

“Rare Ability and Devotion”: Elizabeth Tyler, first visiting Black nurse of Philadelphia, as Counter-Narrative

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Abstract:

In Progressive-era Philadelphia, tuberculosis had a disproportionate impact on Black citizens, especially those living in the “Black belt” just south of City Hall. White doctors and reformers founded the Phipps Institute to combat tuberculosis across the city, but were baffled when very few Black patients came forward. Following a lead established by nurses in New York City, one of Philadelphia’s nonprofits hired a Black nurse to begin a public health, in-house treatment and education campaign. This unit uses primary sources as layered texts to introduce students to the impact of tuberculosis as a disease, the need for treatment in Philadelphia and New York, and the revolutionary impact of Black medical professionals, exemplified in Elizabeth Tyler. This unit is intended as a counter-narrative and introduction to current District curriculum on *The Immortal Life of Henrietta Lacks*, but would also work as an introductory unit to any study of infectious diseases or primary source historical research.

Keywords: African-American History, Medical History, Nursing History, Henrietta Lacks, Medicine, Philadelphia, Tuberculosis

Unit Content

Introduction & Teaching Context

In the 2020-2021 school year, Vaux Big Picture High School graduated its first class of 12th graders since reopening as a contract school with a project-based, internship-based model in the 2017-2018 school year. Although young people, and primarily young people of color, have been educated at Vaux since the building was constructed in 1936, the “new” Vaux opened in August 2017 was the result of a partnership among the School District, the Philadelphia Federation of Teachers, the nonprofit Big Picture Philadelphia, and the Philadelphia Housing Authority, which purchased and owned the school building after its closure in 2013, and opened the neighborhood, non-special-admit school as part of a “community building” that also includes job training, a health clinic, financial counseling services, and a Mighty Writers after-school program. The north Philadelphia students who attend Vaux engage in off-campus internships 1-2 days a week and, to the extent practicable, study their history and English content in an aligned Humanities model to allow for more interdisciplinary learning.

Vaux is a project-based school, and so even more traditional English units that may focus on a collective class text are still designed to be experiential and exploratory and build students' skills in research, inference, and self-directed learning. This unit is intended as an introduction to a reading of Rebecca Skloot's *The Immortal Life of Henrietta Lacks* that is recommended for 10th grade English District-wide (School District of Philadelphia, 2022), which might be followed at my school by the recommended traditional research paper or a more community-based project.

Rationale & Alignment

Rebecca Skloot's *The Immortal Life of Henrietta Lacks* (2011) is equal parts biography, medical history, and authorial memoir. Lacks, a young Black tobacco farmer from Virginia, died in 1951 of a particularly aggressive and persistent cervical cancer. Impoverished and uneducated, Lacks only lived to thirty-one and left behind a husband and five children, including a daughter, Deborah, who figures prominently in Skloot's text. Unknown at the time to Lacks or her surviving family, doctors at John Hopkins Hospital in Baltimore collected samples of her cervical cells as part of an ongoing attempt to grow human cells in a lab culture. Skloot paints a dramatic picture of a bored lab technician not even bothering to put off her lunch in order to culture Henrietta's cells, assuming that they would die like all the others.

However, Henrietta Lacks' cells became the first human cells to survive and reproduce in a lab environment. Decades after her death, what became known as the HeLa cell line continues to be used in nearly every laboratory working with human cells. Her cells have been instrumental in the development of the polio vaccine, chemotherapy, and much of modern understanding of cancer itself. Her family, however, did not even know samples had been taken until they were contacted with a request for familial DNA in order to resolve a cross-contamination issue. Skloot's book recounts Henrietta's life, the lives of her husband and children, their ongoing legal battle for recognition and/or compensation, and the medical and social impact of the HeLa line. The text also devotes significant time to Skloot's own emotional connection to the issue and her difficulties reaching and persuading Henrietta's family to trust a white middle-class journalist with the story of a rural Black family sidelined by well-meaning but dismissive medical professionals.

Skloot is acutely aware of her privilege and disconnect, and intersperses extensive quotes from Henrietta's younger daughter Deborah throughout the text and in between most sections. The book is also a conscious attempt to reclaim agency for Henrietta Lacks and her family. Nevertheless, it is a story of Black trauma, Black pain and Black conflict with systems where racism has long since metastasized. When my class of all African-American students began to study the text in spring of 2023, they were fascinated by the medical history and quick to share their own stories of distrust and loss in interacting with Philadelphia hospitals. However, students also shared their frustration

that we were studying yet another story of Black victimhood, where continued existence and bare recognition were retroactively defined as triumph.

Educators and curriculum writers, in Philadelphia and elsewhere, do recognize the problems with stories that center racial, sexual or other trauma, but much of the curriculum centers on helping “minoritized” students create their own counter-narratives ((Shih-en Leu, 2020; Steiss, 2019; Vue et al, 2017). Counter-narrative is a broad term used to define stories that reimagine and counter dominant ideas, whether textually or otherwise. Ebony Elizabeth Thomas’ and Amy Storniaulo’s rich research into reader response, fan works, and online communities’ highlights ways that “restorying” can be an empowering act for students, in and out of the classroom (2016). (Thomas’ social media is also a regular resource for many English teachers looking for ways to integrate especially voices of Black speculative fiction and “fandom” into a traditional English course.) Since her book *Cultivating Genius* arrived on the scene in 2020, Gholdy Muhammad’s focus on “historically relevant instruction” has also shaped how texts are taught and units organized in the School District of Philadelphia and elsewhere. Muhammad’s work, partly inspired by the antebellum Black literary societies that began in Philadelphia and New York and by the “textual lineages” work of Alfred W. Tatum, aids teachers in designing all lessons to cultivate students’ identity, criticality, skill, intellect, and even joy (2020, 2023).

Reading *The Immortal Life of Henrietta Lacks* is itself a powerful counter to dominant narratives that decentralize Black contributions to medicine and history. However, as current English teacher Josh Thompson points out in his description of “restorative reading,” “Just featuring marginalized characters does not make a book a counternarrative” (Thompson, 2022, 81). Especially early in the text, and in the District-designed culminating task of research papers on medical racism, this curriculum can contribute to a sense that Black trauma and exploitation is the only story to tell. In the spring 2023 Teacher’s Institute Seminar “W.E.B. DuBois and Philadelphia’s Seventh Ward” taught by Professor Amy Hillier, we briefly discussed the pioneering work of Black public health nurse Elizabeth Tyler in early 20th-century Philadelphia. Tyler’s story, of an educated, driven Black nurse who migrated up and down the East Coast in a relentless quest for work that was meaningful, remunerative and demanding, is a powerful contrast to that of the determined but underinformed cancer patient.

In a perfect world, students would encounter Tyler’s story mostly if not exclusively through her own writings. However, the frequency with which her story is told through white voices is itself eloquent evidence of the racism of the system in which she operated. Gholdy Muhammad’s “layered texts” strategy recommends using a variety of modes to introduce information to students, mixing secondary and primary sources, visual, audio and written texts to allow students to explore and interpret information. I have designed this unit, and gathered the materials included in the Appendix and classroom activities, to align with Muhammad’s strategies while also encouraging

students to “put the pieces together” much as Skloot compiles information about Lacks in the required text.

Although this mini-unit grew out of a direct student need that is unique to current curriculum in the School District of Philadelphia’s 10th grade English courses, Tyler’s story and the primary and secondary sources I have compiled would make a compelling introduction to any extended study of scientific or medical history, primary source research, local history, or even infectious disease and public health.

Overview of Historical Content

Philadelphia’s Fight Against Tuberculosis: 1894-1914

To understand, and help students understand, the impact of Elizabeth Tyler’s work, it is vital to have some sense of the landscape of Black Philadelphia at the turn of the 20th century. If using this unit as part of a social studies course, I highly recommend a study of W.E.B. DuBois’ *The Philadelphia Negro* in more depth; see the annotated bibliography for possible resources. As this mini-unit is written specifically to provide a counterweight and introduction to the study of Henrietta Lacks in the School District of Philadelphia’s current curriculum (School District of Philadelphia, 2022), the following will not extensively cover early 20th century Philadelphia history, but will instead offer a short gloss of the Black community’s relationship with tuberculosis and treatment.

In the early 1900s, Philadelphia was undergoing its own transformations, both medical and cultural. In October 1895, the first Black-run medical care and training institution in Philadelphia, Frederick Douglass Hospital, opened (Locklear, 2022). That same year, a young Black man named Henry Minton graduated the Philadelphia College of Pharmacy and opened Pennsylvania’s first Black-owned drug store; within a decade, Minton would close his shop in order to pursue higher education and graduate Jefferson Medical College in 1906 as a full-fledged doctor (McBride, 1987).

Elizabeth Tyler would not arrive in Philadelphia until twenty years after starting her career as a nurse in 1894, and the Philadelphia she would arrive in would be fundamentally different from what had existed in her youth. The city’s Black population doubled to 84,000 between 1890 and 1900, and would increase again to 134,000 by 1920 (Mossell, 1923; McBride, 1987).

Thirty years after the bacterium causing tuberculosis had been isolated in 1882, tuberculosis treatment had progressed to the point in 1913 that a speaker at a Philadelphia specialist clinic would declare his work “had placed tuberculosis in the category of curable diseases” (Henry Phipps Institute, 1913). Philadelphia particularly became a place for advancing the study of the disease and a joining of both white and Black experts in the subject. However, the majority of Black Philadelphians clustered into a few

neighborhoods (Mossell, 1923) where they suffered tuberculosis infection and mortality rates two to four times those of native-born whites.

Much of the work combating tuberculosis in Philadelphia went side-by-side with the settlement house movement. This Progressive intervention consisted of predominantly middle-class reformers, often women, living in a space that was equal parts social service center, social work education center, and (mostly) secular convent in order to aid and support the working poor. Unlike many similar establishments in New York and elsewhere that served primarily new immigrants, the St. Mary Street Settlement in Philadelphia's 7th Ward was devoted from its founding in 1892 to Black Philadelphians, both locally born and those newly arrived on the earliest tides of the Great Migration. Along with the University of Pennsylvania, the Settlement partly sponsored DuBois' seminal work of sociology *The Philadelphia Negro*. DuBois' exhaustive, house-by-house study established the economic, social, familial, housing, and employment challenges facing the community while also subtly refuting the implication that such challenges are inherent to Black society rather than the result of persistent and systemic racism.

In 1897, a number of philanthropic endeavors combined into the Starr Centre, named for a white philanthropist whose work had included a Progressive Working Colored Men's Club, a Penny Bank, playgrounds, and gardens. The new Centre offered its mostly Black clientele a library, a rudimentary children's savings bank, and a Cooperative Coal Club for families to purchase coal cheaply in bulk. By 1905, it included visiting nurses and a Rainy Day Society that offered financial protection in the case of serious illness.

Tuberculosis was a particular scourge, exacerbated both by the poor housing conditions of south Philadelphia and the industries that employed many of its residents. In 1907, Mercy Hospital opened, joining Frederick Douglass Hospital as a second Black-run medical institution where ill people of the 7th Ward might feel safer than in a white-run hospital. However, neither Douglass nor Mercy offered any beds for patients with advanced tuberculosis. Theoretically, some of the best treatment for tuberculosis in the country was available in Philadelphia, but few Black patients experienced it because it was only available in white-run hospitals.

The Henry Phipps Institute for the Study, Treatment and Prevention of Tuberculosis opened in 1903 "devoted exclusively to the work of exterminating tuberculosis" (Henry Phipps Institute, 1913). It enacted a more rigorously scientific approach to care and cure than had previously been available in Philadelphia, with strategies that included in-home treatment, removing ill patients to hospital care, and meticulous research and record-keeping. The Institute was also openly an advocacy organization, pushing for a political and medical view of tuberculosis as a preventable and curable affliction. The Institute originally operated out of a few modified homes at

3rd and Pine Streets, but in 1913 moved to a permanent, purpose-built structure at 7th and Lombard. In his “historical sketch” remarks upon the opening of the new building, Dr. Lawrence Flick, a white physician, presents himself in a humorous light as a driving force whose enthusiasm for the project had somewhat steamrolled an elderly businessman, who had just thought of putting some of his money into a pleasant little sanitarium outside the city. There is no humor, however, in his thundering condemnation of Philadelphia’s “Black belt” as “the most degraded spot physically, sanitarily, and morally in the city of Philadelphia” (Flick, 1913). As will be seen below, the Phipps Institute had struggled to attract Black patients only a short walk from the heart of Black Philadelphia. Now in 1913 the Institute’s world-class staff were even more centrally located, and urgently aware of the need for their services. Yet they were apparently still inclined to distrust and disrespect the patients they were meant to help.

Certainly Flick, and the nationally renowned white doctor Henry R. M. Landis, who aided him at Phipps from its founding, were aware of the high rates of disease in the Black population. One young Black doctor, Charles A. Lewis, graduated the University of Pennsylvania medical school with a reputation as something of a firebrand for rejecting the argument that Black patients had some inherent, racial vulnerability which explained their disproportionate death rates to tuberculosis. In the same manner as DuBois’ work a decade earlier, Lewis wrangled \$125 from Penn and Lincoln Universities and conducted a hyperlocal, door-to-door survey of tuberculosis issues in a Black block in 1911-12 (McBride, 1987). Echoing work in other cities, and the beliefs the Phipps Institute was gradually adopting, Lewis situated the causes of tuberculosis primarily in “the deplorable conditions under which Negroes were forced to live” (cited in McBride, 1987). Although specific copies of this survey have not survived, it seems to have increased Flick and Landis’ urgency to find a way “behind the scenes” of the Black families in Philadelphia who were forgoing treatment. By late 1913, Dr. Landis was anxious to find a way to bring medical intervention into those houses, and as insistent as any reformer could wish in his designation of tuberculosis as “essentially a house disease” (Landis, 1913).

A neighboring organization was ready to help Flick and Landis in their quest. In 1912, in response to shifting demographics and a daunting array of needs at the Starr Centre, the Whittier Centre opened to focus on service to Black individuals, taking over management of the Rainy Day Society and the Cooperative Coal Club. By 1913, concerns about tuberculosis had only increased as Black engagement with the Phipps Institute remained low while infection and mortality rates remained high: in a city where almost 450 Black men, women, and children died of tuberculosis for every 100,000 Black residents, the nationally-renowned Phipps Institute was treating fewer than 100 Black patients a year (Pitts Mosley, 2007). Back in 1904, in the first annual report on the Henry Phipps Institute, Landis had lamented that “the blacks do not avail themselves of the opportunity for treatment... [even though] there is absolutely no distinction made between the blacks and the whites” (Henry Phipps Institute, 1904). On the other hand, he

continued “[Colored people] are careless in their habits, not over cleanly, and therefore a menace to a community unless they can be brought under control and supervision,” so Black patients might be forgiven for doubting that the Institute’s white doctors truly made “absolutely no distinction” between them and the white patients. By 1913, Landis, now president of the Whittier Centre, was ready to advocate for a Black nurse “to really get behind the scenes,” “visit families in the home and subsequently gain their confidence,” and increase opportunities for the Phipps Institute to serve (and study) Black Philadelphians. On May 14th, 1913, the board voted to hire a visiting Black nurse at a respectable salary of \$65 per month, the equivalent of a little less than \$2,000 a month in 2023 dollars (but closer to \$9,000 in purchasing power). This is where Elizabeth Tyler enters the scene in Philadelphia.

Elizabeth Tyler’s Early Career

In November of 1894, as the earliest Black hospitals in Philadelphia were forming, Minton was completing his pharmaceutical studies, and Drs. Flick and Landis were recognizing tuberculosis as an environmental and not intrinsic disease, Mary Elizabeth W. Tyler was one of 37 students in the founding class of Black nurses at the Freedmen’s Hospital in Washington, D.C., The Freedmen’s Hospital was a teaching hospital in Washington, D.C. affiliated with Howard University, and founded in 1862 to provide medical care to formerly enslaved people (Stolp, 2018; Pitts Mosley, 2007). She graduated two years later, and began a career that would impact patients and systems up and down the east coast.

By 1913, when the Whittier Centre was looking for its new nurse, Elizabeth Tyler had been an alumna of Freedmen’s Hospital and a practicing nurse for just shy of 20 years. In alumni records of 1896, she is listed working as a private nurse in Northampton, Massachusetts, one of the few positions open to her (Freedmen’s Hospital, 1899). In a study of Tyler and two of her contemporaries, Pitts Mosley (2007) suggests that Tyler found this work unfulfilling both professionally and financially. By 1898 Tyler was a campus nurse at A&M University in Alabama, a position that also included teaching courses in physiology and hygiene. In 1902, she moved to Virginia to do more of the same at the St. Paul Normal and Industrial School in Lawrenceville. Tyler enjoyed the combined responsibility of educator and healthcare professional, but when a new Black nursing supervisor instituted a post-graduate course for nurses at the Lincoln School for Nursing in New York City, she left on her own personal migration.

The previously discussed settlement house movement in Philadelphia had been anticipated and mirrored by similar action in New York City, and the Henry Street Settlement was interested in hiring its first Black visiting nurse. Tyler’s classmate at the Lincoln School for Nursing, Jessie Sleet, had already spent five years revolutionizing tuberculosis care in New York City’s Black community under the (initially skeptical)

auspices of the Charity Organization Society. Sleet recommended Tyler for a similar position (Keeling, 2006; Keeling, 2017; Pitts Mosley, 2007).

If Tyler did not find her work as a community nurse as dreary as some historians have suggested she found private nursing, the work was also not as straightforward as being a campus nurse and educator in the south. Initially unable to earn the trust of her putative patients, Tyler resorted to befriending janitors to find out who was ill in their buildings (Middleton, 2014), and visiting churches to see which congregants were too ill to attend (Pitts Mosley, 2007). By December, Tyler had acquired enough patients to persuade the Henry Street Settlement to hire another visiting nurse, and then to open a satellite branch in a storefront on West 61st St., where she would work with fellow Freedman's alum Edith Carter to provide nursing to two large Black neighborhoods. For the next nine years, Tyler would give what the American Journal of Nursing called her "rare ability and devotion" (1906) to the Stillman Settlement House and the chaotic neighborhood known as San Juan Hill, tirelessly implementing not only medical but social, psychological, pharmaceutical and educational care (Keeling, 2017). No correspondence I could find makes it clear whether she moved before or after an offer of employment from the Whittier Centre, but when her path and Philadelphia's converged at last in February 1914, she arrived to a city in significant need.

Tyler's Work in Philadelphia & Her Successors: 1914-1924

In Philadelphia, Tyler encountered less difficulty with patient recruitment partly because of the trusted cooperative societies that already existed within the Whittier Centre (Brooks Carthon, 2016). She began by visiting the families already connected to the Coal Cooperative and the Rainy Day Club, and quickly built on those relationships to establish health and social education. Bates, in *Bargaining for Life: A Social History of Tuberculosis*, quotes at length Tyler's first report to the Whittier Centre:

On visiting the colored churches one could hear the telltale cough, note the symptoms in physique and carriage, but this was not the time nor place to win the confidence of those who needed advice. One could meet those on the street who looked ill and evidently were ill. When questioned one was almost invariably assured that the person suspected was in perfect health. This was manifestly not the way to reach them. It was finally agreed that a house-to-house investigation alone would reveal the true health conditions of the colored people in this city. These investigations began in those blocks nearest Phipps Institute. The worker had not gone far when she discovered that in very many families visited there was one or more persons who were not well. This was not discovered as the result of the perfunctory question, "Is there any illness in this family?" One must first become acquainted with some member of the family, and these confidences were subsequently revealed. (Whittier Centre Annual Report, 1914, cited in Bates, 2015).

Tyler's willingness to take the necessary time to build relationships with patients did not prevent her from rapid and indefatigable organizing and educating. An unsigned letter in the Whittier Centre archives, dated March of 1914, might very well be Tyler's own suggestions for new initiatives, as it refers to work "we carried on in Brooklyn" with children's and mother's activities. If so, Tyler was expanding and transforming the work of the Whittier Centre less than a month after her arrival. She spoke at local churches, organized regular health lectures connected to the already-established mutual support societies of the Whittier Centre, and conducted regular home visits both for medical treatment and preventive measures. Recognizing how frequently mothers in the area worked outside the home, Tyler established "Little Mother's Clubs" to combat infant mortality by training young children in everything from the importance of cleanliness to the danger of mosquitos to their infant siblings (Brooks Carthon, 2011; Whittier Centre Correspondence). By August of 1914, she was sufficiently enmeshed in service to Philadelphia that her absence on a two-week vacation was considered news worth publicizing (Wilmington Jottings, 1914)!

Between March and October, when the Whittier Centre published its Annual Report, Tyler visited 327 families or 1,084 individuals, offering medical and social service referrals, treating symptoms, and connecting families to the Phipps Institute. Her notes are not merely medical documents; she analyzes illness by its social impact, noting whether or not the head of the household was ill (yes, in 39% of cases), the number of instances where housing law was violated to family's detriment (78) and the number of other hospitals, societies, and charities with which she cooperated (18). In the same report, she modestly acknowledges that, "It is gratifying to know the number of colored people attending has greatly increased as a direct result of these house to house visits...the number treated since February 1st, 1914, is twelve times greater than the number treated in the same length in the history of the institution" (Whittier Centre Annual Report, 1914). Now that Tyler had provided the patients, the Whittier Centre, the Pennsylvania Society for the Study of Tuberculosis, and the Pennsylvania Department of Health were all willing to provide additional staff, in the form of Black nurse Cora Johnson and the now-experienced Dr. Henry Minton.

It is worth pausing to share two specific anecdotes, drawn from J. Margo Brooks Carthon's detailed examination of this treatment work. Early in her career, Elizabeth Tyler encouraged a sick man to come to the hospital, where he was diagnosed with tuberculosis; however, he insisted on returning home, where his landlady cared for him, until he was finally persuaded to enter Philadelphia General Hospital three weeks before his death. Despite the efforts of Tyler, and of the Bureau of Health that fumigated the home, his landlady was shortly diagnosed with tuberculosis herself, and Tyler mourned that, "Had the man been discovered earlier the woman might be in good health today" (Whittier Centre Annual Report, 1915, cited in Brook Carthon, 2011). In contrast, Minton's case notes cited in the annual report of 1919 describe a woman in her early twenties who entered the clinic with the signs of early tuberculosis; following treatment,

detailed instructions, and regular follow-up visits from Tyler and Johnson, the young woman not only recovered but brought her mother, sister, and two brothers to the clinic with similar symptoms, all of whom recovered with treatment. While Tyler had a clear-eyed view of the “gaps and leaks in the system which caused failure in too many places” (Whittier Centre Annual Report, 1915, cited in Brooks Carthon, 2011), her work mitigated these leaks for hundreds if not thousands of Philadelphians.

By 1921, Tyler’s last year in Philadelphia, the Henry Phipps Institute treated around 3,000 Black patients annually (Pitts Mosley, 2007) and employed six Black nurses and three Black doctors (Brooks Carton, 2011). Tyler’s impact was quantifiable even if rarely attributed to her by name; in a 1923 report on “The clinic for Negroes at the Henry Phipps Institute,” Dr. Landis highlighted the moment when the “colored nurse” began work as the start of a doubling of Black patients. A Philadelphia Tribune article from January of that year quotes Tyler’s protégée Cora Johnson extensively, describing how a nurse’s work for patients after they left the clinic encompassed nurse, social worker, dietician, and whatever else was necessary to “restore each family to a standard of normal, healthful living” (“Patients At Phipps’ Institute Clinic Carefully Watched,” 1921). Public health education initiatives continued to flourish in churches and mutual aid societies under the Whittier Centre’s care (see “Health Meeting At Bethel Church Well Attended,” 1921, as one example). Soon after Tyler’s departure, in 1923, an additional clinic opened in north Philadelphia. When a young Black sociology student conducted a detailed study of “The Negro Tuberculosis Problem in Philadelphia,” she observed that the Phipps Institute alone served more than half of the Black patients seeking treatment in Philadelphia, and that patients at Phipps and other clinics with Black clinicians were more compliant and more successful in treatment (Mossell, 1923).

Tyler herself would move on to state-level hygiene and health work in Delaware and then New Jersey, cropping up periodically in local papers as offering lessons, giving speeches, and, in 1928, presenting an award to Dr. Minton (“Present Bronze Lamp to Dr. Henry Minton,” 1928). Her marriage records are not easily obtainable, but a 1959 obituary describes her as the widow of William P. Barringer, died in 1951, and a beloved aunt and great-aunt, as well as the “first Negro registered and trained nurse in Delaware” (Johnson, 1959). The sheer professional and geographical scope of her impact is astounding, and yet almost no information about her exists online that is not buried in primary source archives or academic journals. The teaching strategies and classroom activities outlined below allow students to piece together her story and serve as compensatory historians themselves.

Teaching Strategies

Tenth grade English Language Arts in Philadelphia's current curriculum is a year of compelling and devastating texts (*Passing*, *Things Fall Apart*, and *Sula*, to name only a few) that highlight questions of identity, gender, place, and society. The reading of *The Immortal Life of Henrietta Lacks* fits neatly into this curriculum, but counternarratives of Black triumph, impact, and even joy are lacking. The classroom activities listed and literacy strategies listed below enlist students themselves as amateur historians to fill this gap and tell a story of Black agency and excellence.

Gallery Walk is a literacy and engagement activity that offers students a chance to briefly examine a variety of texts posted around the room. This is how I suggest sharing each individual text for students, allowing them to move physically to each text and document their thoughts on the note-catcher in the appendix. Since students are physically walking from text to text, it is also easier for the teacher to prompt reactions and discussions to happen among students. It may also be helpful to use a Gallery Walk to share students' work after lessons 2 and 3.

Layered texts, another strategy promulgated by Muhammad (2020, 2019), consists of a teacher sharing multiple short, multimodal texts with students to engage interest and share knowledge on a common issue. In this curriculum, students explore layered texts in the form of primary source visuals, primary source texts, and secondary source texts and videos in order to piece together the story of Elizabeth Tyler and her impact.

When asked to "jigsaw" a text, students work in small groups or individually and are each responsible for understanding a particular smaller part of a whole-class text and then sharing their knowledge with the rest of their group or with the whole class. Jigsaw reading can be an effective way to break down a larger text, to differentiate for individual student needs, and to give students more opportunities to function as the teachers in the classroom. Depending on time and student ability, some teachers may find it more effective to "jigsaw" the primary source readings rather than asking every student to annotate every text.

Primary source analysis forms the bulk of the reading and writing students will do in this unit. The Library of Congress offers a good [tool](#) to support teachers in guiding students in this work; one of my colleagues in this seminar also created a useful note-taking tool that guides students in identifying the Place, Author, Audience, Reason & key ideas of the text. (See Marsden, R.)

Classroom Activities

Day 1 Lesson Plan: What was one major health problem facing Black Philadelphians in the early 20th century?

Objective & Materials

- Objective: Students will be able to define the challenges of tuberculosis and analyze its impact on the Black community of early 20th century Philadelphia.
- Layered Texts:
 - [Basic TB Facts](#) (Centers for Disease Control & Prevention, 2021)
 - [“Collaborative Efforts Teaches Students About Tuberculosis”](#) (San Diego County Office of Education, 2022)
 - [How the Body Reacts to Tuberculosis](#) (MSF, 2014)
 - Letter from Dr. Landis to Mr. Neumann, “Tuberculosis is essentially a house disease.” (Temple Urban Archives, 1913)
 - [Section entitled “A Revolution in Public Health” from *Public Health*](#) (Higgins, 2016)
 - “Death Rates From Pulmonary Tuberculosis per 100,000” from (Brooks Carthon, 2011).
 - “Sanitary” from Independent, Philadelphia, Jan 7 1897, calling for a TB-specific hospital in the Philadelphia area.
 - Table 5 & 6 from (Mossell, 1923, p. 24)
 - Tables on housing from [A study of the housing and social conditions in selected districts of Philadelphia. \(p.8-11\)](#)
- Warm-Up (5 minutes):
 - Recall a time you or someone in your household didn’t feel well. (It doesn’t have to be serious!) Write as many sensory details as you can recall about the experience.
- Layered Texts Exploration (45 minutes)
 - Share out sources throughout the room or by distributing links to students. Allowing approximately 5 minutes per source, give students time to document their thoughts on the [Layered Texts Tracker](#)
- Observations & Inferences (15 minutes)
 - As a class, develop and document clear answers to the following fact-based questions. Documentation on chart paper, a savable SmartBoard file, or another form of anchor chart will help ground students in further understanding in later sessions. Depending on time of year and class ability, this could be an excellent opportunity for a jigsaw activity where

different groups of students independently answer these questions, or it can be a whole-class discussion.

- What is tuberculosis or “consumption” and what is its impact on the body?
 - How does it spread?
 - What impact did it have on Philadelphia in the early 20th century?
 - What groups were more impacted than others?
 - What did Dr. Landis think was responsible for the higher rates among Black Philadelphians?
- Exit Ticket & Evaluation: What impact would this problem have had on you if you were a young Black person living in Philadelphia at this time?

Day 2 Lesson Plan: How had this problem been addressed in other cities?

Objective & Materials

- Objective: Students will be able to explain the history and goals of the Phipps Institute and the impact of Black visiting nurses in New York City.
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- Layered Texts:
 - “Consumption Holds Sway Unchecked” Article, New York Journal, Jan 1897
 - “A Successful Experiment,” (Sleet, 1901)
 - [“Visiting Nurse Elizabeth Tyler, heroine of San Juan Hill”](#)
 - [Black Nurses of Stillman House](#) (contains one of the clearest pictures of E.W. Tyler)
 - September 1906 American Journal of Nursing excerpt of “Nurse’s Settlement” (“Editorial Comment,” 1906) describing Tyler’s work
 - Excerpt beginning “Stillman House: A Settlement House for Blacks” in (Pitts Mosley, 2007, 70-72)
 - “AIDS IN TUBERCULOSIS FIGHT.; Henry Phipps Gives \$500,000 to University of Pennsylvania” (New York Times, Dec. 21st, 1909).
 - [Chart of “New Colored Patients” from Report of the Henry Phipps Institute \(Landis 1923, p. 230\)](#)
 - [Excerpt](#) from “Annual Report of Henry Phipps Institute, 1904” (1904, p. 13.) Note racist language that may explain part of Black patients’ reluctance to seek out help at Phipps!
 - [“Negro Quarters in the City of Philadelphia,”](#) 1900. Temple University Urban Archives, Octavia Hill Collection.
 - [1326 Kenilworth St,](#) Temple University Urban Archives, Housing Authority of Delaware Valley Collection.

- Warm-Up (5 minutes):
 - Recall a time you had to ask someone for help. How did you approach them? How did you persuade them?
- Layered Texts Exploration (45 minutes)
 - Share out sources throughout the room or by distributing links to students. Allowing approximately 5 minutes per source, give students time to document their thoughts on the [Layered Texts Tracker](#).
 - Another possibility is to divide the students into two groups, one of which focuses on sources documenting New York City and one of which focuses on the sources documenting the Phipps Institute.
- Observations & Inferences (10 minutes)

As a class, develop and document clear answers to the following fact-based questions. Documentation on chart paper, a savable SmartBoard file, or another form of anchor chart will help ground students in further understanding in later sessions. Depending on time of year and class ability, this could be an excellent opportunity for a jigsaw activity where different groups of students independently answer these questions, or it can be a whole-class discussion.

 - What was the Henry Phipps Institute and what was its purpose?
 - What concerns did people have about consumption or tuberculosis in New York City?
 - What impact did the Black visiting nurses have on Black healthcare in New York City?
 - How did Black people in Philadelphia feel about the Phipps Institute?
- Exit Ticket & Evaluation: Imagine that you are 1) part of the Phipps Institute board 2) part of an organization in Philadelphia trying to help people or 3) a Black parent living in one of the neighborhoods with high tuberculosis rates. Write a letter suggesting what you would like to see done.

Day 3 Lesson Plan: Who was Elizabeth W. Tyler and what did she accomplish?

Objective & Materials

- Objective: Students will be able to summarize the biography of Tyler and her impact on Philadelphia.
- Layered Texts:
 - [Image of Freedmen's Hospital from "Report to the Secretary of the Interior"](#), 1896, p 5.
 - [Image of first class of Freedmen's Hospital](#)

- [Image of Elizabeth Tyler with the “Little Mother’s Club”](#)
- “Course of Nursing Training” -- please note that this is not necessarily the course Elizabeth Tyler herself would have taken, as it dates from 1918, but provides students with a useful baseline of what this learning might have been.
- Tyler’s request to Neumann for an appointment (1914)
- [“List of graduates and their present occupations and whereabouts,”](#) from Freedmen’s Hospital Report, 1896, p 19
- “Patients at Phipps’ Institute Clinic Carefully Watched,” Philadelphia Tribune, 1921
- “Funeral Services for Mrs. Elizabeth Tyler Barringer,” Philadelphia Tribune, May 5, 1959
- “Summary of Work” from Whittier Centre report 1914
- Excerpt regarding Tyler’s work from “Making ENDS Meet: Community Networks and Health Promotion Among Blacks in the City of Brotherly Love” (p.7-8)

- Preparation: Warm-Up Writing (5 minutes):

- What is a future profession you are interested in? What impact do you hope to have on that profession?

- Exploration: Layered Texts (45 minutes)

- Share out sources throughout the room or by distributing links to students. Allowing approximately 5 minutes per source, give students time to document their thoughts on the [Layered Texts Tracker](#)

- Evaluation: Timeline (15 minutes)

- Using the varied sources provided, students complete a detailed timeline of Tyler’s career as measured against significant events in Philadelphia tuberculosis history. This can be completed as an individual assessment, in small groups, or as a whole-class activity; the key is for students to demonstrate comprehension of Tyler’s place within the broader history already covered,

- Collaboration: Obituary Rewrite (10 minutes)

- Although Tyler Barringer’s obituary mentions her participation in the medical field, it hardly scratches the surface of her impact. Students will create either a modified obituary, an imagined eulogy, or a social media memorial post to explore her accomplishments in greater depth. See sample in Appendix.

Day 4 Lesson Plan: What are the untold or “undertold” stories of Philadelphia medicine?

Objective & Materials

- Objective: Students will be able to use primary sources provided by the teacher in order to identify an “undertold” story of Philadelphia history, and brainstorm a short fiction piece based on their research.

- Layered Texts
 - [Mercy-Douglass Hospital School of Nursing Records](#)
 - [Mercy-Douglass Hospital Museum Exhibit](#)
 - [Philadelphia Tribune Archives, 1912-2001](#) (may require a Philadelphia Free Library login)
 - [Special Report on Negro Domestic Service](#) (excerpt from *The Philadelphia Negro* by Isabel Eaton; this excerpt begins on p. 427)
 - [Housing Association of Delaware Valley Photographs](#)

- Warm-Up (5 minutes):

We’ve spent the last three days learning about a part of Philadelphia history that is pretty hard to get information about. What is the value in learning about Tyler and her work?

- Research Exploration (15 minutes):
 - Introduce students to the five primary sources that they can access, though with an emphasis on the first four that include written text. The Philadelphia Tribune archives are available for anyone who logs in with a Philadelphia Free Library card; if students do not have their own readily available, I’ve regularly shared my own number and PIN with students to allow them to access online resources without difficulty. Librarians at the [Field Teen Center](#) are also often willing to provide library card support to students in person or over Zoom. Ensure students understand how to access different elements of each site. Allow a five minute exploration period, then ask students to share (whole group or small group) one thing they saw that caught their attention, surprised them, or allowed them to make a connection between their own life and the life of someone who lived in Philadelphia a hundred years ago.

- Brainstorming (10 minutes):
 - Explain the overall goal: To identify an “undertold” story in Philadelphia, a person or event, and imagine how you might tell that story. Spend the

next ten minutes scanning over these different sites and articles; identify 2-4 people, ideas or issues you'd like to learn more about.

- Outlining & Questioning (15 minutes)
 - Model for students examining one primary source. Think-aloud through the following questions:
 - What about this is interesting to me?
 - What questions does this raise for me?
 - How would this “undertold” story be good for other students to know?
 - What kind of problem or conflict would be connected to this source?
 - The primary source that lends itself best to these questions for each student will be the seed of their historical fiction narrative.
- Additional Research (15 minutes)
 - Guide students through the [Primary Source Analysis Guide](#) in exploring primary sources in their chosen area. Focus on studying only primary sources from the four suggested databases.
- Character Creation (15 minutes)
 - Guide students through the [Character Sketch \(p3\)](#) in applying their research to create a fictional or fictionalized protagonist.

Day 5 Lesson Plan: How can you tell the under told stories?

Objective & Materials

- Objective: Students will be able to use primary sources provided by the teacher in order to identify an “undertold” story of Philadelphia history and brainstorm a short fiction piece based on their research.
 -
- Layered Texts
 - [Mercy-Douglass Hospital School of Nursing Records](#)
 - [Housing Association of Delaware Valley Photographs](#)
 - [Philadelphia Tribune Archives, 1912-2001](#) (may require a Philadelphia Free Library login)
 - [Special Report on Negro Domestic Service](#) (excerpt from *The Philadelphia Negro* by Isabel Eaton; this excerpt begins on p. 427)
 - <http://inherownright.org/spotlight/featured-exhibits/feature/mercy-douglass-hospital-school-of-nursing>
 -

- Warm-Up (5 minutes):
 - What's the most important thing that happens in the life of the character you created yesterday?
- Narrative Structure Review (10 min)
 - Review basic narrative structure (Exposition, Rising Action, Climax, Falling Action, Resolution). Review the [outlines](#) that can help students organize their ideas.
- Drafting (15 min)
 - Using primary sources and additional research as necessary, students outline the exposition of their story.
- Communal Share-Out & Resource Sharing (7 min)
 - Group students by their general topic. Students share out their plans for exposition and secondary or primary sources.
- Drafting (15 min)
 - Using primary sources and additional research as necessary, students outline the rising action of their story.
- Communal Share-Out & Feedback (7 min)
 - Students return to their previous groups to share out their story's direction and gain feedback on next steps.
- Final Drafting "Sprint" (15 min)
 - Students outline the climax and falling action/resolution of their story.

Note: This is planned as a second-semester unit, with students who have already extensively reviewed these concepts of story structure and had some experience analyzing and writing short narratives. If using this unit earlier in the year, plan two or three class periods to allow for the introduction of each narrative concept and a more leisurely drafting pace.

Ongoing Extension: How would you share these stories?

Objective & Materials

- Objective: Students will identify a written, visual, or auditory means by which to share their planned story and the result of their mini-research into Philadelphia history.
- Materials: Multi-Modal Choice Board

As either a series of lessons the next week, or as intermittent lessons throughout the reading of a longer text such as *Henrietta Lacks*, students can revisit and reimagine their stories. The attached [choice board](#) offers a variety of ways students can recount their stories while allowing for artistic or persuasive as well as narrative creativity.

By the close of this one-week unit, students have explored a number of primary sources directly connected to Philadelphia medical history, learned the background of an impactful Black nurse, and learned how much of her story is unknown and, perhaps at this remove, unknowable. Depending on student need and interest, a teacher may choose to continue revising and improving the short fiction stories as an ongoing creative writing exercise focused on developing counternarratives, or to guide students into further primary source research through a connection with the Free Library, Temple University Urban Archives, or other local resources, or to share out the stories at spaced intervals throughout the reading of *The Immortal Life of Henrietta Lacks* as a way of honoring students' work and also grounding new learning in what they have already learned about their local history.

Resources

Bibliography: Teacher & Student Use

AIDS IN TUBERCULOSIS FIGHT: Henry Phipps Gives 500,000 to University of Pennsylvania. (1909, December 21). *New York Times*.

This news clipping is a primary source describing the founding of the Phipps Institute to treat tuberculosis.

Bates Center. (n.d.). *Mercy-Douglass Hospital School of Nursing*. Mercy-Douglass Hospital School of Nursing Records.

<https://www.nursing.upenn.edu/details/galleries.php?id=47>

This site contains highly detailed primary sources on early 20th century Black nurses in Philadelphia, including personal letters, photos, etc. This is a great resource for students writing historical fiction or just researching medical history in Philadelphia.

Brooks Carthon, J. M. (2011, August). Making ENDS Meet: Community Networks and Health Promotion Among Blacks in the City of Brotherly Love. *American Journal of Public Health*, 101(8), 1392-1401.

This article draws specific connections between modern health support and that of the early 20th century, and highlights how Tyler was specifically successful because she leveraged community groups and networks that already existed in Philadelphia's Black community before she arrived.

Centers for Disease Control and Prevention. (2021). *Basic TB Facts / TB / CDC*. Centers for Disease Control and Prevention. Retrieved May 18, 2023, from <https://www.cdc.gov/tb/topic/basics/default.htm>

This site lays out the danger of tuberculosis and its history in a straightforward way to give students background.

Consumption Holds Sway Unchecked. (1897, January 13). *New York Journal*. From 76.38 Scrapbooks 1891-1893, 1896-1897, 1899-1900. Press clippings concerning matters specifically or generally relevant to public health. City Archives, Philadelphia, PA.

This news clipping highlights the problem with tuberculosis (called “consumption” here) in New York City. Use this clip to establish the problem was not unique to Philadelphia, and to highlight how the Settlement Houses in New York went about engaging more patients.

Craig, F. A. (1915). *A study of the housing and social conditions in selected districts of Philadelphia*. Henry Phipps Institute.

This study closely examines housing conditions for Black, Jewish and Italian groups in Philadelphia. Some key elements are excerpted in the Appendix. The purpose of this source is to highlight the impact of housing and poverty on tuberculosis, and to help students visualize (through the maps and displays) how neighborhoods were segregated.

DuBois, W. E. B., Anderson, E., & Eaton, I. (1899). “Special Report on Negro Domestic Service in the Seventh Ward of Philadelphia.” In *The Philadelphia Negro: A*

Social Study (pp. 427-510). University of Pennsylvania Press.

<https://www.jstor.org/stable/j.ctt3fhpfb.28>

This appendix to the original The Philadelphia Negro publication may seem daunting to students at first but contains a number of interesting anecdotes and specific examples of life as a servant in Philadelphia at the turn of the century.

This source can be useful for students to skim and then dive deeper on something that interests them.

Editorial Comment. (1906, September). *The American Journal of Nursing*, 6(12).

Retrieved May 18, 2023, from <https://www.jstor.org/stable/3402960>

This excerpt from the American Journal of Nursing includes a description of Elizabeth Tyler's early work in New York City.

Freedmen's Hospital, Curtis, A. M., Murray, D. A. P. & Daniel Murray Pamphlet

Collection. (1899) Report of the Freedmen's Hospital to the Secretary of the Interior. Washington: Government Printing Office. [Pdf] Retrieved from the Library of Congress, <https://www.loc.gov/item/91898264/>.

This report on Freedmen's Hospital includes detailed information on who the hospital was serving, if students wish to go deeper into the early training of Black nurses, but is also notable for containing a small note on Elizabeth Tyler's current work.

HEALTH MEETING AT BETHEL CHURCH WELL ATTENDED. (1921, June 25).

Philadelphia Tribune, 1.

This news clipping from shortly before or shortly after Elizabeth Tyler left Philadelphia highlights how health advocacy and education had become an integral part of the churches and nonprofits of Philadelphia due in part to her efforts.

Henry Phipps Institute., University of Pennsylvania. (1905-1910). Annual report of the Henry Phipps Institute. Philadelphia: The Institute.

This report on the first five years of the Institute includes Dr. Landis' rather exasperated (not to say racist) description of Black patients' refusal to seek care regularly at the Phipps Institute.

Henry Phipps Institute. (1913). *An account of the exercises on the occasion of the opening of the new building of the Henry Phipps Institute.* [Philadelphia].

Retrieved from <https://catalog.hathitrust.org/Record/009702417>.

This program from the Institute's second opening includes a short history of the Institute and a first-person account of its founding.

Higgins, J. (2016). *Public Health.* Encyclopedia of Greater Philadelphia. Retrieved May 29, 2023, from <https://philadelphiaencyclopedia.org/essays/public-health/>

This excerpt from the Philadelphia Encyclopedia describes tuberculosis' impact on Philadelphia in the second section, in clear, student-friendly language.

Johnson, A. V. (1959, May 5). Wilmington Roundup: FUNERAL SERVICES.

Philadelphia Tribune, 14.

This news clipping contains Elizabeth Tyler's obituary.

Landis, H. R.M. December 27, 1913. [Letter from Dr. Henry R. M. Landis to Bernard Neumann, secretary of the Philadelphia Housing Commission, unequivocally ascribing tuberculosis to “a house disease.”] Retrieved from Housing Association of the Delaware Valley (HADV) Collection, Urban Archives, Temple University Libraries, Box 14.

In this letter photographed from the archives, Landis clearly states the environmental impact on tuberculosis and its contagious nature. This is in contrast to other views from the time that attributed high Black tuberculosis rates to an inherent “weakness” in race.

Landis, H. R. M. (1923). "The clinic for Negroes at the Henry Phipps Institute". In *SIXTEENTH REPORT OF THE HENRY PHIPPS INSTITUTE FOR THE STUDY, TREATMENT, AND PREVENTION OF TUBERCULOSIS* (pp. 228-232). Henry Phipps Institute.

https://books.googleusercontent.com/books/content?req=AKW5QaebfyRf3vtoliPUzJlqWxcBCJ8dFAFo7-D1_-

[O0JBz0RIytZJ4z2insYtDMrPt9ltUnYMaUwAatF6fAgi83IXAZceCAhSFCawjq](https://books.googleusercontent.com/books/content?req=AKW5QaebfyRf3vtoliPUzJlqWxcBCJ8dFAFo7-D1_-O0JBz0RIytZJ4z2insYtDMrPt9ltUnYMaUwAatF6fAgi83IXAZceCAhSFCawjq)

[RYcC5Dna4JLR55srA-sqFdP1xjxAcXyLpzHnR5b-tOCNgnm9YyaY-](https://books.googleusercontent.com/books/content?req=AKW5QaebfyRf3vtoliPUzJlqWxcBCJ8dFAFo7-D1_-O0JBz0RIytZJ4z2insYtDMrPt9ltUnYMaUwAatF6fAgi83IXAZceCAhSFCawjqRYcC5Dna4JLR55srA-sqFdP1xjxAcXyLpzHnR5b-tOCNgnm9YyaY-)

[QdOrj51IVBar-xctx1OLYL4sTpDoV1equJv6NVFTpH7L6](https://books.googleusercontent.com/books/content?req=AKW5QaebfyRf3vtoliPUzJlqWxcBCJ8dFAFo7-D1_-O0JBz0RIytZJ4z2insYtDMrPt9ltUnYMaUwAatF6fAgi83IXAZceCAhSFCawjqRYcC5Dna4JLR55srA-sqFdP1xjxAcXyLpzHnR5b-tOCNgnm9YyaY-QdOrj51IVBar-xctx1OLYL4sTpDoV1equJv6NVFTpH7L6)

This later report on the institute includes a segment on specifically Elizabeth Tyler’s work and that of other Black nurses, although without ever naming them.

Locklear, J. M. (2022). *Mercy-Douglass Hospital School of Nursing | Exhibits - Explore the story of women's activism through documents & images*. In *Her Own Right*.

Retrieved May 29, 2023, from <http://inherownright.org/spotlight/featured-exhibits/feature/mercy-douglass-hospital-school-of-nursing>

This site goes deeper into the history and origins of the Mercy-Douglass Hospital School of Nursing and provides interesting background to the primary sources previously mentioned.

Marshall, Edwards. (1920, November 28). America will miss scientific chance if Phipps closes. *The Detroit Free Press*, C1.

This news clipping highlights the work of the Institute and its impact on medicine in Philadelphia and elsewhere. The funding crisis which this author is concerned about was resolved by additional funding from the state and the University of Pennsylvania.

Medecins San Frontieres. (2014, March 20). *How The Body Reacts To Tuberculosis*.

YouTube. Retrieved May 29, 2023, from

<https://www.youtube.com/watch?v=IGZLkRN76Dc>

This video from Doctors Without Borders animates the impact of tuberculosis on the body in student-friendly language.

Middleton, D. J. (2022, June 18). *Black Nurses of Stillman House: A Bygone but Not*

Forgotten Settlement Era — Unique Coloring. Unique Coloring. Retrieved May

29, 2023, from <https://www.uniquecoloring.com/articles/black-nurses-of-stillman-house>

This short history of the Stillman House contains the best-quality picture of a young Elizabeth W. Tyler and describes her work in NYC in student-accessible language.

Moorland Spingarn Research Center. (2021). *Freedmen's Hospital School of Nursing Images Collection | Freedmen's Hospital School of Nursing | Howard University*. Digital Howard @ Howard University. Retrieved May 30, 2023, from https://dh.howard.edu/fhsn_images/

This collection includes a photo of the first graduating class of Freedmen's Hospital, with Elizabeth Tyler prominently featured.

Mossell, S. T. (1923). *A study of the negro tuberculosis problem in Philadelphia*. Henry Phipps Institute. <https://curiosity.lib.harvard.edu/contagion/catalog/36-990061173230203941>

This study written after Tyler's time in Philadelphia covers the Phipps Institute's impact and quantifies some of her work. It also includes detailed charts and analysis of the effect of tuberculosis on Philadelphia. It is not extensively quoted in this curriculum but would be a good place to start for anyone who wanted to go deeper into tuberculosis and Philadelphia specifically.

Pitts Mosley, M. O. (2007). Satisfied to Carry the Bag: Three Black Community Health Nurses' Contributions to Health Care Reform, 1900-1937. In P. D'Antonio, E. Baer, S. Rinker, & J. E. Lynaugh (Eds.), *Nurses' Work: Issues Across Time and Place* (pp. 65-82). Springer Publishing Company.

This chapter closely covers Jessie Sleet, Elizabeth Tyler and a third nurse whose impact on New York City and elsewhere saved many lives. The excerpted section on Tyler specifically on pages 70-72 highlights the effect of Stillman House.

Patients At Phipps' Institute Clinic Carefully Watched. (1921, January 15). *The Philadelphia Tribune*, 1.

This news clipping describes in detail the work nurses like Tyler did to help their patients in the home and maintain their care. Cora Johnson, the nurse extensively quoted in the news article, was hired to assist Tyler within a few months of Tyler's arrival.

Present Bronze Lamp To Dr. Henry Minton. (1928, May 31). *The Philadelphia Tribune*, 5.

This short clip describes how Tyler returned to Philadelphia to present an award to a Black doctor she had worked with. The significance of the clipping is its reference to Tyler's work in New Jersey.

Ryan, R. M. (2013). *Settlement Houses*. Encyclopedia of Greater Philadelphia. Retrieved May 30, 2023, from <https://philadelphiaencyclopedia.org/essays/settlement-houses/>

This article gives a brief overview of the Settlement house movement in Philadelphia, which the Whittier Centre grew out of.

United States. Department of the Interior. (1918). Course of nurse training at the Freedmen's Hospital, Washington, D.C. G.P.O. Retrieved from <http://id.lib.harvard.edu/alma/990091905270203941/catalog>

Although dated about twenty-five years after Tyler's time as part of the inaugural class of nurses at Freedmen's, this four-page document is fascinating in its description of everything nurses were expected to learn and do over their course of study.

Unsigned. March 12, 1914. [Unsigned letter to Susan Wharton suggesting new activities for the Abraham Lincoln Club.] Retrieved from Housing Association of the Delaware Valley (HADV) Collection, Urban Archives, Temple University Libraries, Box 14.

This unsigned, typed letter addressed to Susan Wharton, part of the founding staff of Whittier Centre, suggests various activities for the new Abraham Lincoln club. Given the references to Brooklyn and some of the work described, it's possible this is a letter from Tyler or someone working with her.

San Diego County Office of Education. (2022, May 24). *Collaborative Efforts Teaches Students About Tuberculosis* / post. San Diego County Office of Education.

Retrieved May 18, 2023, from <https://www.sdcoe.net/about-sdcoe/news/post/~board/news/post/collaborative-efforts-teaches-students-about-tuberculosis>

This press release highlights work done today by students in San Diego to educate their peers about tuberculosis and demonstrates for students how the issue is ongoing.

Sanitary. (1897, January 7). *Independent*. New York. From 76.38 Scrapbooks 1891-1893, 1896-1897, 1899-1900. Press clippings concerning matters specifically or generally relevant to public health. City Archives, Philadelphia, PA.

This news clipping specifically calls for the founding of a tuberculosis-specific treatment center in Philadelphia, a request that would be met within six years by the opening of the Phipps Institute.

School District of Philadelphia. (2022, August). *The Immortal Life of Henrietta Lacks Unit*. School District of Philadelphia ELA Units Grades 4-12. Retrieved May 10, 2023, from <https://sites.google.com/philasd.org/ela-4-12/home/grade-10?authuser=0>

This site contains the School District curriculum on Henrietta Lacks which this unit is conceived as an introduction to.

Skloot, R. (2011). *The Immortal Life of Henrietta Lacks*. Crown.

Rebecca Skloot's book on Henrietta Lacks' life, death, family, and impact on medicine explores medical ethics as a concept as well as recounting the history of the case. It is a 10th-grade text in the current School District of Philadelphia curriculum.

Sleet, J. C. (1901, July). A Successful Experiment. *The American Journal of Nursing*, 1(10), 729-731. Retrieved May 16, 2023, from <https://www.jstor.org/stable/3402348>

This article from the first volume of the American Journal of Nursing is a detailed account by Jessie Sleet of the work of the Black visiting nurses in New York City. Sleet would recommend Tyler for her job in New York City.

Stolp, M. (2018, March 25). *Freedmen's Hospital/Howard University Hospital (1862--)*

- Blackpast. Retrieved May 29, 2023, from <https://www.blackpast.org/african-american-history/freedmen-s-hospital-howard-university-hospital-1862/>

In student-friendly language, this short article gives the history of Freedmen's Hospital.

Tyler, Elizabeth W. February 18, 1915. [Signed card to Bernard Neumann requesting a monthly meeting of the Whittier Centre Executive Committee.] Retrieved from Housing Association of the Delaware Valley (HADV) Collection, Urban Archives, Temple University Libraries, Box 14.

This visiting card requesting a meeting is interesting for being a clear example of Tyler's handwriting and signature.

Wilmington Jottings. (1914, August 29). *The Philadelphia Tribune*, 4.

This "local news" clipping includes a reference to Tyler's taking vacation in August after she arrived in Philadelphia.

Wilson, C. (2020, February 27). Visiting Nurse Elizabeth Tyler, heroine of San Juan Hill.

New York Amsterdam News.

<https://amsterdamnews.com/news/2020/02/27/visiting-nurse-elizabeth-tyler-heroine-san-juan-hi/>

In student-friendly language, this short article sums up Tyler's work in New York City.

Additional Works Cited

Bates, B. (2015). *Bargaining for Life: A Social History of Tuberculosis, 1876-1938*.

University of Pennsylvania Press, Incorporated. <https://doi-org.proxy.library.upenn.edu/10.9783/9781512800296>

Brooks Carthon, J. M. (2010). Bridging the Gaps: Collaborative Health Work in the City of Brotherly Love, 1900-1920. In S. Lewenson & P. D'Antonio (Eds.), *Nursing Interventions Through Time: History as Evidence* (pp. 75-87). Springer Publishing Company.

Brooks Carthon, J. M. (2011, January). Life and Death in Philadelphia's Black Belt: A Tale of an Urban Tuberculosis Campaign, 1900-1930. *Nursing History Review*, 19(1), 29-52.

Brooks Carthon, J. M. (2016). Minority Nurses in Diverse Communities: Mary Elizabeth Tyler and the Whittier Centre in Philadelphia. In S. B. Lewenson, A. McAllister, & K. M. Smith (Eds.), *Nursing History for Contemporary Role Development*. Springer Publishing Company.

Keeling, A. (2006). "Carrying Ointments and Even Pills!" Medicines in the Work of Henry Street Settlement Visiting Nurses, 1893-1944. *Nursing History Review*, 14, 7-30. 10.1891/1062-8061.14.7

- Keeling, A. W. (2017). Visiting Nurses in Cities, Parishes, and Missions. In M. C. Hehman, A. W. Keeling, & J. Kirchgessner (Eds.), *History of Professional Nursing in the United States: Toward a Culture of Health*. Springer Publishing Company, Incorporated.
- McBride, D. (1987, Spring). The Henry Phipps Institute, 1903-1937: Pioneering Tuberculosis Work With An Urban Minority. *Bulletin of the History of Medicine*, 61(1), 78-97. JSTOR. Retrieved May 12, 2023, from <https://www.jstor.org/stable/44433664>
- Muhammad, G. (2020). *Cultivating Genius: An Equity Framework for Culturally and Historically Responsive Literacy*. Scholastic.
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- Pitts Mosley, M. O. (1992). *A history of Black leaders in nursing: The influence of four Black community health nurses on the establishment, growth, and practice of public health nursing in New York City, 1900-1930* [[Doctoral Dissertation, Teachers College, Columbia University]].
- Pitts Mosley, M. O. (2007). Satisfied to Carry the Bag: Three Black Community Health Nurses' Contributions to Health Care Reform, 1900-1937. In P. D'Antonio, E. Baer, S. Rinker, & J. E. Lynaugh (Eds.), *Nurses' Work: Issues Across Time and Place* (pp. 65-82). Springer Publishing Company.

Shih-en Leu, G. (2020). My Life the Way I See It: Reconstructing Minoritized Youth With Disabilities As Critical Thinkers. *International Literacy Association*, 64(2), 181-190.

Steiss, J. (2019). Dismantling Winning Stories: Lessons from Applying Critical Literature Pedagogy to The Odyssey. *International Literacy Association*, 63(4), 433-441.

Thomas, E. E., & Stornaiuolo, A. (2016, Fall). Restorying the Self: Bending Toward Textual Justice. *Harvard Educational Review*, 86(3), 313-338.

Thompson, J. (2022). Restorative Reading: Using Counternarratives to Counter Harm For Healing. *English Journal*, 111(5), 79-86.

Vue, R., Haslerig, S. J., & Allen, W. R. (2017, October). Affirming Race, Diversity, and Equity Through Black and Latinx Students' Lived Experiences. *American Educational Research Journal*, 54(5), 868-903.

Appendix

Appendix: Standards Addressed

Standards

Pennsylvania Core Standards Addressed

CC.1.2.9–10.A Determine a central idea of a text and analyze its development over the course of the text, including how it emerges and is shaped and refined by specific details; provide an objective summary of the text. (Lessons 1-3)

CC.1.2.9–10.B Cite strong and thorough textual evidence to support analysis of what the text says explicitly, as well as inferences and conclusions based on an author's explicit assumptions and beliefs about a subject. (Lessons 1-3)

CC.1.2.9–10.I Analyze seminal U.S. documents of historical and literary significance, including how they address related themes and concepts. (Lessons 1-3)

CC.1.2.9–10.L Read and comprehend literary nonfiction and informational text on grade level, reading independently and proficiently (Lessons 1-3)

CC.1.4.9–10.E Write with an awareness of the stylistic aspects of composition. Use precise language and domain-specific vocabulary to manage the complexity of the topic. Establish and maintain a formal style and objective tone while attending to the norms of the discipline in which they are writing. (Lessons 4-6)

CC.1.4.9–10.O Use narrative techniques such as dialogue, description, reflection, multiple plotlines, and pacing to develop experiences, events, and/or characters; use precise words and phrases, telling details, and sensory language to convey a vivid picture of the experiences, events, settings, and/or characters. (Lessons 4-6)

CCSS.ELA-LITERACY.RH.9-10.1. Cite specific textual evidence to support analysis of primary and secondary sources, attending to such features as the date and origin of the information. (Lessons 1-4)

CCSS.ELA-LITERACY.RH.9-10.2. Determine the central ideas or information of a primary or secondary source; provide an accurate summary of how key events or ideas develop over the course of the text. (Lessons 1-4)

CCSS.ELA-LITERACY.RH.9-10.3. Analyze in detail a series of events described in a text; determine whether earlier events caused later ones or simply preceded them. (Lessons 1-3)

Appendix: Student-Facing Handouts

[Layered Texts Note Catcher](#) - Students can use this to document their thoughts and assessment of the primary texts during class time.

[Primary Source Analysis Tool](#) - Modified version of this Library of Congress [tool](#) which students. Teachers may choose to have students complete this for one or two key primary sources in every lesson, or this can be a useful note-taking guide for students' individual research prior to writing their own historical fictions.

[Historical Fiction Rubric, Brainstorming, & Outline Options](#) - This document contains a rubric, checklist, and multiple handouts for character brainstorming & story outlining. If you are allowing or encouraging students to tell their historical fiction in an alternate mode such as a graphic novel, series of social media posts, or other format, completing the outlining sheets may be the bulk of the writing students do.

[Scaffolded Outline for Lesson 2 Deliverable \(Persuasive Letter\)](#) - This document contains an outline to help students in creating a formal request for help as an imagined leader or advocate in 1900's Philadelphia.

[Timeline Activity for Lesson 3](#)- This timeline leaves blank spaces for Elizabeth Tyler's life and contributions, in blue, while documenting major contemporary events in Philadelphia and tuberculosis history (in red and yellow). Create with Canva.

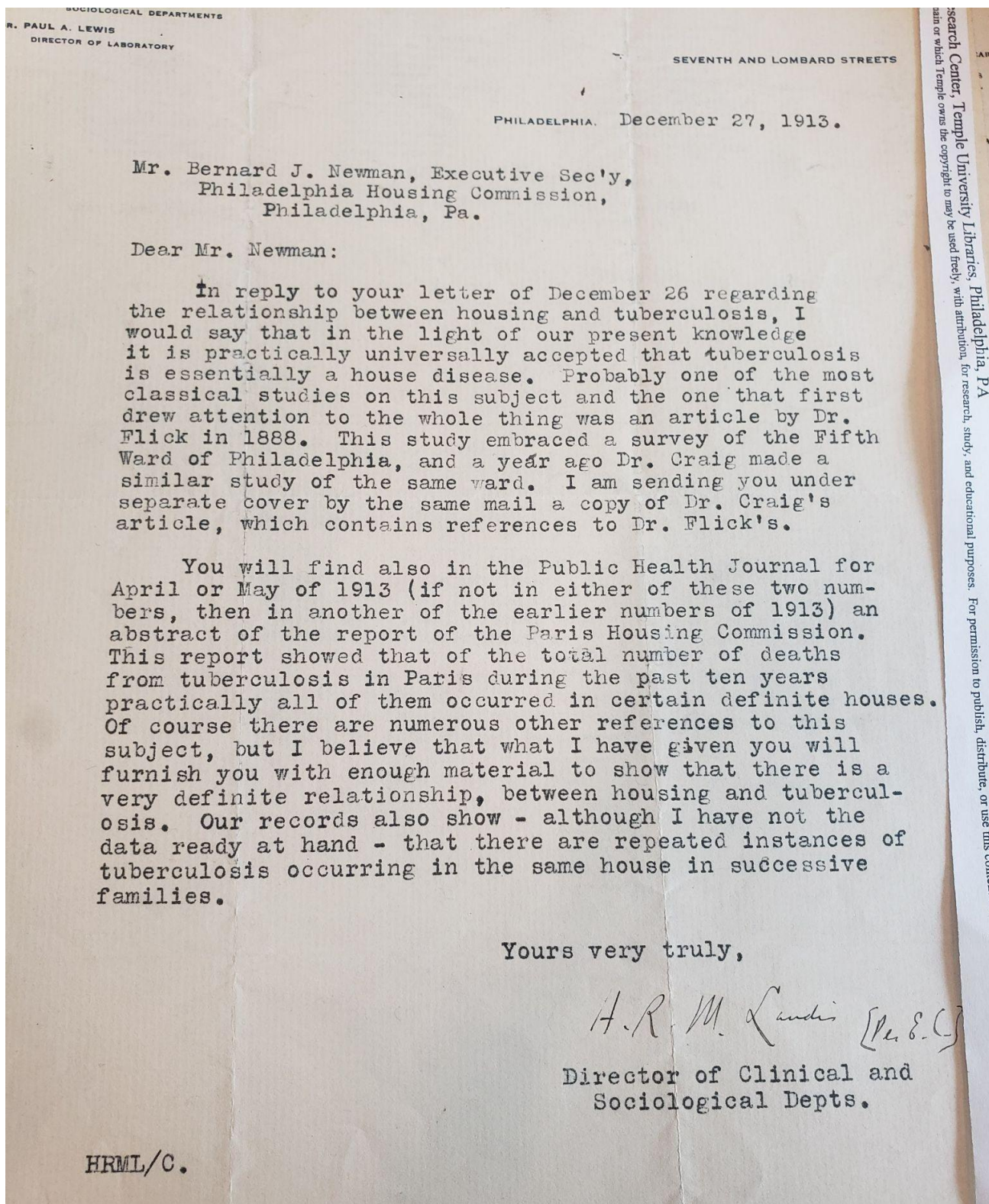
[Scaffolded Outline for Lesson 3 Deliverable \(Obituary\)](#) - This basic outline can support students who are struggling to rewrite Tyler's obituary.

[Multimodal Choice Board](#) - This "choice board" offers 9 options for students to use as a way to finalize and share out their historical fiction brainstorming, ranging from a straightforward short story to more complex or interactive options.

[Complete Appendix of Visual Primary Sources in .pdf format](#) - All the primary sources not directly linked from the classroom activities are contained in an appendix to this unit but also in this PDF file.

Appendix: Visual Primary Sources

Lesson 1: Tuberculosis



Letter from Dr. Landis to Bernard Newman [sic] explaining the impact of housing on tuberculosis rates. From Temple Urban Archives, Housing Association of Delaware Valley Collection, Box 14, Whittier Centre - Correspondence.

From *Independent*

NEW YORK

Date JAN 7 1897

Sanitary.

A STATE hospital for the care and treatment of tuberculosis, as well as for the protection of the non-infected portion of the community, is now being built at Rutland, Mass. The Board of Health, of Philadelphia, is now urging the conversion of old city property, no longer needed for its former purpose, into such an institution. Dr. Ford, the President of the Board, argues as follows:

“As tuberculosis is an infectious disease, whose spread may be limited by the adoption of certain precautionary measures, while many die from the disease, as a result of ignorance, neglect and want, a grave responsibility devolves upon the municipality, which has only been partially and inadequately met through the efforts of philanthropic societies and individuals, and principally in the way of establishing hospitals for the sick.

“If any progress is to be made in checking the ravages of tuberculosis, isolation and treatment in hospitals must be depended upon as a most important means to this end. The municipality is obligated to provide for the indigent sick; but especially urgent is this demand when such sick persons, unprovided for, jeopardize the public health. Tuberculosis should be under the supervision of the health authorities, just as other dangerous diseases are; and the day is not far distant when this disease will be required to be reported to the Board of Health, as other contagious diseases are now under the law.”

He hopes for a speedy decision and establishment of the hospital; certainly it is poetic justice, that it should be built in the city of Dr. Lawrence Flick whose patient work demonstrated the existence of *infected* houses.

HOUSING.

GRADING OF HOUSES ACCORDING TO THE SPECIAL CLASSIFICATION.

In an effort to standardize results and to facilitate comparison with the results obtained by similar investigations, the houses have been classified according to the following plan:

100 per cent.	{	Good ventilation. Good light. Inside toilet and bath.
80 per cent.	{	Good ventilation. Good light. Outside toilet. Water in house.
60 per cent.	{	Fair ventilation. Fair light. Outside toilet. Outside water supply.
40 per cent.	{	Poor ventilation. Poor light. Outside privy. Limited, outside water supply.
20 per cent.	{	Very poor ventilation. Very poor light. Outside water supply limited. Outside privy (filthy and unsafe). House in bad repair generally.
0 per cent.	{	Dark rooms. Building unsafe. No possibility of securing sufficient air space.





While this classification possesses some of the defects common to most systems, it presents a fairly accurate picture of the house, especially from the standpoint of light and air. Some of the special features of the housing, such as sewage, plumbing, dampness, construction, etc., will be considered separately. The houses in this report may possibly be graded somewhat high, as we have tried to keep in mind, in estimating the grade of the house, what constituted the essentials for the health and ordinary convenience of the tenants, and did not attempt to base the grading upon what would be considered ideal conditions.

Grouping the houses according to the classification given above gives the following figures:

TABLE 1.—NUMBER AND PERCENTAGE OF HOUSES OF EACH GRADE.

GRADE	TOTAL		JEWISH		ITALIAN		NEGRO		PATIENTS	
	Number	Per Cent.	Number	Per Cent.	Number	Per Cent.	Number	Per Cent.	Number	Per Cent.
100.....	100	9.9	24	7.7	10	7.3	5	2.7	61	16.4
80.....	175	17.5	59	19.0	27	19.9	10	5.4	79	21.2
60.....	453	45.2	123	39.7	93	67.8	90	48.9	147	39.5
40.....	69	6.9	30	9.7	4	2.9	..	..	35	9.4
20.....	23	2.3	23	7.4	..	..	..	..	..	..
0.....	183	18.2	51	16.5	3	2.1	79	43.0	50	13.5
Total	1003	100.0	310	100.0	137	100.0	184	100.0	372	100.0
Per cent. ..	100.0	..	30.9	..	13.7	..	18.3	..	37.1	..

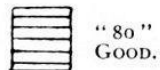
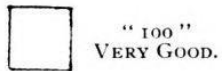
Table 1 shows the grading of the houses in the different districts, while nearly three-fourths (72.6 per cent.) of all houses examined were graded above 40, the majority (45.2 per cent.) were graded at 60, the grade given to houses possessing certain features considered objectionable but probably to a great degree remediable. It will be noted that 18.2 per cent. of all houses examined were marked "zero," or, in other words, were unfit to live in.

Maps have been prepared of the districts investigated, in which each house is marked in a manner to indicate its housing grade in order to provide a comprehensive view of each district. These maps bring out in a very clear way several features that are worthy of special mention. The most striking of these is the fact that while very good houses ("100"—marked ) are scattered irregularly and fairly evenly throughout the blocks, the very bad houses ("0"—marked ) are usually in groups, with only a few of them scattered irregularly throughout the districts. This is also true of the bad houses ("20"—marked ) , the fairly bad houses ("40"—marked ) showing a tendency toward this grouping, but not to the same degree as the "0" and "20" houses. This is especially striking on Maps 2, 3, and 4. This is so very marked and constant that it would seem that there must be some explanation for the finding of these defective houses grouped together. While not being able to give the exact cause for this finding, several suggestions are offered which might account for the condition.

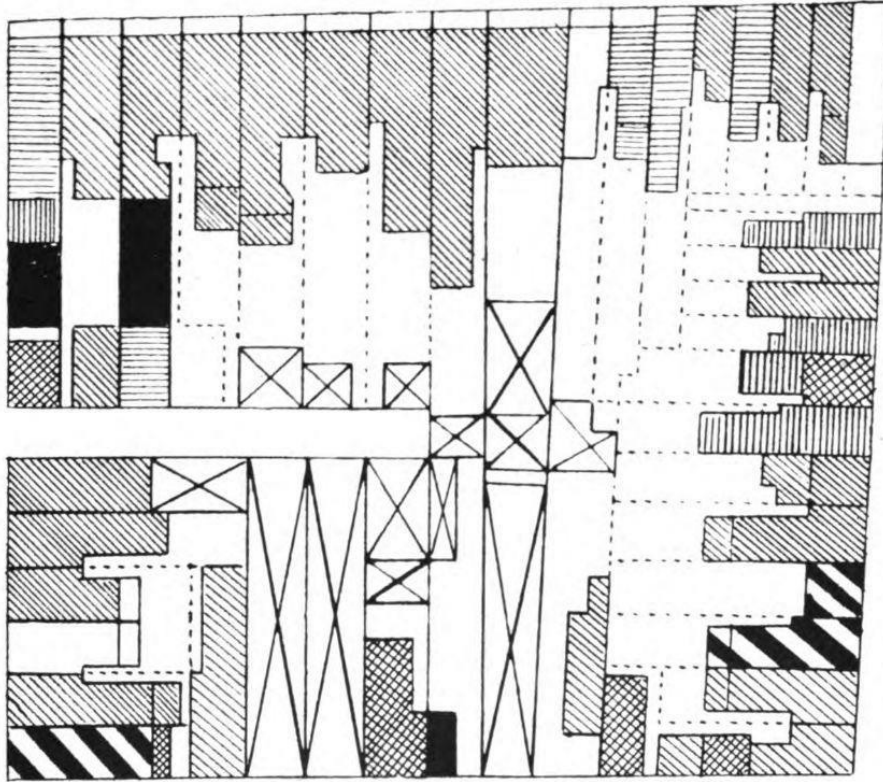
MAPS OF DISTRICTS INVESTIGATED.

EACH HOUSE BEING MARKED TO INDICATE THE GRADE
OF HOUSING.

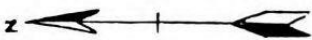
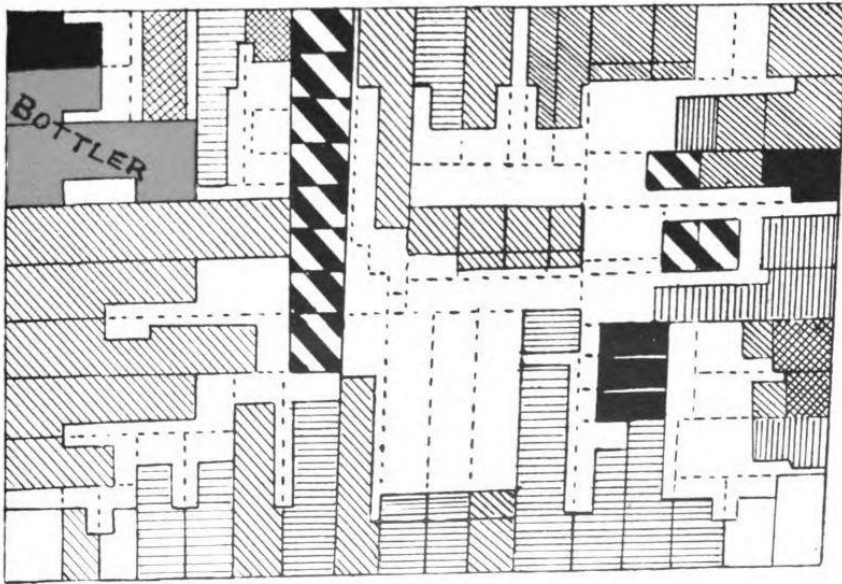
KEY TO THE MARKING OF HOUSES.



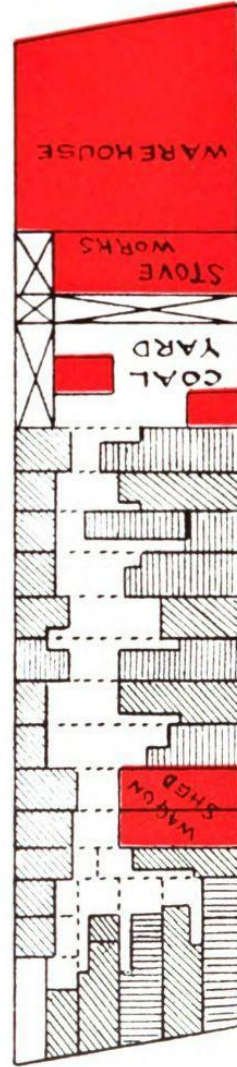
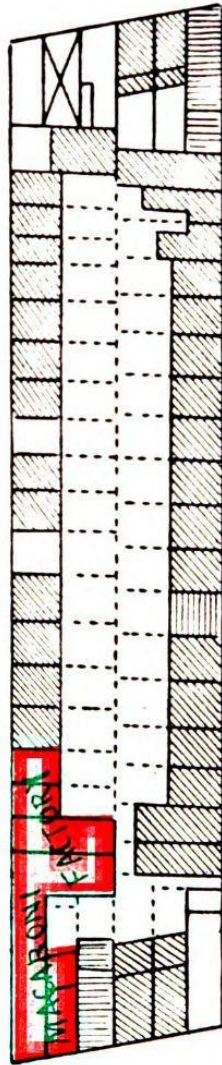
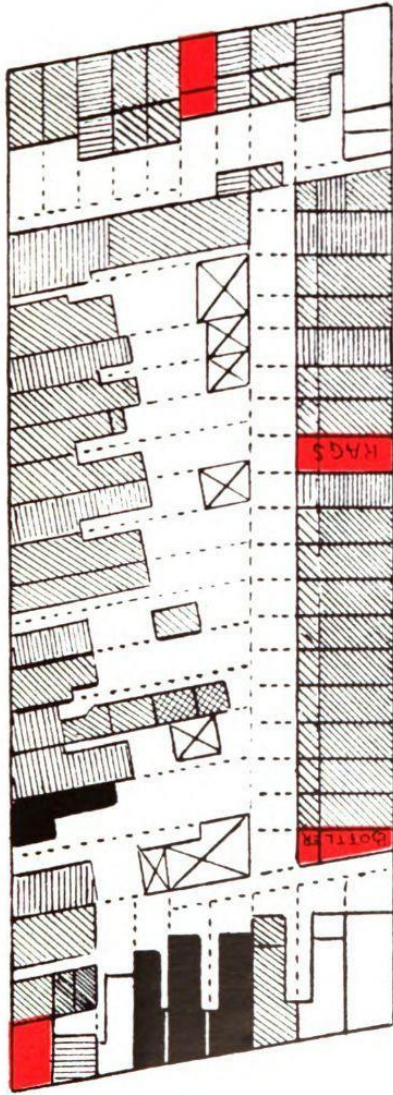
MAP NO. 1



JEWISH DISTRICT

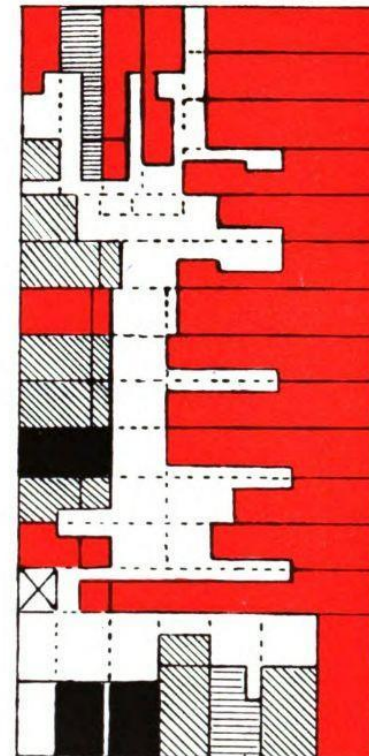
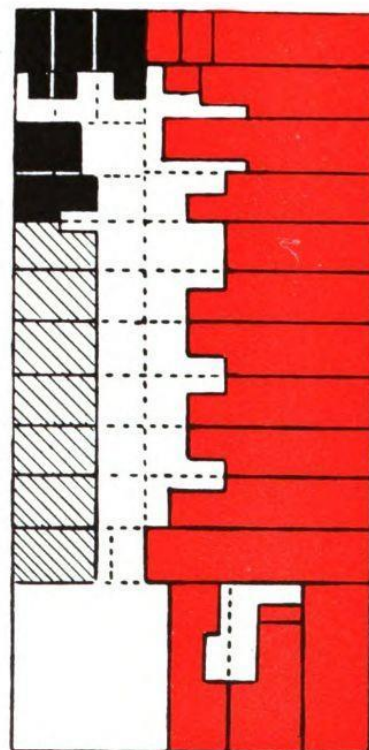
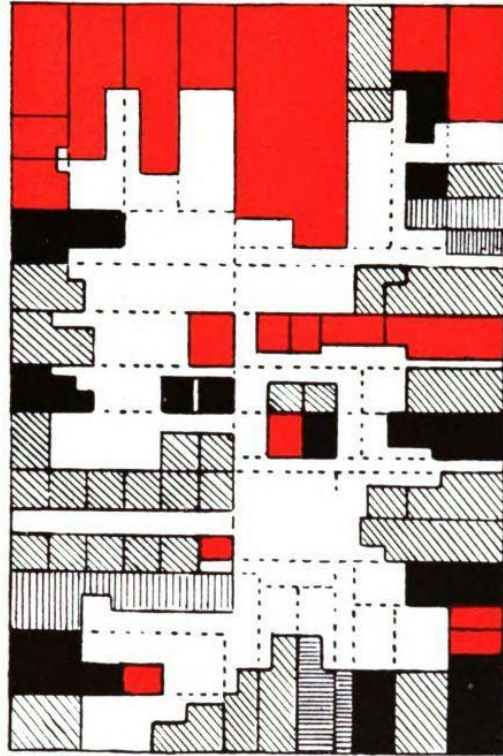
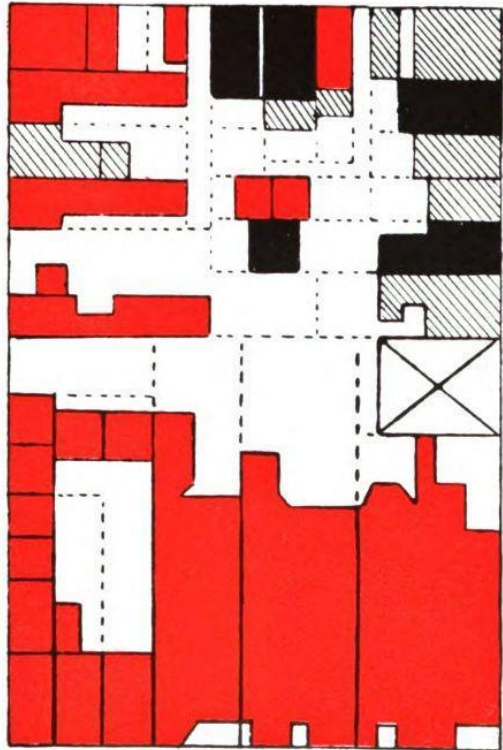


MAP NO. 4



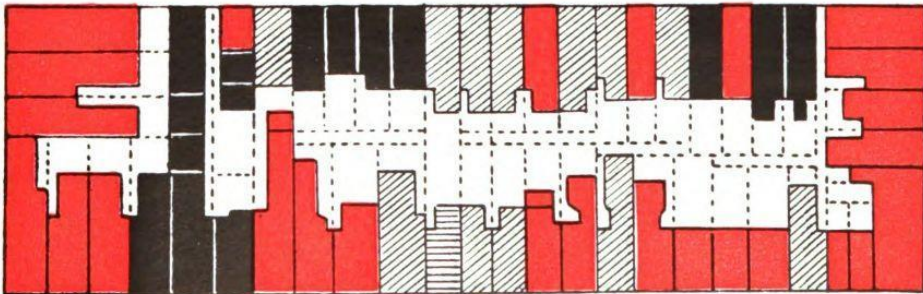
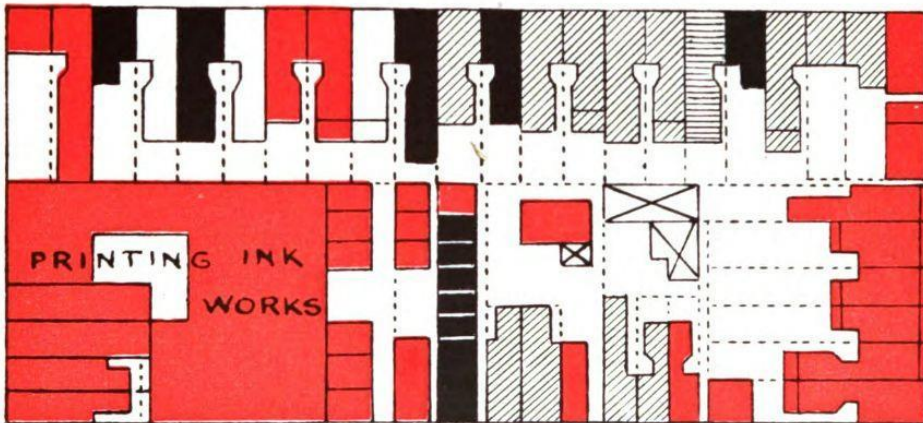
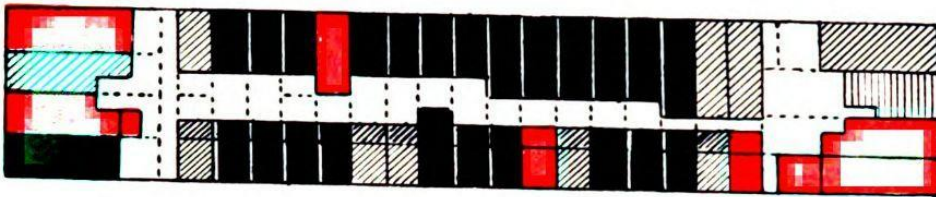
ITALIAN DISTRICT

MAP NO. 5



NEGRO DISTRICT

MAP NO. 6



NEGRO DISTRICT



It will be seen that a moderate number of the houses have been divided into two separate dwellings—a front and a rear. While this arrangement may have certain disadvantages, especially from the standpoint of the persons occupying the rear portion, the amount of privacy which it assures to the two families makes it preferable to the dividing of the house according to floors. This is especially true as the houses are not arranged with stair facilities for several families.

While the study of the housing is extremely important, one only appreciates the importance of the housing conditions when one studies the number of people who are subjected to their varying conditions. The health and welfare of the people occupying the houses are, after all, the only interest one can have in studying the housing. This question is considered in a study of the proportion of the population of the districts studied living under the various grades of houses, thus determining to what extent these people are exposed to the evils of bad, and the benefits of good, housing. As one would expect, the percentages correspond very closely to the percentages found under the study of the houses themselves (Table 1).

Table 2 shows the proportion of population living in houses of the different grades. This is given for all the people studied, and then according to the different races.

TABLE 2.—NUMBER AND PERCENTAGE OF POPULATION LIVING IN HOUSES OF EACH GRADE.

GRADE	TOTAL		JEWISH		ITALIAN		NEGRO		PATIENTS' FAMILIES	
	Number	Per Cent.	Number	Per Cent.	Number	Per Cent.	Number	Per Cent.	Number	Per Cent.
100.....	544	9.4	207	8.4	85	7.9	18	2.4	234	15.3
80.....	1257	21.6	703	28.7	300	27.7	53	7.0	201	13.2
60.....	2722	46.8	910	37.0	665	61.5	384	50.9	763	50.1
40.....	347	6.0	205	8.4	8	0.7	..	..	136	8.9
20.....	152	2.6	152	6.2	..	..	..	..	..	..
0.....	790	13.6	276	11.3	24	2.2	299	39.7	191	12.5
Total.....	5812	100.0	2453	100.0	1082	100.0	754	..	1525	100.0
Per cent. ..	100.0	..	42.2	..	18.6	..	13.0	..	26.2	..

From Craig, F. A. (1915). *A study of the housing and social conditions in selected districts of Philadelphia*. Henry Phipps Institute.

TABLE 5
DEATHS AND DEATH RATES IN PHILADELPHIA FROM CERTAIN
IMPORTANT CAUSES IN 1920 BY COLOR

Cause	Deaths			Death rates per 100,000 population		
	Total	White	Colored	Total	White	Colored
All causes	26,511	23,584	2,927	1,442.4	1,387.5	2,118.4
Pulmonary tuberculosis..	2,227	1,790	437	121.2	105.3	316.3
Cancer and other malign- ant tumors	1,811	1,717	94	98.5	101.0	68.0
Cerebral hemorrhage and softening	1,240	1,134	106	67.5	66.7	76.7
Acute nephritis and Brights disease	2,599	2,396	203	141.4	141.0	146.9
Congenital debility and malformations	1,264	1,117	147	68.8	65.7	106.4
Organic diseases of the heart	3,345	3,091	254	182.0	181.9	183.8
Pneumonia (all forms).	3,524	2,981	543	191.7	175.4	393.0
Diarrhea and enteritis (under 2 years)	1,123	1,020	103	61.1	60.0	74.5

Figures as to deaths secured from United States Mortality Statistics, 1920.
Rates computed from population estimated as of July 1, 1920.

TABLE 6
DEATHS AND DEATH RATES FROM TUBERCULOSIS IN PHILADELPHIA, 1911 TO
1920 INCLUSIVE, DISTRIBUTED ACCORDING TO COLOR

Year	Deaths						Death Rate Per 100,000 Population					
	White			Colored			White			Colored		
	Tbc. all forms	*Tbc. of lungs	Tbc. other than pulm.	Tbc. all forms	Tbc. of lungs	Tbc. other than pulm.	Tbc. all forms	*Tbc. of lungs	Tbc. other than pulm.	Tbc. all forms	*Tbc. of lungs	Tbc. other than pulm.
1920	2,018	1,790	228	506	437	69	118.7	105.3	13.4	366.2	316.3	49.9
1919	2,397	2,110	287	533	462	71	143.0	125.8	17.1	400.6	347.3	53.4
1918	3,123	2,809	314	640	583	57	188.9	169.9	19.0	500.4	455.8	44.6
1917	2,855	2,525	330	566	509	57	175.1	154.9	20.2	461.1	414.7	46.4
1916	2,808	2,458	350	498	458	40	174.7	152.9	21.8	423.5	389.5	34.0
1915	2,634	2,328	306	498	439	59	166.3	147.0	19.3	442.9	390.4	52.5
1914	2,678	2,360	318	482	420	62	171.6	151.2	20.4	449.2	391.4	57.8
1913	2,610	2,278	332	468	414	54	169.7	148.1	21.6	458.1	405.3	52.9
1912	2,715	2,416	299	351	318	33	179.3	159.5	19.7	361.8	327.8	34.0
1911	3,001	2,642	359	462	416	46	201.2	177.2	24.1	503.0	452.9	50.1

* Including miliary tuberculosis.

All figures secured from United States Mortality Statistics 1911 to 1920.

TABLE 7
DEATHS AND DEATH RATES FROM TUBERCULOSIS IN PHILADELPHIA
IN 1920 BY WARDS

Ward	Deaths			Death Rates		
	Tuberculosis all forms	Tuberculosis of the lungs	Tuberculosis other than pulmonary	Tuberculosis all forms	Tuberculosis of the lungs	Tuberculosis other than pulmonary
Total	2,509	2,197	312	136.5	119.5	17.0
1	55	46	9	120.2	100.6	19.7
2	44	39	5	125.9	111.6	14.3
3	27	25	2	127.7	118.3	9.5
4	32	29	3	193.4	175.2	18.1
5	33	30	3	277.4	252.2	25.2
6	14	13	1	353.5	328.3	25.3
7	79	70	9	301.1	266.8	34.3
8	32	29	3	267.1	242.0	25.0
9	3	3	0	81.5	81.5	0
10	51	44	7	337.1	290.8	46.3
11	12	12	0	131.5	131.5	0
12	27	24	3	221.9	197.3	24.7
13	37	35	2	195.6	185.0	10.6
14	36	30	6	197.2	164.3	32.9
15	79	72	7	176.7	161.1	15.7
16	25	24	1	185.9	178.4	7.4
17	20	18	2	143.0	128.7	14.3
18	37	33	4	142.6	127.2	15.4
19	79	68	11	158.6	136.5	22.1
20	73	64	9	145.8	127.9	18.0
21	40	34	6	104.3	88.7	15.7
22	103	89	14	119.5	103.3	16.2
23	45	40	5	114.9	102.1	12.8
24	82	70	12	135.0	115.3	19.8
25	65	57	8	135.2	118.6	16.6
26	69	60	9	109.8	95.5	14.3
27	100	95	5	411.7	391.1	20.6
28	77	59	18	142.8	109.4	33.4
29	50	39	11	154.7	120.7	34.0
30	78	65	13	264.5	220.5	44.1
31	44	39	5	147.5	130.8	16.8
32	50	46	4	104.4	96.0	8.3
33	80	73	7	119.1	108.7	10.4
34	81	69	12	110.2	93.9	16.3
35	30	29	1	207.5	200.6	6.9
36	91	80	11	165.7	145.7	20.0
37	43	35	8	185.0	150.6	34.4
38	64	55	9	87.0	74.8	12.2
39	70	60	10	83.2	71.3	11.9
40	95	78	17	117.6	96.5	21.0
41	29	24	5	135.3	112.0	23.3
42	50	43	7	80.7	69.4	11.3
43	57	52	5	98.9	90.2	8.7
44	61	59	2	133.3	128.9	4.4
45	30	28	2	75.3	70.3	5.0
46	55	50	5	68.5	62.3	6.2
47	39	31	8	117.4	93.3	24.1
48	36	30	6	136.7	113.9	22.8

Deaths secured from Bureau of Vital Statistics, Philadelphia, Pa.
Death rates computed on basis of population estimated as of July 1, 1920.

as though dissipation and overwork were more potent factors in the development of consumption than distortion of the body and close confinement.

SOCIAL CONDITION.

New cases,	{	Single,..... 386	}	885
		Married,..... 422		
		Widowed,..... 76		
		No record,..... 1		
Summary for two years,.....	{	Single,..... 947	}	2344
		Married,..... 1162		
		Widowed,..... 233		
		No record,..... 2		

The relative proportion of the patients for this year as to social condition is about the same as it was during the first year. The majority of the patients either are married or have been married and have become widowed. This is as one would expect. The burdens and responsibilities which go with married life and the rearing of families make fertile soil for the development of consumption.

COLOR.

New cases,.....	{	White,..... 834	}	885
		Black,..... 50		
		Yellow,..... 1		
Summary for two years,.....	{	White,..... 2191	}	2344
		Black,..... 151		
		Yellow,..... 1		
		No record,..... 1		

The ratio of black to white has decreased during the current year. This is strange, and brings to light a social problem worthy of earnest consideration. Every inducement is offered to negroes to avail themselves of the treatment at the Phipps Institute, and there is absolutely no distinction made between the blacks and the whites. In spite of this, however, the blacks do not avail themselves of the opportunity for treatment. Tuberculosis is exceedingly prevalent among colored people, and the mortality among them is very high. They are careless in their habits, not over cleanly, and are therefore a menace to a com-

munity unless they can be brought under control and supervision. They now constitute the servant class of our community, and are therefore in intimate association with other people. How are we to reach them so as to be able to teach them preventive measures and make them live up to such measures for their own protection and that of others?

From Landis' writings after the first year of the Phipps Institute.

<https://hdl.handle.net/2027/hvd.32044089509293>

AIDS IN TUBERCULOSIS FIGHT.

Henry Phipps Gives \$500,000 to University of Pennsylvania.

PHILADELPHIA, Dec. 20.—The Trustees of the University of Pennsylvania announced to-day that Henry Phipps, of New York, founder of the Phipps Institute in this city, has presented to the university \$500,000, to be used in the campaign against tuberculosis.

The management of the Phipps Institute will be in the hands of the university Trustees, and the study, treatment, and prevention of the disease will be continued in a new hospital to be erected at Seventh and Lombard Streets. The plans for the hospital are now being drawn by a New York architect.

Six years ago Henry Phipps founded the Phipps Institute for Tuberculosis Research in Philadelphia, with an endowment of \$1,300,000. In 1908 he gave \$500,000 to Johns Hopkins Hospital and University at Baltimore for the founding of a psychiatric clinic on the lines of well-known similar institutions in Europe.

In 1907 he gave \$30,000 to Johns Hopkins for a tuberculosis hospital.

In 1905 Mr. Phipps gave \$1,000,000 to a commission to be used for the provision of model tenement houses for the workmen of New York.

Mr. Phipps's first large gift for public purposes was made twenty years ago, when he built a conservatory in the public park of Allegheny, Penn. Later he made a similar gift to Schenley Park, in Pittsburg.

He has also founded an agricultural college in India, in the hope of helping the natives to fight famines. In 1890 he gave \$20,000 to the Carnegie Library in Allegheny, Penn. In 1902 Mr. Phipps gave \$250,000 to assist the Boers to rehabilitate their farms after the war.

New York
Journal
January 13 1897

CONSUMPTION HOLDS SWAY UNCHECKED.

Board of Health States That
the Disease Might Be
Eradicated.

LAX SANITARY METHODS.

Separate Hospital Needed by
the City for Care of Such
Patients.

TUBERCULOSIS IS INCREASING.

The topic of conversation among medical men to-day was the report of the Board of Health upon the prevalence of consumption in this city and their statement that it was "wholly preventable."

The report states that there are now about 20,000 cases of pulmonary tuberculosis in this city, and that from thirty to fifty inhabitants of New York become infected daily with the disease, one-half of whom die, owing to ignorance of scientific application of sanitary regulations. The report is signed by Dr. Herman M. Biggs, pathologist; Dr. F. Michael Prudden, consulting pathologist and Dr. George B. Fowler, Commissioner of the Board of Health.

"During the past twelve years," the report states, "there has been a reduction in the general mortality from tubercular diseases of more than 30 per cent in New York City. But the time has now arrived, we believe, when more comprehensive and radical measures should be adopted to rapidly and materially diminish the prevalence of pulmonary tuberculosis in this city.

"During the past year 9,000 cases were reported to this department, and nearly 6,000 deaths resulted from this disease.

Science Brought to Bear.

"It is conservatively estimated that at least 20,000 well-developed cases now exist in this city, and an additional large number of obscure and incipient forms of the disease. All of this suffering and death, in view of modern scientific knowledge, we know to be largely preventable by the efficient enforcement of simple, well-understood and easily applied methods of cleanliness, disinfection and isolation.

"The knowledge now at command regarding the methods of extension of pulmonary tuberculosis entirely justifies the belief that its ravages can as certainly be limited by proper sanitary control and appropriate treatment as can other infectious diseases, more acute and more readily communicated, but at the same time far less prevalent, less fatal and uncomparably less important to the welfare of the community.

"We fully believe that with proper regulations tuberculosis may be restricted within the narrowest bounds and eventually, perhaps, exterminated.

Not a Scientific Dream.

"This is not the idle dream of sanitary enthusiasts or theorists, but it is a conviction founded on the most thorough and conclusive experimental investigations, which have been amply confirmed by practical experience.

"From the beginning of this work the officials of this department have encountered in the utter lack of proper facilities for the care of consumption, an obstacle to practical success so great and so disheartening that we feel impelled to urge our convictions that the grave responsibilities which rest upon the Health Department in this matter cannot longer be adequately sustained without the immediate establishment, under its direct control, a hospital for the care and treatment of this disease.

Caused by Lack of Facilities.

"We are convinced that no other factor is so potent to-day in perpetuating that ominous death list from pulmonary tuberculosis as the lack of proper facilities for the care of the poor of this city stricken with this malady.

"The best medical opinion forbids that persons suffering from pulmonary tuberculosis be treated in association with other classes of cases in the general medical wards of general hospitals.

"The Department of Public Charities is not able to provide separate accommodations, excepting to the most limited extent, even for these advanced cases, and as a result actual isolation does not exist in any of the municipal institutions. In every one of the institutions of the Department of Charities and the Department of Correction consumptives are found occupying beds in the general wards of the various hospitals, associating with healthy prisoners in the cells and in the greatly overcrowded workrooms of the Workhouse and the penal institutions.

What Is Needed.

"We would, therefore, respectfully recommend:

"First—That such action be taken by the Health Board as seems necessary and

proper to at once secure the provision of hospital accommodations, under its charge, for the care of the poor suffering from pulmonary tuberculosis, who, as active sources of danger to the community, may properly come under its supervision.

"Second—That an amendment be made to the sanitary code declaring that tuberculosis be officially considered a communicable disease, and formulating regulations under which its sanitary surveillance shall be exercised.

"Third—That all institutions in this city which admit and treat cases of pulmonary tuberculosis be subjected to regular and systematic inspection by officials of this Board, and that specific regulations be established for the conduct of such institutions, in accord with the proposed amendment to the Sanitary Code.

"Fourth—That the scope of the measures designed for the education of the people in regard to the nature of pulmonary tuberculosis, and the methods to be taken for its prevention, be enlarged and a closer sanitary supervision be maintained over individuals suffering from this disease in the densely populated tenement districts, and in the crowded workshops and public buildings of this city."

Article highlighting the issues with tuberculosis in New York. From Consumption Holds Sway Unchecked. (1897, January 13). *New York Journal*. From 76.38 Scrapbooks 1891-1893, 1896-1897, 1899-1900. Press clippings concerning matters specifically or generally relevant to public health. City Archives, Philadelphia, PA.



Temple University Libraries, Urban Archives

Photograph titled 1326 Kenilworth St. From Temple University Libraries Urban Archives.



NURSES' SETTLEMENT NEWS

FROM Miss Dock we learn that the Nurses' Settlement in New York is happy in several important additions to its work. A most gratifying and needed extension in the visiting nursing service has been made in an upper west side region where the colored people live. Salaries have been given for two nurses, who are also colored, and who have settled in their district in a flat. The work is fortunate indeed in the rare ability and devotion of these two women, Mrs. Tyler and Miss Carter, both of whom are graduates of the Freedman's Hospital in Washington. Besides being excellent nurses they are both especially alive to social movements and organized preventive work. There is living with them a Miss Brown, who is engaged in social work among young girls. The craving "back to the land" is being a conspicuous feature of the Settlement, for this summer has seen two more country places acquired; one a house up the Hudson Valley holding about ten people for the Italians of the Sullivan Street district, and the other a beautiful old-fashioned farm near Yorktown Heights, the possibilities of which are quite limitless, for it has almost 100 acres of farm, woodland, hill, and valley, with a lovely old house to which a considerable extension is being made. Then the camp for boys and young men near Peekskill has never been so successful as this year, and the "Rest" for convalescents, the Vacation House for young girls, and the farm at Montclair for children, are all running happily and prosperously. Miss Phillpotts, of St. Luke's, Chicago, is at the last named place for the summer. Miss Rogers has been up at Otisville at the new sanitarium for incipient tuberculosis under the Board of Health, getting it started and systematized, and Miss Frank is the visitor for the beautiful new Betty Loeb Convalescent Home, to see and investigate applicants for free admission.

A nurse from the District Nursing Association of Kalamazoo, Miss MacClure, is spending a month of observation and study at the Settlement, and a number of transients are there for the summer. The Settlement has recently acquired the house next to 265, and this is being put into shape for many uses. Miss Wald's time is greatly occupied with committee meetings, notably that for Child Labor and the assigning of "scholarships" or small incomes to replace the earnings of children in cases where the new child labor law would work hardship, and for a long time this spring she was almost incessantly busy with the opposition to a threatened elevated structure on the crowded East Side.

Miss Dock is again at the Settlement working on the History of

This short article from 1906 in *The American Journal of Nursing* describes Tyler's new work in New York City.

Lesson 3: Elizabeth Tyler's Biography



Image of Freedmen's Hospital as it would have been when Elizabeth Tyler began classes in 1894. Freedmen'S Hospital, Curtis, A. M., Murray, D. A. P. & Daniel Murray Pamphlet Collection. (1899) Report of the Freedmen's Hospital to the Secretary of the Interior. Washington: Government Printing Office. [Pdf] Retrieved from the Library of Congress, <https://www.loc.gov/item/91898264/>.



First graduating class of Freedmen's Hospital Nursing. Based on later pictures, E.W. Tyler is most likely front left. From (Moorland Spingarn Research Center, 2021).

Miss Susan Wharton,
910 Clinton St.,
Phila. Pa.,

My dear Miss Wharton: -

Thinking over your request for suggestions as to a plan of work for the Abraham Lincoln Club, it occurs to me that they might take up the following: -

1. A series of meetings at which speakers on health topics would be present to address just their own members on baby and personal hygiene, and the relation of insanitation to such. We carried on in Brooklyn a series of meetings in a women's club, connected with our institution, along this line which was very successful.
2. Note insanitary conditions in and about their own and about their neighbors properties, and on the streets, and forward the complaints to our office.
3. Secure from Mrs. Morrison and Miss Hager the names of a number of respectable colored families living in houses below par. Then find sanitary homes for them and persuade or help them to move into such; some real estate men in order to secure tenants will move them without a charge. In deciding upon a sanitary home they will of course have to note drainage conditions, water supply, repair, rent, whether it has had previously cases of contagious diseases, and the reputation of the agent for taking care of his tenant. Should they desire to go into this kind of work I would be glad to meet them for a friendly talk as to ways and means.

Miss Susan Wharton: -

- 2 -

4. Encourage their children to aid Mrs. Pierce in carrying out her street cleaning program for children, and in winning the badge which she gives when children have shown practical interest in the condition of the streets.
5. Encourage their children to enter the competition started by the Child Federation for improvement of back yards.
6. Encourage their children to join the Vacant Lots Association, not by contributing money but by taking a piece of ground under a Vacant Lots Farmer and cultivating it.

These various projects can be delegated to committees and reported on at next meeting, or the executive in charge of the different kinds of work, herein mentioned, can go to the meeting of your club and explain just what their Associations are doing and how they might co-operate with you. The foregoing program will have to be carefully worked out for the danger is there will be an initial enthusiasm which will peter out.

I trust that these suggestions will be of some help to you.

Very truly yours,

Unsigned letter to Ms. Susan Wharton, Whittier Centre founder, dated March 1914. These suggestions may have come from E.W. Tyler or someone else affiliated with the work in New York. From Temple Urban Archives, Housing Association of Delaware Valley Collection, Box 14, Whittier Centre - Correspondence.

society, the lectures, etc., are all well started and only await the money for leadership. Half the former responsibilities of the Starr Centre now rest with the Whittier Centre.

The Black Belt of Philadelphia

Uptown Office, 1506 Catherine Street

Downtown Office, 510 South Seventh Street

There is a black belt in Philadelphia as well as in Alabama. It runs through Rodman and other small streets, from Seventh Street up to the Schuylkill River.

The mass of colored people are above Broad Street and more than 1000 are members of the Thrift Clubs. Some of the worst quarters, however, are below Broad Street, with the blind alleys and low living conditions.

On February 1, 1914, the colored nurse and social worker of the Whittier Centre started her investigation of the living conditions of the colored population east of Broad Street.

Summary of Work

February 1st to October 1st, 1914

By E. W. TYLER, Medical Social Worker

When the Medical Social Worker came on February 1st of this year, it was decided that she should work in co-operation with Phipps Institute. It was known that there was a great deal of tuberculosis among the colored people of Philadelphia and yet so few of them were being treated in Phipps Institute and other institutions for the treatment of tuberculosis. Whittier Centre was anxious to locate these colored people who suffered from tuberculosis and who were not being treated for the same. How to do this was a serious question. House to house visiting was started.



LITTLE MOTHERS LEARNING HOW TO CARE FOR THE BABY

Hospitals and other Co-operating Agencies

- | | |
|---|---|
| 1. Henry Phipps Institute. | 10. The Octavia Hill Association. |
| 2. The Child Federation. | 11. Visiting Nurse Society. |
| 3. Philadelphia Housing Commission. | 12. Bedford Street Mission. |
| 4. Society for Organizing Charity. | 13. State Sanitorium (Mt. Alto, Pa.). |
| 5. Association for the Protection of Colored Women. | 14. Jefferson Hospital (White Haven free beds). |
| 6. The Armstrong Association. | 15. University Hospital. |
| 7. The Y. M. C. A. | 16. Philadelphia Hospital. |
| 8. The Y. W. C. A. | 17. Pennsylvania Hospital. |
| 9. Bureau of Compulsory Education. | 18. Wynnefield Dispensary (Babies' Hospital). |

Number families of whom we have intimate knowledge.....	327
Number persons in these 327 families.....	1084
Average number in each family about 3 1/3.	
Number families receiving medical or social service.....	203
About 62% of entire number.	
Number persons actually ill from one cause or another.....	263
24 1/4% of entire number.	
Number families where there actually is tuberculosis or symptoms of it	107
About 41% of entire number ill.	
Number persons who actually have tuberculosis or symptoms of it	138
About 12 1/2% of entire number.	
Number persons responding voluntarily to suggestions and advice	195
About 74% of entire number advised—those who without coercion have accepted hospital and clinical treatment, or who have made remedial changes in their family lives.	
Number persons between 14 and 18 years of age.....	213
Number children 14 years of age and under.....	284
Number women acting heads of families.....	82
About 25% of entire number.	
Number women who do not work away from home.....	39
About 12% of entire number.	
Number women who supplement family income.....	206
About 63% of entire number.	
Number persons ill who are wage earners.....	199
About 75% of entire number ill.	
Number persons ill who are heads of families.....	104
About 39% of entire number ill.	
Number violations by housing law reported.....	78
Number hospitals and other agencies co-operated with.....	18

earch, study, and educational purposes. For permission to publish, distribute, or use this content for any other purpose

It is gratifying to know that the number of colored people attending Phipps Institute has been greatly increased as a direct result of these house-to-house investigations. The records show that the number treated since February 1, 1914, is twelve times greater than the number treated in the same length of time in the history of the institution.

The number of colored people taking advantage of other agencies, social and otherwise, has also greatly increased.

A woman's club composed of women of the immediate neighborhood has been organized. It is desirous to secure the co-operation of these women in neighborhood interests. They show a keen interest, and we believe that a fine neighborhood spirit may be developed.

Three "Little Mother Clubs" have been organized among the children of the neighborhood. These children receive instruction in the lessons as outlined by the Child Federation of Philadelphia. They are taught the necessity for absolute cleanliness of home and surroundings. Special lessons are given on the danger of flies and mosquitoes to the health of the family, especially the baby. They are taught the kind of clothing a baby should wear and how to bathe and dress the baby, also the importance of breast feeding, the necessary precautions to be observed when artificial feeding is necessary, and many other things pertaining to the health of the baby and the entire family as well.

These lessons are designed to reduce the rate of infant mortality in the city of Philadelphia. We hope for very tangible results along this line.

During the summer outings were furnished for members of the Woman's Club and their families, also for members of the "Little Mother" Clubs, Hospitals and other co-operative agencies.

The preceding pages are all excerpts from a small pamphlet published 1914 that appears to be a summary or incomplete Annual Report of the Whittier Centre (1914). From Temple Urban Archives, Housing Association of Delaware Valley Collection, Box 14, Whittier Centre - Miscellany

570 S. 7th St.
Phila. Pa.

My dear Mr. Neumann:-

As a member of the ex-
ecutive Committee of
Whittier Centre, what day
in the week is most
convenient for you to meet
at Phipps Institute at
12 noon, for the month-
ly meeting?

Sincerely

Elizabeth W. Tyler

Rec. Secretary.

Card sent to Bernard Neumann, part of the Philadelphia Housing Commission and the Whittier Centre Board. This is the only sample of E.W. Tyler's handwriting I could find.. From Temple Urban Archives, Housing Association of Delaware Valley Collection, Box 14, Whittier Centre - Correspondence.

WILMINGTON ROUNDUP

By ANNA V. JOHNSON

SOME 200 OR MORE persons welcomed Dr. Rufus Clement to the Salesianum High School, where he spoke on the "Challenge of West Africa." He reminded the audience of the "continued growth being made by that Continent.

SPECIAL SERVICES are scheduled for the Mother AU Church, 819 French st., on Mother's Day (May 10). The Rev. J. H. Bell of Newark, will deliver the morning message. During this service, flowers will be presented to all ladies present and a bouquet of flowers will be presented to the youngest and oldest mother in church. A special bouquet will be presented to the outstanding mother of the year. A tea will follow this service sponsored by the Usher Board. The pastor, Rev. G. F. Brown, will deliver his farewell sermon of the 1958-59 conference year on this day. The combined choirs will furnish music. The Stewardess Board is in charge of this service and Edward F. Bell is general chairman of the special program.

THE ANNUAL THANKSGIVING and Peter Ogden Service of the Grand United Order of Odd Fellows will be held at the New Mt. Bethel Baptist Church, 504 w. 5th st., May 10, at 3 p.m.

at 8 p.m. The Feast of Isis will be held Monday evening, May 18, at 516 French st.

FLETCHER BROWN, treasurer of Boy Scout Troop No. 80, is a patient at the Veterans Hospital. Scoutmaster Charles Brown, assistant scoutmaster Nathaniel Morgan and the entire troop joins 'Round Up' in wishing him a speedy recovery.

LAFAYETTE ROBINSON recently presented Scout Troop No. 80, Bethel AME Church with a 49-star flag.

FUNERAL SERVICES for Mrs. Elizabeth Tyler Barringer, first Negro registered and trained nurse in Delaware, were held last week at Ware Funeral Home, 403 e. 8th st. Mrs. Barringer, widow of Wm. P. Barringer, died last Tuesday at the Governor Bacon Health Center. She had been a patient there for four months.

Previously she had been living with a sister, Miss Caroline D. Williams, 202 e. 10th st. She had been ailing since the death of her husband in 1951. She is also survived by another sister, Mrs. Adelaide W. Corbin of Wilmington, four nephews, two nieces, and a number of grandnieces and nephews.

E.W. Tyler's obituary.

HEALTH MEETING AT BETHEL CHURCH WELL ATTENDED.

Philadelphia Tribune (1912-); Jun 25, 1921; ProQuest

pg. 1

HEALTH MEETING AT BETHEL CHURCH WELL ATTENDED.

The public health meeting held at Bethel Church, 6th and Pine streets, on Tuesday evening was a great success, over one hundred persons being present. The speakers of the evening were Doctors Henry M. Minton, Frank Boston, and G. A. Saunders, all of the Henry Phipps Institute, 7th and Lombard streets, and Rev. H. P. Anderson, pastor of the Bethel Church. Mr. R. D. G. Troy presided over the meeting and introduced to the audience the Misses Johnson, Ernst, and Oliver, the staff nurses in charge of the clinic for special work among negroes at the Phipps Institute. Miss Josephine Oliver is the most recent adjunct to the Phipps staff. Previously she was supervisor at the Mercy Hospital.

Dr. Minton reported on the National Tuberculosis Association conference recently held in New York City. He stressed the importance of work among the negroes, especially in furthering the anti-tuberculosis movement. He stated that while at the conference he met a worker from Virginia who said that in his home town work among the negroes was being done by negro social workers, but that they were unable to employ negro physicians inasmuch as they had a white head worker. He commented on the fact of the magnificent work being done at the Phipps Institute, where both colored nurses

and doctors are in charge of the clinic, and said that Phipps was almost unique in its efforts in this direction. Dr. Minton told how the work was primarily due to the vision and inspiration of Dr. H. R. M. Landis, Director of the Clinical and Sociological Departments of the Institute.

Rev. H. P. Anderson stated that he hoped, before long, to have a negro social worker in his church, as he felt that it is of the utmost importance for each church to have its own social service worker.

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A newspaper account of the kind of meetings Tyler spearheaded and which continued after her departure.

DEPARTMENT OF THE INTERIOR.

FREEDMEN'S HOSPITAL, WASHINGTON, D. C.

COURSE OF NURSE TRAINING.

The Freedmen's Hospital Training School for Nurses, organized in 1894, offers a course of three years' instruction to unmarried women desirous of learning the art of caring for the sick. The theoretical knowledge is obtained from lectures, demonstrations, and classes. The practical experience in medical, surgical, obstetrical, and gynecological nursing is gained in the wards of the hospital, which contains 278 beds, affording ample material for observation and instruction.

Candidates wishing to enter the school should apply to the surgeon in chief or the superintendent of the school for application blank, which, when properly filled, must be returned to the hospital accompanied by a statement from a clergyman certifying to good moral character, and one from a physician as to sound health and unimpaired faculties, also one from a dentist, stating that the teeth are in good condition. No candidate will be considered who is not in good physical condition.

Applicants must be between 21 and 30 years of age, of at least average weight, 5 feet high, and good physique. Satisfactory evidence must be supplied of a general fitness of disposition and temperament for the work of nursing.

Applicants having adenoids or enlarged tonsils, must have them removed before entering on probation.

Two years' high school training is indispensable, but women of superior education and cultivation will be preferred, provided they are satisfactory in other respects.

The school has no fixed date for entrance: candidates are, as a rule, received during the spring and summer, or when a vacancy occurs.

Upon the recommendation of the superintendent of nurses and the approval of the surgeon in chief, applicants will be received on two months' probation. The fitness of candidates for the training and work and the propriety of retaining them during or at the expiration of the probationary period will be determined by the superintendent of nurses, with the approval of the surgeon in chief.

Those who prove satisfactory are accepted after signing a written agreement to remain in the school for three years, including the probationary months, to obey the rules of the school and hospital, and to be subordinate to the authorities governing the same.

Pupil nurses will not be permitted, during the course of their training, to nurse sick relatives at home or absent themselves for any personal reason without first having obtained the consent of the superintendent of nurses with the approval of the surgeon in chief.

Pupils receive board, lodging, and laundry from the date of entrance. After the expiration of the probationary period, if accepted, an allowance of \$5 per month and uniform will be given. This sum is not given as pay for service rendered, as the training given and the profession acquired is considered an ample equivalent, but simply to enable young women without pecuniary resources to enter upon their professional career free from debt.

Applicants receiving appointment should bring with them the following articles: Two or three dresses (one piece, shirtwaist style) of pink chambray; plainly made; kimono, raincoat, overshoes, six large white aprons with 2-inch band, 4-inch hem of bleached sheeting, no bibs or straps; two bags for soiled clothes, one pair of scissors, pin ball, watch with second hand, and a good supply of underclothing—each article to be marked distinctly with their names.

Nurses are required to wear broad-toed and rubber-heeled black shoes.

Candidates when called, must respond promptly and remember that they come on trial, and their acceptance as pupils will depend wholly upon the developments during this term. As the result of the trial is uncertain, applicants should bring with them the means of returning to their homes, if not received into the Training School.

All pupils accepted into the school will be vaccinated against small-pox and typhoid fever, if not already immune.

The Training School authorities reserve the right to terminate the connection of a pupil with the school at any time in case of misconduct, inefficiency, or neglect of duty.

A vacation of two weeks is allowed each year, the service permitting. In case of sickness all pupils will be cared for gratuitously; time thus lost will be added to the three years.

Nurses are required to purchase their books, one clinical thermometer, and one good hypodermic syringe, after they are accepted.

All applicants must file with their applications an unmounted photograph of any size or type suitable for filing, but must be a good likeness.

Textbooks used.

Anatomy and physiology—Kimber's.
Materia medica—Blumgarten's.
Theory and practice of nursing—Hampton.
Gynecology—McFarland.
Fever nursing—Paul.
Obstetrics—De Lee.
Care and feeding of children—Holt.
First year nursing—Goodnow.

Nursing ethics—Aikens.
 Bacteriology—Bouldnary and Grund.
 Medical dictionary—Gould's.
 Essentials of medicine—Emerson.
 Hygiene and sanitation—Price.
 Invalid cookery—Pratell.

Course of instruction.

FIRST YEAR.

Ethics—Five lectures.
 Anatomy—Sixteen lectures, one hour each.
 Physiology—Sixteen lectures, one hour each.
 Hygiene—Eight lectures, one hour each.
 Bandaging—Two lectures, one hour each.
 Practical and theoretical nursing—One lecture a week, one hour each, from October 1 to May 1.

SECOND YEAR.

Materia medica—Eight lectures, one hour each.
 Bacteriology and urinalysis—Twelve lectures, one hour each.
 Medical nursing, including the acute infectious diseases—Eight lectures, one hour each.
 Surgical nursing, including anesthetics—Eight lectures, one hour each.
 Dietetics—Ten lectures, one hour each.
 Practical and theoretical nursing—One lecture a week, one hour each, from October 1 to May 1.

THIRD YEAR.

Obstetrics—Eight lectures, one hour each.
 Children's diseases, including the feeding of infants—Four lectures, one hour each.
 Diseases of the eye—Four lectures, one hour each.
 Diseases of the ear, nose, and throat—Nine lectures, one hour each.
 Gynecology—Eight lectures, one hour each.
 Nervous diseases—Eight lectures, one hour each.
 Practical and theoretical nursing—One lecture a week, one hour each, from October 1 to May 1.

Practical demonstrations, first year.

(Each lesson one hour and a half long.)

Care of ward or room.	Use of back rest, cradles.
Care of bathroom.	Special care of mouth, back teeth.
Care of toilet room.	Preparation for the night—teeth, hair.
Care of linen room.	face, hands, ventilation, etc., bed pan.
Care of serving room.	bed, nourishment, water, back, etc.
Feeding of helpless patient.	Washing the hair.
Bed making without patient.	Preparation for physical examination.
Bed making with patient.	Preparation of specimens.
Care of beds and bedding.	Charting.
Admitting patient and care of clothing, etc.	Temperature, pulse, respiration.
Preparation for and assisting with tub bath.	Care of rubber goods and use.
Bed bath and toilet.	Solutions.
Moving and lifting patients in bed.	Sterilization and care of instruments.
Moving and lifting patients to chair.	Disinfection of excreta.
Moving and lifting patients to stretcher.	Disinfection of clothing.
Use of pillows, pads, air cushions.	Disinfection of bedpans and urinals.
	Application of fomentations.
	Application of turpentine stupes.

Application of cold compresses.	Hot pack, moist.
Giving of foot bath.	Giving of medicines.
Mustard plaster.	Croup lent.
Flaxseed poultice.	Inhalations.
Use of cautery, M. O. R.	Hypodermic injections, use and care of instrument.
Preparation for operation.	Gynecological, positions, preparation for examinations.
Examination of stomach contents.	Catheterization.
Stomach lavage.	Catheterization for specimen.
Stomach gavage.	Bladder lavage.
Small enema, oil.	Surgical dressings.
Small enema, nutrition.	Preparation for phlebotomy.
Small enema, starch.	Preparation for blood culture.
Enteroclysis.	Lumbar puncture.
Colon irrigation.	Preparation for hypodermoclysis.
Vaginal douche.	Parasentesis, chest.
Sponge bath.	Preparation of abdomen for operation.
Typhoid tub bath.	Cupping.
Alcohol sponge.	Administering of oxygen.
Cold pack, temperature.	Care after death.
Cold pack, sedative.	
Hot pack, dry.	

Course in cooking, theoretical and practical.

THEORY.	PRACTICAL WORK.
1. Water food.....	Coffee, tea, barley water, lemonade.
2. Carbohydrates—starch.....	Gruels, toast, zwieback.
3. Carbohydrates—cellulose.....	Cereals and vegetables.
4. Carbohydrates—sugar.....	Fruits, sirups, jelly.
5. Fats and oils—salads.....	Salads, salad dressing, butter, cream.
6. Proteids—milk.....	Pasteurized, peptonized, koumiss.
7. Proteids—eggs.....	Cooked in shell, poached, omelets.
8. Proteids—milk and eggs.....	Custards, eggnogs, egg lemonade.
9. Proteids—meat and fish.....	Broiling, roasting, meat sandwiches.
10. Proteids—meat.....	Beef juice, beef extract, broth.
11. Proteids—gelatine.....	Chicken jelly, veal jelly, beef jelly.
12. Review carbohydrates.....	Sponge cake, ice cream, water ices.

Three-year schedule.

Ward.	Day duty.	Night duty.
SURGICAL EXPERIENCE.		
Male.....	2	1
Female.....	2	1
Genito-urinary.....	1	1
Gynecological.....	4	2
Orthopedic.....	1	1
Emergency operating room.....	1	1
Main operating room.....	3	.....
Obstetrical.....	2	1
MEDICAL EXPERIENCE.		
Male.....	3	1
Female.....	3	1
Children.....	2	1
Diet kitchen.....	1	.....
Total.....	25	11

From United States. Department of the Interior. (1918). Course of nurse training at the Freedmen's Hospital, Washington, D.C. G.P.O. Retrieved from <http://id.lib.harvard.edu/alma/990091905270203941/catalog>. A sample of what nurse training looked like 25 years after Elizabeth Tyler was part of the inaugural class.

Gynecological Patients.	2
Post-natal patients.	14
Pre-natal patients.	27
Wassermanns.	34

The following table shows the number of colored patients from the opening of the Institute up to the present:

NEW COLORED PATIENTS

	1904-1921				Total	
	Male	Female	Adult	Child		
1904.	32	15	40	7	47	} Mostly ward patients.
1905.	18	10	26	2	28	
1906.	46	30	55	21	76	
1907.	36	22	50	7	57	
1908.	33	16	43	6	49	
1909.	36	31	57	10	67	
1910.	20	17	32	5	37	
1911.	28	20	37	11	48	
1912.	23	22	41	4	45	
1913.	34	23	49	8	57	
1914.	66	55	106	15	121	Colored nurse began work.
1915.	56	61	No record	No record	117	
1916.	70	71	" "	" "	141	
1917.	73	69	" "	" "	142	
1918.	70	70	" "	" "	140	
1919.	77	113	" "	" "	190	
1920.	129	116	" "	" "	245	
Total.					1487	
1921 (Feb., Mar., Apr.) New cases.					114	

Colored patients receiving treatment in 1919:

833 individual patients.

1047 treatments given to 833 patients.

Colored patients receiving treatment in 1920:

1358 individual patients.

2099 treatments given to 1358 patients.

It will be noted that in 1914, the number was more than double as a result of the educational efforts of the colored nurse for about six months; and later by the addition of another colored nurse.

In this report Dr. Landis highlights the impact of Tyler's work (although without naming her!) From Landis, H. R. M. (1923). "The clinic for Negroes at the Henry Phipps Institute". In *SIXTEENTH REPORT OF THE HENRY PHIPPS INSTITUTE FOR THE STUDY, TREATMENT, AND PREVENTION OF TUBERCULOSIS* (pp. 228-232).

List of graduates and their present occupations and whereabouts.

1896.

Name.	Occupation.	Residence.
Ashton, Luci V.....	Superintendent of nurses, Douglas Hospital.	Kansas City, Mo.
Blackburn, N. L.....	Private nurse.....	Philadelphia, Pa.
Burke, Julia.....	Now Mrs. Phillips.....	Jacksonville, Fla.
Fleetwood, Sara I.....	Private nurse.....	Washington, D. C.
Foust, Isabella L.....	do.....	Winston, N. C.
Gibson, Katherine C.....	do.....	Washington, D. C.
Green, Anna M.....	do.....	New York, N. Y.
Owens, Laura A.....	do.....	Washington, D. C.
Price, Letitia.....	Now Mrs. Blair.....	Do.
Ricks, Antoinette M.....	Private nurse.....	Cleveland, Ohio.
Robinson, Annie B.....	Superintendent and matron, Good Samaritan Hospital.	Charlotte, N. C.
Shorter, Sarah A.....	Head nurse, McDonough Hospital.	New York, N. Y.
Simms, Annie A.....	Matron, Freedmen's Hos- pital.	Washington, D. C.
Smith, Gertrude.....	Private nurse.....	Do.
Tyler, Elizabeth W.....	do.....	Northampton, Mass.

A report to the United States Government from the Freedmen's Hospital showing the impact of the hospital's work. In the appendix, E.W. Tyler, recently graduated, is working as a private nurse in Northampton. Freedmen'S Hospital, Curtis, A. M., Murray, D. A. P. & Daniel Murray Pamphlet Collection. (1899) Report of the Freedmen's Hospital to the Secretary of the Interior. Washington: Government Printing Office. [Pdf] Retrieved from the Library of Congress, <https://www.loc.gov/item/91898264/>.

Present Bronze Lamp To Dr. Henry Minton

Philadelphia Tribune (1912-); May 31, 1928; ProQuest Historical Newspapers: Philadelphia Tribune
pg. 5

dred several highly pleasing vocal selections. They were accompanied by Addie Fisher.

Present Bronze Lamp To Dr. Henry Minton

A luncheon, given in honor of Dr. H. M. and Mrs. Minton last Thursday at the St. Barnabas Parish building by a group of nurses was featured by the presentation of an elaborate bronze lamp to Dr. Minton and a beautiful bouquet of flowers to Mrs. Minton.

Among the guests of honor were Mrs. Elizabeth Tyler, nurse-in-charge of the Tuberculosis Department of the State of New Jersey, and Miss Lula Warlick, superintendent of nurses at the Mercy Hospital, who both were on hand to pay homage to Dr. Minton.

Mrs. C. Leo Taylor and Mr. Arthur Nichols, both of Germantown ren-

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Short article describing Tyler's return to Philadelphia to honor a doctor she worked with.