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The world's first secular autonomous Nursing School against the power of the churches

Abstract:

Secular health care practices were standardized well before the churches' established their influence over the profession. Indeed, such practices, resting on the tripartite axiom of *domus, familia, hominem*, were already established in hospitals during the Middle Ages. It was not until the last third of the 18th century that the Catholic Church imposed its culture on secular health institutions; the Protestant church followed suit in 1836. In reaction to the encroachment of religious orders on civil society and the amalgam of religious denominations favored by the devout Florence Nightingale (supported, in 1854, by Sir Sidney Herbert, the influential Puseyite), it is on 20 July 1859 that the great Swiss 19th century pedagogue and recipient of the Académie française Gold Medal, Valérie de Gasparin-Boissier (1813-1894), proposed a model of secular health care training that would become a counter-model set in opposition to religious health institutions. Forerunner of later schools, the world's first secular autonomous nursing school was founded in Lausanne, Switzerland. Its mission was to bring decisive changes to the statutes of nurses' training, which were then still based on six principles not far removed from those of religious communities at the time: commitment for life, the Rule of St-Augustine, obedience, celibacy, the renouncement of salary, and the uniform.

Key Words:

History – Nursing – School – Valérie de Gasparin-Boissier-

Introduction

Beginning in the Middle Ages and continuing through the 18th century, health care was generally provided by two types of institutions: civil, lay hospitals and private, religious hospitals (*Domus Dei*). Each type operated under a distinct system of values, a specific culture and forms work organization, and its own language. The ecclesiastical term *infirmier* (male nurse), did not originate with the French secular health care tradition but was, however, used in France's Catholic hospitals by the Hospitalier Sisters of Mercy. In order to put an end to the encroachment of religious endeavors, whether Catholic or Protestant, on civil society and in particular schools and hospitals, the first school to train lay sick-nurses aimed to show that it was possible to educate and train non-consecrated women. The first secular nursing school represented the fruition of the work of a remarkable aristocratic woman whom, until now, professional historiography has utterly ignored. Valérie de Gasparin-Boissier¹, literature laureate of the Académie française, qualifies for the seemingly paradoxical title of "revolutionary conservative" - indeed, that was exactly the title of a work dedicated to her at the ceremonies commemorating the centenary of her passing at the Beaulieu Palace in Lausanne in 1994 (Francillon, 1994).

In the closing third of the 18th century, the Catholic Church imposed its religious philosophy on many public lay hospitals in the Catholic Swiss cantons. Protestant churches soon followed suit, beginning in 1836 in Germany and in 1842 in Romandy (the French-speaking, western-most cantons of Switzerland). It is in this region, in the Vaud canton, that Valérie de Gasparin, with the help of her husband Count Agénor de Gasparin, established herself as a rival to Florence Nightingale and denounced the invasion of civil institutions by the religious orders. She protested against the religious values imposed on those she termed the 'humbly devoted', that is lay hospital workers.

Why rely on Catholic or Protestant orders rather than train lay local staff? Such was the questioning that led Valérie de Gasparin-Boissier to found an *école normale* (not to be confused with a school of pedagogy) in order to counteract the influence of religious schools, which she considered to be withdrawn from the world and, therefore, *anormales*. In the process, as this paper will show, she also prevented the Deaconesses of Saint-Loup from claiming a greater share of power within the Protestant church and, consequently, within civil society. For the de Gasparin couple, the deaconesses followed the rituals of Rome and, thus, threatened to overwhelm Protestantism. In the words of Count de Gasparin: "It is not without inconvenience to accept an inexact name that conceals and protects a false idea" (A. de Gasparin, 1886, 247; Nadot, 1993, 316).

The history of nursing as a lay discipline

In the cultural sphere, the practices of lay health care had already coalesced into what would later become a discipline² well before the intrusions of the church and subsequent developments surrounding the Crimean War. In a context that did not have systems of health care or social services, there were nevertheless existing needs to ensure basic survival; although, to be sure, good health was a luxury. In Romandy, the first lay health establishments - named, in 1606, 'hospital'³ (*hospitaul* in 1452, then *épetau* in 1749, in the Fribourg regional patois) - already had organizational rules that delineated general practices of life-assistance and the protection of mankind. Working nurses were then not yet called *infirmière* - indeed, this is a Catholic, ecclesiastical term that owes much of its French etymology to *enfer* (hell) - which gave us *enfermière* (nurse), and devolved into *enfermerie* (infirmary). The connotations were explicitly those of what was bad, unhealthy, and akin to the powers of darkness. These connotations were, also, closely related to the specifically religious conceptualizations of illness, the physical body and health care: (A) an etiology that ascribed illness to demoniac causes, (B) the physical body

as a receptacle of evil, and (C) the vow to accept all difficulties as blessings ("*le difficile comme bien*") that was part of the "eschatological promise of the hospitalier nun" (Ricoeur, 1988, 111). According to religious prescriptions, the more that the *enfermière* came into close contact with the stench, the excrement, with the outward manifestations of misery, shame and suffering, with wounds covered in worms, the closer she would be to reaching heaven. The values implied by the French *infirmier* cannot properly be rendered with the English 'nursing'. *Infirmière* relates to the status of nuns engaged in a hospitalier community. In the strict sense, it is absolutely inapplicable to lay persons. In fact, although we may be at pains to admit it, the values that were involved in the construction of this term do not belong to us. "The term *infirmier* is a verbal tic - it is not adequate to qualify both the practices of health care and the science of those practices" (Nadot, 2003, 62). Indeed, the term induces an absence of identity in a profession that is engaged in a perpetual quest for self-definition.

What, then, do we mean by *pensée infirmière* (nursing theory), when its etymology and attendant concepts are linked with what is essentially bad and unhealthy? *Enferm* (Old French for bad or unhealthy) and *enfer* (hell) acquired particular meanings that owe nothing to Latin roots (Bloch et Wartburg, 1975, 338). It was only in the 18th century that Catholic hospitalier orders imposed their culture on secular hospitals. One historical dictionary of the French language states that *infirmier* borrows from derivatives or composites of the Latin etymon *infirmus*, yet its past usages, based on now long-forgotten connotations, can prove surprising (Le Robert, 1992 p. XVII et 1023). *Infirmier* is, therefore, not based solely on *infirmus* or *infirmitas* - as it is often hastily assumed to be by collective, professional and social memory.

In fact, it was through contact with what was considered to be bad and unhealthy, as well as with infirmity and physical deterioration, that the healing women became *enfermières*. The Rules, drawn from a discourse by St-Augustine, as was the case with most hospitalier orders, formed the normative foundation of teaching to which each hospital added its own particular

prescriptions (Imbert, 1947, 267). Following the *difficile comme bien* dictum, the more that the *enfermière* took on difficult, modest work, the more she could exhibit a higher (almost divine) order of charity towards the common mortal.

However, the lay healers working in secular civil hospitals had, as their mission, "to guard", that is "to take care of", protect and defend, all that which was given over to their care (Richelet, 1761, 440). Extant materials show that such was the mission adopted by the female guardian of the city hospital of Romont in 1733, by the governess (and her servant-girl) at Geneva's secular hospital in 1744, by the male guardian of Bulle's city hospital in 1749 and by the governesses, sick-nurses and servants of the city hospital of Fribourg in 1759 (Nadot 1992, Nadot et Rochat 2007, p. 4). Care, at the time, consisted in taking care of the life of the estate (*domus*), taking care of the collectivity of its members (*familia*) and, in the larger sense, taking care of human life (*hominem*) (Nadot, 2005, 37 ; 2008, 36).

Presently, health care still draws its legacy from past traditions, but the internal culture of our field is such that tradition is thought of only in a routine sense, that is, as "what we've always done". This is not, however, how we ought to understand the term. To introduce the notion of tradition, in the sense of "what we know", is today likely to be a singularly novel approach to solidifying the foundations of our profession. To draw resources from our tradition does not mean returning to the modalities of "what we've always done"; it means, rather, to recognize the sources of competencies and standardized knowledge that we can draw from our traditions over the long term, because "with the exception of innate knowledge, it is tradition that represents the most important manifest source of our learning, in both quality and quantity" (Popper, 1985, 53). Should the place accorded to the results of research into the history of our discipline take precedence over the symbolic and mythical retelling of history that still has currency within our training programs? Let us state clearly: Yes! Neither devotion, calling, nuns, nor even medicine or philanthropy have ever been at the origin of our activity. The truth is quite more trivial and

much less hagiographic than that and it is not the exclusive purvey of the values of certain 19th century women issued from the educated classes. To explore what is hidden behind our beliefs and myths is to make an important contribution to the current historical debate that surrounds the nursing discipline. By becoming familiar with the history of their profession, nursing practitioners can avoid losing themselves in a search that seeks out a hypothetical and ever more idealized professional identity. Already in 1992, Marie-Françoise Collière warned that the works of historians of the nursing profession generally held little sway among either male or female nurses who, with only rare exceptions, either were not aware of publications, did not see any interest, or did not feel that such writings were of concern to them. Indeed, leaders in the profession do not tend to worry about such topics and, in the majority, either ignore the history (or know it badly) and even distrust its critical exploration (Collière, 1992, 29). Unnecessarily hampered during their training by mythologized and ill-informed versions of history that are couched in commonplace platitudes and weakened by underdeveloped research in the sources, it is not difficult to see why nurses have been redundantly searching for their professional identity (the patronymic of their professional forebears, so to speak) over the past twenty-five years.

In the absence of fundamental, serious historical research on the standardization of the discipline, representations of nursing are based on symbols, past beliefs, and cultural subordinations that, in a general sense, still color social views of female nature today. While medical historians find the origins of the medical profession in the Greek and Roman ancient worlds, nurses can look for the beginnings of their discipline no further in the past than the 19th century (Bates et al, 2005, 9).

The medieval hospital was a living community and had little to do with medicine or sickness. It evolved in conformity to the development of its environment, whether urban or rural, and that of domestic activity, household management, and family economy, as well as contemporary developments in architecture, sanitation, and hygiene. The hospital was often situated on the outskirts of a town or village, near a spring, a waterway, or the town moat. On cadastral and

architectural maps, the medieval hospital figures among many towns' principal constructions. It could be as large as an important church, as was the case with the secular hospital in the small Swiss town of Romont.

The medieval hospital was an organization that brought together and housed people who were condemned (by the fact of the prevailing conditions of life) to live and work in close quarters. Following De Munck (1999), we know that an institution "is always imbued with a power that selects, categorizes, encourages, creates, but also destroys possibilities of collective learning". Thus, the institution that was the medieval hospital was a locus of power distribution that allowed, through implicit and explicit norms, for individual and collective cognitive adjustments in constantly changing circumstances.

At its beginnings (1248, to be precise, in Fribourg, Switzerland) the hospital dynamic resembled that of a farming estate, in which care and shelter were offered, as well as a place to rest, a roof over one's head, a sense of mutual concern - all that we in the 20th century would name 'delivery of services'. In exchange for the laborious conditions, beginning in the 14th century, hospital personnel⁴ were sworn in and received an annual salary that was complemented by daily or monthly payments in kind⁵. The foundational rules that governed these estates stated explicitly that employees would be fed, housed, kept warm, lit, washed, and medicated (Nadot, 1992). To have a room, to eat, to be clothed and kept warm, to have candles, a vegetable plot or garden, chickens and a cow, or a horse - all these were very nearly luxuries in the 18th century, especially when one considers the living conditions of the popular classes and servants who populated the towns and surrounding villages.⁶

The late 18th century hospital complex was composed, first of all, of a *bonne Maison* (good House)⁷, which was its principal building. Around it were woods, arable lands, vineyards and wine cellars, vegetable plots, hemp-fields, granaries, domestic animals as well as herds, a slaughterhouse... all bustling with the collective activities of the ongoing upkeep of the estate.

Workers and residents often shared the same roof. Practitioners of various trades came into contact in this environment and sought organization, communication and various financial and logistical modes of control: limits on movement (arrivals, departures), upkeep of buildings, stock-taking and equipment inventory were all activities made necessary by collective work. All lay 'estate-hospitals' followed this model. The hospital not only sold the goods it produced (wine, wheat, wool) but also drew revenues, whether in currency or in kind, from its various holdings, such as homes, barns, vineyards, meadows and collective ovens and kilns. The hospital in Bulle, for example, owned an entire mountain flanked with fields (*épétaudaz*⁸ or *epetodaz*).

It was only towards the middle of the 18th century, and increasingly more so thereafter, that governments who owed their support to sympathizers of the Roman Catholic Church, began to consider a reorganization of the hospitalier estates in order to buffer their revenues and better apply the Catholic principles of practical charity. In fact the effort aimed to stem the dechristianization underway at the time⁹, and to extend the church's influence over the civic sphere (Nadot, 1994, 86). It is in a post-revolutionary French text that the idea of fostering religious orders within the walls of public hospitals was first promoted. Written by Pierre Jean Georges Cabanis, member of the *Commission de Réforme des Hôpitaux publics* (Public Hospitals Reform Commission) after 1789, it stated that:

Men are in no way fit to serve the sick. Nature seems to have reserved for women alone that honorable function, as it has the care of children. Look at a man caring for the sick: if he tries to speak to them, he will only bewilder; if he wishes to stir them, he will shake them; if he gives them drink, he will spill half the cup into the sheets. His emotion comes always too late, and his help is never timely (...) The free association of the Sisters of Mercy is, without doubt, the institution best suited to serve the sick. It is to be desired that the Government will entrust to them the care of hospitals that house the sick, and that it will seek out all natural and just means to increase the numbers of these venerable hospitaliers (Cabanis, 1803, 194-195).

It was the Catholic Church that, with the Grey nuns, first began to develop along, what can be described as, the biological model, that is the model of a mother cell that separates into daughter cells; to be understood in our context as the mother-house that spreads out into 'daughter-houses'.

Thus, the catholic order of the sisters of Sainte Marthe, had opened their mother-house at Hôtel-Dieu in Beaune in 1459; beginning in the 17th century the order opened daughter-houses in neighboring towns: Dole in 1663, Besançon in 1667, Pontarlier in 1700, Belfort in 1752, and then crossed the national borders to set-up a house in Swiss Porrentruy in 1762, and Sion in 1771. It was from the Sion congregation that sprang the 'cell' that would eventually become the mother-house at Bourgeois hospital in Fribourg in 1781.

Beginning in 1452 and continuing until the 20th century, the philosophy of health care and its theories remained largely unchanged. These values, passed on from one religious community to the next, were imposed on the lay sick-nurses who staffed the hospitals. Overall, hospitalier nuns delegated all day-to-day tasks to their servant girls or assistant nurses. When the Fribourg hospital came under religious jurisdiction in 1771, a male nurse was hired to provide 'intimate' care to male patients, as well as to perform the more strenuous physical tasks. During the 19th century (and, in some cases, into the 20th) male nurses were often the unqualified, lay employees of the legitimate, religious female nurses (Hospitalier, or Grey, nuns)¹⁰. In an overwhelmingly female environment, male nurses' professional training came late and, even then, was limited.

Lay training in the Protestant regions of French Switzerland

Protestant churches followed the Catholic model outlined above. The pastor Fliedner, founder of the order of deaconesses at Kaiserswerth on the Rhine in Germany, wrote: "we are in need of religious orders devoted to practical charity (...) the Catholics rightly reproach us for not having any; let us have some" (Fliedner cited in V. de Gasparin, 1854, 35). For Valérie de Gasparin, "a remarkable woman whose ideas were, in many respects, ahead of her century" (Seymer, 1933), the Kaiserswerth institution, which "brings its congregations into America, imposes them in the Orient", was simply absurd. This institution

which calls on young girls of eighteen, which wants them celibate and does not employ them otherwise; which submits them, wherever they may be and whatever they may do,

to a central and sovereign authority; imposes on them the renouncement of salary; removes them from their families, takes them away from their natural duties, steals them away from the blessed instruction of a father and a mother, dresses them in a uniform habit and bestows on them the monastic designation: sister (V. de Gasparin, 1854, 37).

In 1844, she observed that in the 11 German hospitals run by religious orders outside Kaiserswerth, the nuns "to an even greater degree fulfill the roles of overseers and directors, rather than those of servants" (Ibid. 39) - an excellent means of subordinating the lay servants to church authority. From mother-houses and subordinate houses alike, the deaconesses exerted ever greater control over all health establishments, infirmaries and charitable works of Protestant Germany. Through St Gall, Zürich, and Berne, on 19 December 1842, they established themselves in French Switzerland, taking the name 'Sisters of St Loup'. From their first Swiss house in the village of Pompaples, (some twenty kilometers from Lausanne), 18 others sprang up in the canton of Geneva, 76 in Vaud canton, 24 in Neuchâtel canton, 19 in the canton of Berne, and 3 in the canton of Fribourg. Another 17 houses were established outside Swiss borders. The pastor Haerter, founder of Strasbourg's order of deaconesses in 1842, could thus congratulate himself on "what Protestantism can teach the Roman church about corporations such as those of Rome" (V. de Gasparin, 1854, 355).

For the Countess Valérie de Gasparin-Boissier, this was going too far. Observing the deaconesses' encroachment upon the healing houses in the Protestant regions, she declared: "I write to protest against the incursion into our church of an organization that changes social laws - for which I can find no trace [of support] in the Bible, but in which I discern the dreadful model of Roman Catholicism" (Nadot, 1994, 85).

For Valérie de Gasparin, it was incomprehensible that education and training were not extended to the lay healing personnel who had staffed the sick-houses for so long, from generation to generation, in fact, and who had fulfilled as best they could the basic functions of life support already since the Middle Ages¹¹. Why should the most proficient way of learning to heal be to remove oneself from the world, undertake the novitiate in a religious order and defer

unconditionally to an earthly authority (the house director, most often a pastor) who speaks on behalf of a celestial power? Why should the Protestant church found houses analogous to the "dreadful model of Roman Catholicism" in order to take care of the sick? In the face of the expansion of the health system and the increase of health needs, the political powers-that-were did not seem to have considered training lay professionals, whom Valérie de Gasparin explicitly called 'workers', that is, those who worked and were paid a salary. To ask that the Protestant church found religious orders imitating those of Rome, was for the de Gasparin couple not only a mere convenience, but an unbearable hypocrisy to be decried:

It is convenient to regulate everything, even devotion! It is convenient to have nurseries that raise sick-nurses, it is convenient to centralize forces and, rather than search here and there, rather than cause vocations to awaken and then to nurture them, rather than to make the effort to assemble the workers needed for the task, rather than to have to come to terms with their individuality and independence, it is convenient to need do nothing else than, so to speak, to send out a bill of exchange payable on the spot, to this or that foundation – it is convenient; is it good? I do not believe so – convenient! Oh! What is convenient above all, is that which relieves us of the insupportable weight of responsibility (1855, 254-255, in Nadot, 1994, 86).

Valérie de Gasparin - a polyglot, well aware of developments in public affairs in England¹², France and Germany; her husband the Count Agénor de Gasparin - lawyer, deputy for Bastia, Chief of Staff to the Minister of the Interior (the Count's father) in France's Guizot government; together, the couple repeatedly brought the nursing debate into the public arena...

It is enough for me to observe that that the nuns are now well and truly entrusted with doing what others were doing already and just as effectively (...) having given over to them the hospital establishments as such, we will not tarry, be sure of it, to abandon to them as well, here and there, the visiting of the poor and the distribution of alms. Thereafter it will be the schools, as in Germany (A. de Gasparin, 1860, in Nadot, 1993, 322).

In the hour that Paris governors complain that there are not enough sisters to care of the sick they send one off to La Rochelle "to found a school"! Let this state of affairs continue and in just a short time we will have not a single endeavor without one, if not more, nuns at its head. That which we did perfectly well before they even came into the world, we will no longer be able to do without them (A. de Gasparin, 1886, in Nadot, 1993, 322).

Valérie de Gasparin expressed a fundamental opposition towards the unconditional obedience that religious orders demanded of women who entered the novitiate. Such obedience "religious, monastic, permanent, and strict, weighs just as heavily on life's details as it does upon its great events; such an anti-biblical obedience, maintains the individual in permanent infancy" (1855, 18). A woman of passionate temperament who exuded an overt vivaciousness and freely publicized her convictions (qualities that are readily apparent in her written body of work), Valérie de Gasparin unsettled a society in which a woman was expected to keep her words to herself and was not at all invited to participate in public life, and in which she certainly was not entitled to emancipation from the social conventions of the time. (Morel, 1992, 28). Valérie de Gasparin opposed not only the unconditional obedience demanded by the Sisters Superior and Spiritual Fathers, but also the women's material and life conditions, including the uniform, unsalaried yet onerous work, imposed celibacy and the obligatory vows, all of which she considered to be obstructions of liberty. The distinction between the religious novitiate, which de Gasparin considered 'abnormal' (because removed from the world), and the 'normal', lay schools that prepared students to face the world and to manage individual autonomy, is outlined time and again in her writings.

You keep the individual in your tutelage, as long as he belongs to your corporation, he renounces autonomous self-control (...) The monastic institution is definitive, the brothers and sisters enter it as children and thus they remain; the monastic institution keeps us in swaddling clothes, it wants us eternally feeble, eternally not-of-age; it establishes a consecrated and perpetual tutelage of souls, minds and wills (1854, 282). The *écoles normales* prepare individual for autonomous self-control; they emancipate him just at the age when he must take the measure of life. You pluck your birds to keep them under your wings; the *école normale* throws its young out of the nest, it teaches them to fly by pushing them into the open. The employee receives a salary, marries, or does not, but is master of himself; he has a home of his own where he goes to be at his leisure, to do what pleases him, he is man, he is like everyone, and it is precisely for that reason that we do not call him brother, but simply instructor, nurse, warder: there is nothing new, nothing remarkable in his being, he walks the common path. That is what makes an *école normale* a normal school, and you a monastic corporation (1855, 20).

Valérie de Gasparin vociferously opposed the uniform, analogous to that worn by Catholic Grey nuns, imposed on lay students. Such uniforms were overt signs of a claim to higher devotion,

"the conventual habit is not a biblical principle, it is a leveling principle that is at the basis of all religious orders" (1855, 27). Valérie de Gasparin considered that lay nurses should not be made to wear uniforms that echo the hospitalier nuns' habits. Her 'rival', Florence Nightingale, on the other hand, considered that "nurses ought not to worry about their appearance, be it in uniform or otherwise" (Baly, 1993, 103); Valérie de Gasparin responded:

"I may dress any way I see fit, so long as it is not strange, and I will not accept to adopt, once and for all, a garment that is never changing, modest, and inexpensive and which shields me from the temptations of luxury! Such restrictions are illegitimate, they are ridiculous" (1854, 141-142).

Florence Nightingale enters the tempest

Realizing that Florence Nightingale was dressing in this uniform the lay nurses leaving for the Crimea, on 21 October 1854, de Gasparin came out against the devout Nightingale, who associated with Miss Selon's sisters of Devonport. Valérie de Gasparin denounced the introduction into the Anglican Church of Roman Catholic values, which under the influence of Reverend Pusey would result in the founding of the *Sœurs de la Miséricorde* in the mould of the Sisters of Mercy, founded in Dublin in 1828. For Valérie de Gasparin, nuns who wore habits that were readily identifiable, restricted temptations, and commanded respect, were seen as upholding a level of charity that was over and above that of the lay nurses. Conversely, the lay nurses, who were made to wear the uniform as a mode of subjugation, were no more than servants whose service no one recognized, nor celebrated, and who maintained health care without attracting attention and according to the values of common charity, that is, those values shared by all common Christians. "Concede this uniform to proclaim your charity, and you will be shown the necessity of instruction, the suitability of unsalaried work, the practical utility of celibacy; little by little, all the sick-nurses will submit to the Sisters, and Puseyism will have assured its triumph" (1855, 203). Valérie de Gasparin observed also that "Ms. Nightingale, called upon by the representatives of Puseyism within the government, chosen in contempt of evangelical

Christians, assembles as she pleases a phalanx of sick-nurses to accompany her and takes in married women, women who receive an honorable salary, and she has dressed these simple sick-nurses in a habit that proclaims charity" (1855, 162). To the minds of the day, the 'lay-nun' had been born. Valérie de Gasparin, however, could not comprehend why training was not offered to the lay workers already in place in English, German, French and Swiss hospitals; why, instead, religious orders were brought in to deliver health care and, thereby, receive sums from civil authorities - sums which served to enrich the orders, but from which the nuns who performed the health services were in no way certain of benefiting¹³.

Beside the servants of the Lord, properly called, you need other servants, poor common devotees to whom no one raises altars, whom no one celebrates, whom no one dresses in costume, for whom no one has invented a monastic Rule! It seems to me that we could have relied on them, those who were readily there, and to whom, unavoidably, we now turn again (V. de Gasparin, 1854, p. 299 in Nadot, 1993, p. 317).

I see very humble peasant-women, sick-nurses without title, for whom no one has a second look, and whose self-sacrifice and persevering love have nothing to envy the nuns. To serve the sick in the corporations' hospitals requires much patience! But no more, I imagine, than in other hospitals, staffed by ordinary common Christians; and if I am to say all that I think: I admire rather more the lay aides, those modest servants who in Paris, in Germany and just about everywhere care for the sick under the nuns' direction, than I do the members of the corporation placed at the head of these establishments (V. de Gasparin, 1855, p. 70-71, in Nadot, 1993, p. 324).

As for Florence Nightingale, faced with manifest opposition from the de Gasparins and from Puseyites¹⁴, as well as other English Christians, she did no more than "keep afloat under the jeers of Protestants and the Roman Catholic tempest" (Baly, 1993, 35).

The first secular autonomous Nursing School: Lausanne's *École normale de gardes-malades indépendantes*

Let us acknowledge that in the work from which this institution resulted, it is difficult to apportion to each Valérie and Agénor de Gasparin their own, separate parts of merit. What emanates from the extant writings that accompanied the school's inception in 1859 appears rather to be the synergistic effects of the couple's mutual love and collaborative work.

Valérie de Gasparin had already expressed her pedagogical principles in 1854-1855, when she laid out the rules that would govern the *école normale*:

- An establishment in which men and women, whether celibate, widowed or married, come to receive training
- Students of the school would not be called 'sister'; they would not be made to wear a uniform.
- In the *école normale*, instruction is given only to those who are pursuing a course of study.
- The course of study does not continue throughout an individual's life, it is invariably limited to a predetermined period of time.
- The students' instruction ends when he or she is sufficiently trained to leave the school and actively exercise the vocation within society.
- The school does not receive any monetary compensation for the work carried out by its former students, no matter the enterprise in which they are involved.
- As soon as the period of instruction is complete, workers rejoin the common conditions of life and social interaction.
- During the period of instruction, students pay a tuition equivalent to the teaching received; once students leave the school, they in turn receive a salary commensurate to the work they perform.
- The *écoles normales* prepare the individual for self-control and autonomy; invariably, they set the individual free; schools emancipate individuals until such time when they are able to face life.
- The school is just that - that is to say, it is by its very nature transient; students enter it at a young age and complete a course of study that readies them to face all the duties

and all the rights of self-sufficient man" (1854, p. 282 ; 1855, p. 20 et 271-272, in Nadot, 1994, 88).

Conclusion

Counting eighty-one published works, of which several necessitated multiple volumes, the collected works of Valérie de Gasparin offer important insights into the values behind the creation of an alternative model of nurses' training - one that countered the religious houses' education of health personnel and, by the same token, brought the nursing profession into what was the modernity of the 19th century. Madame de Gasparin took a stand against all convention to open the *École normale de gardes malades indépendantes de Lausanne* that came also to be known as *La Source*¹⁵. It is essential to keep in mind that she did so against a background of religious and polemical exchanges between the Catholic, Protestant and Anglican churches, of consecrated women and lay devotees, of both religious and civil institutions, and of subjugated women here, emancipated women there.

Looking at the repercussions of the positions held by Madame de Gasparin for the school she founded in 1859, what stands out are her confrontations with the deaconesses of St Loup who operated a hospital and school some twenty kilometers from *La Source*. The deaconesses filled many of the major supervisory positions in the hospitals of Romandy and only grudgingly accepted to supervise the work of Madame de Gasparin's former students. "She wanted a secular school, let her live with it, why should we train and supervise people who do not devote their lives to God?". Such was the implicit attitude evident in the resistance put up against *La Source*'s first graduates. The school's early years were difficult. But Valérie de Gasparin had anticipated the difficulties, head held high:

I know that will have made passionate enemies; I know that even among the quasi-indifferent, many hearts will turn against me; I know that my most innocent endeavors will pay the price for this one; I know that for having dared to strike at the corporations, many thunderbolts will come from the sky to strike at my poor head; I know that to discuss, to condemn the Protestant nuns' monastic institution, is to invite proscription. I know it, and my soul sometimes drowns in the sadness of this knowledge, but I will not stop for all that (1855, 193).

After the first year of *La Source's* activities, Agénor de Gasparin was forced to admit that training a student body of which a portion was illiterate presented certain difficulties. Being highly idealistic, the Gasparins found this reality difficult to reconcile with their aims. Agénor de Gasparin recognized that the real difficulties would be in attracting sufficient numbers of students and in finding all the professional resources needed to ensure a solid foundation for training. "Ignorant in the matters of healing techniques, possessed of neither the desire nor the opportunity to become instructors, Monsieur and Madame de Gasparin turned to their friends and advisors: a representative of the Protestant church, the pastor Paul Burnier and a representative of the medical profession, Dr. Frédéric Recordon. It is in this process, in the transmission of the values that underlay training, that we can observe a marked deviation once the intentions of the de Gasparin couple muted into the intentions of their successors" (Nadot, 1994, 95).

To be sure, the educational and literary work of Valérie de Gasparin, as well as the impulse she imparted to women wishing to follow a course of health care training, were ahead of her century in many respects. For Philippe Godet, "each of her books was an act: to evoke an ideal, to awaken a pity, to point out fallacy, to break illusion - such was their reason for being" (Godet, 1885, 779). Godet also points out that, as contemporary popular opinion was instinctively repugnant to her, Valérie de Gasparin "had discussed principles, others discussed her, personally; (...) she was roundly lapidated; I do believe that the occasional pebble is thrown at her, still" (Ibid., 778). Her detractors notwithstanding: Victor Hugo, who read Madame de Gasparin's works and who, on occasion, exchanged correspondence with her, offered words replete with admiration for the founder of the school that would open up possibilities and be a precursor that would provide the impulse for, and confer a new status upon, subsequent lay training: "You impart, you instruct, you ponder, you charm. I do not claim, as you know, to have all your ideas, Madame, but I've nearly the vanity to claim having all your tastes, (...) The stupid and the wicked

abound, alas! And continue to write. You have a function. **There are many men on this earth against whom a woman like yourself is for us a welcome consolation. I bow down at your feet, Madame**" (Victor Hugo, letters, 6 January 1866 and 12 February 1867, in Barbey-Boissier, 1902, 410-411).

Acknowledgments

This text is a synthesis of numerous research projects on the history and epistemology of nursing carried out by the author in French Switzerland over a period of twenty years. It was presented at the International Nursing History Conference organized by the Canadian Association for the History of Nursing (CAHN/ACHN) in Toronto on 6 June 2008. The works on which this paper is based were supported by several research funding agencies. Thanks are therefore extended to the Swiss National Science Foundation, the Innovation Promotion Agency, the University of Applied Sciences of Western Switzerland's Strategic Fund, as well as the directors of the Nursing department at the *Haute école de santé de Fribourg*.

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Notes

¹ Born in Geneva 13 September 1813, to Auguste Jacques Boissier and Carole Buttini. Her father, a large property owner, held several estates: Le Rivage near Geneva and the Valeyres-sous-Rances Manor in the Vaud canton. Her tutor was the pastor Louis Valette, whose teachings inculcated in her the principles of stoicism. Great grand niece to Madame de Staël, student of Franz Liszt and piano virtuoso, in 1837 she married Count Agénor de Gasparin, Corsican deputy for Bastia (1810-1871), writer and French politician, son of Adrien de Gasparin, Prefect of Lyon. The Gasparin couple resided in Paris from 1837 to 1846 and was close to the family of François-Pierre Guizot, Minister for the Interior under Louis Philippe 1^{er} (The July Monarchy, 1830-1848). Invited to the Tuileries by the king, Madame de Gasparin criticized women's status at the royal court (Nadot, 1993, 352). It is worth mention that it was Valérie de Gasparin who inspired in Henry Dunant the idea of founding a wounded soldiers' association (Dunant, 1862, 62 ; Nadot, 1993, 382 et Mützenberg in Francillon, 1994, 23).

² Our discipline is, like all others, "the historically founded articulation of composite elements, demonstrating durable internal logic and capable of constituting a rational authority of knowledge" (Berthelot cited in Vinck, 2000, 74).

³ Not to be confused with Hôtel-Dieu (Domus Dei), which were religious houses.

⁴ Always a "*Magistra*" (accompanied by a qualifier, according to the local language and region), and an indentured aide (servant girl).

⁵ Let us note that the personnel were also reimbursed (through statements of expense or *livrances*) for each payment and expense they had disbursed for the hospital and which were necessary for the completion of daily chores. These included such things oil, cloth, starch, washing and ironing, but also meats, butter, tea, as well as brooms, pails, candles, and soap, among others.

⁶ In small towns nestled in rural regions, the population lived in modest conditions. That is, people lived by simple means and avoided wasting resources.

⁷ The term *bonne maison* (good house), not in current usage before the 18th century, came into broad use as the apposite of *mauvaise maison* (bad house) when hospitalier nuns extended their control over the lay hospitals (beginning in 1771 in Fribourg) and in the same process imposed their vision of what was bad, unhealthy or unsound. A *bonne maison* took in not the sick, but for example, abandoned children, the poor, the old, and under aged mothers. A *mauvaise maison* hosted the sick in its infirmary (ENFER-merie = HELL-ward).

⁸ *Épetau* is the Gruyerian (Gruyère district of Switzerland) patois for 'hospital'; *daz* means 'field'.

⁹ "Faced with the dechristianization taking place during the 19th century, the clergy would not abandon their efforts to bring the masses back to active worship, be it on their death bed. This was the role that was increasingly assigned to hospitalier nuns, whether they came from the traditional or the new mould." (Langlois, 1984, 647).

¹⁰ Until as late as 1972 in the case of the Porentruy hospital, for example (Porentruy is a small town in the Swiss canton of Jura).

¹¹ Guardians and female *gardiennes*, governesses and servants, sick-nurses, male nurses, as well as others.... In the local language, the governess responsible for the sick at Fribourg hospital, in 1697, was also sometimes called *Musshafera*, a Germanic derivation designating the person who gave cereal soup to the poor.

¹² The writings of Valérie de Gasparin were read among English aristocratic families, some of whom had links to the United States. It was therefore not an overwhelming surprise to find the two tomes of her *Des corporations monastiques au sein du protestantisme*, at the New York Public Library (under the call number: 174622).

¹³ For Valérie de Gasparin, "payments for services are made, but the money takes a detour, and passes through the purse of the director" (1855, 249).

¹⁴ Puseyites: adherents of Puseyism, a ritualistic movement that brought a faction of the Anglican church closer to Catholicism following the views of Edward Bowerie Pusey (and his circle), canon of Christ Church, the college of Henri III (Nadot, 1993, p. 370). Valérie de Gasparin considered that the Puseyites and the orders run by Miss Sellon (Sisters of Mercy, recruited by Florence Nightingale and under the protection of the bishop of Exeter) "fill, with those of our Protestants who see an allure in Rome, the same role filled by the montanists in the fourth century. She is the lost child of the monastic spirit among us" (Nadot, 1993, p.371). It is worthwhile noting that Florence Nightingale, who regretted not being able to join the Catholic Church "the best form of faith I have ever come across" (Baly, 1993, 32), did not set Catholicism and Protestantism in opposition to one another. "She went so far as to initiate herself to charitable health care with the Protestant nuns of Kaiserswerth during three months in 1851 and, then, with the Catholic Sisters of Providence of Saint-Vincent-de Paul (at *rue Oudinot*, Paris) during three weeks in 1853" (Nadot, 1993, 370).

¹⁵ In its present-day form, it continues as the Nursing department of the *Haute école de santé La Source*, which is one of the colleges that make up the University of Applied Sciences of Western Switzerland (*Haute Ecole Spécialisée de Suisse Occidentale* - HES-SO).