

# Historical figures of nursing

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Historical Figures of Nursing Whenever people mention or think of the history of nursing or nursing education many instantly think of Florence Nightingale or Clara Barton. Granted, Florence deserves credit for the advancements she made in nursing, but nursing goes back further than Florence Nightingale. One nurse, that little is known about is James Derham. James was born into slavery in approximately 1762, in Philadelphia, Pennsylvania. James was known to be owned by three different individuals, all of whom were doctors, one in Philadelphia, a British army surgeon, and a New Orleans physician (Hansen, A. 002). In the 18th century it was common for nursing education to be obtained through an apprenticeship, which is exactly how Derham became a nurse, assisting all three of his masters and learning from them. One of his masters, Dr. Robert Dove of New Orleans, encouraged Derham's interest in medicine. James worked as a nurse and purchased his freedom in 1783 (Wikipedia). After purchasing his freedom, Dr. Derham opened a medical practice in New Orleans, by age 26 his annual earnings exceeded \$3,000.00 (Cobb, W. 1963). Dr.

James Derham is the first African-American to formally practice medicine in the United States, although he never received a medical degree (Nursetini, 2009). Dr. Derham was known to speak English, French and Spanish. Dr. Derham returned to Philadelphia where he specialized in throat diseases and diseases related to climate (Wikipedia). Dr. Benjamin Rush, the father of American medicine, spoke with Dr. Derham and had the following to say “ I have conversed with him upon most of the acute and epidemic diseases of the country where he lives. I expected to have suggested some new medicines to him, but he suggested many more to me.

He is very modest and engaging in his manners. He speaks French fluently, and has some knowledge of Spanish” (Bennett, L. 1970). Derham disappeared around 1802, fate unknown (Nursetini). In 1960 New Orleans established the James Derham Middle School (now Junior High School) in his honor (Nursetini). Dr. James Derham demonstrated through his dedication to his profession what individuals can achieve with hard work. He overcame several barriers during his career, such as slavery and lack of a formal education, to become recognized as a professional who contributed to healthcare and the treatment of patients.

Another individual who has contributed significantly to the advancement of nursing is Margaret Sanger, birth control pioneer (Wardell, D). Margaret was born in 1879 in Corning, N. Y. , one of eleven children of Irish immigrants. Margaret’s mother had 18 pregnancies, becoming weaker and sicker with each one, dying in her 40’s. Margaret’s goal was to become a doctor and to help individuals like her mother. Unfortunately there wasn’t any money for Margaret to go to medical school, but two of her sisters supported her education finally to become a nurse.

Margaret was an OB Nurse working mostly in the East-Side/Lower East Side of New York City where she frequently received calls to help and tend to lower income women following self-induced abortions. The tragic case of Sadie Sachs is a well-known moment in the Sanger “ saga. ” As Sanger herself saw it, the Sachs case marked the turning point of her life and the beginning of the U. S. birth control movement (Wardell, D. 1980). Sadie

Sachs was a 28 year old woman, mother of three children who called out for help following a self-induced abortion and had blood poisoning.

Margaret stayed by Sadie's bedside for three weeks, nonstop, until the crisis was over and Margaret's 24/7 care was no longer needed. Margaret was present, when Sadie asked the physician caring for her, how to prevent another pregnancy. The physician told Sadie to have her husband sleep on the roof. Three months later, Margaret was called again to Sadie's home, for the same reason. Ten minutes after Margaret's arrival Sadie died. Margaret made her decision: " It was the dawn of a new day in my life...I knew I could not go back merely to keeping people alive..." (Wardell, D. 980). Margaret Sanger dedicated her career to educating women on birth control and contraception prevention. Sanger had significant barriers to overcome, including governmental law, which cited birth control information to be a crime, and lack of physician education on birth control and physician willingness to learn about birth control and their unwillingness to challenge the law. Margaret remained dedicated to her commitment and established the first U. S. birth control clinic in 1916 in Brooklyn, N. Y. , which was staffed by Sanger and her sister, both nurses.

The clinic was illegal and was raided by the NY city police. Margaret and her sister were arrested, Margaret served her time in prison, and Margaret's sister served her time in a workhouse. Sanger eventually hired a physician, Dr. Hannah Stone, to staff her clinic and direct the new Clinical Research Bureau. Dr. Stone quickly became respected by her peers for her " competent care and eloquent statics" (Wardell, D. 1980). Again the clinic

was raided, during the raid the police confiscated patient charts and private patient information, and this action finally got the attention, dissatisfaction and support of physicians.

A key to Margaret's continued success with the clinic was her marriage to J. Noah Slee, who was the president of Three-in-One Oil Company. Slee not only supported Sanger financially, but shipped diaphragms from Germany to his Canadian factory and then smuggled the diaphragms into the U. S, in Three-in-One Oil boxes. Margaret published pamphlets and gave lectures on birth control throughout her career while trying to establish her clinic, all to educate women and to help prevent unwanted pregnancies, allowing women to make wise health decisions for them.

Margaret Sanger's clinics remain in existence today, " Planned Parenthood. " Margaret took a personal experience of what she saw in the care of her patient and dedicated her life's work to educating patients, helping them to make safe health decisions and safe health practices, not seeking back alley care or help. Margaret was instrumental in developing the practices and availability of services that the majority of women in the U. S. take for granted currently.