

WINDOWS IN TIME

THE NEWSLETTER OF THE UNIVERSITY OF VIRGINIA SCHOOL OF NURSING ELEANOR CROWDER BJORING CENTER FOR NURSING HISTORICAL INQUIRY
VOLUME 21, ISSUE 2 OCTOBER 2013

FROM THE DIRECTOR

The Relevance of Nursing History

“Why require the study of nursing and health care history in the PhD curriculum?” is a question frequently asked of those who advocate for its inclusion. To answer this question, in 1995 a colleague and I published an article on the topic for *Nursing and Health Care*, describing “The Role of Nursing History in Preparing Nursing for the Future.”¹ In it we outlined the need to prepare articulate, critical thinkers—scholars who possess “the ability to speculate and reflect,” scholars who can examine the problems facing the profession today in a larger context, informed by knowledge of the past.

In that article, we wrote that the “classic reason for studying history” is to avoid repeating the mistakes of the past, that history provides nurses with an understanding of their “cultural DNA”, and that sometimes, solutions to health care problems in the past could be “recycled” for today. These ideas are still true and as we noted earlier, nursing leaders of the 21st century will need the “facility of thought” to analyze the complexities of nursing education and nursing practice.

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Day shift children. “Nearly as many small ones on night shift.” Whitnel, (N.C.) Cotton Mfg. Co. Whitnel, North Carolina, 1908. Lewis Hine photographer.

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Group of doffers, Liberty Cotton Mill, Clayton, N.C., 1912. Lewis Hine photographer.

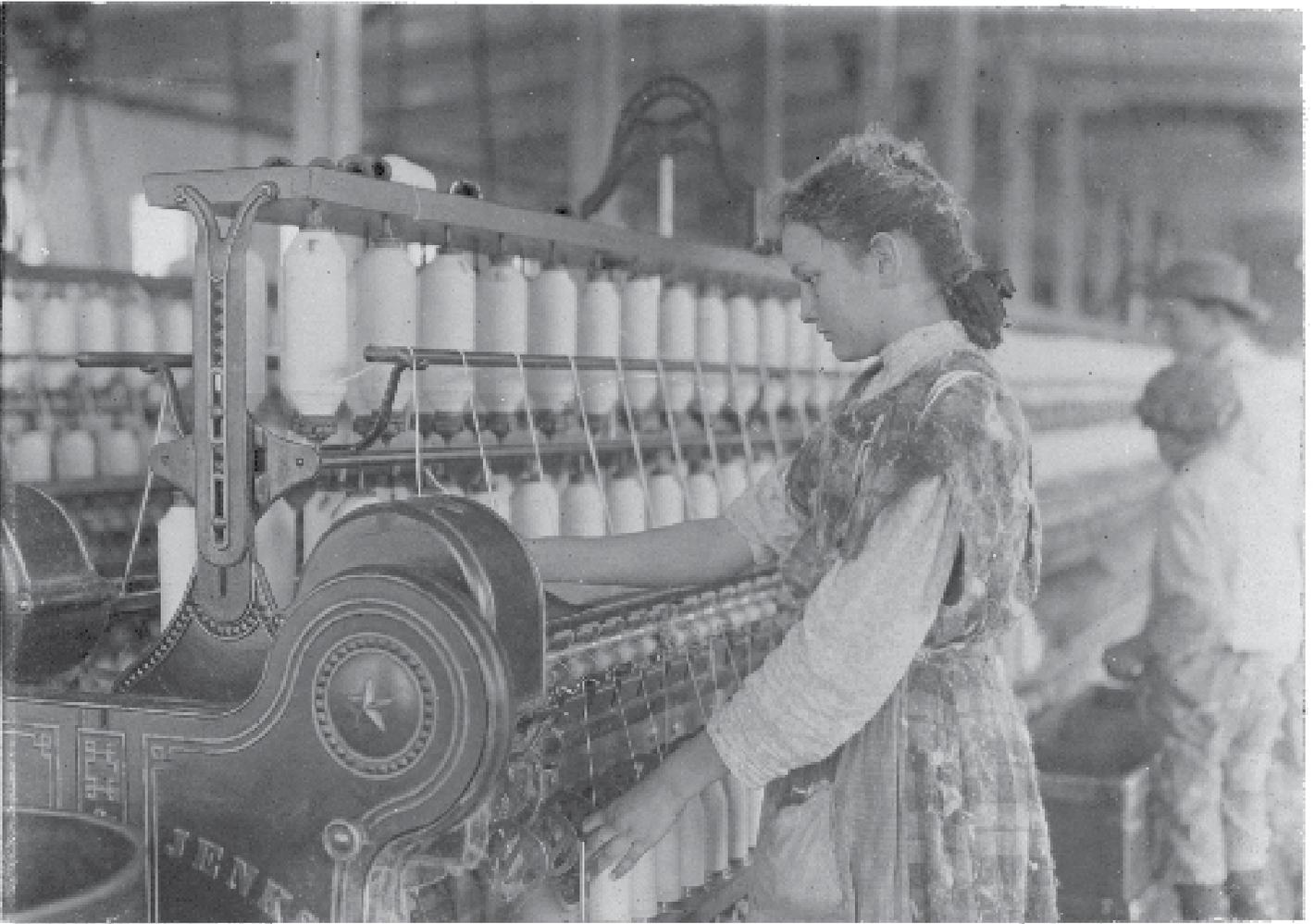
There is another argument however. In this global society, the problems in our own country, and the problems of other countries, particularly related to the health of women and children, may benefit from an historical perspective. For example, the nursing profession in developing countries may be experiencing some of the issues that faced the nursing profession in the United States in the 20th century. Moreover, access to care and disparities in the provision of health care are “enduring issues.”²

Our history forum, presented by Sarah Craig a few weeks ago, shed light on one issue that remains a global problem: working conditions for women and children in the textile industry. Sarah’s paper addressed conditions in the cotton mill towns of North Carolina in the 1920s, and the nurses’ role in providing preventive and emergency treatment for the mill workers and their families. There, the dust from the factory caused severe respiratory problems, mechanical injuries were commonplace and health promotion activities were minimal.

According to a recent report, today, “an estimated 300,000 women work in Cambodia’s textile factories,” where working “conditions are miserable” and more and more people have staged protests calling for higher wages and improved environments. The women work for as little as \$66.00 a month to supply cheap goods to numerous Western countries. Their food is poor and workers often eat very little, trying to save money for their families.³

The photographs that illustrate this piece about 21st century conditions show

In this global society, the problems in our own country, and the problems of other countries, particularly related to the health of women and children, may benefit from an historical perspective.



Spinner in Vivian Cotton Mills, Cherryville, N.C., 1908. Lewis Hine photographer.

women bent over sewing machines or standing beside other machines, threading silk and cotton into a complicated apparatus, the women's heads wrapped in scarves to keep their hair away from the gears. The room is crowded; the air full of dust and lint. Had the photographs been in black and white rather than color, they would look almost identical to the photo above, with the exception of course, that the women and girls are Asian rather than white Americans.

What led me to look up conditions today? It was Sarah's paper, and the powerful effect of the images she showed about conditions in the 1920s and 1930s. Of course, much has changed since that time, with industrial regulations, insurance and the availability of nurses in factories and other businesses.

However, much remains the same. If we allow the lessons from history to penetrate our awareness, we can learn much.

Look for our window display on this topic, linking past and present, coming this October!

We invite you to respond to this editorial by texting or emailing me at awk2z@virginia.edu. ■

¹ Keeling, A., & Ramos, M.C. (1995). "The Role of Nursing History in Preparing Nursing for the Future," *Nursing and Healthcare: Perspectives on Community*. 16(1): 30-34

² Baer, Ellen D., et al. *Enduring Issues in American Nursing*. Springer Pub. Co. 2001.

³ www.dw.de/cambodias-textileworkers. (accessed 9/15/13)



The Eleanor Crowder Bjoring Center for Nursing Historical Inquiry (ECBCNHI), established at the University of Virginia in 1991 to support historical scholarship in nursing, is dedicated to the preservation and study of nursing history. The development of advanced clinical nursing practice, and the clinical specialty organizations that represent the various practices, is a major focus of the Center. The goals of the Center include the collection of materials, the promotion of scholarship, and the dissemination of historical research findings.

Digital History Update

The Center's work on its second nursing history web-based display featuring an entire collection of primary source material is in its final stage. The Nancy Milio Collection, a public health nurse's story of establishing an inner-city neighborhood clinic, is fully scanned, and indexing is nearly complete. This collection provides insights into access to care for urban, impoverished African Americans in Detroit during the racially charged 1960s. Choosing the presentation format and designing the web presence for the collection will bring the project to completion. Stay tuned!

Please remember to visit our existing Mississippi Public Health Nursing site at: cnhi-benoist.nursing.virginia.edu. ■



Cynthia Connolly

Agnes Dillon Randolph Lecture/Award

The Bjoring Center for Nursing Historical Inquiry Agnes Dillon Randolph Award and Lectureship, named

in honor of one of Virginia's early nursing leaders, is given annually to an individual who has made a significant contribution to the field of nursing history. Cynthia A. Connolly, PhD, RN, PNP, FAAN, Associate Professor of Nursing, University of Pennsylvania School of Nursing has been selected as the recipient of the 2014 award for her numerous publications, most notably her book: *Saving Sickly Children: The Tuberculosis Preventorium in American Life, 1909–1970* (New Brunswick, Rutgers University Press, 2008). Dr. Connolly is Associate Professor of

Nursing, University of Pennsylvania School of Nursing and serves as Co-Faculty Director of the Field Center for Children's Policy, Practice, and Research. Additionally, she holds a secondary appointment in the History and Sociology of Science department and is a Fellow at the Barbara Bates Center for the Study of the History of Nursing. Dr. Connolly's research analyzes the forces that have shaped children's health care delivery and family policy in the United States.

Dr. Connolly's lecture, "No Drug Left Behind: Children, Drug Therapy, and Pharmaceutical Policy and Politics in the United States, 1933–1979," is scheduled for March 18, 2014 at 12:00 p.m. and will be followed by a reception hosted by the Beta Kappa Chapter of Sigma Theta Tau. ■

Nursing History Forums

MCLEOD HALL #5060, NOON–12:50

SEPTEMBER 10

"A Force of Visiting Nurses": Corporate Welfare, Industrial Nursing, and Access to Care in a Southern Textile Mill Village, 1890–1933

Sarah White Craig, MSN, RN, CCNS, CCRN,
UVa PhD Student

OCTOBER 22

"Affectionately, P. Y. Pember": Personal Letters and Civil War Memoirs of Phoebe Yates Pember, 1861–1900

Barbara Maling, RN, PhD, ACNP-BC, UVa School of Nursing
Assistant Professor, 2013 Brodie Fellow

NOVEMBER 5

Practicing Nursing Knowledge: The East Harlem Nursing and Health Service in the Interwar Years

Patricia D'Antonio, PhD, RN, FAAN
Killebrew-Centis Endowed Term Chair in Undergraduate Education & Chair, Department of Family and Community Health, University of Pennsylvania School of Nursing

JANUARY 28 location to be determined

Compassionate Care in an Uncaring Environment: Nursing Care of Japanese American Evacuees at War Relocation Centers

Nursing History Panel Discussion in conjunction with the U.Va. Martin Luther King, Jr. events.

Presentations, Publications & Awards

PUBLICATIONS

Brodie, B. "It hurts a little but you can have ice cream after surgery": Tonsillectomy/Adenoidectomy, 1900–1955, *Windows in Time* 21, no. 1 (2013): 9–11.

Brodie, B. and E. Bjoring. "In Remembrance: Rosemary McCarthy," *The Chronicle* 25, no. 1 (2013): 13.

Brodie, B. "The Future of Health Care's Past in Closing: A Colleague's Salute to Joan Lynaugh," *Nursing History Review* 22 (2014): 159–162.

Brodie, B. and E. Bjoring. "In Memoriam—A Salute to Rosemary Theresa McCarthy, PhD, FAAN, Colonel U.S. Army Retired," *Nursing History Review* 22 (2014): 166–178.

Cockerham, A. Z. & A. W. Keeling. "A brief history of advanced practice nursing in the United States," in *Advanced Practice Nursing: An Integrative Approach*, ed. A.B. Hamric et al, 1–26. St. Louis: Elsevier, 2013.

Keeling, A. W. & S. B. Lewenson. "A Nursing Historical Perspective on the Medical Home: Impact on Health Care Policy," in *Nursing Outlook* 61 (2013): 360–366.

Keeling, A. "An Overwhelming Situation": The Nursing and Medical Response to the 1918 Influenza pandemic in Alaska (European Medical History Conference: Disasters, Lisbon, Portugal, September 4–7, 2013).

Keeling, A. "Inspiration and Guidance," *Nursing History Review* 22 (2014): 126–131 (Invited manuscript of speech given at UPenn).

Keeling, A. "Lillian Wald and Henry Street Settlement" (keynote for pinning at St. John-Fisher College, Rochester, New York, May 9, 2013).

Zerull, L.M. Review of *The Nursing Profession: Development, Challenges, and Opportunities*, ed. D. J. Mason et al. *Nursing History Review* 22 (2013): 210–212.

NOTEWORTHY

In July 2013 Center Associate **Anne Z. Cockerham**, PhD, CNM, WHNP-BC was named the Frontier Nursing University Professor of History.

Mary Gibson, Center Assistant Director, was promoted to Associate Professor, U.Va. School of Nursing, General Faculty.

Arlene Keeling, Director of the Bjoring Center for Nursing Historical Inquiry, received the 2013 Distinguished Nurse Award from the Beta Kappa



Arlene Keeling and Barbara Mann Wall in Lisbon, Portugal for meeting of the European Association for the History of Medicine and Health.

Chapter of the nursing honor society, Sigma Theta Tau.

In August 2013 Center Assistant Director **John Kirchgessner**, PhD, RN, PNP was elected 2nd Vice-President, Chair of Program Planning Committee, and Center Associate **Barbara Maling**, PhD, RN, MA, ACNP-BC, was elected Secretary of the American Association for the History of Nursing ■.

CORRECTION

In our May 2013 issue of *Windows in Time*, Rosemary McCarthy was incorrectly identified as a co-founder of the Historical Methodology Research Interest Group. She was a charter member of the American Association for the History of Medicine.

“A Most Alarming Situation”

Responding to the 1918 Influenza Epidemic in Alaska

ARLENE W. KEELING, PHD, RN, FAAN

Paper presented at the European Association for the History of Medicine, Lisbon, Portugal, September 2013

On October 20, 1918, the steamship *Victoria* docked at Nome Alaska, a small town on the coast of the Seward Peninsula. With winter closing in, it would be the last time the *Victoria* would sail to Nome that fall. The ship carried passengers from Seattle and the mail—to be distributed by dogsled to the tiny Eskimo villages and gold camps in the remote area.¹ In addition, the ship brought a mutated and highly contagious influenza A virus—one that had been wreaking havoc across the United States since early September. The epidemic, called “Spanish flu,” had struck Boston, New York and Philadelphia in rapid succession and then, following transportation lines, spread south and west across the country, exploding in Seattle during the last week of the month.²

While much has been written about the 1918 influenza pandemic, the Alaska story of the medical and nursing response, and local government’s attempt to mitigate risk to the people

of Alaska, has received only minimal attention. In fact, most of that story has come to light only after 1997 when scientists John Hultin and Jeffrey Taubenberger exhumed the remains of native Eskimos buried deep in the permafrost beneath Brevig Mission, a small village just north of Nome. Using tissue from Eskimos who had died in the epidemic, the scientists identified the 1918 influenza strain as H1N1—a virulent strain of flu responsible for what the Eskimos called “The Big Sickness.”³ The 1918 flu was also called “the purple death” as its victims often succumbed within 24 hours to a fulminating acute respiratory distress syndrome, their faces purple, blood pouring from their noses and mouths. Called the “single most fatal event in human history”, the 1918 virus killed an estimated 50 million people world-wide, most of whom were healthy young adults, aged 20–30.⁴ In the territory of Alaska, an estimated 5000 natives died, compared to only 500 white people.⁵

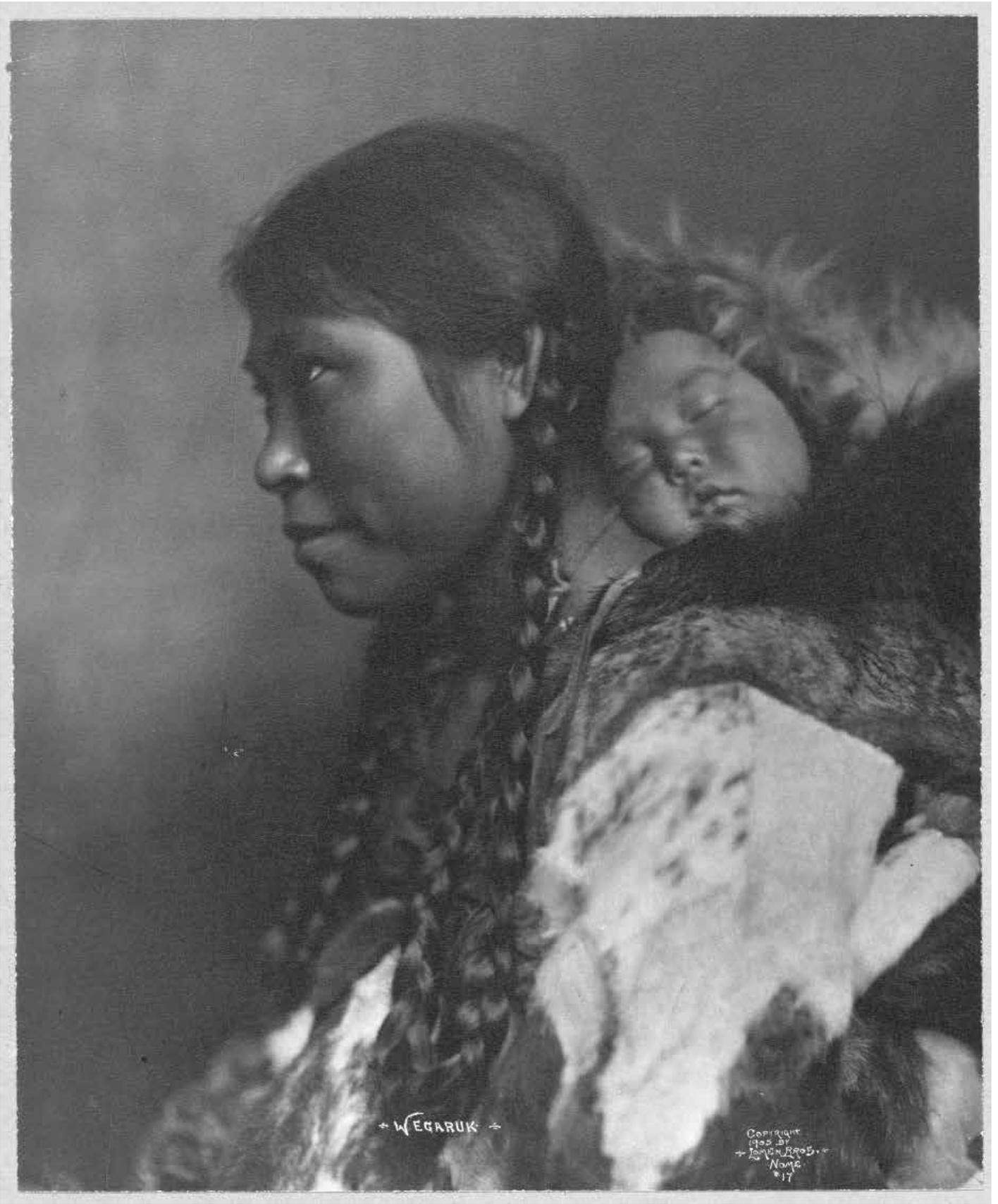
¹ Matt Ganley, “The Dispersal of the 1918 Influenza Virus on the Seward Peninsula in Alaska: An Ethnohistoric Reconstruction,” *International Journal of Circumpolar Health* 57, Supp. 1 (1998): 247–251.

² Alfred W. Crosby, *Americas’ Forgotten Pandemic: the Influenza of 1918*. (Boston: Cambridge University Press, 2003): 92–94.

³ Henry Griest, “The Big Sickness,” <http://articcircle.uconn.edu/HistoryCulture/Sickness.html>. PP.1–3. Accessed 9/23/2013.

⁴ Jeffrey Taubenberger and David Morens, “Influenza: the Once and Future Pandemic,” *Public Health Reports* 125, (2010) Supplement 3, 16–26.

⁵ Dave Kiffer, “When ‘the Great Influenza’ Shut down Ketchikan. *Stories in the News*. http://www.sitnews.us/Kiffer?Influenza/112608_1919.html. Accessed 9/28/2010.



Mother and child. Photo by Lomen Bros., Nome, c. 1905.

Governor Riggs issued a special directive to all Alaskan natives, urging them to stay at home and avoid public gatherings. It was an order in direct contrast to the Eskimo's traditional value of community.

This paper traces the 1918 influenza epidemic in Alaska and describes the collaborative medical and nursing response, focusing on local government's attempts to mitigate the risk of the disease to the people of Alaska. It highlights the disproportionate effect of the epidemic on the native Eskimos—the result of the complex interplay of environmental factors, subsistence living conditions, and the natives' cultural beliefs.

Having been warned of the seriousness of the epidemic from health officials in Seattle, Washington, Alaska's governor Thomas Riggs had stationed U. S. Marshals at all ports, trail heads and the mouths of Alaska's rivers to ensure that travelers did not bring the disease into any of the territory's remote communities. He had also imposed a marine quarantine of fourteen days.⁶ So, when the *Victoria* docked in Nome after being at sea for nine days, members of her crew were quarantined in a hospital for an additional five days. The mail was fumigated before being dispersed to outlying communities by dogsled.⁷

Despite the precautions, on October 29, a man who had worked in the hospital during the quarantine period became ill. In addition, the mailman, traveling by dogsled to the outlying villages, spread the deadly influenza to native Alaskans along the way. By the end of the year, 35–40 % of the native populations in the villages from Nome to Shishmarez (on the northern tip of the Bering Strait) were dead. In Nome, 160 of 200 native Alaskans died from flu by November 25th; by the end of the epidemic, in Nome, more than 1000 people died, 90% of whom were Eskimos. At Cape Wooley, most of the adult residents of the village passed away within six days of the first case.⁸ In Mary's Igloo, 68 of the 127 villagers died in November alone. That month, in Brevig Mission, 72 of the 120 Eskimos died in less than 10 days. "Wales, the largest Native community, lost 172 of its 325 residents."⁹ Meanwhile, Shishmarez—having been completely quarantined—escaped the epidemic.

The flu also reached the southeastern Alaskan city of Ketchikan in October of 1918, arriving mid-month on ships

from Seattle and Vancouver. Almost one third of the community succumbed, although only 16 would die from the illness.¹⁰

On October 22, with the report of six cases in Ketchikan, City Council closed public places. Four days later, after the onset of "two dozen more cases," the city set up a temporary hospital in the basement of the Methodist Church.¹¹ Within weeks, the epidemic spread all along the Alaskan coasts, attacking Juneau, Anchorage, Homer, Cordova, Kodiak, and small settlements on the Aleutian Islands. On November 7, with many dead and the risk increasing, Governor Riggs issued a special directive to all Alaskan natives, urging them to stay at home and avoid public gatherings. It was an order in direct contrast to the Eskimo's traditional value of community. As a result, many ignored it; continuing to gather in public places. Others—fearful of hospitals, or too sick to move from their homes and too sick to make a fire, froze to death. Some, too weak to feed their traps or hunt for reindeer, died of starvation. When most of the village members were sick, they could not care for each other and entire communities were devastated. And, when the adults died, children were orphaned. Meanwhile, their parents' bodies were left to freeze or be ravaged by wild dogs.

By January 1919, Governor Riggs traveled to Washington D.C. to appeal to Congress for funds, noting that the alarming situation was "beyond" his "control."¹² Appearing before a Congressional subcommittee to make his case, the Governor noted: "There have been deaths all over the Territory, 90% of which have been among the Eskimos ... and the epidemic is still raging."¹³ Riggs went on to ask the federal government to appropriate \$200,000 to help Alaska respond to the flu, noting that the Territory's entire medical relief fund was only \$75,000 and that amount was already budgeted to maintain its five to six hospitals and the few physicians and nurses they had. After

⁶"Alaska," *The Great Pandemic*, http://www.flu.gov/pandemic/history/1918/your_state/pacific/alaska/index.html. (p. 1–2) Accessed 1/21/2013.

⁷Matt Ganley, "The Dispersal of the 1918 Influenza," (1998): 248.

⁸IBID, 247.

⁹IBID, 249.

¹⁰Dave Kiffer, "When 'the Great Influenza' Shut down Ketchikan," *Stories in the News*, http://www.sitnews.us/Kiffer/Influenza/112608_1918.html. Accessed 9/28/2010 (p. 1–6).

¹¹IBID, 3.

¹²Thomas Riggs, "Influenza in Alaska and Puerto Rico," Hearings before the Subcommittee of House Committee on Appropriations, 65th Congress. (Washington: Government Printing Services, 1919): 3–18. (Quote p. 4).

¹³Excerpts hearings on Alaska influenza devastation, "Grassroots Science." <http://ykalaska.wordpress.com/2007/01/03excerpts-hearings-on-alaska-influenza-devastation>.



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Orphaned children in the remote Alaskan village of Nushagak, 1919.

much Congressional inquiry and debate about the role of local versus federal government and their respective responsibilities during a major epidemic, and in recognition that the Indian Health Service had been granted funds to support other native populations, Riggs received \$100,000.

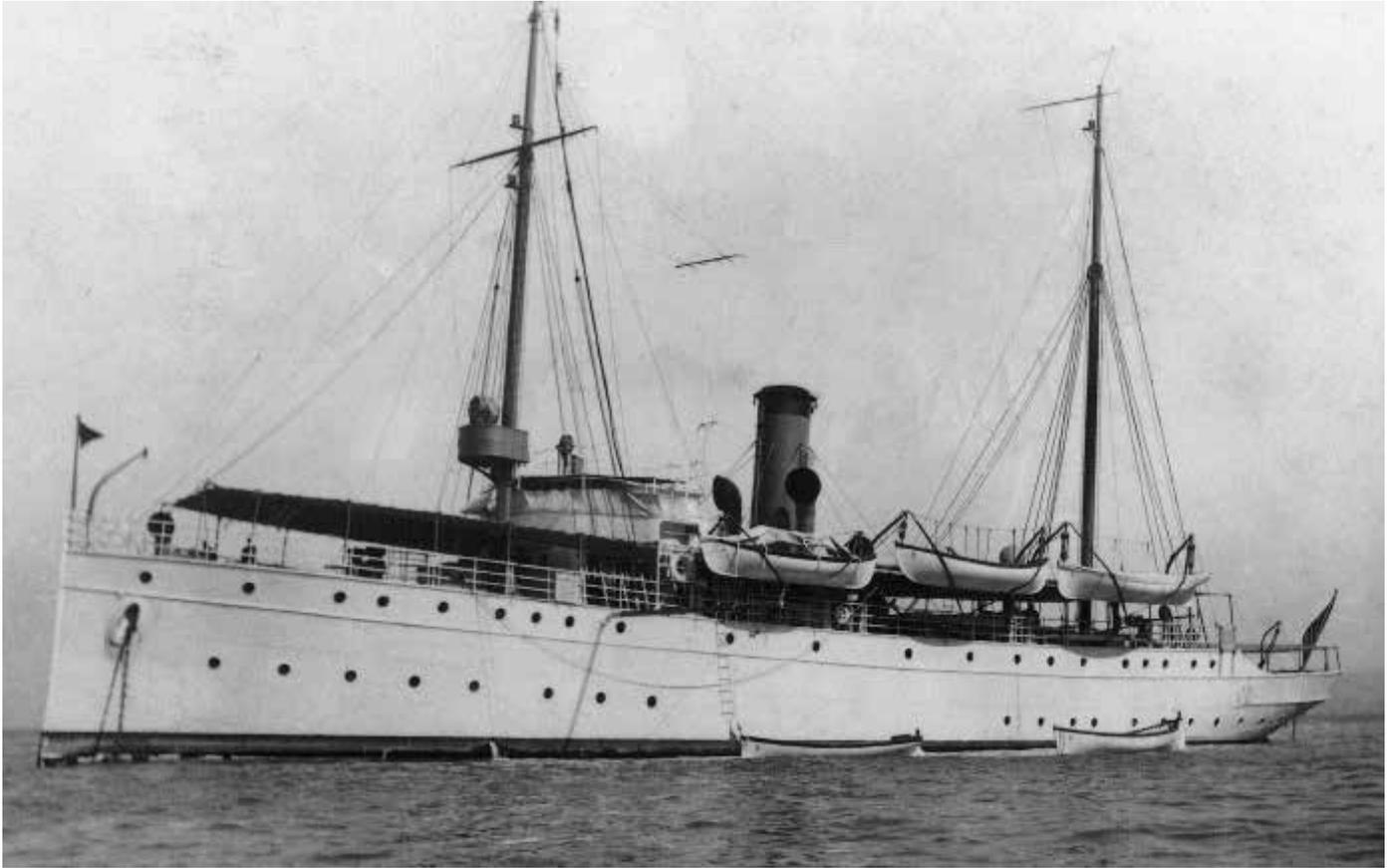
The Response

Throughout the United States, the need for collaboration between the states and the federal government, as well as among established public and private organizations, had been evident immediately after Boston was overwhelmed by the epidemic in early September. Thousands had succumbed, hospitals were overcrowded, and because of the war, nurses were in short

supply. On the 14th of September, 1918, the U.S. Public Health Service (USPHS) had first asked the Department of Nursing of the American Red Cross (ARC) for nurses to help control the spread of the epidemic. By September 24, Clara Noyes, director of the ARC Nursing Service, had issued a telegram from ARC headquarters in Washington, DC, asking that local chapters across the country organize Home Defense nurses to “meet the present epidemic.”¹⁴ Three days later, Noyes sent another message, directing the local chapters to organize within their divisions, “one or more mobile units of ten to fifteen nursing personnel to be sent to other localities if necessary.”¹⁵ Communications had been effective: across the country, local Red Cross volunteers

¹⁴ “The Influenza epidemic,” National Archives & Records Administration, College Park, Box 689, epidemic, 803.11 (1918): 1-3. (Quote p. 1).

¹⁵ *IBID*, 2.



Coast Guard Cutter Unalga.

were making the masks mandated by the USPHS and Red Cross “home defense” nurses—mostly visiting and public health nurses, were responding to the needs of their communities. By the time a call reached Seattle and San Francisco for help in Alaska, local Red Cross nurses were ready to join the effort. Members of the Alaskan Red Cross, organized in 1910, were also ready.

In December 1918, ten physicians and ten nurses “together with medical supplies furnished by the Northwest Division of the Red Cross” left Seattle for a relief expedition to Alaska, under the command of Dr. Emil Kurlish, Captain of the USPHS.¹⁶ His report contained some of the barest of facts: the U.S. Forestry Service “carried a doctor, a nurse and supplies to Prince of Wales Island where they were badly needed.”¹⁷ He also noted that Juneau, Cordova, and Kodiak had also been affected. Of these, “Kodiak suffered greatly from influenza with 47 deaths out of 450 cases.”

The expedition members spent a month in Alaska, returning late December or early January, in time for their

In December 1918, ten physicians and ten nurses “together with medical supplies furnished by the Northwest Division of the Red Cross” left Seattle for a relief expedition to Alaska.

activities to be recorded in the January 18, 1919 report of the Northwest Division of the ARC.¹⁸ That report documented the involvement of the Alaskan Red Cross chapters, noting that they were “most active throughout the epidemic, not only in co-operating with Kurlish’s expedition but in rendering needed assistance on their own account.”¹⁹

In the interim, Governor Riggs had sent relief parties into the Seward Peninsula. As he noted in a later report to Congress, he had been sending “supplies and medicines up five

¹⁶ _____, “Alaska Handled Flu with Efficiency and Dispatch,” Report of the Northwest Division of the ARC, (January 18, 1919). Box 689, CP-NARA, 803.11 epidemic flu.

¹⁷ IBID.

¹⁸ IBID.

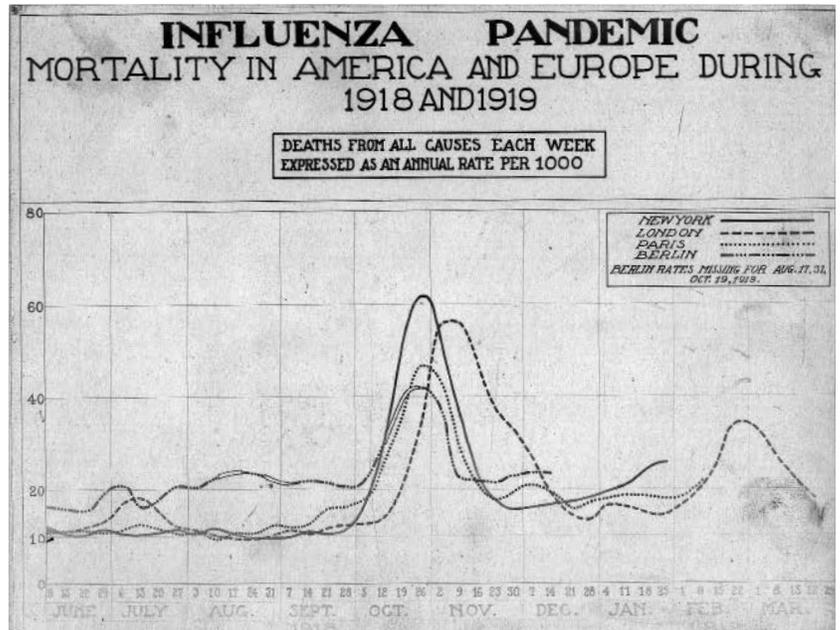
¹⁹ IBID.

to six hundred miles by dog team” to outlying Eskimo villages. He had also been gathering orphans, 90 of whom had been brought to Nome.²⁰

By January, however, winter had set in and the next relief expeditions would not occur until spring. During that time, Alaskans were left to battle the epidemic on their own. In one case, when no nurses could be found, a local school teacher volunteered to work in the temporary hospital in Ketchikan; at Brevig Mission, where there were hundreds of orphans, the church was being used as an orphanage. Meanwhile, hundreds of Inuit died, their bodies frozen in place in their barabas, the small structures of peat sod and mud in which whole families lived.

In June, 1919, the USPHS asked for 12 nurses—authorized and paid for by the American Red Cross—to be sent with Dr. McGillcuddy to Alaska. On June 3, the twelve nurses along with six doctors left San Francisco, sailing on the steamship *Unalga* to Bremerton, Washington, where they “obtained sweaters and woolen socks for the nurses” as the trip north was very cold. After a voyage in “continuous storms,” the party landed in the Aleutian Islands on June 16 where the doctors and nurses divided into smaller units to visit villages along the coast. There, according to the Red Cross report, “most deplorable conditions were found”—“heaps of dead bodies on the shelves and floors of the huts”—the majority of cases “too far decomposed to be handled” and therefore “dragged out and buried.”²¹

Unit 3, comprised of Dr. Fielder and Dr. Woodruff, accompanied by nurses Mrs. Nichols and Miss McCue, went to Naknek, where they found “the epidemic over ... very few adult natives” and 15 homeless orphans. There a “four- room house had been turned into an orphanage” under the supervision of one of the employees of the Packing Company ... while a “small well- equipped hospital under the command of the Company Surgeon” had provided care for the sick.²² After visiting several other small villages, where more orphans were found, the relief parties returned to the ship on June 29. The epidemic was over; the dead had been buried, and the orphans rounded up. There was little more that the teams of nurses and physicians could do. Alaskan’s native population had been decimated.



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Conclusion

The lack of access to medical and nursing care in the isolated, remote regions of the territory, a dependence on subsistence living, the freezing temperatures, the Alaskan culture of community, and the severity and virulence of the disease were all part of an “interdependent cascade”²³ of factors that resulted in devastation to native Alaskans in the 1918 influenza epidemic. In particular, more than 22 Inupiat communities of the Seward Peninsula were destroyed; overall, between 4–5,000 natives died and several hundred children were left orphaned.

The response, which included health officials, local government, shipping lines, Red Cross volunteers, physicians and nurses, relied on well-established patterns of communication from the lower 48 states as well as a network of organizations in place prior to the occurrence of the epidemic. Interprofessional collaboration and public/private cooperation were also essential. Clearly the five to six hospitals throughout the territory, with only eight physicians and 11 nurses, could not handle the epidemic alone, and the local governments could not afford the cost of the response without help from the federal government. The challenge then, as it is now, was to find a balance between risk and preparedness; between local vs. federal response in mitigating the effects of an influenza or other life-threatening pandemic. ■

²⁰Thomas Riggs, “Influenza in Alaska and Puerto Rico,” (1919).
²¹ARC Report, “Alaska, flu,” (July 1919). 803.11 Epidemic, flu. College Park NARA.
²²Unit 3 reports, ARC. Epidemic influenza, Box 689, CP-NARA. 803.11.

²³Louise Comfort, “Risk, Security and Disaster Management,” *Annual Review Political Science*, 8(2005): 335–56 (quote p. 338).

NEWS & OPPORTUNITIES

IN NURSING AND MEDICAL HISTORY

Conferences

American Association of the
History of Medicine

Chicago, Illinois

May 8–11, 2014

Additional information: www.histmed.org

The Southern Association for the
History of Medicine and Science

St. Louis, Missouri

February 27–March 1, 2014

Additional information: www.sahms.net

Calls for Abstracts

Canadian Association for the
History of Nursing

York University, Ontario, Canada

June 13–15, 2014

Additional information: www.cahn-achn.ca

Disease, Health and the State
Society for the Social History of
Medicine Conference

Oxford, United Kingdom

July 10–12, 2014

Additional information: www.wuhmo.ox.ac.uk/events/society-for-the-social-history-of-medicine-2014-conference.html

Quarantine: History, Heritage, Place
University of Sydney

Sydney, Australia

August 14–16, 2014

Additional information: www.sydney.edu.au/arts/research/quarantine

Call for Applications

The American Association for the History of Nursing (AAHN) offers four awards for completed research, each presented annually at the Fall Nursing History Conference. Only AAHN members are eligible to apply for these awards. Deadline for award submissions is May 15 of each year.

Teresa E. Christy Award—to encourage new nursing history investigators, and to recognize excellence of historical research and writing done while the researcher was in a student status.

Lavinia L. Dock Award—to recognize outstanding research and writing produced by an experienced scholar in nursing history who submits a book.

Mary Adelaide Nutting Award—to recognize outstanding research and writing produced by an experienced scholar in nursing history who submits, most often, a post-doctoral research manuscript or article.

Mary M. Roberts Award—to recognize outstanding original research and writing in an edited book of nursing history. Additional information: www.aahn.org/awards.



Public Health Nurse with patient, c. 1950s. The Janet Gay Garrison Papers, ECBCNHI Small Collections.

Some years ago a box of yellowed papers came to the Bjoring Center from an unknown office here at the University. These documents, it turns out, once belonged to Josephine McLeod, of McLeod Hall. McLeod (1880–1948) was the former Superintendent of Nurses for the University Hospital and director of the School of Nursing for thirteen years, from 1924 to 1937. Highly regarded for her accomplishments in nursing administration and education, McLeod became President of the Virginia State Board of Nurse Examiners in 1930, appointed by the governor. In 1937, she took the position of Secretary-Treasurer of the Board, with the responsibility for oversight and certification of the State's nursing programs and for licensing graduate nurses. These duties compelled McLeod to resign from the University of Virginia, and she held the position of Secretary-Treasurer until her death in 1948. The papers are principally related to McLeod's tenure on the Board of Nurse Examiners, with additional material from her immediate predecessor, Ethel M. Smith (1920–1937), and successor, Mabel E. Montgomery (1949–1970). The Board maintained files on sixty nursing schools in the state, mostly hospital or sanatoria training programs, and the correspondence, notes, and informational brochures in the files are organized by school. Many of these small, hospital-based schools were closing in the 1930s, to be replaced by college or university nursing programs, so the collection offers valuable information on the end of an era of nurse



Josephine McLeod, 1925.

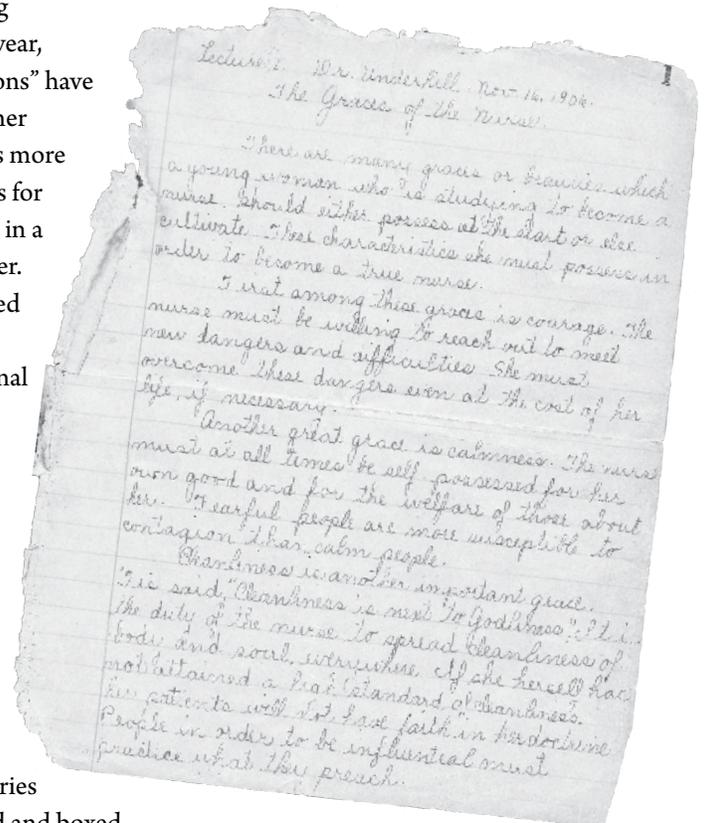
training. Moreover, in addition to a view of early nursing education, professionalization, and practice, the collection reveals something of the personalities and management styles of three important Virginia women—McLeod, Smith, and Montgomery—mid-century leaders of the nursing profession.

The Bjoring Center holdings include not only larger individual and organizational papers like the Josephine McLeod/Virginia State Board of Nursing Collection, but also many smaller donations as well. These donations of typically just a few items lack sufficient size or scope to be catalogued as individual

named collections, yet their contents are also valuable for nursing history research. This past year, all of these “Small Collections” have been reorganized in a manner which makes their contents more accessible and which allows for new donations to be added in a rational and consistent order. All items have been classified under one of eight general subject series: 1) Professional Organizations, Standards, and Licensing, 2) Nursing Procedures and Manuals, 3) Nursing Education, Schools, and Hospitals, 4) Nursing Student Notes, Essays, and Examinations, 5) Specialty Nursing, 6) Military Nursing, 7) Persons, and 8) History of Nursing. Each subject series is independently numbered and boxed, so the appropriate manuscript holdings

may be expanded indefinitely without upsetting the overall organization of the collection as a whole. Among numerous collection highlights are: a nursing-course notebook written by Philadelphia student Estey Crim in 1906; the pension claim and hospital activities of Civil War nurse Martha Walker; World War One nurse Bya Chapman's photograph album of camp life; and a digital transfer of a taped classroom interview with nursing scholar Virginia Henderson. An up-to-date finding aid describes the full contents of the Small Collections, and is fully searchable. We encourage you to take a look at the inventory of these fascinating items on the Bjoring Center's website: www.nursing.virginia.edu/research/cnhi/collection/ ■

—HENRY K. SHARP, PH.D.



Nursing Notes, Estey Crim Collection, 1906.

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We would like to extend special thanks to all of our contributors.

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March 17
ST Patrick's Day '45

My dear family -
Let me start from the beginning
on Wednesday, March 15, 1945
I left Charlottesville at 11:55 AM.
On the same bus with me was
Miss Walker, my sept. of nurses
and a girl who was coming
Harrisonburg -
to see her!
... in Rich-
... Lec
... their
... -

Above left, Juanita Easley, c. 1945.
Above right, letter from Juanita Easley Andrews Collection.

RECENT ACQUISITIONS

Jesse Andrews—photographs and documents pertaining to the student and WW II nursing experience of his mother, Juanita Easley Andrews (UVa Nurs '44).

Kathryn Beall—student cape and nursing texts belonging to Geraldine Jarrell Beall.

Barbara Brodie—vintage nursing texts.

Rebekah Carmel (UVa Nurs '91)—antique surgical light, blood pressure gauge, & nurse uniform.

Melanie Denny (UVa Nurs '03)—photographs pertaining to her Iraq War nursing experience.

Barbara H. Dunn (UVa Nurs '74)—personal and professional papers.

Mary E. Gibson (UVa Nurs '86)—medical instruments and materials from the family practice of her father, Joseph Eckenrode.

Dorothy Sandridge Gloor (UVa Nurs '42)—WW II Army nurse footlocker, artifacts and scrapbooks pertaining to her service with UVa's 8th Evacuation Hospital.

Nita Silverman Goodgal—vintage nursing texts, given in memory of her mother, Miriam Hadassah Schwartz Silverman.

E. Dianne Greenhill—panoramic photo of 9th International Congress of Nurses, 1947.

Larry Herrmann—Mrs. Chase mannequin, given in honor of his wife, Eleanor Herrmann.

W. Mitchell Sams—scrapbook of his aunt, WW II Army nurse Elizabeth Sams Moore.

Leslie Steeves—materials from her nurse midwife practice.

Teresa A. Sullivan—nursing cape of her mother, Mary Elizabeth Finnegan.

Agnes M. Walker—1973-74 scrapbook pertaining to the American Association of Neuroscience Nurses.

Ellen J. Wise (UVa Nurs '84)—1930s nursing flowsheets documenting home care for pneumonia patient.

Patricia B. Woodard (UVa Nurs '69)—vintage nursing texts.



Right, Elizabeth Sams Moore in Marseille, France with fellow nurses and patient.



Right, Elizabeth Sams Moore in Algiers, 1944.

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U.S. Army Base Hospital Ward, Fort Sam Houston, San Antonio, Texas, c. 1918.