

Overlooked Soldiers in the Cancer Wars: Nurses and Cancer, 1880-1950

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The history of humanity's continuing battle with cancer has been extensively examined in lay and scholarly literature. Fear of this dreaded disease has resulted in a compelling interest in the experiences of those who suffer from it, their families, and their doctors. Yet the work of nurses, although at the forefront of the war on cancer, has been curiously disregarded. Nurses are a fixture in any serious illness but their work readily blends into the disease milieu, inconspicuous although essential. Several factors may explain this phenomenon. Formerly nurses, as predominantly female, have been disregarded when traditional white male-focused history was written. Nurses' highly traditional feminine role also failed to ignite much interest from women's and social historians. Nurses were not autonomous practitioners; indeed, unquestioning obedience to male physician authority was demanded. However, nurses' work presents a wealth of intimate and socially important human stories.

My research attempted to uncover the work of nurses in the care of patients with cancer, from 1880-1950. Cancer serves as an excellent framework for the study of nursing since the disease calls upon a diverse range of nurses' knowledge and skills. There is a dearth of primary source material related to clinical nursing practice before 1950. Nurses authored few books or journal articles and their notes in patients' charts were routinely destroyed when the charts were prepared for storage. Records specific to cancer nursing care before 1950 are even more difficult to locate. The M.D. Anderson Cancer Center at the University of Texas was founded in 1941, while the City of Hope

National Medical Center did not focus upon patients with cancer until the 1950s.

Founded in 1898, the Roswell Park Cancer Institute in New York holds minimal pertinent archival materials. The Rockefeller Archive Center (RAC) holds the archives of the Memorial Sloan-Kettering Cancer Center (MSKCC), formerly the New York Cancer Hospital (1884-1899) and subsequently renamed the General Memorial Hospital (1899-1916) and then the Memorial Hospital for the Treatment of Cancer and Allied Diseases (1916-1950). I primarily used the MSKCC annual reports, but other papers such as nursing procedure guidelines, a Second World War staff newsletter, and several press releases added useful information. In addition, the collection of Dr. Hayes Martin, a surgeon affiliated with Memorial Hospital, contained papers and other memoranda related to the care of patients with cancer.

For most of its long history, MSKCC was a specialty hospital involved with cancer care. Thus its early records related to nursing, although not extensive, are highly important for my specific research questions. Furthermore, during the early part of the 20th century, MSKCC was the nation's premier site for radiation therapy, particularly because of its substantial accumulation of radium. Nurses applied radium to patients and cared for patients with radium implants. Thus, the materials on radium and nursing at MSKCC were of particular interest. Finally, the hospital's support of cancer-specific nursing education from its earliest years was extremely interesting. Course content served as a guide to what cancer nurses actually did and outlined the development of cancer nursing as a nursing specialty.

For these rich facets of cancer nursing, the MSKCC archives represent a unique and important source for my study. The following report presents an overview of my

research findings from MSKCC related to early cancer nursing, radiation therapies, and cancer nursing education. Several other areas, however, supported and enriched materials from other archives. These areas included hospital-sponsored visiting nurses for discharged cancer patients, the emerging nursing opportunities in radiation and blood transfusion technologies, and nurses' growing expertise and interest in the rehabilitation of patients following radical cancer surgeries resulting in mastectomies or colostomies. Ethical issues of great interest in nursing today are presaged in MSKCC's records related to the previously-accepted medical practice of concealing a diagnosis of cancer from affected patients. Finally, the hospital records documented societal change in the public's willingness, from the 1920s forward, to more readily seek scientifically-based cancer treatment.

Cancer nursing in the early years

The Lady Supervisors of the Women's Hospital of New York were outraged. They had repeatedly told their star gynecologist, J. Marion Sims, to stop admitting his cancer patients. "Yet," they complained in December, 1873, "within three days of our strong remonstrance...and within a week of the time in which a death occurred from cancer, which case caused extreme annoyance and suffering to all other patients...Dr. Sims brought in another case and operated the next day, before any of the managers were cognizant of the fact."¹

The Women's Hospital of New York was not alone in refusing cancer patients. In New York City none of the city's general hospitals would admit patients with cancer until

¹ RAC, MSKCC, RG 500, Hayes Martin Collection, Box 7, Folder 108a, Lady Managers to Board of Governors, The Women's Hospital

1909.² The cure rate was negligible and patients stricken with this disease required extensive, chronic nursing care, which hospital administrators could ill-afford. Such unfortunate patients almost always died an excruciating death, were perhaps disfigured by an ulcerating mass, and their decaying, infected tumors discharged a nauseous odor. Additionally, many people considered cancer infectious and, for gynecological cancers particularly, somehow related to venereal disease and association with the lower classes.³ The Women's Hospital's Lady Supervisors further complained, "On account of the number of tumor cases operated upon, three beds have had to be reserved for the extra nurses, so that the whole capacity of the house has thereby been diminished."⁴ From these scant records we know that nurses slept in the wards with their very ill patients and we know that nursing cancer patients was arduous—but their duties are unclear.

The nurses hired for the New York Cancer Hospital, as MSKCC was first called, were not "trained" although several nurse training schools were operating in the 1880s. The New York Cancer Hospital's nurses were almost certainly drawn from a class of women reduced and desperate enough to undertake such singularly unattractive work. They were unquestionably poorly regarded by the new hospital's progressive-era founders. When the cornerstone of the New York Cancer Hospital was laid in 1884, society women were asked to volunteer their time because: "We may not turn over the administration of our patients to paid nurses, and to them alone."⁵ Yet two early patient histories indicate that these nurses were regarded with some level of respect. These patients, one with cancer of the rectum, were discharged in 1888 because of rudeness to

² C.E Rosenberg, *Care of Strangers* (New York: Basic Books, 1987): 306

³ RAC, MSKCC, RG 500, Hayes Martin Collection, Box 5, Folder 81a Bulletin, historical note number 6

⁴ RAC, MSKCC, RG 500, Hayes Martin Collection, Box 7, Folder 108a. Sims biographical c1860-1883

⁵ RAC, MSKCC, RG 405, Series 1, Box 1, Reel 1, New York Cancer Hospital First Annual Report, appendix, p. 13, May 17 1884

the nurses and house surgeon. Even though these nurses were paid, untrained female workers, civility from the patients, an even lower caste, was required.⁶

The hospital management relied upon paid nurses to watch over and care for their acutely ill cancer patients. The hospital's unusual design, with its large circular wards (See Figure 1), ensured that "The patients are under the immediate observation of the nurse in centre of the ward to a degree impossible with the parallelogram form ...the more ready access to patients saves much labor on the part of nurses."⁷ The nurse's room, just outside the ward and opposite the patients' bathroom, enabled her to be readily available at all hours for the patients in her charge. Early hospital records described a patient who fainted in the bathroom one night, about a month after her radical mastectomy. Although the nurse's role was not documented, surely the nurse was first at her side. The nurse then most probably roused the house officer and ran to the medicine cupboard for stimulants. The woman died within a few minutes, even though whisky was poured in her mouth and injected under her skin.⁸

The complexities of the operations described in the early records further reinforce that skilled nursing was required. Doctors needed nurses to prepare the patient, the room, the instruments, and the dressings and sponges. Nurses scrubbed up, affixed the mops to forceps, handed doctors the instruments as required, and cared for patients as they heaved and vomited following ether anesthesia. Although the patient notes again do not specifically document nursing practice, the presence of nurses is revealed. For example,

⁶ RAC, MSKCC, RG 500, Hayes Martin Collection, Box 5, Folder 83 Review of first book of histories of the New York Cancer Hospital

⁷ RAC, MSKCC, RG 405, Series 1, Box 1, Reel 1, New York Cancer Hospital Second and Third Annual Report, 1886-1887, p. 10.

⁸ RAC, MSKCC, RG 500, Hayes Martin Collection, Box 5, Folder 83, Review of first book of histories of the NYC Hospital.

detailed notes following a mastectomy performed at the New York Cancer Hospital in 1888 assert that “Very careful antiseptic precautions were taken as to the patient. Doctors, nurses, instruments, ligatures, etc...”⁹ It is of note that these details were recorded days after the operation, when the patient had developed a massive infection.

In many cases during this pre-antibiotic era, the wounds became grossly infected and patients returned to surgery to have their wounds reopened and irrigated with carbolic solution. The records reveal several other post-operative complications requiring nursing observation and intervention, such as inability to void, abdominal distension, and diarrhea. Reflecting on the acute and labor-intensive nature of cancer nursing, readers of the 1902 Annual Report were reminded that more nurses were required at the General Memorial Hospital than for non-cancer hospitals.¹⁰

The “exacting and trying” nature of the nurses’ work in the 1880s was stressed by several writers in the early annual reports.^{11,12} The Hospital’s Executive Committee purposely held their weekly meetings in the hospital in an effort to lend their supportive presence to the nurses.¹³ In the 1890s, one ward was set aside just for terminal cases and such unfortunate patients required extensive nursing care.¹⁴ A few years later the demanding nursing work of the cancer hospital, now undertaken by trained nurses, led the Board of Managers to seek a veritable paragon of virtue in their new head nurse:

⁹RAC, MSKCC, RG 500, Hayes Martin Collection, Box 5, Folder 83, Review of first book of histories of the NYC Hospital.

¹⁰ RAC, MSKCC, RG 405, Series 1, Box 1, Reel 1, General Memorial Hospital Annual Report 1902 Superintendent’s Report

¹¹ RAC, MSKCC, RG 405, Series 1, Box 1, Reel 1, New York Cancer Hospital Annual Report 1894, John E. Parsons, President.

¹² RAC, MSKCC, RG 405, Series 1, Box 1, Reel 1, General Memorial Hospital Annual Report 1902; 1910, & Memorial Hospital Annual Report 1918-1920. Quote 1918-1920, p. 31.

¹³ RAC, MSKCC, RG 405, Series 1, Box 1, Reel 1, New York Cancer Hospital Annual Report 1888, pp10-11.

¹⁴ RAC, MSKCC, RG 405, Series 1, Box 1, Reel 1, New York Cancer Hospital Annual Report 1891; 1894

“Perfect comprehension of the duties, conciliatory manners, an angelic temper, and the ability on occasion to mingle sternness with amiability are required.”¹⁵

Nurses and radiation therapy

Almost immediately following the discovery of x-rays and the isolation of radium in the late 1890s, and years before its deleterious effects were fully appreciated, radiation’s wondrous property of inhibiting cancer was exploited. The General Memorial Hospital was an early enthusiast of these therapies, rapidly becoming a major center for the radiation treatment of cancer. The hospital bought its first two x-ray machines in 1902 and during their first year of use 84 patients with tumors were treated by radiation, including 20 women with cancer of the breast (see Figure 2). Although these tumors were considered too advanced for surgery, which remained the primary treatment for cancer, radiation often relieved pain and sometimes effected a temporary improvement.¹⁶ Little of nursing’s involvement with radiotherapy at the General Memorial Hospital during these early years is documented, although data from other hospitals indicate that nurses as well as physicians and technicians were exposed to radiation’s harmful rays.¹⁷

Rapidly, this new “wonder therapy” of radiation was embraced by many of the hospital’s physicians. Within a few years, x-ray machines were even set up in the operating rooms at General Memorial Hospital and open wounds were blasted with a few rays after the cancer had been extracted.¹⁸ In a particularly novel early use of x-rays, beginning in 1931, patients were subjected to continuous entire body radiation,

¹⁵ RAC, MSKCC, RG 405, Series 1, Box 1, Reel 2, General Memorial Hospital Annual Report 1910 p. 19

¹⁶ RAC, MSKCC, RG 405, Series 1, Box 1, Reel 1, General Memorial Hospital, 1902 Annual Report, “Report of X-Ray work done at the General Memorial Hospital,” p. 41

¹⁷ P. Brown, *American Martyrs to Science through Roentgen Rays*. Springfield, IL: Charles Thomas, 1936

¹⁸ RAC, MSKCC, RG 405, Series 1, Box 1, Reel 2, Memorial Hospital Annual Report 1915 Superintendent’s Report

interrupted only when nurses entered the room to quickly deliver essential care. There was a switch on the door which stopped the rays when a nurse entered and then the radiation resumed after she left. Four patients were under one nurse's charge, and they all received this same level of x-ray treatment, typically staying in the room for two to three weeks.¹⁹ Three years later the equipment was re-located to an area nearer other patients, in order to increase the nurse's load and thus decrease costs.²⁰

Generally nurses were more closely involved with radium than with x-rays. During the 1920s Memorial Hospital owned more radium than any other institution in the U.S.²¹ Radium itself was used in protective containers of varying sizes, or its radioactive gas emanation—radon—was collected and used. Patients were confined to their beds for days while radium implants, lodged in or on their bodies, destroyed cancerous cells. This meant that nurses needed to give these patients complete care in bed, although they acted as rapidly as possible to avoid extended radiation exposure. When dressings were changed or bedpans used, the nurse carefully examined soiled gauze or the bedpan's contents to ensure none of the precious radium had been accidentally discarded.

When a prominent New York radiologist died in 1935 after years of suffering from his radiation-induced injuries, MSKCC hastily released a statement stressing its own radiation safety practices.²² Nurses and other non-scientists or non-physicians doubtless also died, but their stories are mainly lost. Importantly, the reminiscences of Dr. Hayes Martin preserved one sad record of the life and death of a nurse radiation victim.

¹⁹ RAC, MSKCC, RG 405, Series 1, Box 1, Reel 3, Memorial Hospital Annual Report, Report of Radium Physics and Biophysics Laboratory, 1932.

²⁰ RAC, MSKCC, RG 405, Series 1, Box 1, Reel 3, Memorial Hospital Annual Report, Milestones of Memorial Hospital. 5.25.1934.

²¹ RAC, MSKCC, RG 500, Hayes Martin Collection, Box 6, Folder 101a

²² RAC, MSKCC, RG 375, Series 3, Box 1, Folder 1, Press Release. 1935. Death of Dr. Francis LeRoy Satterlee.

The nurse, Miss Holmes, was heavily exposed to radium from around 1915. At that time, the hospital's residents marked patients' skin to indicate where to apply radium packs. Then, during the night, as Dr. Martin recalled, Miss Holmes "carried the radium from patient to patient with no protection whatever." She became ill in the late 1920s and died of chronic leukemia shortly thereafter. Dr. Martin concluded: "I think this case brought our attention to the dangers of handling radium..."²³

By the mid-1930s, radium was encased in a four-inch thick lead shield with a channel allowing radiation treatment to a specific site. Nurses were involved in applying this pack. They prepared the patient for treatment, then quickly opened the pack before rapidly leaving the room.²⁴ By 1943, x-rays had improved to the extent that they could safely have an impact on deep-seated tumors and Memorial Hospital's radium pack was sold.²⁵

When radium or radon was applied onto or inserted into patients in the 1940s, nurses were instructed to work quickly with their patients, getting all non-essential work done away from the bedside.²⁶ While these instructions sound plausible, recall that these patients were seriously ill with cancer. Nurses were instructed to keep away from their patients as much as possible yet they were left with an ethical dilemma concerning guarding themselves or giving physical or emotional support to their patients. Nurses were also charged with the responsibility of ensuring that the radium was removed from patients at the exact time. Nurses organized the removal; they contacted doctors and technicians; ensured removal equipment was ready; and they washed the radium in its

²³ RAC, MSKCC, RG 500, Hayes Martin Collection, Box 6, Folder 106, Radium reminiscences 1944.

²⁴ RAC, MSKCC, RG 375, Box 1 folder 1, Press Release 1935

²⁵ RAC, MSKCC, RG 175, Series 1, Box 2, Memorial News (2) 10.1.1943

²⁶ RAC, MSKCC, RG 153, Box 1 folder 2, Memorial Hospital Reference Book for Nurses, 1950. Radiotherapy.

applicator, while holding it with forceps and keeping it at arm's length. For patients undergoing x-ray therapy, nurses applied corn starch and lanolin to their scorched skin or gave soothing mouthwashes to those with irradiated mucous membranes.²⁷

Teaching cancer nursing

The New York Cancer Hospital did not operate a traditional nurse training school but after the first few years offered a course for graduate nurses. During this early series of lectures given by hospital physicians, the specific care needed in cancer nursing was covered. These lectures shed light on the surgical thrust of cancer nurses' work during the 1890s. Nurses were instructed through lectures on anesthetics, hemorrhage, cleanliness after surgical operations, and septic infections of the genital tract.²⁸ Starting in 1892, the hospital began a more extensive post-graduate surgical nursing course which followed the pattern of general nurses' training, although the program lasted initially just twelve and then six months.^{29,30} The first month was probationary, followed by work experiences in the surgical wards, the operating room, and a short period caring for patients with terminal disease. These nurses worked all shifts and were also assigned as private duty nurses for patients willing to pay—an additional source of hospital revenue. The nurses lived in the hospital and probably worked for free or a small stipend in exchange for these lectures and work experiences, and room and board. All this was normal practice for training schools of the era. As hospital president John E. Parsons noted with satisfaction,

²⁷ RAC, MSKCC, RG 153, Box 1, Folder 2, Memorial Hospital Reference Book for Nurses, 1950. Radiotherapy.

²⁸ RAC, MSKCC, Series 1, Box 1, Reel 1, Memorial Hospital Annual Report 1890 p. 12.

²⁹ RAC, MSKCC, Series 1, Box 1, Reel 1, Memorial Hospital Annual Report 1899

³⁰ RAC, MSKCC, Series 1, Box 1, Reel 1, Memorial Hospital Annual Report 1892

this course was of educational benefit to the nurses and “it provides for the hospital a corps of efficient workers,” thus the benefit was mutual.³¹

In 1896, twenty-six nurses graduated from the training course—nearly all the nurses in the hospital.³² This course continued for many years with a waiting list for places during the later 1890s and early 1900s.³³ In 1902 there were over 100 nurses waiting to start the program. Possibly the depression of the 1890s encouraged young women to seek the security of hospital room and board, as graduate nurses later did during the Great Depression. As was typical in all nursing education at this time, most if not all the lectures were given by physicians.³⁴ Many books, particularly surgical and gynecological textbooks, were donated to the hospital for the nurses’ use during the 1890s.³⁵

The history of nursing at MSKCC represents a microcosm of the early evolution of nursing as an occupation. Initially the nurses were paid, untrained women drawn from the poorest social class. As hospital nurse training schools opened in the late 19th century, nurses were rewarded with some instruction and a diploma for their work on the wards, and were from a somewhat higher social group. Obedience to authority was paramount in nursing schools of the period, and no less for the post-graduate students at The General Memorial Hospital. In 1890, the nurse superintendent was complimented because “The discipline of her nurses had reached a state of perfection.”³⁶ The prestige of nursing at The General Memorial Hospital can be sensed from the distances young women traveled

³¹ RAC, MSKCC, Series 1, Box 1, Reel 1, Memorial Hospital Annual Report 1899 p. 11

³² RAC, MSKCC, RG 405, Series 1, Box 1, Reel 1, Memorial Hospital Annual Report 1896

³³ RAC, MSKCC, RG 405, Series 1, Box 1, Reel 1, New York Cancer Hospital Annual Report 1892; 1897. p. 18

³⁴ RAC, MSKCC, RG 405, Series 1, Box 1, Reel 1, Memorial Hospital Annual Report 1902

³⁵ RAC, MSKCC, RG 405, Series 1, Box 1, Reel 1, Memorial Hospital Annual Report 1893

³⁶ RAC, MSKCC, RG 405, Series 1, Box 1, Reel 1, Memorial Hospital Annual Report 1890.

to enter graduate training there. In 1910, nurses came from all over the U.S., Canada, and Europe to undertake the General Memorial Hospital's post-graduate training course in surgical nursing. Following this additional training, many of these women entered private duty nursing but a significant proportion entered nursing leadership positions as superintendents of hospital training schools or operating room supervisors.³⁷

From these early days of physicians' lectures, cancer nursing education matured into truly specialized courses within the hospital, followed by a joint university-hospital program undertaken for college credit. In 1944, Memorial Hospital was accepted as a site for the Cadet Nurse Corps program. The U.S. Cadet Nurse Corps, instigated through the Bolton Act of 1943 and enacted through the U.S. Public Health Service, encouraged young women to enter nursing. The Cadet Corps courses allowed the last six months of training to be spent in a specialty area. The Memorial Hospital, accepted as a Cadet Corps site, could now consider cancer nursing a legitimate nursing specialty. Director of Nursing Anne A. Ferris described the skills that made cancer nursing distinctive, including the use of radium, radical surgeries, complex feeding methods, and the emotional needs of these patients. Courses for Public Health nurses in cancer nursing were also started at this time.³⁸ These courses demonstrated the complexities of this nursing specialty and set the stage for highly-educated nurse specialists in cancer and other fields.

National interest in cancer nursing was demonstrated when *The New York Times* ran a story on December 5, 1946: "Cancer Specialist to Head Teachers College Course." This first-ever university course on cancer nursing had been organized, the article

³⁷ RAC, MSKCC, RG 405, Series 1, Box 1, Reel 2, Memorial Hospital Annual Report 1910

³⁸ RAC, MSKCC, RG 375, Series 3, Box 1 Folder 10 Press release 7.3.1944

declared, “in response to the increasing national demand for nurses specializing in cancer treatment and prevention.” A photograph of Katherine Nelson, named as the program’s director, was included. Nelson’s course was funded by a 5-year, \$30,000-per-year grant from the American Cancer Society, New York Division.³⁹ Cancer nursing had entered the public consciousness.

In conclusion, the records of MSKCC provide a unique window into early cancer nursing and cancer nursing education. However, the lack of actual nurses’ notes from the early hospital period renders it necessary to imply and extrapolate nursing work from the facts of cancer treatment strategies. The period spans the days when only charity cases were desperate enough to enter a cancer hospital through to when MSKCC was seen as giving the best chance of a cure and rich and poor patients alike applied for help.

Similarly, the evolution of cancer care from surgery alone through to the combination of early radiotherapy and surgery can be garnered from the MSKCC records.

Documentation of nurses’ integral involvement in this phase of cancer care serves to make public their hitherto overlooked contributions.

³⁹ RAC, MSKCC, RG 375 Series 3, Box 1, Folder 12, Press release 12.5.1946