

NURSING IN SOCIETY

a historical perspective



DOLAN

Fourteenth Edition

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PREFACE

The fourteenth edition of this textbook pays special tribute to the inspiration, dynamism and achievements of Florence Nightingale. Her significance as a student of history and a maker of history, as well as a mover and promoter of history, has been captured and highlighted in several ways. The artistic cover designs reflect her influence as an interpreter and transmitter of the philosophy of nursing as well as a superb practitioner of nursing. Historic milestones in her life are preserved in the spectacular stained glass window of the Washington Cathedral which appears as the frontispiece. Vignettes from this window introduce each chapter while a separate chapter highlights the genius of this leader and the immensity of her gift to nursing and humanity.

This book is designed to meet the need for a concise yet systematic history of nursing for those who wish to orient themselves with this field of endeavor without perusing extensive and detailed documents. To meet this objective this book has been written for the student of nursing, the busy practitioner of nursing and other members of the health team as well as persons interested in the evolution of health fields.

The fascinating story of the evolution, emergence and expansion of nursing from a simple practical skill to a complex profession has been compressed into fifteen chapters. Nursing is depicted against the societal setting and the cultural and scientific background of the history of mankind. Nursing history is linked to social history, and the title of the book is a reflection of this relationship as are the chapter titles.

The story of nursing is recounted not as the chronological reporting of events and personalities but as an interpretation of the response of nurses to the needs of people for retaining, attaining and/or regaining health as well as for care during sickness. From the farthest reaches of time, in the most primitive settings, the nurturing efforts and independent role of the nurse in response to survival needs were directed toward keeping people healthy as well as comforting the sick. The development of this wellness-illness component of nursing is woven throughout the chapter contents.

The emergence of nurses, their freedom or restraints to practice, their status, their successes or failures, their recognition of opportunities for progress or unwillingness to remove obstacles to achieve a high quality of care appear in the chapter summaries entitled *The Heritage of Nursing*. Here the image that nurses have portrayed over the years is summarized.

In this edition the concept of history of nursing has been broadened to include *nursing anthropology*. Chapters 2 and 3 focus on ancient cultures and the response to cultural diversity that has resulted in transcultural nursing. These aspects of understanding those who are served as well as those who serve unite in historical and anthropological significance.

Religious influences played a significant role in emphasizing the plight of the sick and poor and the need for human dignity, in elevating the status of women, in encouraging men to select nursing as a career and in stimulating the emergence of dynamic nurse leadership. Those recruited to nursing were

socially skilled, intellectually endowed and as knowledgeable scientifically as the times permitted.

It has been recognized that many current problems have deep roots in the past and have been perpetuated by tradition. To assist in achieving an understanding of our current plight in education for practice as well as in professional collaboration for greater client accountability and satisfaction, many new data have been included. An expansion in the historical coverage of the progress and problems of nursing education has been incorporated, as have the highlights and impact of studies of nursing, recognition of the other health professions, and collaborative opportunities. Also emphasized is the ongoing struggle to retain professional autonomy to provide true professional nursing care and thus support efforts to achieve client accountability.

There has been an attempt to orient the reader to the recurring issues of the present by recounting the recognition of these problems by nurses in the past as well as their successes in wrestling with similar perplexing situations. A selective process had to be utilized in the interest of accomplishing a concise presentation of this significant field. The author recognizes the important contributions of many past and present individuals and groups whose achievements it has not been possible to include.

In a book of this size, an attempt to cover all important contributions is necessarily curtailed. Thus, only certain highlights of each period can be presented. The chapters have been rearranged to produce a more logical sequential development. There is greater emphasis on the emergence of the role and function of the nurse and the delivery of nursing services, especially in the last one hundred years.

Extensive revisions have caused deletion of some material with replacement by more significant data in focusing on present-day nursing. Many new illustrations enhance the visual presentation and serve as an elaboration of the content.

The explosive force of constantly advancing scientific knowledge and the electrifying influence of quick communication of new discoveries and developments have changed the frontiers of civilization. Recorders and interpreters of history can describe only briefly the most important aspects of human development in one small volume. In reviewing the wealth of books and articles only the most pertinent could be mentioned.

It is hoped that this book will increase understanding of the relationships of the physical, biological, psychological, social, cultural and spiritual aspects of life to nursing as a humanistic science and will permit the student to see the correlation between these and the role of the nurse.

Grateful appreciation is due to the many persons who have generously assisted in the location of new data, in granting permission to use material, and in reading, criticizing and preparing the manuscript for publication. Unless credit is specified, all prints, artifacts and letters are from the author's collection.

I would like to pay special tribute to the Reverend Doctor Francis Sayre, Dean of the Washington Cathedral, for permission to use a print of the famous stained glass window for the frontispiece and to Miss Lorraine Battista of W. B. Saunders Company for her beautiful artistic portrayal of this window in the cover design and the chapter vignettes.

I sincerely hope that with all its limitations this book will elicit an appreciation and pride in the heritage of nursing.

JOSEPHINE A. DOLAN
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CHAPTER 1

THE GENESIS OF NURSING

Nursing as an art to be cultivated and a profession to be followed is modern; nursing as a practice originated in the dim past where some mother among the cave dwellers cooled the forehead of her sick child with water from the brook. . . .

SIR WILLIAM OSLER¹

The task of identifying and describing the emergence of the role of nursing in the history of mankind is truly a monumental one. There is no way to document the existence of this form of nurturing during prerecorded history, except for the indisputable fact of the survival of the human race. *Nursing has been essential to the preservation of life from the dawn of civilization.*

Throughout time there have been basic needs essential to the maintenance of life, and concern for these has formed the primary components of nursing.² Provision for these needs continues to challenge families, communities and deliverers of health care.

ROLE OF THE NURSE

Nursing evolved as an *intuitive* response to the desire to keep people *healthy* as well as to provide comfort, care and assurance to the sick. From the time of the first mother, certain women have proved to be particularly adept at providing a healthy home environment, protecting their children and caring for elderly and sick members of their families. They even shared their services with neighbors during periods of illness. One can imagine that the nurse figure in the community was a very capable, concerned and compassionate woman who assumed the nurse role as a societal assignment. Some "nurses" were much more effective than others in coping with people and their personal and family crises. Nursing was not a role expected of all women; it was assumed by those who had the desire and ability to truly nurture.

¹Osler, William: *Aequanimitas*. Philadelphia, Blakiston Co., 1932, p. 156.

²Henderson, Virginia: *Basic Principles of Nursing Care*. London, International Council of Nurses, 1960, pp. 9, 10.

These first nurses were independent practitioners who had the freedom of action to be as creative as their intellectual and personal skills permitted. Although their initial response was intuitive, new information was discovered through problem solving and a body of knowledge developed.

The essence of their service was reflected in the *caring-curing* component of commitment to the person who needed the special knowledge and skills of the nurse. Assessment of these needs preceded a regimen, the ingredients of which included warmth, sincerity of manner, listening, comforting, reassuring, nourishing, cleansing and simple procedures for the care of the sick.

Intuitively, this nurse found foods for as balanced a diet as possible. She even discovered that certain foods were poisonous and investigated until she was skillful at withdrawing the deleterious substances from the staple items in the diet. During this process, she ascertained that certain foods caused vomiting or diarrhea, and this knowledge then formed a part of her folk healing. She also selected such natural objects as seeds, nuts, leaves, roots, herbs and bark from trees, and devised ways of extracting medicinal ingredients from these raw materials. Because of their value, these folk remedies and plant lore have been passed on through the ages. Sometimes the information remained accurate, but at times weird ingredients were added to remedies and the information became inaccurate. Many of these herbal remedies have been used throughout the centuries, however, and they form the basis of many modern-day medicines.

Tenderness, concern, love and hope were expressed in simple remedies, such as touch (laying on of hands), rubbing a painful area or aching body with soft motions, applying heat or cold and concocting herbal therapy. Herbal teas and ointments were compounded from products of nature and recipes were treasured by families through the years. Thus, *empirical practices* in nursing evolved.

In retrospect this nurse figure performed the duties not only of nurse but also of nutritionist, pharmacist, physical therapist and social welfare worker. The setting for the delivery of care was the home.

ANCIENT THEORIES OF DISEASE

Many baffling problems needed to be studied and solved; among them was the cause of sickness. External causative factors of trauma or illness, such as a fall that resulted in a noticeable bruised area, could be seen or understood (although malevolent forces were blamed for causing the fall). However, man was baffled and bewildered by spontaneous illness. The sudden ache inside his body, the paroxysms of sharp and throbbing pain, the inability to retain his food, the loss of sight, the muscular spasms, the loss of movement of one side of his body with concomitant loss of vocal expression were incomprehensible and were considered by man to have supernatural causes.

Ancient disease concepts appeared to be associated with the following areas:

1. Sorcery

A sorcerer had the ability to use magical ritual formulas to compel the supernatural forces to produce injury, disease or even death in another person. This power over another was associated with the ability to "hex," or to cast an evil spell. As a consequence the fear-ridden body of the victim reflected physiological disorders. In many cultures children were considered to be particularly susceptible.

2. Magic

There were two types of magic—*homeopathic* (imitative) and *contagious*. In homeopathic magic it was assumed that things that resembled each other were the same. Therefore, one injured an image of one's enemy in the belief that consequently the victim would be injured.

In contagious magic it was assumed that things once in contact with a person remained always in contact and therefore what was done to one affected the other. It was felt that a person should never permit himself to become dissociated from any part of his body because of the danger of someone's gaining control of him and working his occult powers on him.

In many cultures the shaman or root doctor was believed to possess counter-magic.

3. Breaking a Taboo

A person was believed to be automatically punished if he broke that which was

considered "taboo." The cultural acceptance of this fate was so strong that a person often wasted away for no apparent reason.

4. *Intrusion of a Disease Object*

Illness was believed to be induced by the entrance into the body of some small object. Its removal was accomplished by the medicine man's sucking it out and then removing it from his own mouth. Where the power of suggestion seemed to have motivated the illness, the sight of an object's being removed had a miraculous effect on the victim.

5. *Bodily Invasion by a Spirit*

The demonic theory of disease emphasized the possession of the body by the devil or other evil spirits that caused physical and mental distress, disease and even death.

6. *Loss of the Soul*

The soul could be enticed to leave the body by an evil spirit or a sorcerer. During its wanderings, an injury could befall it and prevent its return. A soul-catching ceremony would then be required to effect its return.

7. *Dreams*

The influence of dreams seemed to cause sickness. The elements of the dream acted as a suggestive mode of behavior. It has been believed that the soul leaves the body during periods of dreaming.

Empirical practices were thus combined and supplemented with *occult* practices. The causes of illness were believed to be beyond nature as man observed it; they were supernatural, visible signs of *malevolent gods*. Indeed these gods struck a person with such force and suddenness that he frequently became paralyzed and unable to speak. This condition was referred to as a stroke. Fear of the unknown has been terrifying to people throughout time. In a desperate search for a solution to these problems primitive people developed the *theory of animism*, which explains that everything in nature is alive with invisible forces and endowed with supernatural powers: good spirits brought blessings; evil spirits (demons) brought trials, tribulations, sickness and death.

It was imperative that a solution be found by which the body could be freed from the influences of evil spirits. The solution seemed to revolve around *submission, sacrifice* and *supplication*. Submission resulted in

the attitude of "what cannot be cured must be endured." Sacrifice involved animal and sometimes human victims. Children, the physically and mentally handicapped and the aged were the unfortunate ones selected to placate irate evil spirits. Supplication was expressed through prayer.

PREVENTIVE MEASURES

Ancient peoples searched for a means of protection from these malevolent forces. When worn or carried, *amulets* were believed to protect the wearer from evil influences, black magic and disease. *Talismans* were objects that were supposed to bring good luck.

ROLE OF THE MEDICINE MAN

When illness reached such proportions that input was needed from someone with different skills, the "physician figure" emerged. He was called a *shaman, medicine man* or *witch doctor*. This person was a male with disease-oriented skills who assumed a solemn supervisory relation to illness and its cure.

The shaman treated disease almost entirely through psychotherapeutic maneuvers, conducting religious rituals to eject the evil spirits from the body of the patient. A man of mystery, a man apart from the group who practiced precise details of ritualistic treatment; the shaman derived power from the "medical mystique." Primitive medicine stood midway between magic and religion.

The shaman's function was an extension of the role played by the nurse. His therapy was a fear or shock technique to rid the body of evil spirits. The technique, which appealed to all the senses, might be summarized as follows:

Refuse the sick person rest and quiet to encourage the evil spirit to depart from the person's body by:

1. startling the evil spirit with a frightening mask, blood-curdling yells and deafening noises.
2. jolting the evil spirit by shaking, biting, pinching, kicking and pummeling the patient.
3. ferreting the evil spirit out with obnoxious odors.

4. driving out the evil spirit by giving the patient vile-tasting concoctions to drink, which included purgatives and emetics.
5. annoying the evil spirit by alternately plunging the patient into hot and cold water baths.
6. enticing the evil spirit to enter an animal (kept at the side of the sick person for that purpose) or an inanimate object, such as a figurine.
7. pacifying the evil spirit by making sacrifices (usually animal).
8. placating the evil spirit by using amulets.
9. resorting to objects with magical powers such as *fetishes*, primitive carved figures presumed to carry supernatural power, which were treated frequently as idols and deified.
10. encouraging the evil spirit to come out of the body by chanting a rhythmic incantation.

When the evil spirit remained within the person and the symptoms did not subside, the shaman resorted to an operation called *trepation*.³ Trepanning consisted of boring a hole into a person's skull by means of a sharp stone in order to permit the imprisoned devil, demon or evil spirit to escape (Fig 1-1). This was performed to relieve headaches or to alleviate other conditions, such as epilepsy. The patient did not always survive the treatment.

When a woman in labor was ready to deliver her baby, techniques for scaring the baby from her body were used. Horses galloped toward a woman who had been strapped to a tree, or a woman stood with her legs stretched apart and a lighted fire was placed between her legs in the hope of hastening the delivery process.

³"Trepanation, the making of an opening in the skull with sharpened flint or shark's tooth, is now considered an obsolescent term; the modern surgeon prefers the term trephining, the cutting out of a cranial disk. The object of trepanation was to give the demon confined within the skull a chance to escape; the object of trephining is to remove intracranial pressure. Since trephining stems directly from trepanning, and the ancient and modern operations are fundamentally identical, medical historians cling to the elder word." Robinson, Victor: "Trepanation after Lister." *Ciba Symposia*, 1:192, 1939.

PRIMITIVE TREATMENTS

Primitive man cured his minor troubles through empirical techniques. It was felt that affliction of the mind or body should not be separated and that the body (natural spirit) and soul (vital spirit) must remain together within a person's body for good health to be achieved. When the soul left the body, illness or death could result. Hallucinations, delirium and shock were feared because it was felt at such times that the vital spirit or soul had been stolen and was wandering. Special carved bone charms were used by *soul catchers* to entice the lost soul back into the body.

An example of a soul-catching ceremony has been presented by Guthrie.⁴ The ritual is carried out in the presence of many members of the community, who form a circle around the patient. Amidst the flicker of the firelight, while in a trance, the soul catcher sends forth his soul to find and cajole the wandering soul of the sick person to return. A description of the event is chanted and when the soul returns, it is prevented from further peregrinations by the tying of a palm leaf around the victim's wrist.

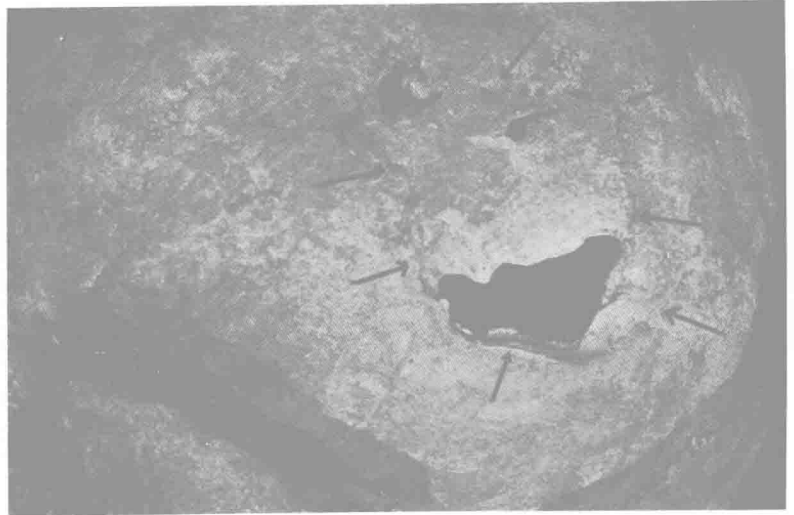
Sympathetic magic was also employed in the selection of medicines that resembled the hoped-for cure for the affliction being treated. For example, the bark of the willow tree, which is supple, was used to relieve the stiffness of a person suffering from arthritic problems. The medicine was found successful, and later chemical analysis revealed that the bark is an excellent source of salicylate, the main ingredient in aspirin.

In summary, the early functions of the nurse and physician, and the knowledge and practice they involved, were separate and distinct. Nursing originated independently of medicine but provided complementary services for the good of a healthy citizenry.

An essential ingredient in the total health care delivery system over the centuries has been the *faith* of the client in the knowledge and treatment methods of the care givers.

⁴Guthrie, Douglas: *A History of Medicine*. London, Thomas Nelson & Sons Ltd., 1945, p. 5.

FIGURE 1-1. A trepanned skull from eastern Arkansas. Arrows indicate original extent of operation. Healing process can be seen.



THE HERITAGE OF NURSING

Initial Image of the Nurse Figure

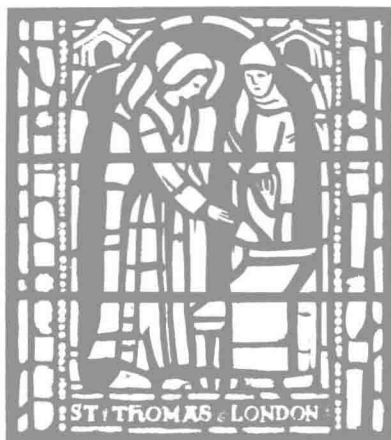
From the inception of the history of mankind, the nurse role has been fulfilled by independent practitioners who:

1. emerged in intuitive response to the desire to keep people healthy, to create a healthful environment, and to provide comfort, care and assurance to the sick.
2. were capable, concerned, and compassionate persons whose practice encompassed a "wellness" in addition to an illness component.
3. used problem-solving skills as well as intuition in assessment of human needs.
4. developed a body of knowledge and utilized intellectual, interpersonal and psychomotor skills in meeting human needs.
5. carried out a sound, practical, essential role that epitomized *caring for, caring with and caring about* a person as well as *curing him*.
6. shared their knowledge and skills beyond family and neighborhood bounds by teaching individuals, families, communities and their own successors.
7. enjoyed freedom of action to be creative and innovative by discovering new knowledge and enriching the scope of nursing practice.
8. were a composite of nurse, nutritionist, dietitian, pharmacist, physical therapist and social welfare worker.
9. possessed a role and function separate and distinct from those of medicine.

Thus, the nurturing skills of nurses have been essential to the preservation of life and vital to human welfare from the dawn of civilization.

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CHAPTER 2

INFLUENCE OF ANCIENT CULTURAL PRACTICES ON HEALTH CARE

(Part I)

Archeology brings man's record of existence to view and permits scrutiny of the past. History has been recorded through time in hieroglyphic inscriptions, cuneiform tablets, papyri, books, documents and case histories, as well as through oral transmission and perpetuation by tradition. Art work has played an important role in the presentation of data. Scenes change because of the differences in social and ethnic styles but creative thinking is observed and ingenious solutions to crucial problems are evident.

Ethnologists have noted that, with the development of each race and nation, the healing arts have either occupied a position of importance or been conspicuous by their absence in the life of each community.

Although Biblical scholars have emphasized reverence for the creation of man and considered him fearfully and wonderfully made, *paleopathologists* have established the antiquity of disease. Skeletal remains indi-

cate infectious and inflammatory processes, and ancient artistic presentations portray evidence of disturbances in development and metabolism and the presence of tumors.

As the form of community living changed from tribal groups to empires and, thence, into urban settlements, some cities and nations thrived, while others faded into obscurity. Many of our current problems—overcrowding, slums, high crime rates, gradual inadequacy of water supply, disease outbreaks and economic losses—plagued ancient peoples as well. One wonders what role disease played in the disappearance of these ancient civilized groups.

TEMPLES OF HEALING

The theory of *animism* became accepted in many ancient cultures. Strong winds,

threatening clouds, violent storms, earthquakes and other unusual sights and sounds in nature were considered outward and visible signs of malevolent gods. Often following such natural displays, disease outbreaks occurred that involved whole communities as well as individuals. Consequently, lack of harmony with nature and natural processes, or *disharmony*, became a theory of disease causation.

As man attempted to placate these evil spirits, he came to worship them as gods. He built *temples* to them, hoping to please them so that disease and misfortune would be eradicated. With this movement the medicine man became a *priest-physician* who worked in the temple. Medicine as a field of endeavor now began the evolution from witchcraft to craft.

THE SUMERIANS

The Sumerians established one of the earliest historic civilizations in the valley of the Euphrates River in present-day Iraq. Their language has been preserved on clay tablets, and in 1953, the world's oldest known medical prescriptions, scratched on a 4000-year-old clay tablet, were translated (Fig. 2-1). The ancient physician wrote on both sides of the tablet with a reed stylus sharpened to a wedge-shaped edge. Unfortunately, the tablets do not contain the names of the diseases for which the remedies were prescribed.

BABYLONIANS

The origins of medical malpractice can be traced to the time when Hammurabi, *ca.* 2000 B.C., the ruler of Babylonia, another of the great Middle East civilizations, produced the medicolegal document contained in his famous *Code of Law*. To understand this development, one must have knowledge of the societal setting.

The Babylonian society was quasi-feudal, with the upper stratum made up of wealthy landowners, merchants and priests; the middle class of less wealthy merchants, peasants and artisans; and the lowest class of slaves. The religion of the Babylonians centered around the worship of Bêl, later called Marduk, who was identified with the



FIGURE 2-1. The oldest known medical prescriptions written cuneiform script on clay tablet. (Courtesy of the University Museum, Philadelphia.)

planet Jupiter. Marduk was described as a cruel god who exacted human blood, frequently children's, in return for his favor. The temple priests were made eunuchs. Handicapped members of society were used as sacrificial victims. The poor were threatened with brutal punishment for the smallest offenses; occasionally the punishment meted out to them was to be dismembered on the altar of Bêl.

Hammurabi's Code of Law was a compilation of the oldest preserved codes of ancient law. It was intended to be humanitarian, and among other things, it tried to restrict the defrauding of the helpless by outlawing unskilled medical practitioners and unnecessary medical procedures and regulating the cost of medical care. For example, the fee schedules for "gentlemen" and "slaves" were presented clearly:

If a doctor has treated a man for a severe wound with a lancet of bronze and has cured the man, or has opened a tumour with a bronze lancet and has cured the man's eye, he shall receive ten shekels of silver.

If it was a freedman, he shall receive five shekels of silver.

If it was a man's slave, the owner of the slave shall give the doctor two shekels of silver.

The startling aspect of the code was that a governing body replaced the individual as the avenger of injustice and malpractice (Fig. 2-2). The penalties were severe and resulted frequently in cruel physical punishment. Doctors were responsible to the government; in fact, the Code of Hammurabi regulated the physician's conduct:

If a physician has treated a free-born man for a severe wound with a lancet of bronze and has caused the man to die, or has opened a tumour of the man with a lancet of bronze and has destroyed his eyes, his hands one shall cut off.

The retributive nature of the punishment follows literally the philosophy of "an eye for an eye," which was in opposition to Biblical teaching.

The doctor as priest-physician occupied a prestigious position, but the surgeon, because he worked manually, occupied a much lower rank and it was he who was subject to the malpractice punishments of the code.

Medical treatment in Babylonia was primitive. The notion persisted that illness was caused by sin and by displeasure of the gods; that disease (dis-ease) was inflicted as a punishment for sinning. The sick

person was unclean and needed purification, and temples therefore became the centers of medical care. The Babylonians also inaugurated a custom of bringing the sick person out into the busy market place. Here, all who passed inquired about the disease and if the passerby or a relative or friend had similar symptoms, he prescribed a cure. Thus were diagnosis and treatment handled. This practice was probably dictated by a shortage of physicians.

Principal methods of treatment consisted of ridding the human body of the demons of disease by incantations and by the application of certain herbs. Medicines continued to be vile-tasting concoctions. Many unpalatable ingredients were taken internally in the hope of ejecting the evil from the sick person's body. An animal was kept at the patient's side in the hope that the demons would take up their abode within its body; then the animal—the "scapegoat"—was sacrificed. It has been mentioned that sacrifices to the gods were frequent and often cruel; human beings were offered on occasion.

Prognosis was determined by the art or practice of divination, carried out by *hepatoscopy*, or the inspection of the liver of sacrificial animals. From hepatoscopy the Babylonians learned the structure of the liver and the gallbladder, and their clay models are excellent anatomical specimens.

FIGURE 2-2. *The Code of Hammurabi*. © 1957 by Parke, Davis & Co. A person pleading his case in a medicolegal procedure.





FIGURE 2-3. An artist's conception of a Babylonian sickroom. The role of the nurse as she assists the patient is portrayed. (© 1951 by Parke, Davis & Co.)

In Ezekiel 21:21, one reads "For the king of Babylon stood at the parting of the ways, at the head of the two roads to use divination: he made his arrows bright, he consulted with images, he looked into the liver." Why the liver? Because it was felt that the liver was the source of blood and the residence of the soul. By inspecting the liver, the priest-physician could communicate with the mind of God.

In the sickroom scene in Figure 2-3, note the team approach to patient care, with the timeless, independent mother-nurse figure assisting the patient while the physician directs his colleague, the pharmacist, in concocting the medicine. Observe the nursing, pharmaceutical, medical and spiritual care of the sick.

ROLE OF THE NURSE

During the time when these ancient cultures flourished, the nurse's role regressed from that of the competent and independent nurturing mother and neighbor to that of a slave. In these ancient cultures in which a slave economy existed, the nurse assumed a subservient role with the function and image of a servant.

Human lives were not valued by society, and consequently those who cared for them were not respected. Sex discrimination was a factor in addition to class distinction.

The nurse was dependent on the physician, taking orders, giving custodial care,

restricting the sphere of service to the sick, and receiving meager rewards and satisfactions for the service. Moreover, because the occupation was often forced upon them, many nurses possessed insufficient preparation and desire for the role.

THE ANCIENT EGYPTIANS

The Egyptians exhibited careful planning in meeting certain community needs and averting public health problems. Famine and malnutrition have plagued many peoples throughout history, and the Egyptians built irrigation canals and granaries for the proper and provident storage of food.

In the area of communication skills, the ancient Egyptians left us their best efforts in the *pyramids*, which have helped us to understand their burial customs, philosophy and religion. Their representational wall paintings, or murals, provide an unusually clear picture of life in this period and often indicate disease conditions that were prevalent (Fig. 2-4).

Egyptian religious beliefs required that after death the body be prepared carefully and preserved against destruction so that the wandering soul could return to it. Thus the practice of *mummification*, or *embalming*, evolved (Fig. 2-5). The very dry climate of Egypt acted as a natural embalming agent, and many bodies have been found in shallow graves preserved without the benefit of the artificial embalming process.