

## **Übersetzung des Klartextes des Pflegemuseums Kaiserswerth**

Plain Text Translation of the Pflegemuseum in Kaiserswerth

### **Room 01**

Where did nursing start?

Given that Greek medicine served as the guiding principle of medical care in Europe until the nineteenth century, one would expect that the first institutions of inpatient care would also have roots in antiquity. However, neither Athens nor Rome nor any other ancient city appears to have possessed public institutions for the treatment of acute and chronic illnesses.

In actuality, some of the most important medical innovations were connected to the spread of Christian monasteries in Western Europe. One of the innovations included the establishment of hospitals for the treatment of sick persons, which was already being treated as a religious duty in the first western convent as early as 529 C.E. The early monasteries also concerned themselves with the reassessment of sick persons within society, who could now count on medical help regardless of their ailment and its degree of curability. The Lateran Council of 1215, which banned priests from performing surgical procedures, had far-reaching consequences for medical care. The decision not only led to the division of surgery and internal medicine, but also led to the establishment of numerous religious orders, knightly orders, and fraternities, who dedicated themselves to caring for the sick as well as the poor. For those who want to find out more about these orders and their domains, a rich store of material can be found in this room. However, it is important to keep in mind that these early hospitals were more like reception stations for socially disadvantaged and destitute persons, rather than treatment centers in the modern sense.

### **Room 02**

Of all places, why Kaiserswerth?

In Room 02, visitors can find out how Kaiserswerth became the germ cell of the modern deaconess movement. In order to answer to this question, one must first grasp the desolate situation of the impoverished city in the years following the War of Liberation (1813-1815). In Kaiserswerth Theodor Fliedner recognized an opportunity to reconstruct the town's social relationships. It is from this realm of possibilities in reconstructing Kaiserswerth that Fliedner's commitment to community work was fueled, creating in him a passionate pastor and fundraiser.

Information, pictures, and personal belongings are displayed here that tell about Fliedner's family life, his career, his new concept of training nurses, his travels abroad, as well as the establishment of the first deaconess institute and its offshoots in the Near East.

### **Room 03**

What stirred Theodor Fliedner?

With many helping hands, the once small deaconess institute became one of the most famous centers for nursing practice in the world. Instrumental to the institute's success was founder Theodor Fliedner, whose work set the standard for his followers and successors.

In this room are explanations about the forces which influenced Theodor Fliedner and which gave him the strength to keep moving forward.

#### **Room 04**

What kind of education does nursing require?

In the fourth room, the impulses behind Fliedner's system of practice and theory are discussed in relation to the growing professionalization of nursing during the twentieth century.

#### **Room 05**

Who cares for us?

Nursing care is a service that is often taken for granted – but who actually are the people who dedicate themselves to caring for others, day after day? In this room are descriptions of the many institutions that have devoted themselves to caring for the sick. Even the darker side of nursing care under the National Socialists, in which Christian nursing theory was perverted to match the race-fueled ideology and eugenics program of National Socialism, is not left out. The emergence of independent Jewish nursing centers is also addressed here.

#### **Room 06**

Who needs care?

In this part of the exhibition is written a timeless and vividly expressive quote from Hippocrates about the medical profession: "Because the doctor sees terrible sights, touches unpleasant things, and derives his own sorrows from the wounds of others." Here in Room 06, the abhorrent, miserable reality that doctors and nurses had to face every day is explored, as well as the spectrum of illnesses from the Middle Ages to the modern era. Above all, this spectrum included the bubonic plague, cholera, and leprosy, along with smallpox, measles, and consumption. Measures taken to contain these ailments and the resultant improvement in public health are also explored.

#### **Room 07**

What helps nurses?

This room is dedicated to the numerous advances in diagnostic and operational medicine during the nineteenth century. With the resultant development and diversification of clinical medicine into many technical fields, an educated and well-trained nursing staff became necessary. Measuring blood pressure has become a classic example of the increasingly technical nature of medicinal practice.

#### **Room 08**

How do we want to die?

For visitors entering Room 08, seeing the heading "How do we want to die?" may be startling. Besides caring for the physical well-being of the sick, deaconesses also had to concern themselves with terminal care. This aspect of nursing had been stipulated as a duty of deaconesses in Fliedner's will, but it was also important because it was the dying patient's last chance to be converted to Christianity. This room pays homage to the special art of dying called *ars moriendi*, a reflection about death, the Last Judgment, and Heaven and Hell. For the deaconesses, the fragility of life was constantly on their minds, and they always had their dying clothes ready.

### **Room 09**

What does a deaconess do after-hours?

From the death room, visitors trek back until they find themselves on a wide balcony. This location served as a place where deaconesses could relax in the evening after work, and it was also where retired deaconesses took refuge when they were no longer able to carry out regular duties. As the old photographs demonstrate, the balcony was a place for deaconesses to divulge their free time and relax in the company of fellow sisters.

### **Room 10**

Why is it called *Haus Tabea*?

Room 10 provides information behind the name *Tabea*. The name traces back to a pious and charitable disciple of Jesus who had been resurrected from the dead by Petrus. The room also documents the founding history of the house itself, as well as the history and importance of the 1888 Fronberg Hospital, the predecessor of the current Florence-Nightingale Hospital.

### **Room 11**

How did the hospital come about?

The focus will be shifted once again from the development of Kaiserswerth back to the development of the modern inpatient institution. The rapid growth of cities in the nineteenth century led to a jump in the number of hospitals. Sufferers of all kinds of diseases, including Tuberculosis, Typhus, and Syphilis, among other infectious and internal illnesses, now had access to extensive supervision, which in turn led to a new style of clinical research and new standards of nursing care. The examples given here about variations within hospital architecture are presented without regard to advances in germ theory and medical technology.

### **Room 12**

Who pays for medical care?

In this display, the age-old problem of financing the exploding costs of medical care is explored. A mop and wash bucket symbolize one of Fliedner's solutions to save money: the sick, as long as they were fit to work, were to make themselves useful "for the sake of the institution."

### **Room 13**

Why do we help? Why *don't* we help?

In Room 13 another central question about medical practice is put forth: *Why do we help, why don't we help?* For the followers of stoic philosophy, including Seneca (first century C.E.), compassion was seen as a sign of weakness and a contradiction to reason itself.

This view was challenged in the fourth century by Saint Augustine, who, referring to one of Seneca's lines, responded to Seneca the following way: "The Stoics condemn compassion, but how much more honorable would it have been, if those Stoics had been moved by the compassionate wish to save others, rather than by the fear of a shipwreck? For what is compassion, but the heartfelt sympathy for others' misery, and the impulse to help lift them up out of it?"

The focus of this room is not to discuss the centrality of compassion in Christian teachings, but to trace the secularization of the concept, starting with philosopher Immanuel Kant (1724-1804), who attempted to logically derive a categorical imperative for the duty of mutual respect and support. From his findings, Kant postulated that the ability to reason formed the basis of all moral actions.

Even more radical was the British naturalist Charles Darwin (1809-1882), who used his Theory of Evolution to justify feelings of compassion and who viewed compassion as a biological phenomenon. Central to his argument was the idea that mutual aid and social cooperation were as much of a defining structure of living nature as “survival of the fittest.” Cooperation, self-sacrifice, and possessing a sense of duty were, according to Darwin, helpful instincts that increased chances of survival. Along with Darwin’s theory came other implications of natural selection, such as the idea that some lives are worth less than others, which would have profound consequences in the twentieth-century.

#### **Room 14**

For more information...

In this room more information can be found regarding the various themes of the exhibition.

#### **Room 15**

Why is *Haus Tabea* connected to the church?

The end of the exhibition leads over the second balcony into the *Mutterhauskirche*. The transition from the *Haus Tabea* to the church illustrates a visual and acoustic connection between the sick hall and the altar, an architectural feature of hospitals that dates back to the Middle Ages.

This construction method was heavily influential in determining the architectural layout of hospitals in Western Europe until the nineteenth century. The physical connection between church and hospital underscores and reminds one that the founding cornerstone of modern medical thought is based in religion itself.