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Wedges and Webs: Rockefeller Nursing Fellowships 1920-1940*

Pierre-Yves Saunier

Introduction

Browsing the two directories that have been published by the Rockefeller Foundation to compile the results of its Fellowship Program, one gets the impression that the latter was a single, continuous enterprise culminating in the emergence of leaders and paradigm setters.¹ Introducing the *Rockefeller Foundation Directory of Fellowships and Scholarships 1917-1970*, J. George Harrard emphasized that it was the “oldest continuing activity of the Rockefeller Foundation.”² This view of the Fellowship Program as a constant and stable policy for “three generations of scholars” also received the support of historians. Stanley Coben described it as a major innovation, emphasizing the role of the General Education Board and Laura Spelman Rockefeller Memorial,³ that started respectively in 1923 and 1924, and Darwin Stapleton has emphasized the fine mechanics of the International Health Board and Division fellowships.⁴ Nurses seem to be miles away from the persons we usually associate with the fellowships, such as Nobel Prize in physics winners, biology luminaries or top social scientists. Indeed, nursing fellowships, despite their having been numerous in both absolute and relative terms,⁵ stand in contrast with the bulk of Rockefeller fellowships: they were not research oriented, they were given to members of a specific profession that was not an established discipline, they could be awarded for undergraduate training, and they went overwhelmingly to women. These very differences are why nurses matter.

When general fellowship rules and goals were devised, probably sometime in 1922,⁶ their stated goal was to provide training abroad for selected nationals of countries where such

training was not available, before returning them to the homeland so they would “raise standards” in their field. By then, a number of nursing fellowships had already been awarded. Within the context of Rockefeller Foundation fellowships, nursing fellowships thus stand out for their precocity as they developed in the absence of any well established fellowship policies. They were, indeed, one important place where these policies were devised, defined, and accepted. In the nursing domain, fellowships were quickly identified by Foundation officers and trustees as the ideal device to explore a country without committing large sums of money, all the more so since nursing was not seen as a priority. The autonomous or ancillary status of this fragile domain was a subject of almost constant debate between women nursing officers of the Foundation and the men who presided over the more prestigious programs in medicine or public health. But the importance of nursing fellowships, and their impact on nursing, were not merely a by-product of the institutional inferiority and insecurity of nursing within the Foundation. Fellowships were cunningly used as a double edged device by the inventive women nursing officers who worked for the Foundation. On the one hand, they were a wedge to penetrate existing national and local nursing institutions and organizations, especially into difficult local or national contexts. On the other hand, fellowships created webs of connections between the different regional, national or cultural nursing contexts where the Rockefeller Foundation and its subsidiaries were active. This chapter will approach these innovative conceptions of fellowships in the different countries where they were invented and developed between 1920 and 1940, chiefly but not only in Europe.

Of serpents and doves: fellowships as a wedge

The idea of the nursing fellowship as a leeway to change a local environment seems to have emerged from Elisabeth Crowell’s work in France. Following her work with the Commission for the Prevention of Tuberculosis in France during World War I, Crowell subsequently

embarked on a larger attempt to strengthen nursing in that country. In the early 1920s, this experienced US nurse was trying to work with the nursing service of the public hospitals in the French capital city. Her idea was to place French but foreign-trained instructing nurses in the wards where student visiting nurses from schools supported by the Commission for the Prevention of Tuberculosis in France took their hospital training. This was a demonstration of good nursing education and practice aimed at doctors and administrators, which should open the way and gradually raise nursing standards in all the hospitals of the Parisian public system. In his diary, Rockefeller Foundation president George E. Vincent put down Crowell's "plans for introducing an entering wedge into the Service de Santé."⁷ This was the lesson of five years of work in France, and some exploratory work in Belgium, Czechoslovakia and Poland, where she had learned that it took more than American energy, time and money to change the status quo. The fact that Crowell's Paris plan eventually failed did not alter her opinion: the reorganization of nursing in Europe would take place through European nurses. Fellowships would allow Europeans nurses to receive advance training in the principles of "modern nursing" abroad, make them their own, and spread the gospel in the home country. Foundation secretary Edwin Embree came to endorse the strategy during his European Tour with Crowell in the summer of 1923, and noted to his superiors that the Foundation people had to be "wise as serpents and harmless as doves" to impact nursing in Europe.⁸ The fact that the Division of Studies multiplied fellowships in the following years is a clue this cautious and incremental road map was followed. In Europe, wedges were provided by European fellows whose careful selection and monitoring was to open the different countries to the benefits of "modern nursing": these fellows would staff the schools supported by the Foundation in different countries, and their contribution in the classroom, the dispensaries and the school-wards would win the day. This was the kind of typical Rockefeller demonstration project that had gained grip during the hookworm campaign earlier in the century.⁹

The wedge strategy apparently ruled out the project to bring in trained leaders from the outside, which was part of Crowell and Embree's initial 1923 Program for aid in nurse training in Europe. But some were already on location (for instance in Poland), while Crowell and assistants (who turned out to be American, Canadian, English or French) were always available for counsel and advice, and spent a lot of time in organizing schools, wards and dispensaries all across Europe. In Asia, it was also chiefly missionary nurses, North American nurses or nationals with previous training or work experience in the United States who were offered fellowships to return to Japan, Siam or the Philippines in order to teach and supervise work in schools, hospitals and dispensaries. In the four Asian countries where fellowships were offered between 1920 and 1940, a clear distinction was made: fellows from the countries in question were trained as instructors or for second tier supervision but very seldom for general supervision. For instance, while six third-year Siamese nursing students were offered fellowships to the Philippines to be trained as ward supervisors and instructors, it was the American nurse Vera Hickox who received a fellowship to England and Denmark, to be trained as a director of the midwifery school in Bangkok. The wedge was not always of the same wood as the tree it was meant to splint, and a combination of foreign and native fellows was used to develop the nursing activities of the Foundation.

The effectiveness of fellowships was not just about pushing people into strategic positions of teaching or leadership. Current and former fellows also weaved a network of complicity that helped the nursing officers to foster their "wedge work". As Crowell contemplated fellowships for Yugoslavian Catholic nuns to train in England, she invited high ranking sisters of their order to tour Europe, with a precise plan in mind. In Brussels, in England and in Lyon (France), the Yugoslavian sisters were shown around by former fellows, so they would see the light. Crowell's assistant then wrote to Miss Bauer, assistant director of the Lyon nursing school and herself a former fellow: "we have practically achieved the point

with Soeur Thecla where she is interested in having some of her sisters going to England. You will see how important it is, that she be given a good impression of results obtainable from such studies, although it will be preferable that she does not realize you have any knowledge of the project.”¹⁰ At the very moment where six catholic sisters from the Lyon hospitals were receiving training in English hospitals, Bauer was expected to provide the Yugoslavian nuns with all the necessary clues and proof that such a scheme could be worked out profitably and safely for religious nurses. Following that tour, 6 nurses from Zagreb received a fellowship between 1925 and 1927.

Katarina Stipetic

Sister Blanda (her religious name) was 37 years old when she received a Rockefeller Foundation fellowship in 1926. She had joined the Sisters of Mercy of Saint Vincent de Paul, who staffed an hospital in Zagreb, Croatia, in 1912. She received special training in Vienna in the early 1920s, to equip her as teaching staff for the nursing school that was being set up in Zagreb by governmental authorities. As a Rockefeller fellow, she was “to study bedside nursing and hospital organization.” She began training at the London Hospital in January 1927, with two other sisters of her order, followed by a study tour in North America that began on August 6th, 1927. The tour began in Rochester, Minnesota, at the Saint Mary’s Hospital – managed by the Sisters of Saint Francis. Sister Blanda did not relish the experience, though. The stint at the School of Nursing of the University of Toronto, where they spent a couple of months at the end of 1927, she enjoyed much more, but we do not know what she thought of her final New York City sojourn with attendance to Teachers College conferences (Columbia University), conversations with nursing leaders and a visit to the Henry Street Settlement. By and large, it was the Philadelphia General Hospital she

assessed as the best organization and teaching nursing operation they had seen. Miss Clayton, the nursing superintendent of that hospital, later declared that the nuns were very radical in their views about the needs for nursing reform in Yugoslavia, and that their fire would certainly win the day.

In her debriefing interview at the beginning of 1928, Sister Blanda was very responsive to Crowell's prod about the educational work to be done in Zagreb: just like the fellows in Lyon, Blanda was to promote a different understanding and organization of nursing among students, religious superiors and hospital doctors. In fact, Sister Blanda went beyond calling: she stated her plans to return to Zagreb via Vienna, so that her two companions would see the upscale gynecological and maternity care given by religious nuns there. Blanda also voiced her resolution to push the Croat catholic hierarchy to modify the restrictions on the kind of nursing care provided by the nuns. Crowell visited her regularly in subsequent years, and her last diary entry about Stipetic, in 1938, stated that "Money spent on her fellowship has certainly been productive."¹¹

This situates fellowships as a crucial element within Crowell's overall strategy: let Europeans teach themselves about nursing and learn best practices through observation of different experiences that had already been influenced by the appropriation of and translations from "modern nursing." The webs of connections fellows eventually created en route were an essential asset in their training, as fellows and travellers went from one place to another within Europe and beyond. One of the major impacts of the Fellowship Program and its consequences, therefore, was to place specific nursing communities within a wider world of nursing references and experiences.

Fellowships as a web: follow the fellows

The circulation of fellows themselves had the effect of placing nurses in foreign training contexts. The Manila General Hospital and Peking Union Medical College were used to train respectively Siamese (six fellowships in 1929) and Japanese nurses (two fellowships in 1923). And one of the justifications for supporting Saint Luke's hospital nursing school in Tokyo, was Embree's conviction that improvements in Japan would affect a wide group of neighboring countries.¹² Clues as to the conception of regional training areas were even more obvious in Europe. As she tried to defend the scope of nursing activities to the head of the Medical Education Division Richard Pearce in 1927, Crowell sold the Lyon school of nursing as a "possible model not only for France but also for French speaking countries in general," a "training and demonstration centre for all French speaking people in Europe" and "one of three supercentres to serve all Europe and its colonies, their location to be decided by the progressiveness and efficiency of a given country, by its past and present influence on surrounding and foreign countries and above all by the particular language facilities it offers."¹³

But to Crowell, this allegiance to domino theory might have been more of a convenient selling point than the core of her thinking. If she might have had a clear vision of the geopolitics of nursing in Europe, she was above all sold on the idea that nursing circles in the different regions covered by Rockefeller activities should be plugged into one another. The work of her nursing officer colleagues shared a similar trend, and this was embodied in the itineraries of the nursing fellows. Their geographic diversity seems to have been wider than those in public health, for example. The 1945 report on public health fellowships mentioned that 81% of fellowships were given for study in the United States, and an additional 11% for work in Canada.¹⁴ The map of nursing fellowships is quite different. From the twenty nine fellowships active in March 1926, ten took their beneficiaries to the United

States and Canada, nine to England, and ten to a mix of European countries that included France, Belgium and Austria. Between 1920 and 1940, Chinese nurses took their training in midwifery in England, and Siamese students went to Manila General Hospital as often as to the United States. Itineraries that brought nurses successively to Austria, Belgium, Hungary and Yugoslavia were no less common than North American combinations, and Canadian schools and sites were as much important as U.S. ones.

Yet, the nursing officers' world was not flat. They had a sense that the kind of nursing they wanted to promote could be showcased mostly (not exclusively) in the schools and hospitals the Foundation was supporting. As soon as the fellowship applications were started, the Foundation nursing officers began to devise the fellows' itineraries and activities, through conferences and correspondence with the fellows' superiors and with correspondent nurses in countries and cities to be visited, themselves very often past or future fellows. These itineraries were tailored to match the future position of the fellows, and fellows were eventually assigned to a limited number of specific locations. Bedside nurses who received a fellowship "to be equipped" as head nurses and supervisors went to Philadelphia General Hospital (United States), to the London General Hospital or to University College London (England). Those targeted for responsibilities in nursing education would meet one another at the Yale University School of Nursing or on the bench of Teachers College at Columbia University, while would-be public health education supervisors gathered at the University of Toronto Department of Public Health Nursing and its field assignments. Public health nurses received practical field training in several locations with a preference for the East Harlem Nursing and Health Service in New York City and the Vanderbilt dispensary in Tennessee, according to the "rural" or "urban" nature of their future assignment in the home country. Likewise a fellowship or a travel grant for European nurses that were expected to operate in pediatric nursing was inherently linked with a stay under Professor Von Pirquet at the

Kinderklinik in Vienna (Austria). Midwifery training took place at the British Hospital for Mothers and Babies in Woolwich (London) for Chinese fellows in the 1920s, or at the Lobenstine Clinic in New York City for U.S. fellows of the 1930s. Matters of nationality, language or color also influenced the assignment of fellows to specific institutions, in order for them to band against homesickness, benefit from the language skills of a specific instructor, or circumvent the color line that made it difficult for nurses from Asia to be welcomed in U.S. nursing institutions. Thus the principal of Johns Hopkins University, when approached to host Chinese nurses in 1918, responded so: “unless they should be in appearance very definitely Chinese, I do not believe this far South we could admit a student who might bear resemblance to a colored person.”¹⁵

The locations which structured the itineraries of nurse fellows were closely inter-linked, carefully chosen and renewed. Concentration is clear when one looks at the itineraries of fellows studying in North America. The Philadelphia General Hospital, Yale University School of nursing, the University of Toronto School of Nursing, Columbia University Teachers College department of nursing education, Vanderbilt University school of nursing, Johns Hopkins University school of Hygiene in Baltimore, Simmons College and Boston University in Boston, were successively or simultaneously focal points for fellows between the 1920s and the 1940s. Some public health agencies were systematically visited by almost every nurse fellow or travel grantee when they were in North America, like the City of Toronto Health department and the East Harlem Nursing and Health Center in New York City, the latter ceased to be a compulsory stage during the 1940s, and the former a bit later. Likewise, fellows specialized in public health nursing were typically sent to the dispensaries of the Department of Health of Alabama State Board of Health and the Tennessee State Health Department for observation work during the late 1920s. Ten years later, visitors flocked to the Eastern Health District in Baltimore and the Newton Health Department in

Massachusetts to learn from its school hygiene program. These were not random centrifugal tendencies. From the mid 1920s when nurse Mary Beard was hired at the New York headquarters to supervise the sojourn of foreign fellows in North America, she arranged and re-arranged systematic circuits that fellows would ride for a few days to several months. In 1927, for instance, she had her “usual visits” for all the fellows who had completed their course of study at Toronto: the Yale University School of Nursing, the Providence Visiting Nurses Association, the General Hospital and the Phipps Institute in Philadelphia and the East Harlem Nursing and Health Center had to be experienced. The expected learning outcomes of such circuits of study, visit and observation included nursing gestures and knowledge, ability to teach and organize teaching, but also ideas about nursing leadership and professional organization. Whence the frequency of visits to the headquarters of U.S. professional organizations of nurses, to their conferences, or to the headquarters of the American Red Cross in Washington D.C. Similar “Grand Tour” itineraries existed in Europe, with the stages changing as the Foundation built or supported new nursing schools or new public health centers. It is this detailed topography of immersion, impression and appropriation that helps to understand what fellows saw, heard, read, or missed in their individual experience.

The material on these fellowships processed so far underlines the collective dimension of that experience, beyond the mere fact that fellows attended class, did field work or observed nursing work in the same places. The web of nursing was weaved by the officers in order to build ties between the fellows and themselves, and among the fellows.

Once the fellows arrived on location, nursing officers carefully nurtured the fellows at each moment of their fellowship, relentlessly offering company for travel, food or entertainment and visiting regularly to places where fellows studied. This social aspect was quite specific to nursing fellowships. When comparing nursing officers’ diaries with those of Alan Gregg, who represented the Division of Medical Education in Europe, differences in handling future,

current and former fellows are obvious. Systematic interviews of possible nursing fellows were conducted by nursing officers themselves, and great care was given to the evaluation of their social background, moral and educational characteristics, as well as their engaging personality, leadership aptitudes, education level, and professional ability. Nor are there any mention of Gregg visiting sick former fellows when in town, nor of the tea, lunch or dinner parties that nursing officers never failed to offer to current or past fellows while they visited in Debreczen, Lyon or Cracow, or in Crowell's home in Paris. Nursing officers of the Foundation interwove evaluation, empathy and advice in all these occasions. Besides being part of the monitoring process, such bonds echo the emphasis on sisterhood that was a hallmark of women's movements in the nineteenth century, and also characterized the community of North American nurses, at the training level as well as in professional activities.¹⁶ Creating a community was also part and parcel of the professional ethos the Rockefeller nursing officers were striving to establish. Their commitment to social bonds was a first hand example of how nurses should stick together and strive for their profession to be recognized. In any case, this concern to be close to one another bonded nursing officers and fellows together, and this was without equivalent in other sectors where the relationship between fellows and Foundation officers was patterned on academic lore, rank and status.

This socialization aspect is another clue to how fellowships were used by officers to build up nursing internationally. Nursing officers treated fellowships as a cumulative process that continuously fed resources into their collective brain. Current and recent fellows brought information: news about people and facilities, comments on differences between schools, hospital wards or dispensaries in Europe, compared evaluations of performance of the institutions they had visited, hints of discrepancies and relevance of training in the United States. Both serious talk and gossip provided vital elements for the officers to monitor the evolution of each institution to which they sent fellows, and to adjust the Fellowship Program

and the Nursing Program as a whole. Their diaries and memos are nothing but a sort of perpetual on-line bulletin board where news of nursing institutions and individuals all around the world are retrieved, selected and analyzed. Past fellows were also regularly received in the Paris office or in Crowell's home, just like most nurses from around the world who passed through Paris. In New York City, Mary Beard frequently brought foreign and U.S. fellows together for dinners or Christmas parties at her home or organized parties and picnics. Socialization among fellows studying in North America was also favored beyond her presence, beginning by the fact that nursing fellows most frequently boarded in the nursing schools and hospitals where they studied. This daily cohabitation was completed by special events: fellows shared a week of recess at the Convalescent and Vacation House for Nurses of Babylon, Long Island, or traveled together for observation and visits. Nurses from the same country or school especially enjoyed these moments where they would enjoy complicity, but such groups could also be (smartly) composed of fellows from different countries: French nurse Anna Fressenon, from the school of nursing in Lyon, accomplished her 1928 summer program with three Yugoslavian fellows, just like Miss Tjellstrom from Sweden shared her observation visits with three Danish nurses in 1940.

These opportunities for ties among fellows were paralleled by an effort to have foreign visitors socialize with domestic nurses, especially on American soil. In addition to the propinquity in the hospital wards, on the school bench or in the Nurses Home, foreign fellows were sent to conferences of U.S. and Canadian nursing societies. Travel grantees, when in New York, were often invited to lunches or dinners where Mary Beard convened elite nurses from the East Coast, featuring major leaders like Adelaide Nutting, Annie Goodrich and others. This inter-foreign and foreign-domestic liaison work would often rely on previous ties that the nursing profession had built between and through countries and institutions. Some fellows were already acquainted to one another because they had followed the course of the

International League of Red Cross Societies in London,¹⁷ and several entertained earlier acquaintances with U.S. or Canadian nurses from war work, International Council of Nurses meetings or international visits in other settings. It was not just the Foundation that internationalized nurses, but nurses with some international characteristics who were selected as fellows by the Foundation. In any case, their experience on location did not boil down to an individual trajectory of study and observation in different nursing centers, but took the shape of a series of collective interactions with domestic nurses and other foreign fellows.

Similar gatherings or conversations were invariably sought every time a nursing officer visited a place where a former fellow worked. All across Europe, but also in China, Japan or Siam, former fellows were directors of schools and dispensaries, government advisors or administrators, instructors and head nurses in hospitals, and they were first class informants on the whereabouts of nursing in their countries and their institutions. They constituted a web of nursing criss crossed by blueprints of nursing school buildings, curricula and course outlines, professional and governmental nursing regulations, textbooks, as well as practical “how to?” information (management of statistical records for health centres, compilation of monthly reports, arrangement of course blacks or installation of a diet kitchen). Foundation nursing officers were the pivots of that circulation, seconded by fellows and by the travels of “VIP nurses” that were started following Crowell and Embree’s 1923 program. Just like these travel grants, fellowships were given to individuals but eventually created a group of nurses who shared affections as much as professional commitments and information.

Conclusion

Within the world of nursing, fellowships complemented Rockefeller organizations support to nursing schools, dispensaries, professional organizations and the establishment of national nursing policies and agencies. In that Rockefeller galaxy, nursing was tackled as a discipline,

a profession and a form of knowledge. Such a degree of integration was never attained in other fields. The role of fellowships, as a result, can be roughly assessed as having been the spider silk wherefrom a web of nurses and nursing institutions was supported, expanded and maintained during the 1920s and 1930s, across nations, across cultural areas and across land masses. The outcome was to expand a common platform for nurses “throughout the world.” Though not without differences and gaps, hundreds of nurses from very different contexts came to rely on a common language of gestures, values, organizational features and training devices. The circulation of Rockefeller fellows, and the nursing activities of the Foundation and its subsidiaries, were not the only factors in that development. Private and personal links, bilateral relations among nursing associations, activities of other international associations and agencies such as the International Council of Nurses or the League of Red Cross Societies contributed in an important manner. The Rockefeller fellowships, though, were unique in creating an elite internationalized cadre of nursing in different countries. When the first nursing expert committee was created at the World Health Organization in the Fall of 1949, most of its members had previously benefited from a Rockefeller fellowship.¹⁸

The study of nursing fellowships, though, matters more than simply for nursing. It also brings food for thought in relation to the understanding of the larger impact of scholarship programs. Thus, the idea that networks of fellows could be an end in themselves, because they would create communities of thought, belief, behavior and information, is usually associated with the Cold War moment.¹⁹ The history of nursing fellowships suggests that such an aim has been contemplated and pursued in a very different context than the Cold War, and for reasons that had more to do with professional politics. As such, the case of nursing fellowships should help to sharpen arguments for or against interpretations in terms of americanization and hegemony, which usually rely on activities in fields endowed with higher political or scientific importance.

BIBLIOGRAPHY

Armstrong-Reid, Susan. *Lyle Creelman: The Frontiers of Global Nursing*. Toronto: University of Toronto Press, 2014.

Berman, Edward H., *The Influence of the Carnegie, Ford and Rockefeller Foundations on American Foreign Policy*. Albany: SUNY Press, 1983.

Coben Stanley, "Foundation Officials and Fellowships: Innovation in the Patronage of Science," *Minerva*, 14 (1976), 225-40.

Ettling John, *The Germ of Laziness : Rockefeller Philanthropy and Public Health in the New South* (Cambridge : Harvard University Press, 1981).

Hurwitz Edith F., "The International Sisterhood," in Renate Bridenthal and Claudia Koonz, eds, *Becoming Visible: Women in European History* (Boston: Houghton Mifflin, 1977), 325-345.

McGann Susan, "Collaboration and Conflict in International Nursing, 1920–39," *Nursing History Review* 16 (2008), 29-57

Stapleton Darwin H., "Fellowships and Field Stations: The Globalization of Public Health Knowledge, 1920-1950," Explorations in Public Health History conference, Bellagio, Italy, 2003.

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¹ The Rockefeller Foundation, *The Rockefeller Foundation Directory of Fellowship Awards 1917-1950* (New York : Rockefeller Foundation, c.1951) ; *Directory of Fellowships and Scholarships 1917-1970* (New York : Rockefeller Foundation, 1972).

² *Directory of Fellowships*, 1972, vii.

³ Stanley Coben, “Foundation Officials and Fellowships: Innovation in the Patronage of Science,” *Minerva*, 14 (1976), 225-40.

⁴ Darwin H. Stapleton, “Fellowships and Field Stations: The Globalization of Public Health Knowledge, 1920-1950,” Explorations in Public Health History conference, Bellagio, Italy, 2003.

⁵ According to the 1951 directory (*The Rockefeller Foundation Directory*, x), 689 nurses had by then received Rockefeller Foundation fellowships, out of a total of 6,000 fellows. This number proves to be underestimated when one returns to the original material, and some 718 had been awarded to nurses by the end of 1950.

⁶ Stapleton, “Fellowships and Field Stations,” 7.

⁷ Rockefeller Archive Centre (hereafter RAC), Rockefeller Foundation papers (hereafter RF), Record Group (hereafter RG) 12, Vincent diary, 27 February 1922.

⁸ RAC, RF, RG 1.1, series 700 C, box 20, folder 137 (hereafter 700C/20/137), Embree to Vincent, 12 August 1923.

⁹ John Ettling, *The Germ of Laziness : Rockefeller Philanthropy and Public Health in the New South* (Cambridge : Harvard University Press, 1981).

¹⁰ École Rockefeller Archives, Lyon, pink folder “Correspondence with the Rockefeller Foundation,” Adams to Bauer, 14 August 1926.

¹¹ RAC, RG 12, Crowell Diary, 6 January 1938.

¹² RAC, RF, RG 3.1, 908/7D/86.052, History - Greer Williams' notes - nursing.

¹³ RAC, RF, RG.1.1, 700/20/141, Crowell to Pearce, 29 April 1927.

¹⁴ Stapleton, "Fellowships and field stations".

¹⁵ RAC, China Medical Board, RG. 4, 1/7/80, letter from 27 June 1918.

¹⁶ Edith F. Hurwitz, "The International Sisterhood," in Renate Bridenthal and Claudia Koonz, eds, *Becoming Visible: Women in European History* (Boston: Houghton Mifflin, 1977), 325-45; Susan Armstrong-Reid, *Lyle Creelman: The Frontiers of Global Nursing* (Toronto: University of Toronto Press, 2014).

¹⁷ Susan McGann, "Collaboration and Conflict in International Nursing, 1920–39," *Nursing History Review* 16 (2008): 29–57.

¹⁸ WHO 602-4-2 "Nursing expert committee," Eliot to Chisholm 19 August 1949, World Health Organization archives, Geneva ; Armstrong-Reid, *Lyle Creelman*.

¹⁹ Edward H. Berman, *The Influence of the Carnegie, Ford and Rockefeller Foundations on American Foreign Policy* (Albany: SUNY Press, 1983), 60.