

The Genesis of Marion County General Hospital and its Training School for Nurses*

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PRESUMABLY my selection for this assignment was made because of my lineal connection with the founder of this hospital and its training school for nurses in order to tell you something of its early days, but I must confess that, in spite of my white hair, you and I have one thing at least in common—this is your first graduation from the school and it is my first commencement address.

If I were inclined to be inflated with the honor given me by your invitation, I am quickly reminded of the best example of deflation of the ego I have heard in a long time. In an article in *Sports Illustrated* some months ago about Adolph Rupp, famed Kentucky basketball coach, a story was told about a trip he made to a small town where he saw a ham hanging in a grocery store window. He decided to purchase the ham but found he did not have enough cash. He therefore asked the grocer if he would accept a check. Being told that he would, Rupp wrote out the check, and as he handed it to the grocer, pointed with pride to his signature, saying, "You know who that is, don't you?" The unimpressed recipient replied, "Well, mister, I'm a-hoping it's you!"

Fear not that I will detain you 'til the small hours of the morning as we go through the gestation of the hospital and your training school. Some years ago, a minister at a Presbyterian General Assembly was asked what to him was the most helpful passage of scripture. His immediate reply was "And it came to pass." "The Lord didn't say it came to stay forever, but it came to pass." And so in due time will my remarks.

* Read at commencement of 1965 class of nurses, Marion County General Hospital, Aug. 20, 1965.

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The world is in a turmoil. We are on the brink of war in Asia. The continent south of us is boiling. Unrest in our own country fills the newsprint of the day. The future of the world lies not in the hands of the youth of our country as so often stated, but in the hands of a few key leaders throughout the globe, some good, some bad. And so it is perhaps fitting that we should take time out for a moment to look back at the events which brought about the hospital that has given you your nursing education.

The history of an institution is the biography of the men who built it and, in this instance also, the epidemiology of disease—malaria, smallpox and cholera. In 1821, a young physician by the name of Livingston Dunlap came to our city from Cherry Valley, New York.¹ He joined forces with the second doctor of our town, Dr. Samuel G. Mitchell, thus forming our first medical partnership. He roomed in Dr. Mitchell's home at first. The whole household promptly came down with malaria so that little was accomplished in medical practice until the family recovered.

Isolation or Infection

In 1830, a woman named Overall developed smallpox. We then had eight doctors in Indianapolis; all were put on a board of health. Dr. Dunlap realized then the need for hospital accommodations. We had no vaccine in those days but the patient recovered, the scare was over and nothing more was done about the matter.

In 1848, a visiting ex-Congressman, Andrew Kennedy, developed smallpox, promptly died in the old Palmer House and was buried in what became Greenlawn Cemetery. Vaccine was available by this time, the population was vaccinated and the

scare passed. But this time, the board of health purchased property for a smallpox hospital, levied a tax and even ordered lumber. With the passing of the smallpox scare, though, the lumber was used for other purposes.

Curiously enough, a sewer was to be dug in 1896 which would require the moving of the late Congressman's remains. There was so much concern about the cause of his death and the possible spreading of the disease that the course of the sewer was changed.¹

Although the Central Hospital for the Insane had opened before 1850 (it was largely for custodial care then), there was still no general hospital in the state. Drs. Dunlap and Bobbs (of first to remove gallstones fame) and others petitioned the City Council in 1854 to authorize construction of a hospital. The matter lay dormant until the next year when a serious smallpox scare resulted in the council ordering the erection of such an institution.

The first great difficulty was encountered in selecting a location; the citizens objected because they thought the building's proximity would endanger their health. A site was finally chosen near Crawfordsville Road and Fall Creek, a location so unhealthful that no one would live there anyway, according to Dr. Thurman B. Rice.¹

When we now view the vast area encompassing General, the University Medical Center and LaRue Carter Hospitals, it is hard to believe that it was such an unlovely, unhealthful and unsought after place only 110 years ago. With the vanish of the 1855 smallpox scare, little more was accomplished until 1859.

Dr. Dunlap, councilman of the Fifth Ward in which the grounds lay, succeeded in completing a brick building in that year which cost about \$30,000. But there were no funds for furnishing or equipping it, so there it sat, laughingly referred to as "Dunlap's Folly." The city tried to sell it. No success. They then tried to give it away. Still no success. It then became a meeting place for disreputable people and remained empty for two more years.

With the advent of the Civil War, the city turned it over to the Federal Government. It became a military hospital on May 18,

1861 and remained so until June 1, 1865. Additions were made to the hospital by the military and 13,000 patients were treated during the period.

With war's end, the hospital was turned into the Indiana Soldier's Home in July, 1865 and was utilized for this purpose until April, 1866, when it was vacated by the removal of the soldiers to Knightstown.

In the spring of 1866, the city made a half-hearted attempt to refurbish the hospital. The hospital board elected Dr. Greenly V. Woollen to serve as superintendent, a position he retained until 1870.

Roads Impassable; Work Impossible

The hospital was then a long distance from the center of town; the mud roads became impassable in wet weather. There were no street lamps, no gas mains and the water supply was very inadequate. Gangrene and infection were the order of the day. The neighborhood was also bad, physically and morally. Six physicians served as superintendent during the nine years after 1870, acting more from a sense of duty than anything else. They passed the unpleasant position back and forth among them. And so, in 1879 ended the first phase of the Indianapolis City Hospital, a period of ineffectiveness due to lack of appreciation of the need for such an institution, a time of uncertainty, interruption and lack of continuity of direction. But to Dr. Livingston Dunlap must go all credit for conceiving the idea and "putting the show on the road."

In 1879, my father, Dr. Wm. Niles Wishard, Sr., was appointed superintendent. He was not quite 28 years old. He had attended Wabash College, graduated from the Medical School here in 1874 and Miami Medical College in 1876. He had practiced a short time with my grandfather, Dr. Wm. Henry Wishard in Southport before moving to Indianapolis.

The first night my father slept in the hospital as superintendent, a coal-oil lamp suspended in the hall adjoining his bedroom exploded and a conflagration was narrowly averted. This incident prompted the city to extend gas mains to the hospital.

The hospital was also without city water. About 1881, Mr. Thomas E. Chandler, a

member of the Board of Aldermen and chairman of the hospital board, was instrumental in placing a large tank on the fourth floor of the old administration building. From this, five or six small bath and toilet rooms throughout the hospital were supplied. The tank was fed from a deep driven well and two or three cisterns; water was pumped from these to the tank by a wind-mill.

What was the hospital like at that time? I quote verbatim from an address my father made to the graduating class of the hospital 54 years ago, May 12, 1911 as follows: "The physical condition of the institution was in other respects deplorable. The basement and first floor of the old brick administration building afforded the living apartments and dining room and kitchen for the Superintendent and house physicians. The two upper floors of this building were occupied by patients. The principal ward space, however, was in the old frame building which was a three-story structure with very low ceilings erected by the government during the Civil War as a temporary hospital for soldiers.

"The ventilation was poor, the floors were warped and uneven, and the roof leaked. Whenever a hard rain occurred, it was customary for the nurse and convalescent patients on the third floor of this old building to move the beds of the very sick patients to dry places in the room and to place basins and other receptacles under the numerous points in the ceiling where the drip occurred. Snow blew in through the warped window casings and was often found on patients' beds. I remember going into the patients' kitchen one day during a brisk shower. It was a one-story frame building adjoining the larger frame building. Our cook, Perry Valentine, a venerable colored man, was busy preparing the patients' dinner. He had a large ladle in one hand with which he was turning some meat that was cooking on the kitchen range, and with the other hand, he was holding a large umbrella over himself to keep the rain off."

Debilitant Donations

"Financial support for the city hospital was grudgingly given, and my first efforts to elicit interest in the erection of a new

hospital were greeted in some quarters by the remark that too much money was being spent on the institution already and it had better be abandoned. The total expenses of the institution for the year closing July 1, 1879, at which time I assumed the superintendency, were a little over \$9,000. To appeals and persistent effort, however, a response was finally secured and in the early part of the year 1884, Mr. Wm. H. Morrison, a warm friend of the hospital and then a member of the City Council, aided me in securing a meeting of the mayor and other city officers together with a number of members of the staff for the consideration of the question of erecting new hospital buildings.

"Mayor D. W. Grubbs presided and I shall never forget the inspiration produced by the persuasive argument of the late Dr. Thomas B. Harvey. Dr. John Chambers and Dr. Charles E. Wright were also present. Dr. Harvey gave a brief history of the hospital and spoke of the obligation of the city to maintain it. He related many incidents of personal sacrifice on the part of the members of the staff and the expressions of relief from patients who had been treated in the institution. He spoke of the growth of the city and the increasing demands on the institution and its utterly inadequate facilities. He was a man of magnificent presence to whom everyone loved to listen. His arguments were convincing and he secured the intense interest of all the little group present. His persuasive words and handsome, manly bearing so intensely engaged my friend, Dr. Chambers, who was sitting by my side, that he grasped my arm and said excitedly in an undertone: 'Thomas looks like a god.'

"The generous support of the medical profession and the laity was sufficiently potent to secure an agreement to erect a frame addition on the east side of the buildings then standing, which addition was to cost \$6,000, as provided in the estimate of the Finance Committee of the City Council. With this official sanction, I did not have much difficulty in getting the hospital board to contract for a brick building instead of a frame at a cost of \$12,000, instead of half that amount as had been decided. The contract was subject to the approval of

the Council, which was ultimately secured.

"As the hospital board had left the plans entirely to the architect and myself, it required no especial argument to induce the architect to construct this new brick building in such a way that it could not be used to advantage without the erection of a second building. Within a few months, the new building was completed and an ordinance presented to the Council for the erection of a second building at a cost of about \$16,000. The first building had contained only ward space and in the second or central building, was included a general stairway, an elevator, and bath and toilet rooms on each floor, and a few other rooms. It seemed best to defer the arrangement for a dining room, kitchen, laundry and heating apparatus until we could get a third building and the argument was successfully presented that the first two buildings were part of a general plan but were not available for permanent use until the third building, costing \$25,000, should be added, to which an additional sum of about \$7,000 was secured for a heating plant, making the total expenditures a little more than \$60,000."

Nonfeasance Nursing

Reference to the early days of the hospital would be incomplete without some mention of the general character of hospital work before training schools were established and the influence of trained nursing personnel on the evolution of this institution. I again quote from my father: "In our Indianapolis City Hospital when I became Superintendent on July 1, 1879, there were two nurses in the institution. One, a male nurse who had formerly been a patient, was in charge of all male wards. The other, a female nurse, was in charge of the medical, surgical, and obstetrical patients in the female wards. The nurse in charge of the female wards was a woman of middle-age who had acquired some experience in nursing in one way or another and who was, as nurses went in those days, a very fair nurse. The nurse in the male wards had been employed after his recovery from an illness for which he came to the hospital and he had had no previous experience or training and I was subsequently compelled to deprive the hospital of his valuable services because of an

inclination on his part to use his personal endeavors to diminish the supply of alcoholics about the institution. His success in this endeavor was so marked that he was not infrequently incapacitated for duty as a result of his arduous efforts.

"At that time, no records were kept by the nurses and in the nature of things it was possible for the physicians to keep only occasional and then imperfect records. We made our rounds of the wards with large prescription books under our arms, and after writing our prescriptions for each case, we went to the drug room and filled them, and in many instances placed the medicine on the washstand at the side of the patients' beds and trusted the patients with taking the medicine themselves. Of course, with the very sick patients, the nurses carried out the orders, but the duties of the nurses in administering medicines and caring for patients were necessarily limited to those cases absolutely requiring attention. In the nature of things, one nurse could scarcely give very much individual attention to the different cases when that nurse had to care for all the patients in that department to which he or she was assigned and when there was but one nurse in the male wards and one in the female wards. The temperature and pulse records were kept by the house physicians and the Superintendent, and owing to the multitude of their duties, oftentimes only a mental record was made.

"The duties of the nurse consisted in keeping the wards in order, in bathing the patients and in giving such attention as was possible to those who were very sick. Much of our time was occupied in dressing surgical cases. If an amputation was done, the wound had to be dressed daily. This was done in all suppurating wounds and practically all wounds were suppurating wounds in those days. We knew very little about preventing or controlling suppuration. Our antiseptic dressings of today were then unknown and applications to wounds which we had at our disposal were limited to jute, lint, absorbent cotton, and various ointments which were then supposed to exert a healing influence on wounds. Pus was the order of the day. I remember a statement

which one of our teachers in those days used to often make as illustrating the idea of the proper course which the wound should pursue in the process of healing. He said that pus ('laudable pus' as it was called) was necessary for the proper healing of the wound and that something was wrong if the wound was not bathed and protected by this lubricant which he called 'God's salve.'

Septic Surgery

"The surgery in which most of the operating was done was also very frequently our dressing room for surgical cases and if the patients could not be removed to this place, the dressing was performed in the wards where the patient was surrounded by other surgical cases. We had our fountain syringes, our rubber sheets and slop pails and the wounds were irrigated freely with warm soap suds and then rinsed with clean water and the dressing applied. We did not know the first principles of sterilization and pathogenic germs as factors in the production of disease were strangers. Such a thing as primary union of a wound was practically unknown.

"About that time an innovation was made in the use of boracic acid on wounds after they had been cleansed, and over the boracic acid, layers of lint were placed and over that a liberal pad of absorbent cotton. Some objection was offered on the part of some of our surgical leaders of those days on the ground that a dressing of this kind would keep the wound too dry and would absorb all the pus and prevent the wound from being bathed by the protecting 'laudable pus.' However, it was soon discovered that cleansing the wound thoroughly and drying it perfectly and dressing it with boracic acid and then putting on absorbent lint and absorbent cotton seemed somehow to be attended by better results than where a large piece of lint was smeared with ointment of supposed healing power and then placed over the wound.

"In the obstetrical ward, cases of puerperal septicemia were more or less constantly present. Our first efforts in 1884 in preventing it were based on the experience of the New York Emergency Obstetrical Hospital with fairly successful results, by

the use of both prior and subsequent to confinement, of liberal douches of a solution of carbolic acid. In doing this we were in the habit of washing our hands thoroughly with soap and water and giving the patients a thorough douche of 1 in 50 or 1 in 100 solution of carbolic acid and then applying cloths wrung out of the carbolic acid solution to guard against the invasion of the dreaded bacteria.

"When Lister read his paper before the International Medical Congress in London in 1880 and announced his experience and views in the antiseptic treatment of wounds, it startled and awakened the surgical world and it is within the memory of most of our middle-aged and older practitioners that the initiative made by his announcement was the beginning of a revolution of methods in the treatment of wounds.

"Brain surgery was then practically unattempted. Abdominal sections were only occasionally undertaken and then by daring operators in desperate cases. No one had previously dared to dream of the day when the brain, the spinal cord, every organ of the abdomen and even the thorax and the heart itself, the very citadel of life, should be the field of legitimate surgical operative procedure. The first abdominal section which I ever saw was performed by Dr. Wolfolk, a young surgeon of Indianapolis, in the Indianapolis City Hospital clinic room about 1877. The patient was a colored woman and the operation was done for the removal of an ovarian tumor. Practically all the physicians in Indianapolis were invited to be present and every seat was occupied and standing room was at a premium. When the abdomen was opened and the tumor was being examined, one of our leading surgeons stepped forward and committed what we now would regard as the unpardonable error of passing his unwashed hand through the wound and into the abdomen for the purpose of examining the growth. As might have been expected, the patient died, although her remarkable vitality enabled her to survive for several days."

Antiseptic Amputation

"To Dr. John Chambers, of blessed memory, formerly a teacher in the Medical Col-

lege of Indiana, is probably due the credit of first introducing antiseptic methods in treatment of wounds in the state of Indiana. After Dr. Chambers, who was a member of the Indianapolis City Hospital staff, had given me a very interesting account of Lister's new work, I requested him to give me a list of things necessary to carry out antiseptic methods and I purchased at his suggestion a supply of carbolized gauze and Lister's protective (an antiseptically prepared oiled silk), together with a very large steam spray apparatus. The first amputation which Dr. Chambers performed under the new method was a surprise in its results in view of the prompt healing and slight amount of suppuration following. The limb was bathed in carbolized solution after having been washed and shaved and while the operation was in progress I held the large steam spray apparatus in my hand and in accordance with the ideas then prevailing, kept the atmosphere of the room moist with carbolized steam in order to destroy the invisible bacteria that were supposed to be floating in it and seeking an opportunity to light on the open wound. We know now that cleansing the wound and cleansing our hands and having our instruments sterilized, do more to prevent the invasion of bacteria than mixing the atmosphere of the room with the suffocating steam produced by boiling carbolized water. When the first paper on the antiseptic treatment of wounds was read before the Indianapolis Medical Society, the antiseptic treatment of wounds in all hospitals and in private practice had been somewhat imperfectly in practice for three or four years. The late Dr. Joseph W. Marsee who was perhaps the ablest and best teacher of general surgery Indiana has ever produced, in discussing this paper and in emphasizing his own conversion to the new method of treating wounds, expressed himself by saying: 'Mr. President and Gentlemen: I do not know anything about bacteria. I am not a bacteriologist. I would not know a germ if I were to meet it coming down the street, but I thank God that whereas I was blind, I now see and I know that by antiseptic treatment of wounds I have been able to greatly improve and almost completely change the conditions and results following surgical

operations'."

The cornerstone was laid for the new east building on April 4, 1883. Dr. John N. Kitchen gave the principal address, a carbon of which I have in my possession today. My father was of course present, as he was fifty years later when the building was demolished to make way for new construction and the cornerstone was opened. Unfortunately, the box originally placed in the stone was not sealed so its contents were demolished by moisture in the intervening five decades. It was an unusual experience for one man to be present at both ceremonies, half a century apart.

A Need for Nursing

After the physical improvement of the hospital was under way, the next most obvious need was to provide it with trained nurses. But there were no nurses. A charitable organization known as the Flower Mission, headed by Rev. Oscar C. McCullough, Minister of the Plymouth Church, (which used to stand where the J. C. Penney store is now located on the Monument Circle) had \$12,000 with which they wanted to build a small hospital for women and children. They requested Dr. Wishard, Sr., to train young women at the City Hospital to be used later as nurses when their hospital was established.

My father met with their board in June or July of 1883, calling to their attention that their resources were insufficient to build a hospital, but that they could be invaluable in establishing a training school for nurses at the City Hospital, and that if they ever did obtain sufficient funds for their proposed hospital, there would then be an adequate supply of trained nurses. The two practical nurses had been paid \$18.00 a month each. My father proposed that the Flower Mission finance the new school and said he thought he could influence the City Council to contribute more toward the project.

Accordingly, Dr. Wishard made a trip to Chicago to investigate the Illinois Training School which provided nurses for the Cook County and Presbyterian Hospitals. This was the only school then in existence west of the Allegheny Mountains. Professional schools of nursing had been established in

the east in 1873.^{2a} In Chicago, Dr. Wishard^{2b} compared the work done in the wards not under the care of the training school nurses and that under their care. The physicians with whom he met gave unqualified endorsement of the superiority of the work done by the training school nurses. Dr. Wishard felt that the plan was most practical and therefore the best that could be adopted for furnishing the public with trained and disciplined nurses. He was therefore ready for a training school for the Indianapolis City Hospital as soon as it could be organized.

I again quote from remarks of my father in 1911: "Perhaps a few further facts with reference to the meeting at Plymouth Church in June or July, 1884, may be of interest. Mrs. J. H. Stewart, who was then working with the Flower Mission, suggested to Rev. Oscar McCullough that nurses were much needed in connection with the Association's work in many poor families where proper care of the sick was then impossible. From this conference of Mrs. Stewart and Mr. McCullough evolved the suggestion for a Cottage Hospital for women and children. Mrs. Stewart and perhaps others corresponded with Bellevue Training School of New York and with the Illinois School of Nursing connected with Cook County and the Presbyterian Hospitals at Chicago.

"Out of her conference with Mr. McCullough and the correspondence of herself and others developed the plan of securing some of the wards for women and children in the City Hospital as a place to prepare their nurses for their work in the proposed Flower Mission Hospital. Shortly before this time, the cornerstone had been laid for the east wing of the present City Hospital and a new era with better opportunity for good work seemed before us, and the assurance of a new City Hospital at an early date doubtless inspired the good ladies to seek an opportunity for training their nurses in the wards of their new building.

"When I was invited by a note from Mr. McCullough to attend the meeting at Plymouth Church I gladly responded and after hearing the plan for the Flower Mission Hospital and the request that I would take some of their nurses for training in the

women's and children's ward at the City Hospital, I suggested that if they would get a good trained nurse as superintendent and supply a sufficient number of pupil nurses, I would gladly aid them in establishing a complete training school for nurses in connection with the City Hospital and if at any time in the future their plan for the Cottage Hospital matured, they would have abundant material from graduates and pupils of such a training school.

"The proposition was most favorably received and from a fund of money then on hand, the Indianapolis Training School for Nurses was established under the supervision of the Flower Mission. I believe the sum of money secured had been obtained for the double purpose of training nurses for the Flower Mission Hospital and possibly to act as a nucleus for the building of such an institution. The home for the nurses was opened on West New York Street opposite Military Park and a horse and spring wagon purchased. The superintendent and her nurses drove back and forth to the hospital, the day nurses coming early in the morning to relieve those who had been on duty all night and the night nurses in turn driving over in the evening to relieve the day nurses.

"The money which belonged to the training school had been deposited in one of our local banks and was being used together with the very meager allowance then secured from the city to defray the expense of maintaining the training school. Within a few months after the training school was established, the bank containing its funds failed and we were confronted with the problem of abandoning the training school or raising the money from some other source. The loss of this money afforded a very potent argument for inducing the Hospital Board and the City Council to increase the appropriation for the training school. The amount paid the training school from the time it was established until its funds were lost by the failure of the bank was \$36 a month and the training school organization furnished its own home for its nurses on New York Street and paid all expenses. After the bank's failure, Mr. McCullough, Judge Martindale and other prominent citi-

zens went before the City Council with me and succeeded in getting an allowance of \$75 per month and permission to use one floor of the east wing of the City Hospital as a home for the nurses.

"The training school was then moved to the hospital where it has since remained. It was entirely separated from the Indianapolis Nursing School in the fall of 1896 at the commencement of Dr. Charles Ferguson's second term as superintendent. Its graduates are scattered throughout the length and breadth of the land. Some of them, indeed, have gone to foreign lands and one at least, Miss Carrie Bell, has become a martyr, having died of cholera while serving as a foreign missionary and nurse in the Isle of Ceylon. A number of the graduates of this school have become superintendents of training schools in other cities. The influence of the training school on this hospital is something I cannot fully portray. Its influence outside this hospital has been equally potent. It is largely through the influence of its graduates that the evolution of nursing in Indiana has been so constantly progressive."³

Neophitic Nurses

At last, on September 1, 1884, Miss A. A. Traver of Bellevue Hospital was installed as superintendent of the new training school, beginning with one pupil nurse, Miss M. E. Iddings. Soon, other pupils began to arrive. Dr. Wishard said: "I cannot express the relief which their intelligence, conscientious and capable assistance gave. Their records of cases and care of patients brought hope as a constant and welcome guest into the institution. About November 1 of the same year, Miss Richards and Miss Crosby, both graduates of the Bellevue Training School, came as assistants to Miss Traver. Miss Crosby was succeeded in a short time by Miss Dryer, who was also a Bellevue graduate. The establishment of the school, however, was attended by some opposition. I very well remember that one of our leading physicians who was then a teacher in one of our medical colleges asked me in all seriousness if I was not afraid that I was making a great mistake in establishing a training school for nurses. He wanted to know if there was not danger, that in

giving these young ladies a course of lectures and study and of practical instruction at the bedside, that they might in an objectionable manner in many ways supplant the physician. He seemed to think that an educated nurse would be inclined to arrogate to herself the functions of a physician and to supplant the latter in his authority and control of cases. I told him that I had no thought of such a result, that if it did occur, it would be the fault of an occasional individual nurse and would not be chargeable to the system of educating nurses.

"Within a few months after the training school was started, this same physician and the majority of our other leading practitioners besieged Miss Traver and myself with requests for the services of nurses in their private practice."³

Thus began the second training school for nurses west of the Alleghenies. The course of training was two years, the entrance requirements not as rigid as now. However, "a group of well educated young women constituted the personnel of the first class, graduated in 1885."³ Miss Traver resigned in a year and was succeeded by Miss Abbie Hunt who later became Mrs. Peter F. Bryce, affectionately remembered as "Mother Bryce." During her administration, graduate nurses were sent to St. Louis, Louisville, Springfield, Chicago, Denver and Los Angeles to organize training schools. Mrs. Bryce later became the Mother of Public Health Nursing in Indianapolis.

The first class had nine students, five of whom graduated. The course of two years included emergency treatment of poisoning, syncope, hemorrhage, convulsions, suffocation, discharges from the body, care of lying-in women, children, dressing of burns, cupping, administration of enemas, catheterization, bathing, massage, recording of vital signs, an outline of anatomy, giving of medicines, physiology and bedside instruction.

In earlier years,⁴ the student nurses worked from 7:00 A.M. to 7:00 P.M. with two hours off to attend classes. On Sunday, they received four hours off in the afternoon. There was no social life at all. Each room housed four girls. Once a year, a late

pass was permitted to attend a very special program, such as an opera. The nurses were allowed to speak to physicians only on professional matters and to medical students not at all. One nurse was dismissed ten days before graduation because she shook hands with a male patient who was leaving the hospital to go home.

My father was much impressed during his term of office with the plight of genitourinary patients in the hospital, a fact which had influence in his selection of urology as a specialty when he resigned as superintendent in 1887. One story, not urologic, I remember him telling me as a small boy. A murderer had been admitted, suffering from what was called membranous croup—probably diphtheria. During the night, he was called to see the prisoner because of respiratory difficulty. The patient, already sentenced to execution, became so cyanotic that mouth-to-mouth respiration was essential. As a child, it was hard for me to understand why a condemned convict should be resuscitated so he might die later on the gallows.

“Wishard’s Wisdom”

And so it has come to pass. We have tried to sketch the early days of the hospital and its training school together with the men and women who organized it. “Dunlap’s Folly” grew to be known as “Wishard’s Wisdom” according to the press of the day. It has become greater with each succeeding year. The modern educational advantages which you have had hark back to very tiny beginnings. Dr. Dunlap conceived the idea of the hospital and started it, but to Dr. Wishard must go the credit for placing it in continuing practical operation, and with the help of the Flower Mission, establishing the second training school for nurses west of the Allegheny Mountains.

I am indebted for source material to Dr. Thurman B. Rice who has written extensively on the early history of medicine in Indianapolis and Indiana, as well as to my aunt, Miss Elizabeth Wishard, first bookkeeper of the hospital, for records of my father which she preserved. The first bookkeeping “department” was a secretary desk which was purchased for my grandfather’s office from Dr. Graden of Southport for

\$5.00. I still have this in use in my own office, a beautiful antique admired by all who see it. The first operating table in the old hospital, discarded many years ago, is still preserved as an examining table in our office.

It is well for us to remember that the primary purpose of the primitive hospital of '79 remains the same today in our very elaborate modern institution—to care for the sick, to help them regain health, or if that is impossible, to relieve pain and give comfort to the remaining days of the incurable. The attitude we should all have is beautifully exemplified in the closing paragraph of a brief review of the Massachusetts General Hospital for 1964 by its director, Dr. John H. Knowles:

“I never tire of saying that all of us—trustees, staff, administration—doctor, nurse, maintenance man—surgeon, pediatrician, research worker—no matter what the interest or what the discipline, all of us are proud of this institution and deeply grateful for the privilege of being part of it. As an individual acquires certain virtues as he grows, so too does an institution and the sum total of its virtues reflects the virtues of its individuals. Hope, will, skill, purpose, fidelity, caring, love, and finally integrity are acquired as repeated crises are resolved satisfactorily in the individual as well as the institution’s life. The hospital and all its individuals have risen to these various crises and have never failed to resolve them satisfactorily. As a result, the hospital continually gains strength and has increasing capacity to carry out optimally its prime function of caring for the sick . . . and caring stands above all.” From Dr. Hugh Jewett of Baltimore, I once heard a quotation of the late Dr. J. M. T. Finney on the three kinds of ability a doctor should have—affability, availability and just plain ability. I think these assets apply equally well to you of the graduating class. May you prosper well in your forthcoming work as graduate nurses. My congratulations to you all.

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