she recommended Hazel Goff (1892-1973), an American nurse who was directing the Red Cross training program in Sophia, was well respected in Bulgaria, and spoke Bulgarian.\textsuperscript{50}

From Crowell’s standpoint, it was imperative to establish good working relations with Europeans as a prelude to guiding their modernization of nursing process. Good working relations meant speaking their language, being sensitive to their cultural traditions, and accepting the reality that implementing nursing education programs meant dealing with public officials.

Crowell’s persistence that the work of the Foundation must be sensitive to the cultural and social conditions of the host countries began to wear thin with some of the Foundation superiors. In a policy conference with Crowell in Paris in July 1927, George Vincent suggested that perhaps there should only be one “demonstration,” or model program, in a country at one time. Crowell countered that one must consider the cultural, political, economic, and traditional differences in each country.\textsuperscript{56} Richard Pearce responded in a subsequent memo that “Minorities is not our problem. A demonstration from which all of the country may benefit is the most we can do. . . . The triple program
of Jugoslavia is to my mind indefensible. . . . It is not our task to take care of the needs of a country; but merely to show by demonstration at one place how they may be cared for”.  

Vincent also proposed that nurses receiving fellowships should preferably be assigned to training facilities in Europe and sent to the United States as a final resort. Crowell argued that the postgraduate training available in Europe was limited and inferior to that available in the United States. Language was a further problem, because frequently the nurse and the patients she encountered in her field work could not communicate. She implied that this was would be less of a problem for fellows going to the United States, as more Europeans were studying and speaking English. In addition, European health officers returning from American fellowships wanted nurses exposed to the same type of public health training they had experienced. 

Pearce responded that she should still exhaust all the possibilities in Europe, even Denmark and Holland. The availability of Foundation funds was a factor in this Crowell-Strode conflict.

Crowell remained firm. She continued to emphasize that her efforts to guide nursing education reform in Europe must weigh the prevailing social and cultural conditions, and she provided strong supporting data. Crowell’s 1929 diary entries note the intention of the School for Health Visitors at Nancy to find some Italian and Polish applicants because of the large number of Italians and Poles who worked in the steel mills in that area, and who did not speak French. Communication with patients at the Nancy health center serving the immigrant workers was a problem, a problem Crowell understood very well because of its “similarity with the racial problem met in New York and in other countries where there is a large agglomeration of foreigners.” Concern over communication was so serious that the Directors of the Société des Forges, a group of
steel industrialists, requested a meeting with Professor Parisot of the nursing school to discuss the establishment of additional health centers and to consider a Société offer to provide scholarships to train health workers. It was considered “easier . . . for a Pole to learn French than for a French woman to learn Polish.”

In her 1930 review of the work of the Foundation, Crowell noted that by 1927, the French were assuming more responsibility for nursing education, therefore, the Foundation concentrated its nursing education efforts on Lyon where they were assisting in the French development of a major medical education program. Steps toward professionalizing nursing in France since the end of the war had included legislation that set nursing standards and the establishment of a Central Bureau of Nursing. However, she noted that the preparation of public health nurses was not keeping pace with the demand, and that French health authorities were considering reinstating six-months emergency courses in order to meet the personnel needs of the dispensaries. Mlle. Moulin, President of the Visiting Nurse Association of Paris, was quite alarmed by this possibility and asked Crowell to intercede with the Central Bureau of Nursing to prevent the lowering of educational standards for the visiteuse d’hygiène. The Foundation was equally concerned about this precarious situation. Dr. George Strode, the Rockefeller Foundation representative in Europe, urged the Foundation to continue its financial support of the Central Bureau of Nursing through 1930.

Crowell, a pivotal figure in the development of professional nursing in France and other parts of Europe after the First World War, struggled to reconcile new and old concepts regarding health care. The public health nurse was a necessity in an era when society, preoccupied with the prevention of illness, established dispensaries to care for
tubercular patients, pregnant women, and children. However, training nurses to staff
these new facilities was another matter because most hospitals opposed imported ideas on
modern nursing. Foreign nursing personnel were accepted during the war, but following
the emergency, “the like of her or her ways had no place in the existing order of things
which was entrenched and consecrated by generations -- frequently by centuries of
tradition.” Crowell had to negotiate skillfully among all the factions involved -- the
French government health officials, nursing personnel of various backgrounds, hospital
administrators, and the Rockefeller Foundation lay and medical officials. It was a
delicate diplomatic balancing act, one that she had to repeat in each country where she
consulted. Her discussions in Czechoslovakia were even more complex than those in
France because nursing was even less developed than in France and because she had to
work through government officials, and Alice Masaryk, the president of the Czech Red
Cross.
1. Herman M. Biggs, “Tuberculosis in France,” The Survey 38 (5 May 1917): 112-114; Bernard Langdon Wyatt, Review of the Work of the Medical Bureau of the Commission for the Prevention of Tuberculosis in France (Paris: Rockefeller Foundation, 1921), 1-6 ff. Farrand was president of the University of Colorado and president of the National Association for the Prevention of Tuberculosis at the time of his appointment. Farrand resigned from the Commission in 1919 and was replaced by Linsly Williams.


3. Matthew Ramsey, “Public Health in France,” The History of Public Health and the Modern State, ed. Dorothy Porter (Amsterdam and Atlanta, GA: Editions Rodopi B.V., 1994): 45, 72, 82-84. Although there had been health agencies under the French Department of Interior since the 1880s, there was no autonomous ministry, and there was continued, conservative opposition to any form of a national health code. Despite new microbiological insights that communicable disease could be controlled, many physicians strongly opposed government regulations such as the mandatory reporting of communicable diseases and immunization. They argued that such laws violated the confidential physician-patient relationship. Ramsey writes that the high incidence of tuberculosis among the military during the First World War and the
influence of the RF Commission paved the way to a public health program at the national level, rather than at the local and departmental level. The Ministry of Hygiene, Public Assistance, and National Insurance was established in 1920 and the National Social Hygiene Office in 1924.

4. Between 1908-13, France had a birth rate of 19.5 per 1,000, whereas England had 24.9, and Germany 29.5. Before the war, 34.9 percent of the French population and 43.7 percent of the German population were between birth and twenty years of age. France also had one of the highest aged populations in Europe. Colin Dyer, Population and Society in Twentieth Century France (New York: Holmes & Meier, 1978), 5, 6, 23, 40. The ramifications of the population situation had a serious impact on the military forces. France had not expected a long war, and its medical resources were overwhelmed by the number of wounded, the lack of facilities to treat them, and the lack of professionally trained nurses. The need for surgeons and hospitals is graphically recounted in the memoirs of Flora Murray, a British female surgeon who offered her services to the French Red Cross. She and other women physicians provided the funds to establish a hospital for the military wounded in Paris and effectively provided much needed surgical care. Before the end of the war, the women returned to England to establish a hospital at the request of the English government who had initially rebuffed their offer to serve the British military. Flora Murray. Women as Army Surgeons: Being the History of the Women’s Hospital Corps in Paris, Wimereux and Endell Street, September 1914-October 1918 (London: Hodder and Stoughton, 1920.)

5. Edmée Charrier, L’Évolution intellectuelle féminine (Paris: Éditions Albert Mechelinck, 1934), 570ff. During the 1930s, there were many studies and literary works about the unsettling changes in the role of women in France related to the declining male population and the impact of the First World War. Charrier’s study focuses on women in the professions -- law, medicine, and dentistry. In a series of articles in Revue des deux mondes between 1928 and 1931, Colette Yver examines women in engineering, pharmacy, journalism, and aviation. Many feared the negative impact that women’s careers would have on the birth rate, even though most women tended to marry, and usually someone their intellectual equal. Old adages surfaced frequently. “The woman, the dog and the hearth must never leave the house.” “The woman must only leave the home three times in her life, for her baptism, for her marriage and for her funeral.” Charrier, L’Evolution, 522.

6. Leon LeFort, “Les Écoles d’infirmières annexées aux hôpitaux civils de Paris,” Nursing of the Sick 1893, 73-78. LeFort reports that many nursing candidates were illiterate. In one year at Bicêtre Hospital, fifteen male nurses were dismissed for drunkenness, fifty-four for desertion, and two for immoral acts. Véronique Leroux-Hugon, “Emergence la profession,” Cornettes et blouse blanches: les infirmières dans la société française, 1880-1980, ed., Yvonne Knibiehler (Paris: Hachette Littérature, 1984), 41-46. Nuns were accustomed to taking orders from their ecclesiastical superiors and were disinclined to submit to the physicians of the new anti-clerical order of the Third Republic.
7. LeFort, “Les Écoles,” 73-78; Leroux-Hugon, “Emergence la profession,” 51-61. The various French Red Cross Societies (La Société de secours aux blessés, l’Association des dames de France, and the l’Union des dames de France) followed the conventions of the International Red Cross and as part of France’s military health services came directly under military command. They were highly commended for service in hospitals at the front, in the Orient and Africa, and at home. Many were oblivious to danger and as a result, some became prisoners of war, a few were killed. However, Leroux-Hugon points out that not all the women serving as nurses were capable and patriotically motivated. Surgeons justifiably complained about their lack of technical skill in some instances. Leroux-Hugon, 96-100.


9. Crowell, “Memorandum of Training Schools For Public Health Visitors in France,” 1920, 1-12 and “Critical Review of the Training Centers For Public Health Visitors,” 14 August 1920, 1-6, RAC RF 1.1-500-10-108. There are three separate reports in this Memorandum, and each begins with new pagination. The third section was a joint report of a visit by Crowell and Dr. Linsly R. Williams, Farrand’s replacement on the Tuberculosis Commission, to Maison de Santé in Bordeaux. It is assumed that the entire memorandum was a cooperative report. See also F. E. Crowell to George E. Vincent, 4 March 1926, RAC RF 1.1-500-9-97. The memorandum includes a review of the objectives and implementation of the work of the Bureau for Public Health Visiting of the Commission. In 1922, the French government recognized Crowell’s work with the Commission and President Millerand awarded her the Legion of Honor. The New York Times, 8 July 1922.

10. Linsly R. Williams to Edwin R. Embree, 8 August 1919, RAC RF 1.1-500-9-97; and Edwin R. Embree to Linsly R. Williams, 23 September 1919, RAC RF 1.1-500-9-97. It is not clear when Crowell became an Associate Director. It is not until August 1919 that her name appears as an associate director on the Foundation stationery.

11. Linsly L. Williams to Edwin R. Embree, 13 October 1919, RAC RF 1.1-500-9-97. The problem of nursing education was obviously a major domestic concern for the RF because in 1919 it appointed a committee to study public health nursing in the United States, and in 1920 broadened the study to include the entire field of nursing education. Its findings, known as the Goldmark Report, were published in Nursing and Nursing Education in the United States (New York: The Macmillan Company, 1923). Williams does not explain why he recommends expanding the study beyond France. However, in view of the Rockefeller involvement in relief work in Europe throughout the war years, there is no doubt that the medical officers were cognizant of the public health medical and nursing deficiencies. The War Relief Commission of the RF went into Serbia in 1915 to investigate conditions among the civilians and discovered the appalling dimensions of the typhus epidemic. Ernest P. Bicknell, “Doctors Courageous: Serbia, the Battleground Not Only of the Balkan Armies But of Physicians and Nurses.” Survey 37 (7 October 1917) : 6-14.

13. George E. Vincent to F. E. Crowell, 4 August 1922; Crowell to Vincent, 18 August 1922; Vincent to Crowell, 9 September 1922, RAC RF 1.1-700-19-137.

14. Linsly R. Williams to George E. Vincent, 10 March 1921; and F. Elisabeth Crowell to Edwin R. Embree, 13 April 1921, RAC RF 1.1-500-9-97.


17. Ibid., 1-5, 18-30.

18. Leroux-Hugon, “Emergence la profession,” 46, 51-54. A French duke organized the first Red Cross Society, la Société de secours aux blessés [society for aid for the wounded military], an elitist organization dedicated to doing good works. Its membership was inclusive of the upper class, so, in 1879, a physician founded a second society, l’Association des dames de France [association of women of France]. This society focused on members, not necessarily upper class, who were patriotic and primarily interested in caring for the sick. Internal differences, which Leroux-Hugon does not explain, caused conflict among this group, so a dissenting faction established l’Union des dames de France [union of women of France].


22. Ibid., 9-11.

23. Ibid. 12. The nursing program associated with the Medical Faculty at Strasbourg did not confer a university degree, but it did confer prestige because of the quality of teaching and experience in a medical school environment.
24.Ibid., 16, and Appendix “A,” RAC RF 1.1-500-9, 100.

25.Staff physicians of the Foundation noted that the French regarded the medical school at Strasbourg as a “foreign institution” because it was modeled on the German concept of full-time faculty. Raymond B. Fosdick, The Story of the Rockefeller Foundation (New York: Harpers & Brothers, Publishers, 1952 ), 111-112.

26.Williams to Vincent, 18 August 1921, RAC RF 1.1-500-9, 97.


28.Esther A. Werminghaus, Annie W. Goodrich: Her Journey to Yale (New York: The Macmillan Company, 1950), 80-81. The only specific criticisms that Goodrich expressed about the Rockefeller Foundation nursing programs in Europe are in her personal correspondence in the Yale Archives. However, there are numerous articles in the nursing literature which express Goodrich’s strong arguments for nursing programs in a university setting.

29.Crowell to Embree, 12 April 1922, RAC RF 1.1-500-9-97. The municipal hospitals of Paris were administered under a city government agency, Administration centrale de l’assistance publique. Civilian, municipal hospital employees, including nurses, were members of a syndicat [union]. The unionized nursing instructors at Salpêtrière were opposed to allowing non-union, private nursing school personnel to use the hospital facilities for student teaching.

30.Vincent to Crowell, 31 May 1922; Minutes of the RF, 6 June 1922; Crowell to Vincent, 17 June 1922, RAC RF 1.1-500-101-10, 103. L’École de Comité National was established as “École des Infirmières Visiteuses” by Marquise de Ganay in 1913. Its name changed in 1919 when the Comité National assumed control of the facility. Crowell served on the sub-committee which directed its operation. Crowell, “Memorandum on Training Schools,” 14 August 1920, RAC RF 1.1-500-10-108, 7.


32.Crowell to Embree, 29 December 1922, and Crowell to Vincent, 1 August 1922, RAC RF 1.1-500-9-97.

34. Edwin R. Embree Papers, “Family Journal -1923, No. 2,” Vienna, 12 August 1923. MF, HM 167, Reel No.4, Manuscripts and Archives, Yale University Library, New Haven, CT.

35. Embree to Vincent, 12 August 1923, RAC RF 1.1-700-19-137.


37. Embree to Vincent, 19 September 1923, RAC RF 1.1-700-19-137.

38. Gladys A. Adams to Annie Goodrich, 5 October 1923, Goodrich Papers, Box 254, Folder 108. Obviously, this was not a private personal letter to Annie Goodrich, for a copy is in the Rockefeller holdings. RAC RF 1.1-500-9-97. Crowell and Adams most likely discussed the necessity of a response to the American critics, may have drafted the letter together, and hoped Goodrich would respond more favorably to a defense from Adams, since Adams and Goodrich had been colleagues at the Henry Street Settlement.

39. Adams to Goodrich, 5 October 1923. The Goldmark Report, published in 1923, was the culmination of a study on public health nursing initiated by the RF in 1918. It was broadened to include a general survey of nursing education in order to make recommendations for future programs. Participants in the study included distinguished leaders in the field of nursing, public health and medicine. Josephine Goldmark, an accomplished researcher on social issues, directed the study and wrote the report. Josephine Goldmark, Nursing and Nursing Education in the United States (New York: The Macmillan Company, 1923). Adelaide M. Nutting, “How Can We Care For Our Patients and Educate the Nurse?” The Modern Hospital 21 (September 1923) : 305-310. After reviewing the preliminary report on the study, Crowell wrote the Assistant Secretary of the Foundation that she was “a bit fearful of the effect this report might produce; it might be more confusing and upsetting than helpful” because conditions in Europe were so different from those in America. Crowell to Norma F. Stoughton, 4 August 1922, RAC RF 1.1-700-19-137. Not all American health workers opposed Crowell’s work with health visitors, however. In a letter to Embree, Crowell indicated she had sent information about the health visitors program to a Cleveland health committee who had requested it. Crowell to Embree, 18 March 1922, RAC RF 1.1-700-19-137. She also had similar requests for information from the Wisconsin Antituberculosis Association. Crowell to Embree, 12 April 1927, RAC RF 1.1-500-9-97.

40. “Minutes,” 5 December 1923, RAC RF 1.1-700-19-137; Embree to Crowell, 6 December 1923, RAC RF 1.1-500-9-97. Embree informed Crowell that she had been “appointed a regular member of the field staff,” and would be responsible for “Nursing Education in Europe - Administration During 1924.” This division was comparable to the International Health Board, and the Division of Medical Education and was directly responsible to Embree as Secretary of the Foundation; In November 1924, the Board of Trustees approved $50,000 for 1925. “Minutes,” 7 November 1924, RAC RF 1.1-700-
It is important to note that the school of nursing at Yale which opened in 1923 was funded with a five year grant by the RF. The program focused on a broad theoretical training and the elimination of apprenticeship training which exploited students through the required performance of service considered economically beneficial to hospitals, but educationally disadvantageous to students. “A School of Nursing at Yale,” and “Miss Goodrich Goes to Yale,” AJN 23 (June 1923): 736-38, 762-63. In 1929, the Foundation continued its support with a million dollar endowment. Many of the applicants had had two years of college education and some already had bachelor’s degrees. Annie W. Goodrich, “Yale School Endowed,” AJN 29 (February 1929): 195-96.

“Comments by Miss Goodrich and Miss Clayton on Nursing Education in Europe,” Embree to Crowell, 26 August 1925, RAC RF 1.1-700-19-139. Crowell sensed Goodrich’s disapproval and wrote Embree that she was “conscious of a certain mental resistance, a definite unwillingness to accept our interpretation of the countries they were visiting and the things they were seeing.” Crowell to Embree, 18 August 1925, RAC RF 1.1-700-19-139.

Ibid., and “General Policy in Nursing Education.” Embree to Crowell, 26 August 1925, RAC RF 1.1-700-19-139.

Jean I. Gunn to Vincent, 26 September 1925, RAC RF 1.1-700-19-139.


Ibid.

Russell to Embree 23 September 1925; and Gunn to Vincent, 26 September 1925, RAC RF 1.1-700-19-139.

Crowell to Vincent, 15 September 1925, RAC RF 1.1-700-19-139.

Vincent to Crowell, 10 November 1925, RAC RF 1.1-700-19-139. Professor John Farley states that Crowell “was being made to stand alone on the firing line” when she attended the annual Board of Trustees meeting. Edwin Embree was absent because he “had made other travel plans.” John Farley, “To Degree or Not to Degree: The International Health Division and the Toronto School of Nursing,” in Critical Issues in American Nursing in the Twentieth Century: Perspectives and Case Studies. Ed. Darwin H. Stapleton and Cathryne A. Welch (Guilderland, NY: Foundation of the New York State Nurses Association Inc., 1994, 91-105), 98.

Embree had left in August for an extended professional visit to the Far East. However, it is safe to assume Embree had no qualms about Crowell’s ability to defend her position. She was accustomed to conferring with officials of the French government as well as those of other European countries.
since nursing education most often came under the direction of health ministries. Embree had had ample opportunity to observe her diplomatic skills when she accompanied him on his fact finding trip to Europe in 1923.


52. Crowell to Vincent, 15 August 1926, RAC RF 1.1-700-20-140. Crowell felt her German language skills were sufficient to get along in the Balkans, but quite inadequate for communicating in the Central European countries where German was the predominant language. The implication is that many of the medical and government officials with whom she would consult had been educated in German, and that this would be the preferred language for discussions. Crowell to Embree, 16 July 1926, RAC RF 1.1-700-20-140. Foundation officers were well-aware of the conflict between Crowell and her American colleagues. After a visit by Crowell to the New York office of the Foundation in 1922, Embree wrote her in Paris, “after the reverberations and repercussions occasioned by your dynamic presence in America, life has begun to settle down into a less exciting routine. I have had one or two agitated telephone calls and some delightfully perturbed and naive letters from some of your friends and some of your acquaintances.” Embree to Crowell, 21 February 1922, RAC RF 1.1-700-19-137.


54. Ibid.

55. Crowell to Dr. Richard M. Pearce, 13 April 1927, RAC RF 1.1-700-20-141. In 1927, there were some organizational changes in the RF. Dr. Richard M. Pearce was appointed Director of Division of Medical Education; Crowell was appointed Acting Assistant Director, Division of Medical Education.; Dr. Frederick F. Russell was appointed Director of the International Health Division; and Dr. Selskar Gunn, Vice-president of the European office. Norma Thompson to Crowell, 25 February 1927, RAC RF 1.1-700-20-141. Edwin Embree resigned from the Foundation in 1927 and was replaced by Norma Thompson. Henceforth, Crowell reported to Pearce.


57. Pearce Memo, 13 September 1927, RAC RF 1.1-703-20-141.


59. Pearce Memo, 13 September 1927.
60. Elisabeth Crowell, “Officer’s Diaries,” 1929, 31 October and 4 November 1929, RAC RF, RG 12.


62. Strode to F. F. Russell, 9 August 1929, RAC RF 1.1-500-9-99. Reducing the training period of the health visitor would been tantamount to returning to the standards of 1917 when the RF staff arrived in France. The tuberculosis problems were so critical at that time that it was imperative to retain the six-months training program. However, when the supply of women with wartime hospital experience diminished, the program was increased to one year and ultimately two years.

In February 1922, Embree wrote Crowell that Gunn was eager for her to begin her assessment of the nursing situation in Czechoslovakia. Gunn told Embree:

I am certainly glad to hear that Miss Crowell is about to undertake a study of conditions in nurse training. The opportunity to do good in this direction is a very great one. There is much activity going on in Czechoslovakia at the present time in this direction and it might be advisable for Miss Crowell to come here as early as possible, so that we might have the benefit of her advice, otherwise she is apt to find the question more or less resolved and a program adopted, and it might then be too late for her to help very much.¹

Following discussions with Williams, she concurred regarding the immediacy of a study because Foundation commitments in Czechoslovakia were contingent on her report and recommendations.² Crowell’s subsequent study and recommendations must be examined in relation to three factors: the existing social work profession, the administration of the nursing school at the State Hospital in Prague, and the role of the Rockefeller Foundation in funding the Health Institute in Prague.³

Social work in Czechoslovakia after 1918 developed under the tutelage of Alice Garrigue Masaryk. After receiving her doctorate from Charles University in 1903 and completing postdoctoral studies in history and economics at the University of Leipzig in 1904, Alice Masaryk went to Chicago, one of the centers of the burgeoning American settlement movement. Her visit with Mary McDowell at the Chicago Settlement and
with Jane Addams at Hull House introduced her to the innovative work being done to help the immigrants adjust to the sometimes brutally disruptive experience of life in industrial America. Masaryk plunged into the rhythm of the Chicago Settlement and spent time teaching Czech and Slovak immigrants there about their cultural life and talking with them in their native languages in order to learn about the painful realities of working in the factories and the stockyards. She visited settlements throughout the United States and after eighteen months returned to Europe with ideas about organizing social services and public health nursing.\(^4\) Masaryk was acutely aware of the living conditions among the industrial workers in Bohemia, and the attendant problems of child neglect, alcoholism, venereal disease, and poor nutrition. In 1911, as a first step in addressing these problems, she influenced the establishment of a “Sociological Section” at Charles University in order to study the application of sociological concepts to social problems.\(^5\)

Toward the end of the First World War, Masaryk realized that if the republic became a reality, the out-dated system of social welfare that existed would have to be replaced with a more effective one that could deal with the anticipated postwar problems. Her early efforts to initiate social welfare programs in Bohemia were interrupted by the war and her eight months of imprisonment for treason in 1915. Alice’s father, Tomáš G. Masaryk, who had escaped to the Allied countries, was spearheading an independence movement for a Czechoslovakia. Following her release from prison, Alice Masaryk was forbidden to return to her lycée teaching position, much less organize a school of social work. She circumvented the restriction on her professional activity by enlisting the help of a colleague, Anna Berkovcová (1881-?), who organized the Higher School of Social
Work in 1918. Although Masaryk faded into the background, in reality, she was the moving force behind the establishment of the school.\textsuperscript{6}

When the war ended and the Czechoslovak Republic was formed, Tomáš G. Masaryk became its first president. He took advantage of his daughter’s background and interest in social conditions and appointed her president of the Czechoslovak Red Cross. According to Alice Masaryk, Austria had commandeered food supplies from her country during the war because of the Allied embargo imposed on Austria and Hungary. As a result, Czechs were suffering from malnutrition; the infant mortality rate was high; and tuberculosis and epidemic diseases, especially typhus which was raging along the Polish-Russian border, threatened the country. She applied to a variety of sources for help—Herbert Hoover and the Allied Commission; the Rockefeller Foundation; the International Red Cross; and her Chicago friend, Mary McDowell. It was McDowell’s response that helped initiate the process of social reconstruction in Czechoslovakia. A basic principle of social work prescribed a study to identify problems and resources in order to propose solutions, so McDowell recommended what has become known as the Prague Survey, which began in May 1919 and ended in January 1920.\textsuperscript{7}

The American YWCA provided funds for the Prague Survey. The staff that went to Prague under the direction of Ruth Crawford (1890-1984) included persons who had worked on the Pittsburgh Survey, the study that included an analysis of housing conditions done by Crowell. A Czechoslovak Advisory Council, including the minister of health and social welfare, medical faculty professors, clergymen, and representatives of international relief organizations conducted the Prague Survey.\textsuperscript{8} In order to make this a study of Czechoslovak problems by its own nationalists, Crawford organized the
Czech-American Summer Training School for Social Workers. Eight months after the study began, six volumes of data were ready for publication. It is significant to note that one of the volumes was devoted to the public health of Prague, yet the survey staff included no nurses. This suggests that the nurse was not perceived as a competent resource person for inclusion in the research project despite the fact that many nurses in the United States were associated with settlement movements and were familiar with social problems. The social worker would absorb public health nursing responsibilities in the agenda of the Summer School. For example, one of the Summer School students was assigned to home visiting for prenatal cases, another assumed nursing responsibilities in a state tuberculosis sanitarium. It appeared that public health nursing was destined to be administered under the aegis of government ministries and the social workers of Prague.9 Crawford wrote that:

> it was possible through early conferences with representatives of the Rockefeller Foundation to cover in the outline of the public health study those items about which it was felt necessary to have accurate information before an adequate presentation could be made of Czecho-Slovakia as a field for the investment of the Public Health Service of that great foundation. Today the Rockefeller Foundation, as the official advisor of the Ministry of Public Health, is directing the distribution of this volume of the survey and is using it as a hand-book to give succinctly, and in the language of the nation, the philosophy of the modern public health movement.10

It would seem Crawford envisioned the social worker as the key worker in the embryonic public health plans of the Rockefeller Foundation for Czechoslovakia.

Crowell’s work in Czechoslovakia must be evaluated within the context of these social work developments, but it must also be considered in relation to the founding of a nursing school by the American Red Cross in Prague immediately after the war. Masaryk had great respect for the work of this world-wide organization because she had
witnessed the effectiveness of the Czechoslovak Red Cross in helping to contain the epidemics in Ruthenia and in Slovakia immediately after the war. The organization had coordinated the construction of a hospital, prepared an ambulance train and implemented vaccination programs. Consequently, she envisioned a broad role for the Czechoslovak Red Cross, a “peacetime program which would coordinate the services of volunteer social, health, and educational agencies in support of peacetime programs of the Ministries of Health, Social Welfare, and Education.” In 1919, she had requested assistance from the American Red Cross in reforming the nursing school at the State Hospital in Prague, a facility founded by the Austrian government in 1914 and which had a Czechoslovak and a German section. Two American nurses with military experience during the war were dispatched to undertake the project and to raise the standards of nursing education to a par with American ones. Two Czech nurses received scholarships for study in the United States.

In December 1921, Marion G. Parsons, the American Director of the nursing school at the State Hospital, reported to Gunn that the Czechoslovak Red Cross now had responsibility for the Czechoslovak section of the school administered under a Kuratorium [Board of Directors] which they appointed. All the work of the school, including the examination of students, was ultimately vested in a government committee composed of three medical school physicians. The only women involved were “Czech women who are high in government and social circles” and who attended to the public relations aspects of the school. Although the basic organization of the school was good, Parsons said, it lacked proper physical facilities and textbooks. The hospital building was old and had been stripped of its supplies during the war. The quality of nursing care was
very poor because social prejudices against nursing deterred qualified women from entering the profession. Parsons wrote that “the work has been left chiefly to unintelligent often immoral women;” consequently, there was not a corps of experienced, informed nurses to teach the students. She hoped that other schools could be established or that the Prague facility could become a central school that could provide part of a nurse’s training. She stressed that elevating nursing education to a higher plane would provide the added advantage of demonstrating to physicians “the value of a good nurse.”

The American Red Cross had completely equipped two medical wards to provide clinical experience for student nurses, and it hoped that funds could be found to similarly furnish surgical wards.¹⁴

The third consideration regarding Crowell’s work was the existing involvement of the Rockefeller Foundation in Czechoslovakia. In 1921, it had provided more than half the funds for the construction of the State Health Institute. The primary functions of the Institute were addressing public health problems, conducting scientific research, and training public health personnel.¹⁵ The Foundation also provided fellowships for physicians to obtain training in public health medicine in the United States, therefore, the Foundation wanted a role in guiding the training of peripheral health care workers, such as nurses and health visitors who could effectively compliment the work of the returning fellows.¹⁶ The social workers of Prague were not the logical group to direct the development of public health nursing because they lacked a medically oriented background. The American Red Cross was in the process of ceding its responsibility for the Prague State School to the Czech Red Cross, an organization under Masaryk. Thus, the Foundation dispatched Crowell to study the nursing situation in Czechoslovakia and
Crowell’s research and detailed report on the state of nursing in Czechoslovakia in the spring of 1922 reflect the same meticulous scrutiny that characterized her studies of health and social conditions in the United States. Her prefatory remarks indicate an awareness of the social conditions in the new republic. The social problems of the republic, Crowell wrote, were compounded by the mixture of languages, nationalities and religions, considerations which later proved to have a significant impact on the development of public health nursing programs. The country had a population of about 14 million people that included Czechs, Germans, Ruthenes and Slovaks. On the one hand, the western end of the country, Bohemia, Moravia, and Silesia, reflected its Austrian influence and had an effective educational system, an industrial complex, and good transportation facilities. On the other hand, the rural eastern end, Slovakia and Ruthenia, had been underdeveloped within the Magyarization climate of Hungary and lacked a strong infrastructure.

No uniform hospital system existed in the country, Crowell’s report stated. The national and provincial governments supported an assortment of German, Czech, and Slovak hospitals staffed by lay nurses, nuns, or both. Two-thirds of the nursing staffs of Moravian hospitals were nuns. Some hospitals included both a Czech and a German section. In Slovakia, the replacement of Hungarian staffs was proceeding slowly. A few religious communities provided charity care. Although there was considerable hospital construction in progress, there was still an inadequate number of beds in the country and, consequently patients shared beds in some facilities. A few hospitals were located in old monasteries, archaic structures reminiscent of medieval convents and hardly a suitable
environment for health care. Some private clinics served patients who could afford to pay for care. Crowell criticized sanitary conditions in many Czechoslovak hospitals almost as harshly as those in the tenements in Pittsburgh. She charged that no amount of nursing discipline and motivation could alleviate “the lack of sanitary conveniences, the lack of ventilation, the unsupportable odors that were only too evident in certain private charitable institutions that were being maintained and nursed by religious orders.”

A nurse, Crowell discovered, was not highly regarded in Czechoslovakia -- her “social status . . . is little better than that of a servant.” Nurses’ educational backgrounds, and their living and working conditions were of such quality that:

The wonder is not that the results of such a system or lack of system are generally unsatisfactory, rather it is to be wondered at that there are some good nurses (practical to be sure) in spite of it, and that there are some wards and some hospitals where at least beds are clean and patients appear fairly comfortable. This is especially true of children’s hospitals, whether nursed by nuns or lay nurses.

In a psychiatric hospital in Bratsilava, nurses ate, slept, and spent their leisure hours in a room adjacent to the patient ward. Wages were inadequate and vacations rare. Lay nurses’ salaries varied from 150 to 425 Kč per month as compared to 1000 Kč for office workers and 900-1800 Kč for teachers. Similar housing conditions existed in Prague where a screened off portion of a ward served as a nurse’s bedroom and dining room. Housing conditions were somewhat better in hospitals in _ilina and Brno. However, the concept of private quarters, recreational and dining facilities for nurses was rejected by one hospital director because “the patients would get much less service from the nurses if they had a comfortable attractive room in which to sit.” This same attitude carried over into hospital renovations, which focused on modernizing kitchens, laundry,
and heating areas for some hospitals, but neglected to build nurses’ dormitories.

Crowell’s criticism of the religious nursing communities was similar to her charges about the French nuns. She stressed physicians’ objections to their preoccupation with spiritual care and their restrictive rules regarding the types of patients with whom they could work. However, she acknowledged that nuns had the advantage of living in community quarters either in a separate convent or in a dormitory affording privacy. Furthermore, Crowell pointed out, the religious rule of the nun demanded discipline and obedience, and it provided spiritual motivation which placed their work on a higher plane, even though they be recruited from the same walks of life as the average lay nurse who, without ideals, without discipline, without training, is working for a very difficult living, under conditions which, if they do not excuse, do easily explain her facile morals.

Although nuns were more highly motivated, those in cloistered orders had little opportunity to glean new ideas from contact with professional peers. Few had ventured into the outside world of other hospitals until the Archbishop ordered compliance with the mandatory suffrage enacted under the Constitution of 1920. Lay nurses, on the other hand, might or might not have worked under a qualified supervisor or matron, and in some cases, they were directly responsible to the hospital administrator. The minimal living conditions, pitiable salary, fifteen hour work days, and lack of vacations stifled motivation and sense of morale. Finally, Crowell saw no hierarchical system of supervision that provided for accountability of nursing performance or permitted any non-staff person to assume teaching duties, as in American and British hospitals.

The substantial annual budget for the State School of Nurses in Prague assured Crowell that Czech officials had a serious interest in nursing education, and she was optimistic that the current program could be reformed. However, she charged, officials
lacked significant insight about hospital nursing service organization, appropriate working conditions, and nursing education facilities necessary to prepare the nurses for present health care needs. Attracting qualified women to the profession, she warned, was hampered by the prevailing prejudices and working conditions.\(^{27}\)

The same clear dividing line between hospital nursing and public health nursing that Crowell had observed in France also existed in Czechoslovakia. Hospital nurses functioned exclusively in hospitals and health visitors staffed the more than 300 tuberculosis dispensaries and child welfare clinics. All other public health work related to school clinics, quarantine enforcement, midwife supervision, and communicable disease control was handled by district physicians and health officers. Yet, Crowell observed, no one had considered using health visitors to assist these public health physicians. While most of the health visitors had been trained either by American nurses or by British nurses and social workers, some were prepared by the School of Social Work, an arrangement which focused on the social aspects of public health but provided little experience in the nursing field. The school’s proposal to strengthen this aspect of the program did not satisfy Crowell because, in her judgment, the facility was not qualified to direct a nursing program.\(^{28}\)

Crowell made sweeping recommendations in her report to the Foundation. The first step in professionalizing nursing in Czechoslovakia, she advised, was the enactment of legislation which defined the trained nurse and the health visitor, determined education requirements, and specified conditions for licensure. The proposed Department of Nursing and Public Health Visiting by the Ministry of Health would facilitate the standardization of nursing schools; examination and registration of nurses; and inspection
of public health facilities. She further recommended the implementation of a model two-
year program, such as the one at Strasbourg and under consideration in the German
section of the State School at Prague. The two year-program combined training for
hospital nurses and public health visitors. The first year was devoted to preparation for
hospital nursing, and the second year’s training focused on the direction the student
intended to pursue, that is, public health work or hospital nursing. There were significant
advantages to this proposal. Social work was viewed less prejudicially in
Czechoslovakia, therefore, more qualified women might be inclined to enter the
combined program because of its relationship to social work, a field not generally
associated with hospitals as in the United States. The more important advantage,
however, would be the preparation of better trained public health workers to supplement
the work of the 300 district physicians in tuberculosis dispensaries, children’s clinics,
and schools. A nurse trained under qualified personnel would be better informed about
the medical aspects of public health and thus a more effective field worker.29
Crowell’s strongest argument was the tremendous need for teaching because “the great
mass of the people are entirely ignorant of the simplest formula for hygienic living and
the prevention of disease, and one sure means for the diffusion of this knowledge is the
public health worker.”30

The implementation of Rockefeller Foundation’s nursing education
recommendations for Czechoslovakia proceeded at a bureaucratically slow pace over a
period of several years for various reasons. First, Crowell’s report had to be translated
into Czech before Gunn and the Ministry of Health could discuss it informally. Then, the
Foundation had to establish an official policy regarding assistance for European training
schools before it could propose a course of action. Another obstacle was the continuing control of the State School by the Czechoslovak Red Cross because it conflicted with Foundation policy which permitted direct cooperation with a government or its educational institutions but precluded working through private organizations such as the Red Cross. Consequently, the Foundation could not accept the Ministry of Health’s proposal to keep the State School under the direction of the Red Cross but place the Red Cross under the authority of the ministry. In June, 1925, Gunn and Crowell discussed the issue with Alice Masaryk, who expressed appreciation for this policy and seemed amenable to working out a compromise. There can be no doubt that the Rockefeller policy must have chagrined Czechoslovak Red Cross officials because of their association with an organization internationally recognized for its contributions to health needs in Europe. A contingent of American Red Cross nurses and physicians had gone into Serbia with the Rockefeller War Relief Commission in 1915 to care for the Serbian wounded soldiers and typhus victims; and Red Cross nurses had established schools of nursing in Poland, Turkey, and Bulgaria.

Despite the obstacles, there was some progress in 1925 in the nursing negotiations between Crowell and Czechoslovak health officials. Hynec Pelec (1895-1942), head of the Department of Social Hygiene in the Institute of Hygiene, announced that the Ministry of Health had approved merging the School of Social Work with the public health portion of the State School in Prague. Furthermore, the Medical Faculty at the University of Brno wanted to establish a nursing school and had instructed the Dean to work out an arrangement with the Ministry of Health and the Foundation. A visit to the Strasbourg nursing facility by Dr. Hazma, the Professor of Social Medicine, had stimulated interest
in a comparable program in Brno.\textsuperscript{34}

Crowell recommended the establishment of a Bureau of Nursing in the Ministry as a means of coordinating the development of nursing throughout the country. Pelc agreed with her logic but discounted the idea of a female nurse filling the role because:

There is amongst the nursing group as yet no woman with the qualities of leadership, the cultural background and the personal initiative and force who would be able to impose herself upon the men in the Ministry. That a woman possessing these qualifications could be found in the medical profession who, if given the necessary knowledge of nursing matters would, with the additional backing of her professional standing, be able to make herself felt in the Ministry.\textsuperscript{35}

Crowell added a third reason to Pelc’s list—“the masculine superiority complex which is slightly overdeveloped in Czechoslovakia, a natural reflex of the German influence.” In Crowell’s opinion, a woman was at a disadvantage in officially dealing with men, but in this case being a physician would make her more acceptable to the Ministry. The sad reality was that most nurses agreed with Pelc’s assertion that a woman physician would be the best choice.\textsuperscript{36}

The Foundation also contributed to the lack of progress in negotiations to create a modern public health nursing program in Czechoslovakia. On 25 June 1926, Crowell wrote a frustrating letter to Embree regarding the delay in authorization to proceed with her recommendations. The Foundation had been reluctant to make a decision at the November 1925 board meeting in the absence of Embree, who was on an official six months visit to the Far East. Without a commitment for assistance from the Foundation, Czechoslovak officials had no choice but to renew the contract with Red Cross to administer the Prague School for another year beginning September 1925.\textsuperscript{37} Her letter included a copy of an October 1925 memo to Embree in which Crowell reinforced the
need to consider a school at Brno.

Racial difficulties as between Moravian and German Czech, political antagonism towards directives emanating from Prague, advantages as a geographical center which would draw from Slovakia, and the general make up of the University faculty--young energetic, progressive men--are reasons advanced by Dr. Pelc, Mr. Gunn, Miss Masaryk and Dr. Vaék, for aiding the development of a nursing school at Brno.  

Furthermore, the memo had stressed, Czechoslovakia badly needed trained public health nurses.  At the present, graduates of the school of social work were filling public health nurse positions, an unsatisfactory arrangement since they lacked medical preparation.  It would be an auspicious time for Rockefeller funding because the school of social work had agreed to halt public health training and because the professor of Social Medicine at Brno had obtained approval to implement the Strasbourg “Y-system.”  Crowell estimated that $124,000.00 over a five-year period would fund the recommendations for Prague and Brno.  An additional condition for funding would be State administration of the Prague School and the creation of a Bureau of Nursing.

In September 1926, Crowell informed Embree that the National Health Council had approved a proposal for a nursing program at the State School and the appointment of a woman physician to a central bureau.  However, Czechoslovak officials were reluctant to move without some specific commitment from the Foundation.  Crowell wrote that “naturally, in view of my uncertainty as to what the final policy of the Foundation would be in this matter, I have not felt like making any further personal contacts in Czechoslovakia.”  Furthermore, she reported that there had been a change in government so “an entirely new group of health officials . . . have had to be educated all over again.”  

Crowell’s persistence had the desired effect, and the Board of Trustees of the Rockefeller Foundation approved the proposed nursing programs at Prague and Brno in
November 1926. The resolution noted that approval of the Brno University program related to the institution’s leadership which was interested in “new methods,” an attitude which could have a positive effect on education throughout the country. Total five-year funding was not to exceed $125,000.00.41

Health officials’ negotiations with the Rockefeller Foundation was only one of many issues on the agenda of the Czechoslovak government which had been held together by several coalitions since 1919. Land reform, agricultural tariffs, social programs, the congrua, (state salaries for clergy), and relations with minorities were but few of the problems with which the multi-party coalitions struggled. Attempts to form a coalition during the summer of 1926 were so deadlocked that President Masaryk supposedly indicated to Prime Minister Jan _erný, who headed a cabinet of experts, “that he was willing to assume dictatorial powers at the end of the year if the parties could not decide on a coalition.”42 The delicate task of trying to find acceptable middle ground between the Foundation and Alice Masaryk contributed to the indecisiveness of the health ministry. President Masaryk, a national hero, had great confidence in his daughter, so it was inadvisable for the Czechoslovak ministry to alienate her. Although Crowell’s official correspondence with the New York office did not discuss the political situation in Czechoslovakia, there is little doubt that she was well aware of the state of affairs.

Another influence to consider in the long, frustrating efforts to establish a public health nursing program in Czechoslovakia is the rarely discussed attitude of some political factions toward the Foundation. In 1922, the Czechoslovak Minister of Public Works, Alois Tu_ný, announced that the government had “signed an agreement with the Franco-American Standard Oil Company, giving to it a monopoly for oil prospecting and
Parliament refused to approve the agreement, and in March, Foreign Affairs Minister Edvard Beneš canceled it. Standard Oil contended that foreign competitors pressured Czechoslovakia into rescinding the contract and that henceforth the Czechoslovaks would pay high prices for oil from Poland and Rumania. It is difficult to know if this episode had an indirect impact on negotiations pertaining to public health, but in a small country like Czechoslovakia, it cannot be completely ignored.

The Rockefeller funding commitment did not solve the unstable nursing situation in Czechoslovakia, however. On her next visit to Prague in June 1927, Crowell met with various groups of health officials and soon learned that a very complicated behind-the-scenes drama was in progress. Dr. Pelc, Crowell’s former medical contact and present staff member of the Institute of Hygiene, reported that the School of Social Work, which had agreed to shift its public health activities to the state school of nursing, had changed its position because of the influence of the League of Red Cross Societies on Alice Masaryk. It now planned to offer public health courses to graduate nurses. Social workers, who had more preliminary education than nurses, feared they would have to compete with nurses in the job market if the latter were trained in public health and that the State would phase out the School of Social Work. The organization of a new school of social work at Brno demonstrated the vigor with which this professional group intended to preserve its existence. Furthermore, Pelc told Crowell, “[social workers] are of a better class than the nurses and can make themselves heard while the nurses have no one capable of representing them as a group.”

The social workers were not the only threat to the public health nursing proposals that
the Foundation trustees had endorsed so heartily in 1926. The plans for a school at the university in Brno collapsed when two of its supporters accepted positions in Prague. In addition, officials in the Ministry of Hygiene had alternative plans for the Prague School. They recommended enlarging the facility to accept more applicants, establishing branches at Brno and Bratislava, and integrating public health training in the over-all program. The sudden move to train more hospital nurses, not public health workers, was undoubtedly related to the construction of a new 1,000 bed city hospital in Prague.

Crowell remained firm and insisted that the Foundation was only interested in establishing a model two-year program that included separate public health training, qualified teachers and supervisors, and adequate training facilities, a model on which to base future schools. Quality, not quantity was the primary criterion. Furthermore, she demanded stricter entrance requirements. 46 Czechoslovakia “boast[s] of having a lower percentage of illiteracy than any other country,” she noted, yet Poland which has been involved in nursing education for a shorter period had already produced several nursing leaders.47 Czech officials rationalized that the Ministry of Education might want to gain control of the nursing school if entrance requirements were revised. Crowell’s suggestion to include some university professors in the Prague school committee discussions was rebuffed as “unwise and untactful--any new ideas had better come from the present Ministerial Committee.”48 The intrigue surrounding the discussions intensified when Crowell learned through Pelc that the Ministry had published a decree “establishing grades, salaries and pensions for nurses in State Hospitals,” a detail no one mentioned in the various meetings she had attended. Crowell wrote in her summary notes for 9 June 1927 that no one in the country really had good insight about the nursing
situation, that everyone was reluctant to make decisions, and that most were uninformed about nursing education developments in other countries. The day’s discussions had lacked orderly progression and failed to produce a final decision in the absence of the vacationing Finance Minister.  

Crowell’s conference with Miss Macharova, Directrice of the State School for Nurses, on June 10 revealed that the Ministry was not the only uniformed health group in Prague. Macharova did not support the inclusion of public health training in the nursing program because it diverted graduates from hospital work into public health. Her alternative proposal was a six-month post graduate public health course taught by social workers. Although she had been in her position for fourteen years, she had had no contacts with nursing developments elsewhere and remained quite provincial in her outlook. She reacted negatively to the idea of relocating the nursing school to the Institute of Hygiene and using the clinical facilities of nearby Vinohrady Hospital because it would be difficult to “work with the Sisters [nuns] whose mentality is very different from lay nurses.” According to Pelc, Macharova’s “highest ideal for a nurse is to be operating assistant to a doctor.”  

The drama took a new twist when Crowell met with Alice Masaryk who concurred that public health should be included in the nursing curriculum and that building a new school seemed the preferable alternative course, but she recommended locating it in Prague because the Institute of Hygiene was there. She expressed the willingness of the Red Cross to relinquish control of the nursing school because their mission related more directly to humanitarian and social needs. There was no discussion about the School of Social Work.
The politicization of the public health nursing negotiations is striking. The use of Vinohrady Hospital for clinical experience was rejected by the Directrice of the State School because of the nuns, who “cannot be gotten rid of because [the] clerical party is in the saddle,” a reference to the Minister of Health, Josef Tiso (1887-1942), a Roman Catholic priest and a member of the Slovak Populist Party. According to Alice Masaryk, President Masaryk favored creating a new school attached to the Institute of Health because “no one institution should control a situation [because it]--becomes hidebound and routine.” This solution would permit the State School to continue training nurses for hospital work primarily. However, there was concern that the Ministry of Education would take advantage of new laws and assume control over a school at the Institute. The existing authority of the Ministry of Health over the State School was based on old Austrian law. Furthermore, any school in Prague would necessarily have to continue presenting the program in both Czech and German, whereas a school in Brno, which would accommodate students from Moravia and Slovakia, could be conducted solely in Czech. All the discussions between Crowell and the host of medical officials included no nurses. Even Alice Masaryk was noticeably absent from the meetings. This elicits the suspicion that there was no desire for change within the chauvinistic male enclave that was reluctant to disrupt the School of Social Work, under Masaryk’s tutelage, out of respect for her father. Crowell and the Foundation could only be patient amid this maelstrom of Czechoslovak politics. George Vincent expressed his appreciation of the complexity of the situation in a letter to the Foundation’s new secretary, Dr. R. M. Pearce, and assured him that Foundation procrastination was not a factor in the slow progress. Vincent recognized that conditions could not be easily changed in
Czechoslovakia. He wrote that “one thing seems pretty certain--we shall not be able wholly to avoid the bi-national and bi-lingual difficulties. The latest suggestion is that in the Institute of Hygiene in Prague it may be necessary to conduct instruction in both the Czech and German languages.”

Two years later, negotiations for a nursing program were still incomplete. When Crowell returned to Prague in March 1929, she learned that the proposed school of nursing in Brno had been vetoed. The new medical school leadership had declared that scientific priorities precluded involvement with nursing education. Dr. Pelc, the new Director of the School of Social Work, declared that the institution “was going completely on the rocks,” because there were no employment opportunities. Health officials were opposed to merging the School of Social Work and the State School of Nursing and were tentatively planning to replace the social work facility with a School for Social and Public Health Workers. The two-year program would include six months public health work and six months hospital work and would probably be under the direction of the Institute of Hygiene. Pelc asserted it would be helpful if the Foundation stipulated that more hospital experience was warranted and that the school should be associated with the Institute. In a later discussion, it became explicit that the ministry, physicians and hospital authorities were content with the present type of nurse. They were reluctant to raise her educational requirements because that would place her in a higher employee classification necessitating a higher salary after graduation.

Financial constraints, more than health needs of Czechoslovakia, were the priority. Hospital nurses were paid 450 K_ per month plus living expenses, whereas social workers earned 700 K_ to 1400K_; primary school teachers started at 800K_. One health
official cautioned that the country had “schoolitis”: everyone wanted higher education for which there were no comparable positions. He cited the number of men with university degrees who were working as policemen and predicted that women studying medicine would find no employment. Crowell countered that many of these women might go into nursing if the standards were raised and the schools upgraded.  

Dr. Vani_ek, an Institute official and former Rockefeller fellow, informed her that as long as two years ago, various ministry officials had agreed that all health training activities—midwives, social workers, sanitary inspectors, and nurses should be consolidated under the auspices of the Institute of Hygiene. Apparently, very few were privy to this information. Vani_ek urged Crowell to approach Alice Masaryk to promote the plan. Crowell refused to assume responsibility for their decision and reiterated the Foundation position to provide help if the Czechoslovak proposal met their criteria for public health training. A major obstacle, according to Vani_ek, was opposition from older physicians who were content with the “status quo.” Vanicek’s concern was the next generation of physicians who “will be saddled with the inferior nursing group that are being turned out today.”

Crowell’s next visit with Alice Masaryk and her father was extremely cordial, even though Crowell was quite candid about the “status quo” mind set. Resorting to less than subtle manipulation, Crowell cited the public health progress of Poland, Yugoslavia, and Hungary, but added that Czechoslovakia was in a position to progress slowly and carefully. Alice Masaryk was enthusiastic about the possibility of a new school at the Institute. Crowell would have reason to suspect Masaryk’s response. Dr. Vacek expressed surprise that Alice Masaryk had not mentioned the School of Social Work in
which she had so much vested interest. Alumnae were up in arms because they feared
that a School of Social Work administered by physicians would focus on public health
rather than social issues. Vacek agreed that if nursing and social work were combined,
the social work section would either be “eliminated or absorbed.” Perhaps it could
become a university discipline. Furthermore, if a school of nursing with a revamped
curriculum to include public health were established at the Institute, he predicted that it
would influence the present State School which would probably opt for merger with the
facility at the Institute. He asked for Crowell’s advice and support in pursuing these
objectives. Crowell must have been favorably impressed, for she offered to send copies
of the nursing curricula from Yale and Zagreb.59

In October, 1929, Dr. František Tomanek (1879-1946), Special Czechoslovak
representative to the League of Nations for Social Insurance, contacted Crowell. He
discussed the proposed Czechoslovak legislation to establish public health centers
throughout the country and the ensuing need for public health nurses. He was
recommending the present School of Social Work be converted into a school for public
health nurses under the direction of the Institute of Hygiene. He candidly expressed
concern about allowing the present School of Social Work to continue because

Miss Masaryk’s influence and interest in it will result in the establishment of
other Schools for Social Work at Brno and Bratislava and that there will be a
multiplication of social workers who cannot be employed and who will only
complicate further the situation.60

Crowell and the Ministry officials negotiated a mutually satisfactory proposal outlined in
a memo from Crowell to Dr. Alan Gregg, Richard M. Pearce’s replacement in the
Division of Medical Science. The Ministry of Public Health and Physical Education
would establish a State School of Nurses for Public Health and Social Welfare as a
department within the State Institute of Public Hygiene. It would be funded with monies approved by the Foundation in 1926 and directed by a female physician with nurse’s training. The satisfactory conclusion to eight years of negotiations related to the development of a system of public health facilities throughout the country. The project was a joint effort of the Czechoslovak government and the International Health Board of the Foundation and would only succeed if it included nurses whose level of proficiency complimented that of the public health physician.

The firmly entrenched, negative attitude regarding the nurse in Czechoslovakia was a major deterrent to the development of nursing education after the First World War. Social work was the only culturally acceptable form of caring activity for educated women who perceived nursing as a hospital function performed by the religious and the less educated. Alice Masaryk, an innovative force in addressing social welfare problems after the war, contributed to this viewpoint. Her early investigative experience in social welfare occurred in the United States before the war and focused on the Settlements, consequently, she was unaware of the progress taking place in nursing under the direction of well-educated, culturally and socially sophisticated women in North America. Her attitude reinforced the indecisiveness of the ministers who were responsible for modernizing public health. The involvement of the Czechoslovak government further impeded the development of nursing. Crowell came from a country where the nursing profession had developed under the influence of private philanthropic forces, not the government, after the Civil War. Intelligent, highly motivated women seeking a challenging and meaningful life’s work had gradually raised the educational standards, established professional organizations, and obtained legal recognition.
however, had to address their urgent health care needs within the framework of the political system led by ministers who lacked a clear understanding of the nursing profession. It is ironic that health care leaders who struggled to redefine nursing after the war only attained some clear purpose just as Czechoslovakia was about to face the economic and political crises of the 1930s.

ENDNOTES

1. Embree to Crowell, 21 February 1922, RAC RF 1.1-700-19-137. Some of the following citations include references to the “Czech” when the appropriate term should be “Czechoslovak.”

2. Crowell to Embree, 18 March 1922, RAC RF 1.1-700-19-137.

3. One will note that there are long gaps between Crowell’s visits to Czechoslovakia. This occurred because she was equally involved in studying nursing needs in several other European countries, consulting in England about leadership training programs in that country for nurses from the Continent, and periodically traveling to the United States for meetings with Foundation officers. She had three assistants to share in these responsibilities.

4. Alice Garrigue Masaryk, 1879-1966: Her Life as Recorded in Her Own Words and by Her Friends. Compiled by Ruth Crawford Mitchell, with Special Editing by Linda Vlasak, and an Introduction by René Wellek (Pittsburgh: University of Pittsburgh, 1980), 43-52. Dr. Tomáš G. Masaryk, Alice’s father, had lectured in sociology at the University of Chicago during the summer of 1902.

5. Ibid., 96-98.


7. Ibid., 103-108. For a discussion of the typhus threat, see Alfred E. Cornbise, Typhus and Doughboys: The American Polish Typhus Relief Expedition, 1919-1921 (Newark,
The typhus epidemic, which thrived on wartime conditions, moved further into Poland from Russia and posed serious public health problems for all of western Europe. Polish officials appealed to the Supreme Economic Council for assistance. Herbert Hoover organized a medical team that went into the infected area to treat and contain what he called, the “prairie fire.”


9. Ibid., 327-332. As early as 1918, the RF expressed concern about who was the best qualified person to work with physicians in the developing field of public health. The Goldmark Report concluded: “We have sought during the past twenty years for a missionary to carry the message of health into each individual home; and in America we have found this messenger of health in the public health nurse,” *Nursing and Nursing Education*, 8.

10. Crawford, “Pathfinding in Prague,” 331. It is possible that Crawford feared the role of the social worker in public health might diminish in view of the RF’s on-going study to determine the ideal educational background of a public health worker.


12. Ibid., 117.

13. Clara D. Noyes, “Department of Red Cross Nursing,” *AJN* (November 1919): 136-137; and 22 (March 1922): 445-448. Noyes notes a report from Prague that Alice Masaryk arranged for some sixty third-year female medical students to take nursing courses under the American Red Cross nurses in order to better understand the profession and recognize that it was not “a degrading piece of work.” It is difficult to reconcile this positive attitude about nursing with subsequent perceptions of the nurse as a servant.

14. Marion G. Parsons to Selskar Gunn, 6 December, 1921, and Gunn to Embree, 9 December 1921, RAC RF 1.1-712-5-41. Gunn had requested the report from Parsons on instructions from Edwin Embree in October 1921. There is no correspondence in the Crowell papers to support the supposition that Parsons and the Prague State School administration had approached the Foundation for assistance. However, Gunn’s and Embree’s subsequent urging for Crowell to go to Czechoslovakia and do a study on nursing for the Foundation leaves little doubt that the supposition is highly possible.

15. Svazek T _eti, Deset Let _eskoslovenské Republiky [Ten Years of Czechoslovak Republic],* Vol.3, ed., Ebel František, trans. Albert V. Drlicka (Prague: Státní tiskárna, 1928), 172-74. According to historian Paul Weindling, the RF believed that a sound public health program would contribute to political and social stability in postwar Europe, and would eliminate Germany and Austria as the models for medical education. For that purpose, Selskar Gunn spent twenty months in Prague setting up the State Institute of Hygiene which the Foundation funded in part. It was a frustrating experience
because government ministries, not universities, controlled public health. Gunn charged
that the personality conflicts and political tensions within the ministries undermined the
Stabilisation: The Rockefeller Foundation in Central and Eastern Europe Between the

16. In a 1927 meeting with Vincent, Crowell argued that one reason for sending nurse-
fellows to study in the United States was because of “the pressure brought to bear by
returned I.H.B. fellows . . . [who] were anxious to have nurses, who would subsequently
work under their direction, trained in the same methods in which they had been trained.”
FEC Memo, “Conference with GEV, Paris, 7 July 1927,” 13 July 1927, RAC RF 1.1-
700-20-141.

17. Ruth Crawford indicated that she had apprised representatives of the RF about the
public health results of the Survey so that it would have appropriate information upon
which to base its public health recommendations to the Czech government. “Today the
Rockefeller Foundation, as the official advisor of the Ministry of Public Health, is
directing the distribution of this volume of the survey and is using it as a hand-book to
give . . . in the language of the nation, the philosophy of the modern public health
movement.” Crawford, “Pathfinding in Prague,” 331. The tone of Crawford’s statement
is somewhat manipulative since it implies an endorsement of the Survey by the
Foundation and perhaps an unofficial working relationship between the two groups as
well.

18. Crowell, “Memorandum Re Study of Sick Nursing & Health Visiting in
Czechoslovakia.” 19 May 1922, RAC RF 1.1-712-5-40, 1-2. Since Crowell had had a
working relationship with some of the Americans on the Prague Survey Staff, it is
assumed that she reviewed the data collected in the Survey, although she made no
reference to it in her Memorandum. However, her critique of hospital conditions and
nursing care are obviously those of a person with a nursing background, and reflect her
own personal observations.

19. Ibid., 2-5, 11-12, 16.

20. Ibid., 6. Barbara Reinfeld writes that “although equality of genders was a
constitutional right in the new Czechoslovak state, the realization of it was far behind . . .
[because] the progressive ideas and rhetoric of men such as Masaryk had not obliterated
traditional views of women as inherently inferior to men.” Barbara Reinfeld, “Františka
Plamínková (1875-1942) Czech Feminist and Patriot,” Paper presented at AAASS


22. Ibid., 6-8, 13-14.

23. Ibid., 8.
24. Ibid., 3, 9-10.

25. Ibid., 10.


27. Ibid., 15-17, 29-31.


29. Ibid., 39-43, 47. The German section of the State School at Prague had had a one-year public health visiting course from 1917-1920. Many of the graduates returned to acquire an additional year of training in hospital nursing. This strengthened Crowell’s recommendation regarding a combined course, however, one must speculate about the reception of a nursing education concept rooted in the German community in an era of strained Sudeten German-Czech relations.

30. Ibid., 41.


32. Crowell to Embree, 23 May 1925, RAC RF 1.1-700-19-139, 6; Hynec Pelc to Crowell, 16 June 1925 and Crowell to Pelc, 26 June 1925, RAC RF 1.1-712-5-41. Crowell informed Pelc in this June communication that Annie Goodrich and Lillian Clayton would be arriving in Prague shortly to visit the State School, the Institute of Hygiene, and various officials in the Ministry of Health. Crowell’s assistant, Gladys Adams, would accompany them. The predominantly negative report that Goodrich and Clayton gave to Embree was based on this visit to Czechoslovakia and other European countries.


34. Pelc to Crowell, 20 May 1925 RAC RF 1.1-712-5-41; and Crowell to Embree, 23 May 1925, RAC RF 1.1-700-19-139, 5. The Strasbourg is sometimes referred to as the “Y-system” because the first year of training was the same for all students whether their ultimate objective was hospital nursing or public health nursing. The second year of studies focused on either hospital or public health nursing. “Y-system” refers to this bifurcation in the curriculum. Dr. Pelc was also Director of the College of Social Care and Associate Professor of Social Medicine at Charles University.

35. Crowell to Embree, 18 August 1925, RAC RF 1.1-712-5-41.

36. Ibid. One wonders how well the officials in the Ministry of Health accepted Elisabeth
Crowell who was a tall, attractive, assertive woman with very decided opinions.

37. Crowell to Embree, 25 June 1926, RAC RF 1.1-712-5-41. The administration of the State School by the Czechoslovak Red Cross was one of the initial impediments to Foundation commitment. Although the Red Cross was agreeable to relinquishing control at any time, the contract renewal could potentially impede progress for another year.

38. Crowell to Embree, “Czechoslovakia, October 1925,” 26 June 1926, RAC RF 1.1-712-5-41, 1. This letter included copies of several previous memoranda and correspondence.


40. Crowell to Embree, 2 September 1926, RAC RF 1.1-712-5-41.

41. “Minutes of the Rockefeller Foundation,” 5 November 1926, RAC RF 1.1-712-5-41. As Director of Education of Nurses and Health Visitors in the Division of Studies, Crowell was directly responsible to Edwin E. Embree, Secretary of the Foundation. The documents used in this study indicate that she prepared her own budgets but submitted them to Embree for formal approval, but there is no evidence that he ever challenged her well planned proposals. However, one might assume Crowell discussed her budget plans with Selskar Gunn, Director of the Foundation’s International Health Board because they worked very closely together. They were pursuing complimentary objectives, the training of public health workers. Gunn had spent much time in Prague, related to the founding of the Institute of Hygiene, and was concerned that physicians returning from fellowships abroad would have appropriately trained public health nurses to assist them in the field.


44. Ibid., 3 & 26 March 1922, 1 April 1922.


46. Ibid., 33-36.

47. Ibid., 36.

48. Ibid., 36-37.

49. Ibid., 35, 37.

50. Ibid., 10 June 1927, 38-39.
51. Ibid., 13 June 1927, 41.

52. Crowell, “Officer’s Diaries,” 11 June 1927, 40. It is not clear if Alice Masaryk wanted a new school in both Prague and Brno.

53. Ibid., 41-43.


57. Ibid., 26 March 1929, 40-41.

58. Ibid., 41.

59. Ibid., 27-28 March, 1929, 42-43. Crowell noted that President Masaryk usually joined her and Alice for lunch, but generally excused himself at the end of the meal. However, on March 28, 1929, he remained with them during their two hours of discussions.


62. Ibid., 2.

63. Elizabeth Burgess argues that because of our democratic traditions, nurses were able to control the development of nursing in the United States and respond to the demand for qualified health care workers as the medical profession grew. Elizabeth C. Burgess, “The Influence of American Ideals and Traditions on Nursing Education,” in *International Aspects of Nursing Education* (New York: Bureau of Publications, Teachers College, Columbia University, 1936), 65-68; James discusses the positive impact that the Johns Hopkins medical school had on the maturing nursing school. Professors gave lectures to the students on the history of women and noted German and French midwives. The professors journal club inspired Hampton to start a comparable study group among her pupils. James, “Isabel Hampton,” 223-226.
CHAPTER IV
CONCLUSIONS

When Crowell went to Europe in 1917, she had already gained remarkable insights about Europeans. Her boarding school education had introduced her to its cultural refinements, her experience in Pensacola had brought her into close contact with the commercial and laboring class, and her work in New York had taught her much about the life of the immigrants. She was knowledgeable about their health problems, especially tuberculosis, and had demonstrated her ability to work effectively with physicians, nurses, and social workers in designing and implementing health services on a large scale in urban areas. Her condemnation of the horrible housing conditions of the immigrant steel workers and their families in Pittsburgh, her interest in health care workers’ ability to speak the immigrant’s language, and her efforts to secure safe midwifery services for the immigrant women of New York and Chicago reflect a strong sensitivity to the plight of these newcomers to America.

These American experiences influenced Crowell’s work in Europe with the Commission for the Prevention of Tuberculosis during the final years of the war and in the postwar period with the Division of Studies. When she and the Rockefeller Foundation public health workers went to France to assist in the tuberculosis epidemic, she encountered a nursing world vastly different from that of America.
The health visitor, usually from a higher social background, functioned in the public health facilities, whereas, the hospital nurse, from a lower social background, worked only in a hospital setting.

The training of these health workers differed markedly from that of nurses in the United States and England and had not prepared them adequately to meet the overwhelming demands of the current crisis. The Commission’s mission was to help the French help themselves, to strengthen their existing public health care system, and to introduce workers to modern concepts of public health medicine. Therefore, Crowell assisted the French in strengthening the education of the public health visitor, rather than recommending her immediate replacement with an American model of a nurse. This tactful approach characterized all her subsequent efforts to guide European health care leaders in creating nursing programs that would meet their tremendous postwar needs.

The Rockefeller Foundation’s commitment to public health included providing fellowships for physicians to study modern methods of public health care and grants for upgrading medical facilities.¹ Their International Health Board and Division of Medical Education energetically implemented these objectives in Europe after the war. Crowell and her Rockefeller associates realized that physicians with sophisticated public health training would only be as effective as the nurses available to work with them. Therefore, in France, she cooperated with nursing leaders and the ministry of health to upgrade the education of the health visitor and the hospital nurse. The Foundation funded model programs which combined hospital and public health training for nurses, it provided scholarships for nursing students and fellowships for nursing leaders, and in some situations it assisted with salaries of instructors. Crowell encouraged and advised nurses
and ministry officials in setting up a Bureau of Nursing in France and securing legal recognition for nurses. It was a difficult task requiring diplomatic skill because of deep traditional perceptions of the nurse as a servant.

Assisting health authorities to modernize nursing in Czechoslovakia was even more difficult than in France, where women of the upper class had taken an interest in public health dispensary work as health visitors before the war and had worked in military hospitals during the war. Consequently, nursing had acquired a limited degree of status which could form the basis for an upgrading process after the war. In Czechoslovakia, there was also a dichotomy between public health nursing and hospital nursing, but public health work was perceived as the domain of the social worker. The nurse had little or no status. Crowell faced the challenge of introducing the modern idea that public health work involved understanding the basics of hospital nursing as well as coping with social problems. The situation was extremely complex and defied an easy and quick resolution. Alice Masaryk, the head of the Czechoslovak Red Cross, perceived public health as social workers’ responsibility. Older physicians were content with the quality of hospital nursing care, although Crowell declared it was grossly inadequate. Younger physicians trained abroad through Foundation fellowships wanted and appreciated the necessity of better trained nurses. It took eight years of negotiations before the Ministry of Health proposed a satisfactory resolution which gained government approval to create a State School of Nurses for Public Health and Social Welfare at the Institute of Public Hygiene.

American nursing leaders were extremely critical of Crowell because she was not upgrading European nursing education standards to comply with their ideas. Annie
Goodrich, dean of the nursing school at Yale University, charged she was not trying to attract a higher class of women. There was a tendency among American nursing leaders to expect European nurses to conform to the American philosophy of nursing education, a position that Crowell would not support. Although she may not have agreed with European ideas on nursing, she respected nursing leaders and tried to help them find direction which would be appropriate for their world. Crowell did not often defend her position. When she did, it reflected empathy for the many postwar problems. She reminded Dr. Pearce that the multiplicity of languages in a country resulting from the new geographic boundaries necessitated more than one nursing program in a country. Her reports indicate an appreciation for the different levels of education in each country. Perhaps Hazel Goff (1892-1973), a former Crowell assistant, was expressing Crowell’s philosophy when she spoke to nurses who might be going to Europe after the Second World War. She advised them to learn the language of the host country, to read about the culture before leaving the United States, to be aware of the different educational backgrounds of student nurses, and to accept that health ministries often administered nursing schools. The length of a nursing course may relate to how desperately the nurse is needed, she added, and cited the critical need for nurses in France after the First World War, a need that demanded some compromises. Above all, she cautioned them about trying to impose American ideas on Europeans, rather the ideal objective “is to help those people help themselves--in improving their nursing methods.”
ENDNOTES

1. Fosdick, Story of the Rockefeller Foundation, 105-113 & 118-122.

2. Hazel E. Goff, “Preparing For Postwar Work Abroad: Suggestions Drawn From Experience in European Schools of Nursing,” AJN 43 (February 1943): 170. Hazel Goff replaced Gladys Adams as Crowell’s assistant in 1927. She had been Director of the Red Cross Training School for Nurses in Sofia, Bulgaria. Crowell to Pearce, 13 April 1927, RAC RF 1.1-700-20-141.
BIBLIOGRAPHY

ARCHIVAL SOURCES

Escambia County Court House, Pensacola, FL
  Florida Deed Book #21
  Incorporation Record Book #1
  Minutes, Escambia County Commissioners Meetings, March 1900-April 1904

National Archives, Washington, DC
  Correspondence, U.S. Marine Hospital Service. RG 90, Box 60, Folder 449
  Register of Permits, U.S. Marine Hospital Service, RG 90, Boxes 138-144

The New York Academy of Medicine, New York, NY
  The Association of Tuberculosis Clinics Records

Pensacola Historical Society Resource Center and Library, Pensacola, FL
  Pensacola City Directory. 1896, 1898, 1903, 1905.

Pensacola City Hall, Pensacola, FL
  Minutes, Pensacola [FL] City Council, 20 February 1900 and 19 April 1900

Rockefeller Archive Center:
  RG 500: France-Nursing
  RG 700: Europe-Nursing
  RG 705: Austria-Nursing
  RG 712: Czechoslovakia-Nursing
  Personnel File, F. Elisabeth Crowell

Sterling Memorial Library, Yale University, New Haven, CT.
  Annie W. Goodrich Papers, YRG 29, Series v, Box 254, Folders 107 and 108.
  Embree, Edwin R., Family Journal No. 1, 1920 and Family Journal No.3, 1923

St. Joseph’s Hospital, Chicago, IL
  School of Nursing Records

St. Mary’s of the Springs, Columbus, Ohio
  School Records

West Florida Regional Library, Pensacola, FL
  1900 Census of Florida.
PRIMARY SOURCES


Crowell, F. Elisabeth. “Adequate Clinic Control.” In Transactions of the 8th Annual Meeting of the National Association For the Study and Prevention of Tuberculosis. 1912.


_____ “The Housing Situation in Pittsburgh.” Charities and the Commons. 21 (February 6, 1909): 871-881.

_____ “A Life Income at Age Sixty.” AJN 18 (October 1917): 31-33.


Goff, Hazel A. “Preparing for Postwar Work Abroad; Suggestions Drawn From Experiences in European Schools of Nursing.” AJN 43 (February 1943): 169-180.


Mitchell, Ruth Crawford, compiler. Alice Garrigue Masaryk, 1879-1966: Her Life as Recorded in Her Own Words and By her Friends. With Special editing by Linda

New York Times. 19 January; 3, 26 March; 1 April; 18 July 1922.


Nutting, Adelaide M. “How Can We Care for Our Patients and Educate the Nurses?” The Modern Hospital. 21 (September 1923): 305-310.

_____. “Nursing and Public Health.” Boston Medical and Surgical Journal 166 (March 14,1912): 401-405.

Pensacola City Directory. 1896, 1898, 1903, 1905.


Proceedings of the Florida Medical Association, 1891.

Robb, Isabel Hampton. Nursing Ethics: For Hospital and Private Use. Cleveland: E.C. Koeckert, Publisher, 1912.


Times (London) 18 February 1928.

“To Save France From Tuberculosis.” The Survey 38 (June 2, 1917) : 223.


SECONDARY SOURCES


“Miss Goodrich Goes to Yale.”  AJN  23 (June 1923): 762-63.


“A School of Nursing at Yale.”  *AJN*  23 (June 1923): 736-38.


WORKS CONSULTED


Beard, Mary. “Some Contrasting Systems of Nursing Education As Seen By a Traveler in Europe, Asia and America.” In International Aspects of Nursing Education, 6-18. New York: Bureau of Publications, Teachers College, Columbia University, 1931.


