

Margaret Shanks, Nurse to Susan B. Anthony

Exploring the Extraordinary in the “Ordinary” Nurse

Elaine Sorensen Marshall, PhD, RN

This historical effort explores the life and professional practice of the relatively unknown nurse who attended the well-known suffragist Susan B. Anthony during the last months of her life. It examines nursing practice in the United States at the end of the 19th century through the life and voice of this nurse. The study affirms the value in social history of understanding ordinary lives and practice of nurses. It analyzes the professional, personal, and social interactions between nurse and patient that change each, all within a most significant historical, social, and political context. **Key words:** *history of nursing, Margaret Shanks, Susan B. Anthony*

NEAR the bedroom in Susan B. Anthony's house on 17 Madison Street in Rochester, New York, preserved today nearly as it was on the day she died, hangs a photograph of the nurse who cared for her “in her last illness.”¹ Miss Margaret A. Shanks is posed in her nursing school cap and the stiff white aproned dress with mutton sleeves that she wore while caring for Miss Anthony.^{1,2} The obituary of Susan B. Anthony lists among

those present at her death “her two faithful nurses, Miss M. A. [Margaret] Shanks and Miss Mabel [Mae] Nichols.”³ The life and work of Susan B. Anthony are well known. Her miraculous vision and untiring efforts provide an inspiring model and global legacy for women's rights. The unusual prominence granted 2 relatively unknown and perhaps “ordinary” nurses at the end of such an extraordinary life sparks a drive to discover their personal identities. A study of their lives offers a glimpse of the “ordinary” nurse and professional nursing at the dawn of the 20th century and provides insights for the discipline and practice of nursing today.

Who were Margaret Shanks and Mae Nichols? Searches of historical evidence reveal only that Miss Mae Nichols was employed as night nurse during the final illness of Miss Anthony. For now her identity, like her work, remains in the shadows of the night. Records are more generous regarding the story of Miss Margaret Shanks. The purposes of this historical study are to (1) explore the life and professional practice of the relatively unknown nurse who attended the well-known suffragist during the last months of her life and (2) to examine nursing practice in the United States at

Author Affiliation: *School of Nursing, Georgia Southern University, Statesboro.*

A version of this article was given as a plenary speech to the American Association for the History of Nursing, September 2008.

Special thanks to Deborah Hughes, Mary Ellen Sweeny, and Judy Emerson at the Susan B. Anthony House in Rochester, New York, for their generous help and access to archival documents; to Philip Maples at the Baker-Cederberg Museum and Archives in Rochester, New York, to Linda Palmer at Brigham Young University for insights, inspiration, and encouragement; and to Nettie Birnbach and colleagues at the American Association for the History of Nursing.

Corresponding Author: *Elaine Sorensen Marshall, PhD, RN, School of Nursing, PO BOX 8158, Georgia Southern University, Statesboro, GA 30460 (elainemarshall@georgiasouthern.edu).*

the end of the 19th century and at the beginning of the 20th century through the life and voice of this nurse. Such a study affirms the value in social history and biography of understanding the ordinary lives and practice of nurses. The texture of an ostensibly common life is enriched by its juxtaposition against the extraordinary life of her patient, and we are all enlightened by the reciprocal effects on the lives of each other: activist and common citizen; erudite and prosaic; and patient and nurse.

SOCIAL HISTORY, BIOGRAPHY, AND THE STUDY OF "ORDINARY LIVES" FOR THE DISCIPLINE OF NURSING

Ulrich observed:

History is based on sources, and it depends upon what gets saved and preserved. What get saved are primarily public documents. So history as traditionally taught and celebrated . . . is the history of great deeds, the papers of presidents, the statues in town squares of the heroes . . . it's the big fat books about generals and kings, and a few queens, but it's usually not about ordinary people.⁴

Over the past 50 years, historians "have quietly been revolutionizing their approaches" to history, transcending the traditional study of famous leaders, affairs of state, and political scenes. In the history of medicine, nursing, and healthcare, studies are moving "beyond the great doctors,"^{5(p167)} toward the experiences of "ordinary people."^{6(pp1,8)} Borchert^{6(p2)} noted that social history "provides us with a sense of where we came from and how we got where we are." But at the same time, social history has increasingly examined groups, institutions, and social structures including subfields such as family, gender and class, racial minorities, labor economies, and workers. Its focus is the interaction of cultural groups within a society often through mixed methods of history, sociology, ethnology, and anthropology. Although much of social history claims to study common lives, it has neglected singular lives as it continues to examine "cohorts, generations, regions, social structures."

Furthermore, D'Antonio⁷ asserted that social histories of nursing have followed the interpretive paradigm of nurses in the labor market focused on the roles of gender, class, race, and social mobility. She noted that "the dominant paradigm may not fully capture the historical experience of nursing"^{8(p1)} Instead, she observed that women "actively embrace the gendered meaning of nursing," as it allowed women to create work identities that were both outside and at the same time deeply connected to their personal identities.^{7(p271)}

Few historians have explored the individual identity of specific representatives of groups characterized in social histories, thus perhaps inadvertently perpetuating a tradition that makes people "anonymous."⁴ The pluralistic approach of social history often discourages analysis of singular lives as models or explanations for social structures or groups or as models that may cross the subfields of study. Research of ordinary lives or "common people"⁹ from a biographical perspective, by telling their personal stories, helps to clarify, enhance, and enrich models that conceptualize the experience of nursing.

One important example is Ulrich's work on the life of Martha Ballard, an 18th century midwife.¹⁰ Noting that "historians need to learn more about ordinary life,"¹¹ Ulrich helped us to understand both nursing practice and the context of community life during American colonial times through the analysis of the diaries of a particular woman as a representative case. The analysis moved beyond common issues in social history of gender, economics, and class, and considered the full life of Martha Ballard that was more than, and in and out of, her role as nurse or midwife. D'Antonio challenged scholars of history of nursing to consider "identity rather than work at the center of our analyses," noting, "Identity is, and has been, a critical, albeit ambiguous, variable in nursing."^{7(p279)}

Ulrich explained:

When you decide to write about the life of an ordinary person, you start out with the premise that

this person is not important because of some thing they did or who they were, but because understanding ordinary life has a value of its own.⁴

It is the individual identity of Margaret Shanks that enlightens us about culture, social class, profession, and person. Nevertheless, in this study of the unknown nurse caring for the famous Miss Anthony, it is also important to “keep the background and foreground in balance,”⁴ as Ulrich cautioned. The scholar must balance the background of the social context of the time and singular circumstance with the foreground of the nurse as person and practitioner devoted to care for Miss Anthony at the end of her life. Furthermore, the term *ordinary* is used advisedly and simply as a sort of antonym for an identity that is publicly recognized or famous. It certainly does not assume the identity to be undistinguished or unexceptional.

TIME, PLACE, AND CONTEXT

The professionalization of nursing

The story of Margaret Shanks and Susan B. Anthony would be incomplete without some attention to time, place, and context: the timing of the larger professional phenomena, geographic, professional, and cultural environment, and the space of care. Margaret Shanks graduated from nursing school in 1897, in the midst of “the fateful decade”^{12(p1163)} that launched the professionalization of American Nursing. Visionaries had established the American Society of Superintendents of Training Schools for Nurses, later to become the National League for Nursing, just 3 years before Shanks’ graduation. Lillian Wald (born the same year as Shanks) and Mary Brewster moved into the tenements of New York to begin public health nursing in the United States. Two years later, Isabel Hampton Robb founded the American and Canadian organization that was to become the American Nurses Association; and by 1900 the *American Journal of Nursing* was launched. Furthermore, these farsighted initiatives took place within and surrounding the local community where

Margaret Shanks actually lived and practiced. Rochester’s nurses were highly active and led the founding of the New York State Nurses Association, the first of its kind in the United States. Rochester was home of the *American Journal of Nursing* for its first 20 years, and the title of Registered Nurse with its expectations of uniform nursing curricula and graduate outcomes began with the Nurse Registration Act of 1903 in New York, after a heated series of meetings in Rochester.^{13,14} Eva Allerton, the superintendent of Margaret Shanks’ alma mater, the Rochester Homeopathic Hospital (RHH) School of Nursing, was a leader in the movement toward nurse registration.¹³ New York state’s first “registered nurse,” Ida Jane Anderson, also graduated from RHH in 1902.¹⁵

The strong, politically able, and professionally oriented women of Rochester who persevered toward the professionalization of nursing were themselves interesting models of identity and experience in connecting the professional to the personal. They combined the effective use of formal and informal authority with traditional womanly arts and aesthetic attention to move their cause forward. As original feminists they embraced all facets of their vocational and gender identity. For example, at the meeting in Rochester to promote the legislative bill for nurse registration, they exhibited political prowess by inviting prominent physicians, including the president of the Academy of Medicine of Rochester and member of the State Board of Medical Examiners, to speak. They also heard from Reverend Father Hendricks, “one of Rochester’s most liberal philanthropists.”¹⁴ At the same time, their feminine sense of the aesthetics of the physical environment and social graces commanded just as great attention as noted in the minutes of one of their meetings:

The morning hours were devoted to the regular routine business and the reports of the standing committees. Miss Keith, the superintendent of the City Hospital, entertained the members and visitors at luncheon between the sessions. The guests were served very gracefully by the staff of house physicians and the head nurses of the hospital. . . .

The Nurses' Home is well adapted for meetings of this kind . . . besides the beautiful Memorial Hall. . .

The tables were set in the form of a hollow square, the color scheme being yellow with clusters of great chrysanthemums placed at intervals upon the table. A most delicious dinner was served to sixty-two nurses, to which all did ample justice. After the dinner the nurses passed into the adjoining reception rooms . . . the familiar notes of a "two-step" were heard from the piano, and a number of members joined in a lively dance.^{13(pp158-159)}

Susan B. Anthony and nursing

Susan B. Anthony herself spoke at a quarterly meeting of the New York State Nurses Association in Rochester on October 21, 1902. She was obviously familiar with the issues of the profession. She remained throughout the day to show her support for professional standards and advanced education for nurses:¹⁴

It was easy for Miss Anthony to give an interesting account of the evolution of the nursing profession. She spoke of the time when she first took up work for women, when the trained nurse was unknown; she described the struggle of the first women physicians to get their degrees, and referred to the introduction of the trained nurse as coming at about this same period; she pointed out the influence which the modern nurse exerts in the family; she referred to the great power of women's organizations, and she emphasized the point that if the thirty thousand, graduate nurses in this country had the right to vote they would obtain what they desire much more easily. She closed her address with an earnest appeal to the nurses to remember the power and the influence of their work, and to improve it to the utmost.^{13(p158)} . . . She prophesied that, "the day is coming when trained nurses will be required to possess a college education before being admitted to training."¹⁴

Meanwhile, the nurses argued over whether their title should be "Trained Nurse," "Graduate Nurse," "Certified Nurse," or "Registered Nurse," finally adopting the latter.^{16(p77)} And leaders lamented the general "apathy and indifference of the thousands of nurses."^{13(p156)}

Margaret Shanks may have been one of those thousands of apathetic nurses. She

was certainly among the uninformed, even though it was her own teacher, Miss Eva Allerton, whom she had lauded in her school anthem, who chaired the New York State Nurses Association committee on legislation that was the heart of the argument for nurse registration.^{13,14} Shanks, like most nurses in practice, was involved in her own life: recovering from her illness from service in the Spanish American War in 1898, caring for her private-duty patients with apparent attention to good nursing skills, and writing poetry. She was not involved in professional or civic issues at the time, and had little awareness of the cause of women's rights and suffrage. Just more than 3 years later, Susan B. Anthony would hire Margaret Shanks as her own nurse.

Margaret admitted upon meeting Miss Anthony that she knew little or nothing about the cause of suffrage, that she only had time for her training as a nurse, to which Anthony replied, "That is all that will be required of you, the routine of the sick room."^{17,18} Although Anthony was likely better acquainted with the professional issues in nursing than her own nurse, each adopted a distinct, but complementary role appropriate for their patient-nurse, employer-employee relationship, but each life and legacy was to be changed.

Margaret cared for Miss Anthony in the Anthony home, sharing a small space with Susan and her sister Mary. The sisters' house became home for Margaret while she was employed. Although we do not know where Shanks lived before her employment, Rochester city records indicate that she lived at the Anthony home during the year of 1906, the time of Miss Anthony's illness of heart failure and pneumonia that precipitated her death. This arrangement was not uncommon and called for a fine dance of recognizing and renegotiating realms of authority, roles, space, and norms from the perspective of everyone in the household. Miss Anthony's grandniece later recorded:

At the breakfast table one morning, in the presence of Miss Shanks, Dr. Anna Howard Shaw [physician, suffragist, and the nation's first female Methodist

minister] was comparing our Saviour to Dr. Gannett, the minister of the Unitarian Church as being merely a good man. Miss Shanks spoke up and said that she couldn't keep silent after that remark, that her Saviour was Divine, and not to be compared to any human being on earth. All was quiet for a moment, then she remembered sister Mary leaving the table suddenly and going up the back stairs to Susan's room. There she exclaimed to Susan that Miss Shanks [was] orthodox and a Fundamentalist!¹⁸

Susan apparently made no response. Susan Anthony exhibited a unique ability to accept Shanks for her role as a competent nurse, but her sister Mary was less likely to overlook personal belief and attributes not consistent with her own.

WHO WAS MARGARET SHANKS?

Margaret Shanks was born in the village of Fort Patrick, Scotland, on April 25, 1867. At 14 or 15 years of age, she came with her father to the United States where her mother had already come ahead with an uncle to settle in the new land.¹⁹ We know little about the next 15 years except that she kept her Scottish brogue¹⁷ and likely worked to support herself. She never married, apparently had no siblings who lived to adulthood, and lived alone. She was devoted to her protestant faith. And she wrote poetry.

Nursing student

Miss Shanks was among a class of 13 nurses who graduated in 1897 from the Training School of Nurses at Rochester Homeopathic Hospital (later Genesee Hospital).^{20(p30)} Homeopathic hospitals, advocating a more "natural" approach to healthcare, grew in the late 19th century as a welcome alternative to early mainstream traditions of bleeding and purging. The hospital in Rochester also apparently embraced much of emerging modern allopathic care. Nursing graduates were among the best prepared and highly respected of the time. Margaret studied "bandaging, patient comfort, massage, and

general housekeeping."¹⁵ Hers was the last class to complete the program in 2 years, rather than 3 years, and was the last to have the commencement ceremony at the hospital. The audience was the largest ever assembled and exceeded the capacity of the hospital facility.^{20(pp9,3,11)}

Margaret composed the lyrics for the graduation song (sung to the tune of Auld Lang Syne), which became the anthem for the Genesee Hospital School of Nursing and was sung at subsequent graduation ceremonies for more than 54 years²¹:

Here's to the days we've ne'er forgot
And yearly brings to mind;
Here's to the hours we've grinned and wrought
In the days of Auld Lang Syne.

Here's to our graduates far and near,
Even o'er ocean's foam,
Long may they live and cherish still
Their Alma Mater home.

Here's to the girls who've married got,
While we are still in line;
Here's to the lads we might have caught
In the days of Auld Lang Syne.

Here's to Miss Allerton's memory bright,
Her influence lives well known,
We'll toast her at our board tonight
'T'will seem like days long gone.

Here's to our officers robed in white,
Whose garments ne'er are torn.
They are fit to join the ranks on high,
Where wings and crowns are worn.

Here's to our doctors brave and true,
None like them e'er were born;
Fill up the cup and drink it up—
Here cheers! We'll "toot their horn."

Here's to the "Class" we greet tonight,
Its aim shall ne'er decline;
A joyous toast to you we meet
For the days of Auld Lang Syne.²²

War nurse responding to duty

Soon after graduating, Margaret was "called away" along with 6 of her classmates as volunteers to serve in the Spanish American War. Although the 1898 conflict with Spain over

independence for Cuba and America's control of Puerto Rico, the Philippines, and Guam eventually lasted only 109 days, its events for nurses were significant. It was the first time since the American civil war that women were formerly employed by the US Army.²³ The nurses generally viewed this work as a valiant and honorable act of patriotism and duty.

Margaret worked with Anna C. Maxwell of the National Red Cross Association to establish the Sternberg Field Hospital at Chickamauga Park, Georgia.^{24(p10.7)} Sanitary conditions for soldiers were deplorable, with typhoid epidemics rampant throughout the camps.²⁵ The fever decimated the military ranks that all lacked adequate medical care. The US Congress quickly authorized the recruitment of female nurses, but without granting military status. Dr Anita Newcomb McGee helped to recruit the women and persisted to support legislation that eventually, by 1920,²⁶ gave nurses military designation, though without rank, equal pay, or benefits.²⁷ The nurses were keenly aware that "their conduct and efficiency then and there would be based on the action of Congress as to whether women should or should not be regularly employed as army nurses . . . and most of them seemed to feel this responsibility and governed themselves accordingly."^{28(p82)} The heroic performances of the nurses in this short war led to the eventual establishment of a permanent Army Reserve Nurse Corps.²⁹

Miss Shanks served from August to November 1898. She described men "dying like sheep," and flies everywhere. The hospital was actually a series of tents. Shanks recalled restraining men who were delusionary with fever with bed sheets. Nurses lived in civil war barracks that leaked in the rain. Margaret borrowed an umbrella to keep the rain off her cot.¹⁷ Another nurse described, "wet feet, wet skirts, no fire to dry anything. . . . So in the morning there were wet shoes to be put on and wet skirts also, and the floor of our mess-tent was an inch deep in water as we went to breakfast."^{30(p2)}

Mrs H. C. Lounsbury, who was called to replace Miss Maxwell, described the work of

the team of nurses of which Margaret was a member:

Sternberg Hospital had been in existence three weeks when I arrived, and almost all the hardships were over. Miss Maxwell and her devoted corps of nurses had accomplished wonders in that time, working eighteen hours every day under the hot August sun. . . . The discipline [was] as perfect and the work carried on as quietly and efficiently as if the hospital had been in existence three years instead of three weeks. No one will ever know how much exertion this cost except those who were there and planned, or assisted in planning and organizing the work.^{30(pp3-4)} . . .

The close attention and elaborate care demanded by modern methods was given just as freely and skillfully to all of these men as if each nurse had only a single private patient to look after.^{28(p82)}

Margaret became ill herself with "bloody dysentery" and was taken to a hotel in Look-out Mountain, Tennessee, where nurses who had become sick were sent to recover. Most nurses did recover and returned to duty,^{28(p83)} but after 3 days, Margaret remained ill and was discharged to endure the 850-mile train ride home to Rochester. She continued to suffer chronic gastrointestinal effects of her illness throughout her life.^{17,31} Sometime after the war, Shanks was granted military veteran status and was among the few women to eventually live at a veterans' healthcare facility.

Private nurse in their final illnesses: Attending Susan B. Anthony and her sister Mary Anthony

Following her military service, Miss Shanks became a "private nurse."²⁴ As an independent practitioner, she acquired clients by word of her reputation and cared for patients in their own homes. It was her stellar reputation as a nurse in Rochester that led to her hire at the Anthony house.

At the meetings of the National Suffrage Association in Washington, DC, on the evening of February 15, 1906, Susan B. Anthony celebrated her 86th birthday at a lavish party planned for months in her honor. She had been ill for the entire previous week, attended by several physicians and in the

constant company of a nurse from Johns Hopkins Hospital provided by benefactor Mary Elizabeth Garrett. Ironically, given Anthony's no-nonsense pragmatic nature, the nurse reportedly "willingly consented to assume the garb of a maid in order that her patient might not know she was so ill as to need professional attendance."^{32(p1384)} On that evening, Miss Anthony stood unexpectedly and gave a brief speech that ended with her last and most famous public words, "Failure is impossible."^{32(p1906)} Too ill to attend another birthday party in New York, accompanied by her sister Mary and the unnamed nurse, Anthony took the train home to Rochester, arriving in time for breakfast on the morning of February 17. The nurse returned to Baltimore, and Anthony lay on the couch in the back parlor until after lunch, and then went upstairs for an afternoon nap, never again to leave her room. Upon arrival home, Miss Anthony had the company of her sister Mary, whose "gentle care always was a supreme comfort to her;" Miss Carrie Bahl, her "thoroughly competent housekeeper who was also skillful in the sick room and whom Miss Anthony liked to have about her;" Miss Lucy E. Anthony, her niece who was like a daughter; Dr. Marcena Sherman Ricker, her physician in whom Miss Anthony "had so much confidence . . . that she often said she felt better as soon as the doctor came into the house." In spite of all her travels for the cause of suffrage, Anthony much preferred "her own room in her own home when she was ill than anywhere in the world, so all the conditions were favorable to her recovery."^{32(p1424)} For a few days, she seemed to recover, but pneumonia developed to the extent that recovery was no longer hopeful. At that time, "two of the most thoroughly trained nurses in the city were placed in charge,"^{32(p1416)} Miss Margaret Shanks and Miss Mae B. Nichols. For the next 3 weeks, Miss Shanks lived at the house and Miss Nichols came every night. For a few days Miss Anthony rallied, then weakened. By the night of March 7, her dear friend the Reverend Anna Howard Shaw came from Philadelphia, the only outside visitor allowed. Shaw recorded:

She seemed to improve each day after my arrival and by Sunday she was so much better that I thought I would go home for a short time. . . . I felt almost happy for it seemed as if Miss Anthony really might recover, but when I returned at three o'clock the nurse [Margaret Shanks] met me with the information that she had grown suddenly worse and they had telephoned for the doctor. . . . I knelt at her side, clasped her hand in mine, laid my face on it and asked her if she knew me. . . . Immediately she drew away her hand and laid it on my head as if in benediction, and then taking my hand she drew it to her lips and tried to kiss it. Several times . . . during the long night, she would press my hand . . . after that I could get no response from her, and yet she could feel the moment my hand unclasped and would reach after it. The nurse said she missed its warmth, as one in sleep nestles toward warmth and comfort.^{32(p1423)}

At "twenty minutes before one on the morning of Tuesday, March 13," Miss Susan B. Anthony died under the careful watch of Miss Margaret Shanks, Miss Mae Nichols, and Dr. Marcena Sherman Ricker.^{32(p1424)}

Shanks later described the entire experience:

I was received in a gracious manner, by her sister, Mary Anthony, who led me into the room of my distinguished patient. I noted her distress in breathing caused by pneumonia. I pressed her reaching hand, telling her I had really come to get her well again. I soon became aware of the outstanding personality of my patient, no complaint at any time, even in the face of bodily discomfort. In fact, a lingering smile seemed to play around the corners of her mouth. I also began to realize with what fortitude and courage she had faced life in order to make this attitude possible toward the end. What few words passed between us were friendly and agreeable.

Dr. Marcena Ricker, a notable woman physician, was in constant attendance. . . .

Dr. Anna Howard Shaw, her close friend, arrived and she was the only person [visitor] allowed to see her. Of course, her beloved sister, Mary Anthony, slipped anxiously in and out like a shadow. Once I heard her say, "Mary, your hands are like a benediction on my head." One morning she surprised us by informing Dr. Ricker that, "My nurses are without parallel." However, we quickly advised Dr. Ricker it was the other way around, "our patient is without parallel."

I would like you to remember what I am now going to say. I had read in the Bible regarding the majesty of death, and for the first time, I was being permitted to see it, in the closing days of my distinguished patient's life.

The ominous gray shadow had descended over her calm and beautiful face. . . .

So, Susan B. Anthony slept peacefully away on the morning of March 13, 1906. On that memorable date, as the citizens of Rochester ended their way to their daily tasks, they were greeted by the Stars and Stripes at half mast from the city Hall—first time in its history for a woman.

All honor was paid her, as she lay in state, in the Central Presbyterian Church, surrounded by honor guards, college women from the University of Rochester as it was through her efforts that education was made possible for them.

In closing, I offer my personal tribute in verse to Susan B. Anthony:

All Hail—thou flower of womanhood
Thy torch still burns through ages dim
Oppression felt, by kindred souls,
Engaged they mind, the fight to win.

Thy life—a monument down the age
A Lincoln spirit, guiding star
Let us now lose the gleam, the ray
Still prompting, leading from afar.

Thy place in history, stands for aye
Thy soul on High—'mid radiance bright
Lead on—we follow, heed thy call
EMANCIPATE—rise to the Light.

(Margaret Shanks, personal note on brief speech at a dinner sponsored by the National Women's Party in honor of Miss Anthony at Washington, DC, not dated.)

Anthony's estate records showed expenses of \$56.30 paid to Mae B. Nichols, the night nurse, and \$78.00 paid to Margaret A. Shanks. The New York State Suffrage Association sent \$100 to the national association to add both nurses by name to its roll of lifetime members.^{32(pp1465-1466)}

Margaret Shanks left for a while, then returned to the Anthony house. The beloved and capable housekeeper, Carrie Bahl, remained. Susan's sister Mary carried on the fight for suffrage. Unlike Susan, who had the

unique ability to accept both Margaret and Carrie in their roles within the household without proselytizing suffrage, Mary was determined that they should join the cause, and "clamped down" on them to pay the \$2.00 dues to the "cause." Carrie was reluctant feeling that her church would not allow another affiliation. Margaret responded, "I had all I could do to keep up my nursing. . . . I was only interested in giving my patients the best of care," and pointed out that Susan was aware of her long hours in nursing so that she had never mentioned it. So Margaret suggested that she and Carrie pay their dues and join the organization to please Mary, then following her death, they could simply resign their membership. They agreed, and paid their dues.³³

The immediate issue of the household was the campaign for suffrage for the women of the state of Oregon. Among her last wishes was Susan's desire to donate the bulk of her estate to the cause in Oregon, where a victory was expected. Mary went to Oregon with Miss Shaw, accompanied by niece Lucy. Enormous resources and energy were spent only to be disappointed by defeat. "It almost crushed the leaders of the campaign. Try as they would to imitate Miss Anthony's heroic courage and optimism in the face of defeat, it was impossible, and their hearts were filled with thankfulness that she did not have to add this disappointment to the many she had endured" (Margaret Shanks, personal note on brief speech at a dinner sponsored by the National Women's Party in honor of Miss Anthony at Washington, DC, not dated). On arrival home to Rochester, they immediately "made a loving pilgrimage to Mount Hope," to the grave of Susan. Mary continued in quiet, deep grief for months, with her journal noting each week and month as an anniversary of the loss of her sister. Her last entry of June 19 was, "I called Dr. Sherman-Ricker today to do something for the dizziness and other ailments which have been bothering me for the last six weeks."^{32(p1505)}

As Mary became more ill, several nieces, including Lucy, "who was like a daughter in

the household,” tried to help at the house. Mary refused, saying she had Carrie as housekeeper and full-time nurse, Margaret Shanks, that “she could not possibly be better taken care of.”^{32(p1507)}

Shanks described her care of Mary Anthony:

I was called to care for her a year or so following the death of her beloved sister. Carrie Ball was still the housekeeper. I found conditions very different seeing Mary had an ailment. Hodgkin’s disease of the glandular system. The glands were all swollen and outside of her body and she had to have care night and day, as she was in and out of bed rolling on comforters which I folded on the floor. It was not so much pain as it was a restlessness. . .

Well after being up at night with her . . . between us Miss Ball and I decided she would spell me every other night so I could get some rest.³³

At the bedside of Mary Anthony, Miss Shanks composed a poem, which was published in the *American Journal of Nursing* in 1907. It depicts the opening of heaven’s gates and the entrance of bands of children and elderly into a glorious heavenly home. It may have reflected Margaret’s hope for peace for Mary in death as she had grieved the loss of her sister Susan and suffered so at the end of her own life.

“The Nurse’s Vision”

Watching by a dying bedside
At the quiet hour of dawn,
I was wearied with my vigil,
As the hours crept slowly on,
And the burden of earth’s sorrow
Hovered o’er my spirit, when
I beheld a wondrous vision,
Seldom given to mortal ken.

Heaven’s portals opened widely
To receive a glorious band—
Troops of youth and little children,
Gathered close to Christ’s right hand—
And His gracious welcome sounded
Through the shining halls within:
“I am waiting to receive thee.
Little children, welcome in.”

Entering through another portal
Came an aged pilgrim band.
Worn and faltering seemed their footsteps

Ere they reached the better land.
“Well done, good and faithful servants,
Wear the crown which thou has won.”
‘Twas God’s voice that gave the welcome
From the earth to Kingdom Come.

And my soul was filled with longing
For that Heavenly Home so bright,
Where our Father takes the aged
When they pass beyond our sight.
All earth’s sorrow dropped beneath me
As I heard the children sing:
“Glory be to Christ our Saviour!
Hallelujah to the King!”^{34(p195)}

Under the vigilance of Margaret Shanks, Mary Anthony gently slipped away on the morning of February 5, 1907.

Nurse after service to the Anthony sisters

After her service to Mary Anthony, Margaret Shanks continued to practice private nursing in Rochester until World War I, when she went to Washington, DC, where she worked as an emergency nurse for employees of Herbert Hoover’s Federal Food Administration from 1917 to 1920. She reported that though she never met Hoover, she was certain that he was aware of her work, as he once sent the French ambassador for her care. She diagnosed simple headache, gave him 2 aspirin pills, and put him to rest.¹⁷ Shanks remained in Washington, DC, about 25 years.^{19,35} In 1945, at the age of 78, she moved to Canandaigua, New York, where she lived in the Nurses Home of Thompson Hospital until 1954, when at the age of 87, she moved to the Buffalo, New York Veteran’s Hospital. Described as the “little gray-haired nurse” with a Scottish brogue,^{17,35} she continued to be active in the United Church and the American Legion,^{19,35} and evidently respected in her community as noted by Christmas gifts and birthdays meriting articles in the local newspaper.^{36,37} Forever changed by her service to Susan B. Anthony, Miss Shanks was highly interested in the preservation of the Anthony house, interested in “getting things in their proper places,”³⁸ and sustained

contact with staff at the Susan B. Anthony house as it left private ownership to become a museum in the 1940s. From the beginning, the photograph of Miss Shanks in her nurse's uniform hung outside the door to Miss Anthony's bedroom.^{38,39} Survived only by a cousin, Margaret Shanks died on Sunday, December 2, 1962, at the age of 95. She was given military rites and buried in Arlington cemetery in Washington, DC.¹⁹

The glimpse of her life reminds of the last words of George Eliot in *Middlemarch*:

... Her finely touched spirit . . . spent itself in channels which had no great name on the earth. But the effect of her being on those around her was incalculably diffusive; for the growing good of the world is partly dependent on unhistoric acts; and that things are not so ill with you and me as they might have been, is half owing to the number who lived faithfully a hidden life, and rest in unvisited tombs.⁴⁰

ANALYSIS AND DISCUSSION

This exploration represents a beginning attempt to examine nursing practice in the United States at the turn of the 19th century through the life of a single apparently ordinary nurse who had some extraordinary professional experiences. The value of studying an ordinary life is affirmed, and we learn the futility of attempts to define "ordinary," in the fascinating relationships, social order, and clinical practice of the model case of Margaret Shanks.

Social historians have aptly analyzed the nurse and nursing at this time of emerging professionalization of nursing.^{41,42} Nelson described the "new" professional nurse of Shanks' time as women from the "good servant class, farmers' daughters," and other common folk lamented by the "lady nurses" who were the visionaries pushing for reform and professionalization.⁴³ Yet to be examined is the nature of the work from the perspective of the identity of the nurse—could Margaret Shanks' response that she was too involved with her nursing duties to be an activist be a valid answer? What if we examined how nurses training, living, and daily lives con-

tributed to their fulfillment and their identity as women, citizens, and nurses? What was it about the nature of the daily work of practice that provided the apparent satisfaction that some called apathy?

D'Antonio suggested that scholars in a clinical practice discipline should ask different questions from history than do scholars from other disciplines. She asked, "What if we place the day after day work of caring for the sick—that which is nursing—at the center of an institution's history? What if we were to embrace a sense of nurses and nursing work as truly diverse and different? What if we were to analytically engage the reluctance of the large number of nurses to formally embrace feminism?"⁴⁴ All 3 questions might apply to the case of Margaret Shanks. Data are thin regarding the day-to-day work of the nurse in this particular case, but we might construct the case by insightful and creative interpretation. How might we know how Margaret spent her time, what care measures and procedures she performed, and what was her personal relationship with her patients? What were the characteristics of her work that were distinctive? Shanks' apparent reluctance to formally embrace feminism or to become involved in public causes, even those from which she stood to benefit directly (such as suffrage), combined with her focus on her day-to-day practice, was characteristic of many nurses of her time, as it is of some nurses today. She reflected a professional comfort in her work and reasonable fulfillment in her personal life also characteristic of many nurses. Such comfort, reflected as a political apathy at the extreme, provokes Summers' well-worn questions about 19th-century nurses, "What sort of women became nurses? What were their personal aspirations and experiences? How were they seen by others?"⁴⁵ Although her lack of engagement in the cause for suffrage frustrated Mary Anthony, there was something about her competence as a nurse and companionship in the household that kept her with the family and brought praise from both Susan and Mary during some of the most significant and difficult times of their lives. At the same time,

Margaret remained devoted to her patients and to the memory of her relationships with the Anthony sisters through her entire life. She was among the most committed to the restoration of the Anthony house, for example, as shown by her correspondence during subsequent years.

The life of Margaret Shanks subtly demonstrates a unique issue of place for her life and practice. She was a private-duty nurse who apparently often lived in the homes of her patients. She spent many of her last years living near or in hospitals. Her personal home and professional workplace were often the same. Such a life is reminiscent of the words of 19th century nurse ethicist Robb who, in 1900, called on nurses to make their home in their gender-centered work as she quoted, "They shall have no monasteries but the house of the sick . . . no cloisters but the streets of the town and the wards of the hospital"^{46,47}

Reflecting the values of women and nurses for her time, Margaret was committed to faith, to duty and patriotism, and to the aesthetic life. She defended her religious beliefs and was active in her church. She willingly served in the military, acquiring a chronic illness that she carried for life. And she wrote poetry—in the full iambic rhyme of her time—and for every special occasion. Transcending all of these characteristics was her identity and pride as a

nurse. Published interviews with her very late in her life, as a resident of a hospital nurse's home and subsequently in a veteran's hospital, were always marked with reflections of her identity as a nurse. Her life exemplified the words quoted by D'Antonio⁷ of midwife Anna Cadastre, "If she has that ambition . . . it's not going to be hard. Anything you do with all your heart, you don't think of the hardship. You enjoy every moment."⁴⁸

The focus of this analysis has been one case and its implications for nursing at the turn of the 19th century in the United States. Also yet to be answered are comparisons and implications for nurses and nursing on a global scale. Ironically, several authors and their works cited here originate in other English-speaking, Western cultures. The resonance of their words to this work speaks to unexamined similarities. We needed similar analysis of the lives and influence of nurses throughout the world. Yet needed are analyses of singular "ordinary" lives of nurses from all parts of the world that teach about the individual and the ordinary, the value and aesthetic of the prosaic work of much of nursing, the culture, the discipline, and the practice:

If we had a keen vision of all that is ordinary in human life, it would be like hearing the grass grow or the squirrel's heart beat, and we should die of that roar which is the other side of silence. . . .⁴⁰

REFERENCES

1. Photograph with caption "Margaret A. Shanks—Nurse in Miss Anthony's Last Illness." Rochester, NY: Archives of the Susan B Anthony House; not dated.
2. Letter from Margaret Shanks to Martha Taylor Howard. Rochester, NY: Archives of the Susan B Anthony House; not dated.
3. Susan B Anthony dead: her last thought of her work. *Rochester Democrat & Chronicle*. March 13, 1906.
4. Ulrich LT. *About Laurel Thatcher Ulrich's Work on A Midwife's Tale: Interviews With Laurel Thatcher Ulrich*. http://dohistory.org/book/100_interview.html. Published 1994. Accessed January 11, 2008.
5. Reverby S, Rosner D. "Beyond the great doctors" revisited: a generation of the "new" social history of medicine. In: Huisman F, Warner JH, eds. *Locating Medical History: Stories and Their Meanings*. Baltimore, MD: Johns Hopkins University Press; 2004:167-193.
6. Borchert J. Ordinary people and everyday life: social history for local historical organizations. In: *Local History Notebook*. Columbus: Ohio Historical Society; <http://www.ohiohistory.org/resource/oahsm/notebook/julaug1990.html>. Published 1990. Accessed November 18, 2008.
7. D'Antonio P. Rethinking the rewriting of nursing history. *Chronicle Newslett Center Hist Nurs*. 1998; 9(2):1-3. <http://www.nursing.upenn.edu/history/chronicle/s98/antonio.htm>. Accessed November 18, 2008.
8. D'Antonio P. Revisiting and rethinking the rewriting of nursing history. *Bull Hist Med*. 1999;73(2):268-290.

9. Young AF. Why write the history of ordinary people? *Pbi Kappa Pbi J*. 2006. http://findarticles.com/p/articles/mi_qa4026/ai_n17187927. Accessed November 18, 2008.
10. Ulrich LT. *A Midwife's Tale: The Life of Martha Ballard, Based on Her Diary 1785-1812*. New York, NY: Knopf; 1990.
11. Ulrich LT. *Project Description: A Study of the Diary of Martha Moore Ballard*. Washington, DC: National Endowment for the Humanities; 1981. http://dohistory.org/book/100_grantapp.html. Accessed January 11, 2008.
12. Christy TE. Nurses in American history: the fateful decade, 1890-1900. *Am J Nurs* 1975;75(7):1163-1165.
13. Editorial comment. *Am J Nurs* 1902;3(2):156-160.
14. Willis D, Maples PG, Britton K. *Rochester General Hospital: The Nursing Practice Act—The Armstrong Act of 1903*. http://www.viahealth.org/body_rochester.cfm?id=516. Published 2003. Accessed November 18, 2008.
15. Mims P. *Rochester Homeopathic Hospital/The Genesee Hospital School of Nursing*. http://www.viahealth.org/body_rochester.cfm?id=1957. Accessed November 18, 2008.
16. Editorial comment. *Am J Nurs*. 1902;3(1):77-80.
17. Higgins P. *Untitled Newspaper Clipping*. Rochester, NY: Archives of Susan B Anthony House; 1955.
18. Mosher E. *Personal Note*. Rochester, NY: Archives of Susan B Anthony House; not dated.
19. Margaret Shanks dies; served as war nurse in 1898. *The Daily Messenger, Canandaigua New York*. December 3, 1962:3.
20. *8th Annual Report of the Rochester Homeopathic Hospital for the Year Ending January 1, 1898*. Rochester, NY: Baker-Cederberg Museum & Archives, the Genesee Hospital and the Genesee Hospital School of Nursing Archives Collection; 1898.
21. Song written by Margaret Shanks sung at banquet. *The Daily Messenger, Canandaigua New York*. June 24, 1954:14.
22. *Manuscript Note*. Rochester, NY: Archives of Susan B Anthony House; not dated.
23. McGee AN. *Women nurses in the American Army*. <http://www.spanamwar.com/Nurses.htm>. Accessed November 18, 2008.
24. *9th Annual Report of Rochester Homeopathic Hospital for the Year Ending January 1, 1899*. Rochester, NY: Baker-Cederberg Museum & Archives, the Genesee Hospital and the Genesee Hospital School of Nursing Archives Collection; 1899.
25. Cirillo VJ. Fever and reform: the typhoid epidemic in the Spanish-American war. *J Hist Med Allied Sci*. 2000;55(4):363-397.
26. Higgins LP. Army nurses in wartime: distinction and pride. *Mil Med*. 1996;161(8):472-474.
27. Women were there: The wars of 1812 and 1846 and the Spanish American War. <http://userpages.ug.com/captbarb/femvets3.html>. Published 1996. Accessed January 5, 2009.
28. Lounsbury HC. Some reminiscences of Sternberg Hospital. *Am J Nurs*. 1902;9(2):81-84.
29. Kalisch PA. Heroines of '98: female Army nurses in the Spanish-American war. *Nurs Res*. 1975;24(6):411-429.
30. Lounsbury HC. Some reminiscences of Sternberg Hospital. *Am J Nurs*. 1902;3(1):1-5.
31. Schuler HB, Kelly FM. Margaret Shanks account. Chickamauga (Camp Thomas) Sternberg. Anita Newcomb McGee office files. Cited by: Graf MH. Women nurses in the Spanish-American war. *Minerva Q Rep Women Milit*. http://findarticles.com/p/articles/mi_m0EXI/is_1_19/ai_77434303/print?tag±artBody;coll. Published 2001. Accessed November 18, 2008.
32. Harper IH. *Life and Work of Susan B Anthony*. Vol. 3. Indianapolis, IN: Hollenbeck Press; 1908.
33. Letter from Margaret Shanks to Martha Taylor Howard. Rochester, NY: Archives of the Susan B Anthony House; no date.
34. Shanks MA. The nurse's vision. *Am J Nurs*. 2007;8(3):195.
35. Nurse to famed suffragist 81 years old today. *The Daily Messenger Canandaigua, New York*. April 25, 1949:3.
36. Past presidents' party American Legion Auxiliary. *The Daily Messenger, Canandaigua New York*. December 20, 1948.
37. Transferred to Buffalo hospital. *The Daily Messenger, Canandaigua New York*. March 12, 1954:3.
38. *Letters from Margaret Shanks to Martha Taylor Howard dated April 16, 1947* Rochester, NY: Archives of the Susan B Anthony House; 1949.
39. *Letter from Martha Taylor Howard to Margaret Shanks*. Rochester, NY: Archives of the Susan B Anthony House; 1949.
40. Eliot G. *Middlemarch: A Study of Provincial Life*. Edinburgh: W. Blackwood & Sons; 1847.
41. Maggs D. *The Origins of General Nursing*. London: Croom Helm; 1983.
42. Reverby SM. *Ordered to Care: The Dilemma of American Nursing, 1850-1945*. Cambridge, MA: Cambridge University Press; 1987.
43. Nelson S. Reading nursing history. *Nurs Inq*. 1997;4:229-236.
44. D'Antonio P. History for a practice profession. *Nurs Inq*. 2006;13(4):242-248.
45. Summers A. Images of the nineteenth-century nurse. *Hist Today*. 1984;34(12):40-42.
46. Robb I. *Nursing Ethics: For Hospital and Private Use*. Cleveland, OH: E. C. Koekert; 1900.
47. Peter E. The history of nursing in the home: revealing the significance of place in the expression of moral agency. *Nurs Inq*. 2002;9(2):65-72.
48. Walsh LV. Midwives as wives and mothers: urban midwives in the early twentieth century. *Nurs Hist Rev*. 1994;2:51-66.