

Worlds of Nursing: The Rockefeller Moment

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Rockefeller Archive Center (RAC) sources about the history of nursing have been familiar to scholars for quite a while. Since the publication of Ellen Condliffe Lagemann's *Nursing History: New Perspectives, New Possibilities* in 1983, many others have used the collections in Sleepy Hollow. Scholars have studied public health nursing in particular countries, most notably Latin American (Anne-Emanuelle Birn, Luiz Castro Santos) or European ones (Erik Ingebritsen). Browsing the *Nursing History Review* brings out many articles that make it clear that scholars of bedside and public health nursing in national frameworks have found grain to grind in Pocantico Hills, thanks to sources that document the presence of the Rockefeller Foundation and associated boards in the field of nursing education beginning in the 1910s. The nursing program also caught the attention of those who have tried to reconstruct the history of a specific Rockefeller Board, as John Farley did for the International Health Board. The existence of a *Survey of Sources at the Rockefeller Archive Center for the History of Nursing* (1990 by Emily Oakhill) bears witness to this long-lasting interest.

My own interest in the history of nursing and nurses has its origins in a slightly different perspective than the ones which have motivated works by nursing historians like Anne Marie Rafferty, Celia Davies, Sarah Abrams, Elizabeth Vickers or Susan Armeny. Their

own tack on nursing as a profession, a discipline and a body of knowledge seems to have derived mostly from their involvement in contemporary nursing issues, as they tried to understand their professional or educational field. Mine comes from an interest in nursing as one among the several fields of the 'social domain' that have been developed and shaped during the modern age through networks and connections across national, linguistic and civilizational boundaries. From the competing and coordinated training experiments led in Kaiserwerth, London and Lausanne beginning in the middle of the 19th century, to the vast programs engineered by regional and global intergovernmental and non-governmental organizations in the middle of the 20th century, my hypothesis is that nursing as a profession, a discipline and a body of knowledge was disputed and discussed transnationally by its protagonists, and that this shaped very deeply its regional, national or local avatars.

From the 1910s, the various Rockefeller philanthropic boards progressively joined these 'worlds of nursing' where nurse leaders and their professional associations, Red Cross societies, public health reformers, hospital administrators, philanthropists, medical doctors, governmental authorities and missionary churches had been crossing swords or uniting strengths for decades. At the same time, agencies like the League of Nations or the League of Red Cross Societies stepped forward to contribute to nursing education standards, to support experimental nurse training schools, or to develop public health facilities where nurses were supposed to lead the struggle for preventive health policies. The inter-war years were tremendously busy: nurses, curricula, certificate regulations, professional charters, architectural designs of nursing schools and homes and practical nursing tools criss-crossed the Seven Seas between Europe, the Americas and Asia. Under different guises, the Rockefeller boards were pulled into this vortex that they tried to steer and drive. With nursing programs established at Peking Union Medical College or sketched through the work of the Commission for the Prevention of Tuberculosis in France during World War I, then developed more systematically from the early 1920s through the Laura Spelman Rockefeller Memorial, the International Health Board and the Rockefeller Foundation, Rockefeller philanthropy became a key player in the field. Its support and the advice of its nursing officers in its nursing program were increasingly sought by public authorities, nurse leaders, religious orders or educational agencies who wanted to launch, develop or maintain activities in bedside or public health nursing. Financial aid and counsel were given to innumerable actors, and the list of appropriations only provides a preliminary idea about the range of activities developed within nursing programs.

From these, I am sampling only a handful to give some clues to the readers of this report: nursing schools in Rio de Janeiro, Peking, Lyon, Cracow, Warsaw, Zagreb, Budapest, Debreczen, Bucharest, Athens, Prague, Helsingfors, London, Lisbon, Tokyo, Bangkok, New Haven, Toronto, and Nashville were given capital aid, while many others benefited from scholarships or developmental aid. Support for operating budgets was granted to Central Bureaus of Nursing established within the national governments of France, Poland, Yugoslavia or Hungary; demonstration health centers, used as training fields for student nurses, were financed in Mokotow, Terracina, New York City, Lyon, Montpellier and many other places. Between 1919 and 1940, the Rockefeller Foundation awarded 489 fellowships to nurses in 38 countries, while the China Medical Board increased that number with its own program. Many other agencies, non-governmental and philanthropic, also embarked on supporting institution-building, demonstration work and exchange of personnel in the nursing field in these years, but none shows a similar geographical range, and none had more financial leverage and field supervision personnel than the Rockefeller boards. This does not mean that they were the hegemonic organisers of this field, but it does point to the fact that the records of this activity, now kept in the vaults at Dayton Avenue, are a great platform to observe the worlds of nursing from the 1910s.

Plans and schemes

As I visited RAC in June 2007 to investigate this ‘Rockefeller moment’ in the history of the worlds of nursing, my plan was to develop research on two prongs. At first sight, these may seem divergent or contradictory, but they are in fact very much complementary. They are part of my eclectic research strategy that seeks to enter the worlds of nursing through different points of access: the connection between English and US nurses in the late 19th century, the work of the International Council of Nurses, the interest of the League of Nations for public health nursing, the reversed flows in the imperial job market of nursing in the 1950s, etc. The targets that were on my radar screen during my visit at RAC were some among several windows into nursing connections and circulations

On one hand, I wanted to dive deep into a very specific project that was supported in one way or another by the Rockefeller boards from 1918 to 1940, the Ecole d’Infirmières et de Visiteuses de Lyon et du Sud-Est in Lyons,¹ France. Together with my colleague Ludovic Tournès, from the University of Rouen, we have begun an investigation of Rockefeller

¹ ‘Lyons’ was the spelling used in Rockefeller documents, but I will use the French spelling, ‘Lyon.’

programs in Lyon, with a special interest in the fact that they were a ‘philanthropic joint venture’ where Rockefeller aid was matched by financial and other support provided by local industrialists spearheaded by chemical and textile industry magnate Edmond Gillet and his wife Leonie Motte-Gillet. Both the nursing school and the medical school buildings were partly financed by the Rockefeller Foundation, with the prospect of bringing together nursing and medical education in Lyon, thanks to this demonstration project in France. This eventually led to the RF’s biggest French appropriations in the interwar period. For their new buildings, the medical school received about \$800,000 (70% of construction costs) and the nursing school \$160,000 (50% of construction costs), notwithstanding endowments for both of them. Both institutions also benefited from several other appropriations before and after construction. We had already made exploratory forays into relevant folders and boxes at the RAC, but it was now time for us to try to wrap it up, as we had made important advances in French sources (national archives in Paris; Nursing school, School of medical education, local authorities and Hospital archives in Lyon). On this prong, the plan was to capture scattered material spread out in records pertaining to the Commission for the Prevention of Tuberculosis in France, the Division of Studies, the Division of Medical Education and the International Health Division. Among these, of chief importance were the diaries of officers who dealt directly with the Lyon projects: Alan Gregg, Edwin Embree, George Strode, George Vincent, but above all Frances Elizabeth Crowell and Mary Elizabeth Tennant. We knew that the diaries of these two women were rich in information about every development at the nursing school, since both were deeply involved in the practical operations there.

On the other hand, I wanted to know more about the role of the Rockefeller boards in supporting, maintaining and orienting nursing flows in the interwar years. If I was to evaluate this contribution of the Rockefeller nursing program, I had to follow up the definition, location and implementation of this program, and to see how the activities developed in different countries related to one another. Accordingly, I had to pay special attention to ‘program and policy’ documents where the officers of the Rockefeller boards tried to define the nursing program. The 1923 European program drafted by Embree and Crowell, the October 1925 conference on nursing, the memos that Richard Pearce and Elizabeth Crowell exchanged in 1928, the plans made within the International Health Division in the 1930s (especially Mary Beard’s ‘Five year plan’ of 1934) should allow me to see if and how programs in Brazil, China, Europe, the US and Canada related to one another as far as great designs were concerned. The correspondence between New York and the field officers, especially with Crowell, was to provide me with a view of how coordination was achieved, or

not, in practice, and how nursing activity in some ten European countries was integrated or not. I also wanted to sound out specific projects (in Poland, Hungary, Yugoslavia) to see how they were connected to developments in other countries. I was especially anxious to document the interaction between RF US domestic nursing projects (Committee for the Study of Nursing Education, Committee on the Grading of Nursing Schools, Yale University School of Nursing, for example) and foreign nursing education projects. Last but not least, I wanted to use the travel of nursing fellows and 'nursing leaders' within Europe or between Europe and the US to get an idea of how nurses were able to draw on other experiences and how they did evaluate them. My chosen path into these study and training tours was to use general correspondence about nursing, diary entries by Crowell and Embree and Officers Actions documents on fellowships and visitors. This foray onto the 'fellowship trail' would allow me to close the loop with the Lyon nursing school, since I knew from correspondence kept in Lyon that many foreign nurses came to Lyon in the 1920s and 1930s, while many Lyonese protagonists went to England, Belgium, Hungary, Poland and the USA.

Results... and perspectives

As RAC readers know, being there is acting Sisyphus: while you grind your way into folders you had planned to read, browsing finding aids and chatting with the archivists (once they are off duty, of course) gets you retracing other boxes and binders which you flick through only to realise you will need to read them thoroughly. Nevertheless, these two weeks have already pushed some hypothesis forward and rolled back some tentative interpretations. At first sight, I can think of three configurations that this visit has contributed to draw with more accuracy.

The Lyon nursing school

The co-production process of this project is clearer now, and it should be possible to turn this part of the research into a publication quite soon. Possibly like many other projects, the Lyon nursing school was not a 'RF project' strictly speaking. RF funds and counsel certainly triggered its possibility, but the whole set up emerged from the convergence with projects, designs and ambitions that were fostered by individuals, professions and institutions who moved in European, French and Lyonese contexts. Just as it is fair to underline how RF input contributed to channel its development, it is definitely necessary to put the emphasis on how the other parties established their own stakes and managed to fulfil their own goals: attempts of remote control were on a par with schemes to take the money and run.

To keep it brief, the Lyon school has been co-produced twice. Within the Rockefeller context first: the school resulted from the merger of several training schools, including that of health visitors that Elizabeth Crowell had established in 1918 in the name of the Commission for the Prevention of Tuberculosis in France –whence of the International Health Board; this merger was made possible by Crowell's behind-the-scenes fusion engineering as well by CPTF funds that propped up the new school; then Edwin Embree's ephemeral Division of Studies took over in 1923 when it launched a European nursing program, while the Division of Medical Education kept an interested eye on its progress because of the school's connection with the Medical School of the University of Lyon. The DME was put in charge in 1928, and the International Health Division eventually recovered the entire nursing program in the early 1930s. Though Frances Elizabeth Crowell was the field officer in all these circumstances, many different Rockefeller officers in New York and Paris had some knowledge and interest in the Lyon school.

The second level of co-production was with the French and mostly Lyonese supporters of the school. For 20 years, developments at the nursing school were discussed between Crowell and Mademoiselle Delagrangé of the Central Bureau of Nursing, Dean Lépine of the Medical School (who chaired the governing body of the nursing school) and Mme Motte-Gillet who headed the school Ladies' committee, notwithstanding the host of tuberculosis, children welfare and public health workers, physicians and reformers or the municipal agencies. The Gillets were especially important in this connection: Madame Gillet's relation with the American Red Cross children's welfare program during the war gave her a pivotal role in the local public health scene, which was supported by the pioneering welfare capitalism of her husband's firm. The fact that she and her husband were familiar with the USA, and had met John D. Rockefeller, Jr. a couple of times is a clue that they were able to see eye-to-eye with RF officers, from field representatives to the president. Not only was Léonie Motte Gillet an almost constant interlocutor of Crowell, even when she left Lyon for Paris, but her social standing provided means to overcome some local difficulties, while she also made it possible to use the Gillet social, financial and industrial machine to serve the school's development. Dean Lépine, the second most important local partner, vouched for the support of the University, the Hospital Board and the different governmental authorities. He had an agenda for a school of non-religious nurses since the early 1900s, and his relationship both with RF officers and with Madame Gillet, was clearly interfering with the possible outlook of the school.

Because of these co-production possibilities, the Lyon school project was chosen over other possibilities that, at some earlier stage, were deemed more promising, such as the Nantes, Nancy, Strasbourg or Paris schools. Only Lyon offered the opportunity to serve all the agendas of the Rockefeller divisions; only Lyon gave guarantees of local support; only Lyon provided long-term expectations to merge medical and nursing education around a modern brand new hospital; only Lyon could be presented as a local initiative with good chances to spread throughout France and beyond. Seen from the Rockefeller organization's perspective, trustees, officers, scientific directors were all stakeholders in the Lyon compact. But this co-production also created conditions for tensions, conflict and misunderstandings that gave shape and pace to the evolution of the school. Local partners had their own agendas, their own purposes, their own schedules: tuberculosis fighters clashed with child welfare workers, hospital authorities and university leaders played ball with the school; male local leadership tried to keep control over nurses' initiative.

The research agenda now calls for painstaking work to make sense of the tensions these co-productions created. But it seems clear that too many strong partners made for a very uneasy position for the school's directresses, of whom a number were successively exhausted. The paradoxical result was that, in the late 1930s, the Lyon school, that had been one of the 'lighthouse' European schools supported by the Rockefeller Foundation, was deemed a failure by Crowell herself. The funds that had been earmarked for endowing the school were lapsed and Crowell severed all connections after another directress was forced to resign in mid 1938. But this self-evaluation of failure should not overlook the fact that 20 years of dialogue had placed the Lyon school within the nursing web that the Rockefeller Foundation had supported.

The nursing web

From 1922 to the late 1930s, the Lyon school was constantly influenced by the experiments of nursing outside of France, at the same time that its own developments were being made known throughout the world. Plans for new school buildings shuttled between Lyon and Cracow, Sao Paolo or Lisbon; Lyonese nurses visited the USA and received training in London, Brussels and Debreczen while Polish, Portuguese, Italian and even Chinese nurses came to Lyon for a couple of days or several months; US and Canadian nurses visited the school and its dispensaries to evaluate as well as to learn, while curricula and study plans, textbooks and nursing technologies and administrative procedures moved across the lands and the seas. When pieced together, the archives in Lyon and in Tarrytown reveal an

almost seamless, though asymmetrical, flow of words and people between the Lyon staff and nurses abroad. For example, Helène Mugnier, the first *directrice* of the Lyon school, took her position in 1923 after one year of training in London hospitals, and she visited the US and Canada for three months in the summer of 1926. During the years 1933-1935 the Lyon premises was visited by US nurses Nellie Hawkinson, three nurses of the East Harlem Settlement, Polish nurse Zawadska, Chinese nurse Mei Yu Chou, Greek nurse Apostolaki, Turkish nurse Kemal, Spanish nurse Mila, Italian nurses Santini and two English nurses as well as doctors from Turkey and England. All of these nurses had been selected as potential professional leaders by the Rockefeller Foundation or by the League of Red Cross Societies. On the whole, an impressive list of nursing leaders, educators and managers from many countries came to Lyon, while several Lyonese nursing leaders, educators and managers saw nursing experiments first hand in other continental countries, in the UK and in North America, but also in other French schools and hospitals. Many others were enmeshed into this interchange of experiments through conversations and readings. The enduring presence of Rockefeller Foundation field officers in Lyon was crucial in enhancing the impact of both first-hand and second-hand awareness of worldwide nursing lore. Crowell spent a lot of time in Lyon between 1918 and the late 1920s, and her several assistants (mostly Canadian, English or American nurses) progressively replaced her on location while all kept a regular correspondence with the Lyon staff (and vice versa). In the late 1920s and early 1930s, Crowell's assistants Hazel Goff and Mary Tennant respectively reshuffled the school curriculum and installed the school public health center that was to serve as a training field for student nurses. All sent American books, leaflets from US or Canadian schools, and provided information and advice taken from schools they were simultaneously setting up in Europe. At the same time, as we know from their diaries, information about the Lyon school was also provided to school staffs in Hungary, Poland and Yugoslavia.

Crowell, who was the initial brain behind these Brownian movements, wanted to change European nurses by giving them the opportunity to see other operations. She began on a small scale in 1921, sending four Polish nurses to the US to train in hospitals so they could take on training work in Poland after their year abroad. The following year, while discussing the possibility of sending Belgian nurses to England for similar purposes, she explained her whole plan to George Vincent: "What I do feel very strongly is that the important thing to give these women is the spirit of service and the conception of the

fundamental therapeutic value of hygiene, diet and comfort, the securing of which for their patients with order and method, is their chief reason for being as nurses'².

Crowell's desire to see nurses 'building up' through travels and training beyond their horizon, and her attempts to convince her superiors that this did work, appears on every page of her diaries where she reports on conversations with former fellows, especially religious nurses for whom she led a hard fight so that they could be included in fellowship programs. She was especially keen at creating a web of circulation and connections, as she and her assistants jumped between counselling activity from one place to another, bringing aspects of each into the others. This was cunningly done, as Crowell wanted to use every project member to teach other project members. This was especially clear when she tried to launch new initiatives in specific countries. For example, when Yugoslavian religious leader Sister Thecla was convinced to go to London to explore possibilities of sending some sisters there for training, Crowell routed her through Lyon so she could get a good impression of the results of such studies by seeing the work of the Lyon sisters who had been to London and were now running the teaching wards in Lyonese hospitals. She then asked Lyon assistant directress, Georgette Bauer, who herself had been trained in London, to help Sister Thecla see things the right way, emphasizing that it would be of course better if Thecla did not realise that Bauer was aware of the fact that Crowell contemplated sending sisters to London. Similarly, bringing Miss Babicka of the Polish Central Bureau of Nursing to France was a powerful way to teach French and especially Lyonese nursing educators about the advantage of the 'block system' by which practical and class training were concentrated in specific moments of the curriculum and the school year. Crowell was in fact especially keen on giving continental nursing leaders opportunities to see how 'modern nursing' methods had been appropriated beyond their US or English origins so they could find it easier to translate it for themselves.

Both by conviction and out of experience of the possible backlash, Crowell was very much opposed to bluntly forcing American nursing practices on Europe, all the more being regarded as a 'rank heretic' by some leaders of American nursing.

But, Crowell's web did not float freely. It was in fact one stream in many existing and competing basins of nursing connections and circulations, whose managers did not share her thoughts as to methods, contents and directions of those circulations. Crowell had to rub shoulders inside and outside of the Rockefeller Foundation to impose, defend or adapt her

² RF, R.G 1.1, series 700, box 19, folder 137, Crowell to Vincent 27 August 1922.

views, something she got pretty good at in the end. Investigating the Rockefeller nursing programs in the 1920s and 1930s offers an opportunity to chart and map these different webs and see how they contributed not only to the shape of the Rockefeller nursing program, but also of nursing as a profession, a discipline and a trade. Most interesting is the fact that a constant conversation existed between nursing experiments and leaders in different contexts. Some interesting perspectives evolve from such a point of view. It is striking that the American and European nursing programs of the RF were designed simultaneously, in clear interaction with one another and in connection with nursing projects the RF supported in Brazil, Siam, Japan and China. It is also relevant for the history of nursing to realise that labels such as ‘American’, ‘European’ or ‘English’ nursing were framed by continuous cross observation and comparison by nurses, at the same time they were also aspiring to define a ‘universal nurse’. The Rockefeller program was important not only because it supported pilot projects such as the Sao Paulo, Peiping, Yale, Toronto, Zagreb, Warsaw and Lyon schools, but also because it created a field by connecting these projects through flows of people, funds, standard, ideas and things. As a consequence, we have to explore further the results of these flows and the way their different protagonists tried to impose directions. Instead of trying to evaluate if nursing was ‘americanized’ or ‘anglicized’ by the Rockefeller programs, such a perspective would open the “black box” of the ‘making of universals’, and to list contributions to the definition of nursing: were they made through imposition, imitation, rejection, borrowing, hybridization or appropriation between different experiments. Last but not least, this will place hybridization at the very heart of the ‘traditions’ usually perceived as imperialist: from this point of view, the reconstruction of US nursing ‘leaders’ encounters with European Rockefeller programs is rather instructive.

A most important aspect of my future research will be to analyze the evolution of the nursing web, with the idea that the Rockefeller contribution was only one aspect in the making of nursing circulatory regimes, but a powerful one because of the opportunities offered by the financial and logistical leverage of the Foundation, which established it as a ‘regime maker’ in the 1920s. This important role also calls for more attention to be given to the place of nursing programs within the Foundation’s organizational set up and operation, the last theme that my research grant allowed me to explore, though more briefly.

Nursing and the Rockefeller Foundation as organisation

I may be wrong, but I feel we do not know much about the history of philanthropic foundations as organisations. A deep analysis of the history of trusteeship, of the foundation’s

bureaucratic process, of its organizational ‘common sense’ or of the management of its financial assets and revenues remain to be done for the Rockefeller groups as well as for other foundations. For the Rockefeller compact, Robert Kohler has opened the road with his study of the late 1920s reorganization of the Rockefeller boards, but his wedge has not been pushed forward by other scholars. I suspect most of us feel uneasy when they try to locate their own subject of interest within the internal dynamics of the Foundation, be it a project, an officer, a program or a division. Despite the forays by Sarah Abrams, John Farley could recently write that ‘the position of nursing within the Rockefeller Foundation remained so confused that the generalizations become almost impossible to make’.³ Nursing as a field indeed looks like a Janus: simultaneously weak and strong, important and dispensable, autonomous and ancillary, it was the object of many attempts to strike division of labor deals, to liquidate the whole program or to anchor it firmly into a specific division. After all, nursing is the only specialized profession and field, and by all means the only women’s profession, that found a recognised niche within the foundation, with Crowell and Beard holding office for more than twenty years and regular employment of nurses as field workers from the late 1910s to the 1970s. No discipline within the social or natural and life sciences may have ever advanced so far in carving a place of its own, and this was but a phase of a pattern that took place within other contexts such as Red Cross organizations or World Health Organizations. Nursing also attracted a nice slice of funding throughout the years. But it was also a program whose termination was considered several times, and whose jurisdiction moved most often. It is this confusion that in fact appeals to me: it offers the opportunity to see why and how different components inside the Rockefeller organization have tried to get jurisdiction over nursing. It is clear, for example, that the emergence of nursing owed much to the joint energy of Frances Elisabeth Crowell as a new officer in the RF and of Edwin Embree as he tried to expand the role of the foundation secretary. President Vincent’s support was also crucial at that stage. The fact that this emergence occurred partly against the wishes of the International Health Board ‘medical barons’ inaugurated a decennial conflict where Frederick Russell objected to the nursing program development that intersected and interfered in many ways with the public health endeavours of the IHB. In the mid and late 1920s, nursing was thus one of the fields where Russell’s battle with Vincent, Embree and Pearce took place: the stake was the very existence of the IHB as an autonomous agency. The location, content and direction of the

³ John Farley, *To cast out disease. A history of the International Health Division of the Rockefeller Foundation (1913-1951)*, Oxford : Oxford University Press, 2004, p.238, n.54

European nursing program was constantly rocked by such institutional shenanigans. The use of Program and Policy files together with project files and nursing correspondence should allow for reconstruction of the interaction more precisely in the future. But a first sketch is already available.

Crowell's creation of training schools in wartime France was seen as an emergency contribution to the anti-tuberculosis work of the IHB's Commission for the Prevention of Tuberculosis in France. When she was charged to do a study of nursing education in Europe in 1921, she worked for the RF as a whole. In 1923, the program she had devised with Embree after a long European summer trip was placed under the responsibility of the new Division of Studies, following the results of a 'nursing Yalta' stroked in early 1922 by Wickliffe Rose and Edwin Embree. In 1925, as competition grew fierce between the different divisions to capture a portion of the foundation's yearly revenue –which amount was now overwhelmed by the different division's requests - a general conference on nursing established that the nursing program was 'ancillary' to the activities of the Division of Medical Education and of the International Health Board, and Crowell had to find a pathway between these patronages and the somewhat different policy standards that resulted from the conference. In the context of the reorganization of the Rockefeller Boards in 1928, and while the emphasis on research and the advancement of knowledge became the foundation's motto, nursing was placed under the purview of Richard Pearce's Division of Medical Education, finalizing a re-location considered since 1926. In 1928, as he contemplated the future work and organization of the DME, Pearce bluntly said that nursing activities would be 'gradually terminated'. Crowell and Beard adapted to the situation, which incidentally re-defined priorities in Europe and placed the Lyon training school as the 'chief effort in Europe' according to DME nursing program of January 1928. But the ongoing redefinition of the boards shifted nursing within the province of the International Health Division as early as 1930, and the possibility of further moderate development was again considered. After a brief period when nursing was sitting on the fence according to the qualification as 'old' DME projects or 'new' IHD ones, nursing was entirely transferred to IHD in 1932. Crowell and Beard then had opportunities to point to new horizons, as attested by forays into Turkey, Spain, Italy or India. This story of inter-divisional competition does not capture the whole impact of organizational structures on the design of projects and programs. It seems, for example, that the link between Crowell in Europe and Beard in New York propelled the nursing program after Beard was hired in 1926, while interactions within the Paris office and the latter's relationship with New York was crucial, all the more that a strong spirit of

cooperation between Paris officers often counteracted internecine competitions between New York scientific directors. On the other hand, nursing matters were closely followed by President George Vincent, and his interest offers the possibility to see how a program could be sold to trustees and how the cleavage between officers and trustees was one of the cogs within the foundation's activities.

This first exploration into nursing records 'at large' thus has encouraged me to go on with my general attempt to reconstruct the worlds of nursing. Rockefeller documents offer the possibility not only to reconstruct the dynamics of one of the most important protagonists of these worlds for the inter-war period, but they also offer a window that opens onto the work of other protagonists: the International Council of Nurses or Red Cross, projects and their interactions with Rockefeller programs are a regular feature in officers' diaries, memos and correspondence with the New York headquarters. The study of the Lyon project now being completed, the investigation of the worlds of nursing shall go on, with new documents into the collimator, and clues for research in the League of Red Cross Societies and other archival deposits. Researchers at the RAC usually leave the place with a list of 'things to do' there in the future, but it also opens avenues for looking into other material. The breadth of material available in Tarrytown should not limit our horizons, but expand it.