

WINDOWS IN TIME

THE NEWSLETTER OF THE UNIVERSITY OF VIRGINIA SCHOOL OF NURSING ELEANOR CROWDER BJORING CENTER FOR NURSING HISTORICAL INQUIRY

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Mansion House, Alexandria, Virginia, c. 1861.

FROM THE DIRECTOR BARBRA MANN WALL, PHD, RN, FAAN

Our Next Step in Growth

I write this as I watch our second snowfall of the year, and I have to remind myself that spring will come soon, hopefully by the time you read this issue of *Windows in Time*. This newsletter marks a significant next step in the growth of the Eleanor Crowder Bjoring Center for Nursing Historical Inquiry (ECBCNHI) at the University of Virginia School of Nursing, our 25th anniversary. I am delighted to be the new Director of this prestigious Center, and I am very pleased to receive such great support and encouragement from Dean Dorrie Fontaine and all the School of Nursing faculty. In 1991, Dr. Barbara Brodie, our founding Director, and Drs. Arlene Keeling and Sylvia Rinker gathered together to establish what at first was called the Center for Nursing Historical Inquiry. After Dr. Eleanor Crowder Bjoring endowed the Center with her generous gift in 2008, it was renamed the Eleanor Crowder Bjoring Center for Nursing Historical Inquiry. As we think about its past and look to the future, I applaud the historical scholarship and preservation under the leadership of Drs. Brodie and Keeling, and I look forward to a new era of carrying out their legacy.

My priorities are to sustain the Center, its faculty, our students, and the public we serve through opportunities for vigorous scholarship and financial growth. An important new endeavor is to maintain our commitment to a Brodie Faculty Professor with a goal of raising \$2 million toward its endowment. We want to build the ECBCNHI endowment as well, which ensures current and future sustainability by supporting faculty, staff, and the mission of historical inquiry. We also want to enhance our processing

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Windows in Time can be found on EBSCOhost and Gale Group, Inc. databases.

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capabilities to make collections available to more scholars. In doing so, we say goodbye and thanks to our former archivist, Henry K. (Hal) Sharp, and welcome Eric Drongowski who has hit the floor running, having just completed the processing of our Gerontological Advanced Practice Nursing Association (GAPNA) collection. With the support of School of Nursing Alumni funds and under the leadership of Dr. Mary Gibson, we are in the process of digitizing Dr. Brodie's *Mr. Jefferson's Nurses*, and we continue to seek funding for other digitization projects.

Our great challenge is to foster the scholarship of the next generation of historians of nursing. We continue to have monthly seminars in which doctoral students and scholars from all over the world present their newest research. For example, UVA doctoral student Beth Hundt started the series off with her presentation, "A Room with a View: Using Nature in the Design of St. Elizabeth's

Hospital, 1852–1900." This presentation is part of her larger dissertation that will focus on many interconnections: between person and environment, architecture and history, history and nursing, and photography and "photogrammetry." We continue to teach the history of nursing class to PhD students and to undergraduates in our REAL classes. Doctors Gibson, Keeling and I conducted a well-received preconference on nursing history methodology at the Southern Nursing Research Conference in Williamsburg, VA, in February. And I am proud to announce that Dr. Gibson and I will be teaching the History of Medicine class to the medical students this semester, a wonderful opportunity to network across grounds.

The ECBCNHI continues to support our Agnes Dillon Randolph International Nursing History Conference every three years. We sponsor the annual Agnes Dillon Randolph Award and Lecture, and we present a yearly historical Research Fellowship. We are now discussing new fundraising projects that will support more undergraduate, graduate, and postdoctoral scholars.



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.

We will be hosting Dr. Christine Hallett March 14, 2016, as she consults with Dr. Fontaine and others in UVA School of Nursing's Compassionate Care Initiative. This visit is a follow-up from Dr. Fontaine's presentation in Dublin last year at the AAHN meeting and subsequent networking. Dr. Hallett is Professor of Nursing History at the University of Manchester, United Kingdom (UK). She directs the UK Centre for the History of Nursing, and she serves as President of the European Association for the History of Nursing. We are delighted to collaborate with her as we explore the history and current day practice of compassionate care.

Our popular display windows mark significant moments in nursing's history. Beginning in January, we featured a scene from *Mansion House*, a Union Civil War hospital in Alexandria, Virginia, with nurse Mary Phinney and physician apprentice Samuel Diggs. The scene is part of a new PBS television series, "Mercy Street," which highlights Phinney, an army nurse serving under Dorothea Dix, and the diverse nurses working with her. To celebrate Black History Month, the ECBCNHI held a special screening of the first episode of this series and followed it with a panel discussion of the significant role of African American nurses in the Civil War. Dr. Joel Anderson from the UVA School of Nursing faculty and our able administrative assistant Linda Hanson were most helpful in facilitating this endeavor.

Top content to read in this issue includes the feature article by Lisa Cantore Letzkus about the History of the UVA Children's Rehabilitation Center; and our "Snippets From the Past" column on horsehair sutures in the Civil War, by Casey Lawrence. Both are UVA students whose work we are delighted to encourage.

We look forward to hearing from you!

Barbara Mann Wall

Historical Collection Use in JMU Courses

James Madison Nursing students benefit from 4VA collaboration with the University of Virginia Bjoring Center for Nursing Historical Inquiry. Undergraduate nursing students have been overwhelmingly positive about using the digitized Benoist collection for nursing history assignments. Students in two courses at James Madison University School of Nursing have used the Benoist collection in class learning activities. Students in an undergraduate nursing history elective course and an RN/BSN Issues course have used the collection over 3 semesters with

139 students using the collection. The collection has enriched students' understanding of public health nursing history as well as provided an example of one nurse's legacy to the profession. This collaboration has contributed to nursing students' understanding and appreciation for nursing historical inquiry using primary source materials like the Benoist collection.

The collaboration included the following faculty: Arlene Keeling (UVA); Mary Gibson (UVA); Debbie Gleason (JMU); Maria DeValpine (JMU); Nena Powell (JMU) ■

2016 Barbara Brodie Nursing History Fellow

Winifred C. Connerton, PhD, CNM is the 2016 recipient of the Barbara Brodie Nursing History Fellowship.

Dr. Connerton is Assistant Professor of Nursing at Pace University's Lienhard School of Nursing in New York, NY. Her research is entitled "Nursing Dreams of Empire: U.S. Nurses in the American Occupied Territories". In 1898 the U.S. acquired extra-continental territories in the Pacific and the Caribbean and immediately began to reform local governance through "Americanization" campaigns. This study examines how nurses' work in the newly occupied territories supported the American colonial agenda while it also advanced the profession on the mainland. Dr. Connerton examines the work of American trained nurses as missionaries and Army, colonial service and industry workers in U.S.-occupied territories of Cuba, Puerto Rico, Hawaii and the Philippines. She explores their willing role in the promotion of American ideals of education, roles for women, and nurses' role in promoting nursing as a profession with standards and specialized skills.

This work will add to the understanding of how nurses' international work affected their individual professional lives and how their work influenced the developing profession in the mainland United States. This study also explores the ways that the U.S. imperial expansion inadvertently propelled the recognition of nursing as a skilled, trained profession for women through entrance requirements for the Army and Colonial nursing services. ■



2016 Brodie Fellow, Winifred Connerton

Presentations, Publications & Awards

FACULTY

Cockerham, A.Z. “Babies aren’t rationed’: Nurse-midwifery on the home front in Kentucky’s Frontier Nursing Service, 1939–1945” (paper presented at the American Association for the History of Nursing Conference, Dublin, Ireland, September 19, 2015).

Cockerham, A.Z. & Engstrom, J.L. “Big data and the Frontier Nursing Service: A historic exemplar of using data for both evidence based practice and new knowledge generation” (poster presentation at the American Association of Colleges of Nursing Doctoral Education Conference, Naples, FL, January 21–23, 2016).

Gleason, D. “Teaching is Cheaper Than Nursing’: Elliott P. Joslin’s Influence on Diabetes Nursing, 1916–1935” (paper presented at the American Association for the History of Nursing Conference, Dublin, Ireland, September 19, 2015).

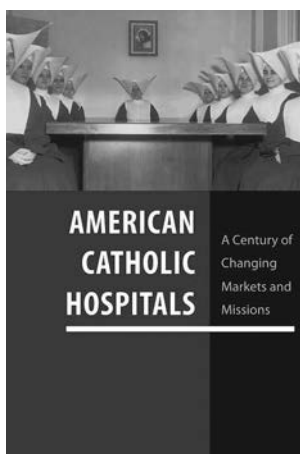
Keeling, A., P. Kulbok, and B. Lusk. Chapter 10: “Culturally Sensitive Primary Health Care Interventions: Three Exemplars.” In *Caring for Populations: Practicing Primary Health Care in Nursing*, edited by S. Lewenson, M. Truglio-Londrigan, and A. Sonenberg. Burlington, MA: Jones & Bartlett Learning, 2015.

Keeling, A., S. Lewenson, A. McAllister, K. Smith, and B.M. Wall. “History by Stealth’: Integrating Nursing History in Education, Practice, and Research” (panel presentation at the American Association for the History of Nursing Conference, Dublin, Ireland, September 19, 2015).

Keeling, A. “Orange Crates and Old Quilts’: Nurses, Migrant Workers and the Great Depression” (paper presented at the American Association for the History of Nursing Conference, Dublin, Ireland, September 19, 2015).

Keeling, A. Invited McPherson-Mitchell Endowed Lecture: “Providing Care in the ‘Hoot Owl Hollers’: The Frontier Nursing Service, 1925–1950” (paper presented at Troy University, Troy, Alabama, February 17, 2016).

Von Gaudecker, J., **A. Keeling,** & A. Taylor. (2016) “Experiences of Women with Epilepsy in South India: a Qualitative Study” (poster presented at the Southern Nursing Research Society Annual Conference, Williamsburg, Virginia, February 24–27, 2016).



Wall, B.M. *American Catholic Hospitals: A Century of Changing Markets and Missions* (re-release in paperback). New Brunswick, NJ: Rutgers University Press.

Wall, B.M., A. Keeling, & M. Gibson. Preconference: “Historical Research Methods” (preconference paper presented

at the Southern Nursing Research Society Annual Conference, Williamsburg, Virginia, February 24, 2016).

Wall, B.M. *Into Africa: A Transnational History of Catholic Missions and Social Change*. New Brunswick, NJ: Rutgers Univ. Press, 2015.

Wall, B.M. “Hannah lecture: Disasters, nursing, and community responses: a historical perspective.” *Nursing History Review* 23 (2015): 11–27.

Wall, B.M. “The changing face of medical missions in Nigeria, 1937–1970.” In *Colonial Caring: A History of Colonial and Post Colonial Nursing*, edited by S. Hawkins and H. Sweet, 188–207. Manchester, UK: Manchester University Press, 2015.

Wall, B.M. “Catholic physicians, education, and mission in the mid-twentieth century.” In *Education, Identity and Women Religious, 1800–1950: Convents, Classrooms and Colleges*, edited by E. Smyth and D. Raftery: New York: Routledge, 2015.

Zerull, LM. “Lutheran deaconess sister Jennie Christ: An American Woman’s Experience of Becoming, 1893–1895” (living history presented at Kaiserswerth Mutterhaus, Düsseldorf, Germany, September 14, 2015).

STUDENT

Adelstein, K. “Rumblings of the Giant’: Nurses and Cancer Chemotherapy, 1955–1975” (paper presented at the American Association for the History

of Nursing Conference, Dublin, Ireland, September 19, 2015).

Beaird, G. “Nurse-Physician Bedside Rounding: A Historical Perspective” (poster presented at the Southern Nursing Research Society Annual Conference, Williamsburg, Virginia, February 24–26, 2016).

Coffin, R. “Nursing Leaders and Leadership at Heart Mountain War Relocation Center, 1942–1945” (paper presented at the American Association for the History of Nursing Conference, Dublin, Ireland, September 19, 2015).

Crowder, J. “Towards Inclusivity in American Nursing: Impact of Policy and Politics on Nursing for Alaska Natives (AN)” (poster presented at the Southern Nursing Research Society Annual Conference, Williamsburg, Virginia, February 24–26, 2016).

Houlahan, B. “‘Beyond the Reach of the Medical Inspector’: School Nursing in Rural Virginia 1900–1925” (poster presented at the Virginia Nurses Association Conference, Short Pump, Virginia, November 20–21, 2015).

Hundt, B. “A Room with a View: Incorporating Nature in the Design of St. Elizabeths Hospital, 1852–1900” (poster presented at the Virginia Nurses Association Conference, Short Pump, Virginia, November 20–21, 2015).

Hundt, B. “Implications for Healthcare Design: Incorporating Nature at St. Elizabeth’s Hospital, 1852–1900” (poster presented at the Southern Nursing Research Society Annual Conference, Williamsburg, Virginia, February 24–26, 2016).

Establishment of Endowed Professorship

TO ENSURE THAT THE CENTER has the ability to draw on the profession’s most competent nurse historians, the Center has undertaken the establishment of an endowed Nursing History Professorship to provide the Center with future leadership and prepare the next generation of nurse historians. As universities’ resources to employ faculty become more scarce and the availability of grant monies for nurse historians grow more competitive, it makes sense that the Center focus its efforts on establishing a chair in nursing history. To this end, a group of the Center’s supporters are actively engaged in assembling the necessary funds over the next four years to establish the first chair in nursing history in the United States. Our goal is to have one million dollars pledged by 2017 and the remaining one million pledged by 2020. We are excited and challenged by our task, but we believe in the need to have nursing historians as amply endowed as the other academic disciplines. ■

Lee, M. “Dorothea Dix and Mental Health Reform: Lessons for Today” (poster presented at the Southern Nursing Research Society Annual Conference, Williamsburg, Virginia, February 24–26, 2016).

Liu, X. “Highlights in Oncology Nursing 1930s–1980s” (poster presented at the Southern Nursing Research Society Annual Conference, Williamsburg, Virginia, February 24–26, 2016).

Prescott, S. “Hatching Weakling Babies: A History of Neonatal Care in the United States” (paper presented at the American Association for the History of Nursing Conference, Dublin, Ireland, September 18, 2015).

Milbrath, G. “Grace Under Fire: The Nurses of Pearl Harbor, 1941” (paper presented at the American Association for the History of Nursing Conference, Dublin, Ireland, September 19, 2015).

Sembrowich, S. “A Historical Perspective on the Care of the Alcoholic Patient: From the Asylum to the Street” (poster presented at the Southern Nursing Research Society Annual Conference, Williamsburg, Virginia, February 24–26, 2016).

FUNDING RECEIVED

Keeling, A., Wall, B.M., DeValpine, M. “A History of Nursing in Alaska, 1850–1980: Towards Inclusivity in American History,” 4 VA historical research grant, funded January 2016.

NOTEWORTHY

Congratulations to **Gwyneth Rhiannon Milbrath, RN, MSN, MPH**, for winning the 2016 Spurgeon Neel Award. The Spurgeon Neel Award is a competition hosted by the Army Medical Department Museum Foundation each year, and is awarded for a paper that best exemplifies the history, legacy, and traditions of the Army Medical Department. Gwyneth submitted “Grace Under Fire: The Army Nurses of Pearl Harbor, 1941,” a paper that details the experiences of six nurses serving at Pearl Harbor during the bombing on December 7, 1941. Gwyneth will receive a special medallion award presented by the Army Medical Department Museum Foundation and her paper will be published in a forthcoming issue of *US Army Medical Department Journal*. Gwyneth is a current PhD student at the University of Virginia School of Nursing, and her dissertation is focused on the nurses of Pearl Harbor. ■



NEWS & OPPORTUNITIES

IN NURSING AND MEDICAL HISTORY

Fall 2016 Nursing History Forums *McLeod Hall #5060* *Noon–1 p.m.*

September 20

Nursing Reflections on 9/11:

A View from Across the River

Franklin Hickey, RN, MSN, CPHQ,
NEA-BC

October 4

Policy and the Reformation

*of Hospice: Lessons from the Past for
the Future of Palliative Care*

Joy Buck, PhD, RN

Associate Professor, Eastern
Division School of Nursing and
Department of Family Medicine,
West Virginia University

October 25

Nursing Dreams of Empire:

*U.S. Nurses in the American Occupied
Territories*

Winifred C. Connerton, PhD, CNM
Assistant Professor, Pace University
College of Health Professions,
Lienhard School of Nursing

November 15

*Through the Eyes of Nursing: Nursing
Education at the University of Texas,
1890–1990*

Barbra Mann Wall, PhD, RN, FAAN

Conferences

American Association for the History of Nursing 33rd Annual History of Nursing Conference

Co-Sponsored by the University of
Illinois at Chicago College of Nursing
Chicago, IL

September 22–24, 2016

Additional information: www.aahn.org

Brains, Guts and Gumption:

Historical Perspectives on

Nursing Education, Practice, and Entrepreneurship

Canadian Association for the History of
Nursing Annual Conference

Vancouver, Canada

June 16–18, 2016

Additional information: www.cahn-achn.ca

Voices of Madness, Voices of Mental Ill-Health

Centre for Health Histories, University
of Huddersfield

West Yorkshire, England

September 15–16, 2016

Additional information:
bmdoyleblog.wordpress.com

The Body Politic: States in the History of Medicine and Health

European Association for the

History of Medicine and Health Biennial
Conference

Bucharest, Romania

August 30–September 2, 2017

Additional information:

[www.birmingham.ac.uk/research/activity/
mds/centres/eahmh/conferences](http://www.birmingham.ac.uk/research/activity/mds/centres/eahmh/conferences)

Medicine in the World and in America: Identities and Influences

45th Congress of the International
Society for the History of Medicine

Buenos Aires, Argentina

September 5–9, 2016

Additional information:

www.fmv-uba.org.ar/sihm/index.asp

Medicine in its Place: Situating Medicine in Historical Contexts

Society for the Social History of
Medicine Conference 2016

Canterbury, England

July 7–10, 2016

Additional information: [www.kent.ac.uk/
history/events/conferences/sshm2016.html](http://www.kent.ac.uk/history/events/conferences/sshm2016.html)

Barbara Brodie Nursing History Fellowship

THE ELEANOR CROWDER BJORING CENTER for Nursing Historical Inquiry Barbara Brodie Nursing History Fellowship, a postdoctoral award, is open to nurses engaged in historical scholarship that advances the field of nursing history. Applications for the \$3000 award are due October 15, 2016, and the recipient will be announced in December, 2016. The selected Barbara Brodie Nursing History Fellow will present a paper from their research in the Center's Nursing History Forum series.

Selection of the fellow will be based on the scholarly quality of the investigator's project including: the clarity of the project's purpose, its rationale and significance, the rigor of its methodology and questions posed, and its potential contributions to the field of nursing.

The application and a curriculum vitae should be sent by email to the Center's Director, Dr. Barbra Man Wall, bmw8y@virginia.edu.

Applications are available on the Center's Web site: [www.nursing.virginia.edu/
Research/CNHI/Fellowship](http://www.nursing.virginia.edu/Research/CNHI/Fellowship). ■

SNIPPETS FROM THE PAST



Sutures:

The Historical Use of Horsehair During the Civil War

CASEY LAWRENCE, UNIVERSITY OF VIRGINIA SCHOOL OF NURSING BSN STUDENT

Although horsehair was commonly used for sutures during the American Civil War, it was a material of last resort. Both Union and Confederate surgeons preferred silk, catgut, or cotton to close wounds. Eventually, the Southern supply of these materials diminished, leading surgeons to use readily available horsehair.¹

The Union blockade further contributed to the Confederacy's reliance on horsehair. Yet, the Confederacy actually benefited from this situation. Since Confederate doctors boiled horsehair in water to make it softer and more flexible, horsehair sutures were unintentionally sterilized. In contrast, the silk thread used in the North was not sterilized; consequently, the Confederate army had fewer wound infections than the North.²

Today, most materials are made from synthetic polymer fibers. The only materials still in use from ancient times, albeit

rarely, are silk and gut sutures.³

In 2013, a National Institutes of Health (NIH) study revealed that horsehair possesses properties of standard suture material. Despite modern rejection of horsehair sutures in favor of synthetics, mainly due to low tensile strength, horsehair has the potential to benefit society. Since horsehair is a naturally renewable and easily available material, its use could significantly cut surgical costs when properly prepared.⁴ Developing countries, where suture materials are scarce, could especially benefit.

Necessity spurs innovation, and we can learn much from the study of military medicine. We study wars to learn from their history. The history of the use of horsehair as suture material demonstrates that historical medical treatments may have surprising modern applications. ■

Above, General Ulysses S. Grant's Horse, 1861.

¹ Flagel, T. R. (2010). *The History Buff's Guide to the Civil War: The Best, the Worst, the Largest, and the Most Lethal Top Ten Rankings of the Civil War*. Naperville, IL: Sourcebooks, Inc.

² Gabriel, R. A. (2012). *Man and Wound in the Ancient World: A History of Military Medicine from Sumer to the Fall of Constantinople*. Washington, DC: Potomac Books.

³ Suzuki, S., & Ikada, Y. (2012). Sutures for wound closure. *Biomaterials for Surgical Operation* (pp. 189–197). New York, NY: Humana Press. Retrieved from http://link.springer.com/chapter/10.1007/978-1-61779-570-1_8

⁴ Yedke, S. R., Raut, S. Y., & Jangde, C. R. (2013). Experimental evaluation of horse hair as a nonabsorbable monofilament suture. *Journal of Ayurveda and Integrative Medicine*, 4(4), 206. Retrieved from <http://www.ncbi.nlm.nih.gov/pmc/articles/PMC3891175/>

Making the Child “King of the Mountain”

Care of the Convalescent Child at Children’s Rehabilitation Center (CRC) 1951–1987

LISA CANTORE LETZKUS, RN, MSN, CPNP-AC, CCRN

UNIVERSITY OF VIRGINIA SCHOOL OF NURSING PHD STUDENT

In the University of Virginia Hospital’s 1958 annual report, the hospital and nursing administrators noted the differences in nursing care at the new Children’s Rehabilitation Center (CRC): “The assignment of the nursing staff differ some from the hospital ward. The staff is trying to help the patient become independent.”¹ It was an important distinction and one that was consistent with the CRC’s purpose.

Just a year earlier, in November 1957, the University of Virginia Hospital had opened the Children’s Rehabilitation Center, a nonprofit institution to provide rehabilitation services to convalescent children. The 1958 annual report went on to note that the CRC would operate on the “principal that the rehabilitation of handicapped children is the cultivation, restoration and conservation of human resources. Not only are the fundamental needs of the handicapped child essentially the same as any child, but additional services are needed to reduce the disability and assist the child to reach the fullest physical, social, psychological, educational, vocational and economic usefulness of which he is capable.”² Thus, nursing services at the CRC would “provide complete and comprehensive nursing care for the patients ... in the controlled environment of the rehabilitation center.” This would include aspects of “hygiene, nutrition, exercise, relaxation, recreation and other activities” which would contribute to the “maximum possibility of successful rehabilitation.” Indeed, the nurses served

as integral members of the rehabilitation team.³ The establishment of the CRC met a void in central Virginia for comprehensive care for handicapped children. The members of the CRC team facilitated growth and development while addressing the special needs of this pediatric patient population.



Pediatric patient with UVA student nurse, c. 1910.

Care of the Convalescent Child in Virginia

Although pediatric nursing had been recognized since the 1850s, pediatric rehabilitation was not recognized as a nursing subspecialty until 1964. Two decades prior, Sister Elizabeth Kenny introduced innovative, although at times controversial, techniques in caring for children stricken with polio. Kinney’s work and that of others led to changes in the treatment of disabled children.

In 1951, the Virginia Council of Health and Medical Care held a conference in Richmond Virginia, to discuss the need for services for handicapped children. At the meeting, the council identified the need for further service expansion of services, and recommended the establishment of a rehabilitation facility for convalescent children.⁴ It would be another three years before John Stacey, the Director of the University of Virginia Hospital, formed a committee to explore how UVA could meet the needs of these children. The committee members came to the same conclusion as the Council: handicapped children required additional

¹ Children’s Rehabilitation Center Correspondence 1958, Reports from Administrators, nursing services, medical advisory board, The University of Virginia Historical Collections, Claude Moore Health Science Library, 3:013, page 22 (hereafter CRC report and HC)

² Ibid, 8

³ Ibid, 22

⁴ CRC report, 14

services to reduce future disability, and planning began for a new rehabilitation center. Recommendations were made for special education, social services and rehabilitation services as well as architectural requirements and designs.⁵ A previous home for disabled children did exist in Charlottesville. The William J Rucker Home for the Convalescent Children treated children suffering from diseases of the bones, joints and musculature from 1945 to 1949. The Home closed in 1949 because of the building's poor design and unsafe structure. However, funds from private endowments and special gifts continued to be given for the care and treatment of disabled children. During the next several years the funds accumulated, and in 1955 the gifts had reached an amount that was sufficient to support construction of a new rehabilitation center on the site of the old Rucker Home.⁶ Additional financial support was provided from the Hill Burton Act. With the approval of UVA President Colgate Darden, Jr., the UVA Board of Visitors authorized construction in June, 1956.

The Children's Rehabilitation Center

After two years of construction, the Children's Rehabilitation Center (CRC) opened on November 18, 1957. Orthopedic surgeon Dr. Hamilton Allen served as the center's first medical director. Miss Ruby Anne Tate, a graduate from the Roanoke Hospital School of Nursing, assumed the nursing leadership role. The nursing staff consisted of four registered nurses, two practical nurses, seven nurses' aids, and four male attendants.⁷

In its early years, the CRC inpatient unit accommodated up to 30 children. Children under the age of 14 years were considered for admission; in select cases, older children were also admitted. Children with neuromuscular conditions including poliomyelitis, cerebral palsy, muscular dystrophy, spina bifida, and spinal cord lesions were eligible for admission. Children who suffered from arthritis, rheumatic fever, congenital deformities and amputations were also admitted to the Center.⁸

Inpatient Nursing Services

Initially, the new facility focused primarily on inpatient care for handicapped children. The opinion at the time was that children with disabilities could only be cared for efficiently and safely by

competent health care providers in a hospital setting. The nurses provided care twenty-four hours a day and worked eight-hour shifts. As noted by nurses who worked at the CRC at the time, each nurse "attends to the child's health and comfort ... also teaches the child independence in the earliest stage of his program."⁹



The Rucker House was UVA's first convalescent facility for children with disabilities.

The CRC nurses' care included obtaining each child's temperature daily for 5 consecutive days, starting on the day of admission. If the temperature was normal for 5 days then temperatures were not taken unless indicated or ordered. Other nursing tasks included oral care, comfort care, baths and irrigations.¹⁰ The nurses also established each child's toilet training program. Medication administration was also a crucial role of the CRC nurses. The primary medications administered include antimicrobials, muscle relaxants and anti-convulsants.

All the children were dressed in their own clothing and ate all their meals together in the dining room, regardless of their condition or disease.¹¹ Eating in the cafeteria and wearing their own clothes helped to establish an atmosphere that was more home-like. To further promote a homelike atmosphere, nurses did not wear the traditional white uniform and cap and instead wore pastel uniforms or bright colored pinafores.

As the years passed, the patients' ages and acuity levels increased. Those who were admitted were sicker and had more complications and co-morbidities. As a result of these changes, additional nurses were needed to provide adequate nursing care and meet the ever increasing demands of patient care. The vast majority of nurses who started to work at the CRC had little to no experience in pediatric rehabilitation; few schools of nursing

⁵ Ibid, 16

⁶ Ibid, 14

⁷ University of Virginia *Medical Alumni*, (October–November 1957) HC, 2–4

⁸ CRC report, 9

⁹ *The Draw Sheet*, University of Virginia Hospital, (February, 1958) HC, page 2

¹⁰ Gladys Sellow, Chapter: "General Nursing Care Children," in *Nursing of Children*, (WB Saunders Company, Philadelphia, 1948): 250

¹¹ Children's Rehabilitation Center Report 1969, HC, 4:006, 3

included pediatric rehabilitation in their curricula, including the nursing school at the University of Virginia.¹² Due to the lack of experience, CRC leaders provided educational opportunities for the entire staff. “Grand Rounds” were held monthly in addition to weekly lectures that covered such topics as convulsions and epilepsy, poliomyelitis symptoms, poliomyelitis treatment, and emotional reactions of children to physical illness.¹³ The nurses also attended classes taught by the nursing supervisor, therapists, pediatricians and orthopedic surgery residents, all with the goal of promoting clinical expertise.¹⁴



UVA pediatric patients on roof, c. 1939.

assisted the children in gaining experience and confidence in a controlled and safe environment. Children who were confined to wheel chairs were able to be “King of the Mountain” by achieving new heights in the outdoor fort: they were able to finally see the world from a new vantage point instead of always looking up from their wheel chairs.¹⁶

The Team Approach to Patient Care

A team approach to patient care evolved over time. The team included nurses, physicians, various therapists, dieticians, social workers, school teachers, and psychologists. Each member brought their own expertise to the team and contributed to the mutual goal of maximum independence for each patient. For a child with a physical disability, physical and occupational therapies sought to reduce the child’s physical impairment. Muscle strength and activities of daily living were evaluated. Exercises and adaptive equipment such as braces and prostheses were used to promote physical function. Outside of the children’s therapy sessions, the nurses worked with the patients on their individual goals and taught family members how to provide the care necessary for each child.¹⁵

‘King of the Mountain’

On a nice day therapy sessions would be conducted outside, and children could also spend their free time enjoying the carefully designed outdoor areas. The design of the outdoor space and playground, as well as the gym and pool, allowed the staff to facilitate therapeutic play. The textured surfaces for gait and mobility training were similar to the types of surfaces that the children would encounter in their daily lives at home, school or in the community. The surfaces and obstacles they encountered

were offered to the children including bowling, horseback riding, ice skating, and swimming.¹⁷ These activities were both recreational and therapeutic. Various community groups also provided puppet and magic shows, as well as art and guitar lessons. These activities and events while therapeutic also helped to provide the children with a sense of normalcy.

An apartment-like setting was made available to the Center’s adolescent patients, giving them the opportunity to practice independent living skills and a place to just “hang out” with friends. The goals for each patient’s apartment experience were to provide them with a sense of normalization and to enable them to experience appropriate developmental experiences while assisting in their transition from the protected and supportive environment of the CRC to home.¹⁸ It also provided the teenagers with the opportunity to become more independent and confident in their capabilities.

Family Members and Nurses Working Together

The Center’s nurses did not want family visitation to take away from the necessary therapies. Family visitation, initially restricted to Sunday afternoons, was changed over time and visitation was permitted during the week, but even then only in the early evening hours after the children’s daily therapy routines were finished. In 1976, a new visitation policy was piloted which allowed one family member to spend the night at the child’s bedside. The pilot project resulted in the visitation policy being permanently changed to allow one parent to remain at the bedside of a child under the age of six who was scheduled for surgery the following day. Overtime, the overnight visitation policies became less restrictive, allowing one parent to remain at bedside.¹⁹

¹² UVA Nurse Faculty Minutes 1958, Center for Nursing Inquiry, Collection working

¹³ CRC report, 13

¹⁴ Children’s Rehabilitation Center 1968, Report for the year: Statistics on patients & summary of CRC activities, HC, 3:031, 5,8

¹⁵ The Draw Sheet, University of Virginia Hospital, (February, 1958), HC, 2

¹⁶ This Week Magazine (June 2–9 1978): 15

¹⁷ Advance, Children’s center focuses on total child January (February 1978)

¹⁸ Medical Alumnews (Winter 1978)

¹⁹ Family-Centered Care page 467

By the 1980s, the team expected parents to participate directly in their child's care, spending the night and attending therapy sessions. Families began to participate in goal setting and decision making regarding their child's care, and they were continually kept abreast of their child's progress. As family members had a greater presence on the inpatient unit and more direct involvement in the care of their children, nurses and families learned to work together.

In preparation for discharge, the nursing staff worked closely with family members to ensure that they had the skills necessary to care for their children at home. A smooth transition to home was the goal for team members, and families were provided with comprehensive discharge plans. After discharge children were seen at CRC follow-up appointments to monitor their progress. A parent recalls that when she saw her child for the first time "run out onto the playground at recess arm-in-arm with a friend, I remember back to last year when she was at CRC."

Expansion and Transition

In 1974 there was a change in leadership at the CRC when Dr. Sharon Hostler was appointed the medical director. In her new role, Dr. Hostler worked closely with Jean Markwood, the head nurse at the time, to create a collegial relationship with the nursing staff.²⁰ Dr. Hostler came to her new leadership role at a time of rapid growth for the Center; this growth continued throughout the 1970s and 1980s and was easily attributed to the excellent care patients and their families received from the dedicated CRC staff.²¹ Along with a reputation for excellence came an increase in the number of referrals to the Center's outpatient services; the increased demand for the outpatient services also led to the administration's realization that physically, the Center could not continue to meet the demand for services. Additions were built to accommodate the growing need during this period.

The philosophy of care at this time reflected the increased emphasis on outpatient and home care. The CRC staff strived for maximum self-sufficiency for each child. No longer were children hospitalized until optimal function was achieved; instead they began their rehabilitation at the Center. While the children were inpatients, nurses and other staff taught family members the skills necessary to continue therapies and care at home.²² As the outpatient clinics expanded to meet the new demands, there was also an increased demand for nurses to provide care in the outpatient setting.

Kluge Children's Rehabilitation Center

The Center's reputation for providing quality care to handicapped children continued to grow and led to increased referrals and the need for further expansion. In 1986, Mr. John W. Kluge and his wife Patricia recognized the CRC as a center of excellence and supported the Center's initiatives. They pledged a generous gift to expand the outpatient services as well as support cerebral palsy research at CRC; after 30 years of service to handicapped children, the CRC was renamed Kluge Children's Rehabilitation Center (KCRC).²³ Despite the change in the Center's name, its philosophy and mission remained unchanged.

Uncertainty in the Future

As the University of Virginia and the KCRC entered the 21st century, hospital stays continued to decline, insurance reimbursement continued to change, and the survival of the Center's inpatient unit became uncertain. However, patients' gratitude stands as testimony to the unique place the Center and its nurses have provided throughout its history. That gratitude is expressed in a letter from a patient's mother who reflects on her experience at KCRC:

*Thank you so much for all that you did for my sweet girl. We are amazed at all the progress she made while at Kluge! You all were such a blessing to my entire family! We were told about Kluge and we were so excited to get her there! Everyone had wonderful things to say and now we can join in the fan club. Everyone ... was so kind and loving towards her. You all were her cheerleaders for her and you encouraged her to try her hardest. She was challenged and she was exhausted but she made progress! She had fun while she was there which is saying a lot considering all that she was dealing with ... you all welcomed our entire family and treated all of us with so much respect ... thank you hardly seems like enough. We are forever grateful for all that you did for my sweet girl.*²⁴

Throughout this time of uncertainty, the nurses and other members of the Center's team continued to remain committed to making the children "King of the Mountain." ■

²⁰ Lisa Letzkus, personal communication with Dr. Sharon Hostler, April 10, 2012

²¹ *The Cavalier Daily*, University of Virginia October 26, 1976

²² Children's Rehabilitation Center memoranda 1978, HC, 4:024

²³ *The Draw Sheet* (October 1987): HC

²⁴ Letter to CEO of UVA Medical Center, 2012

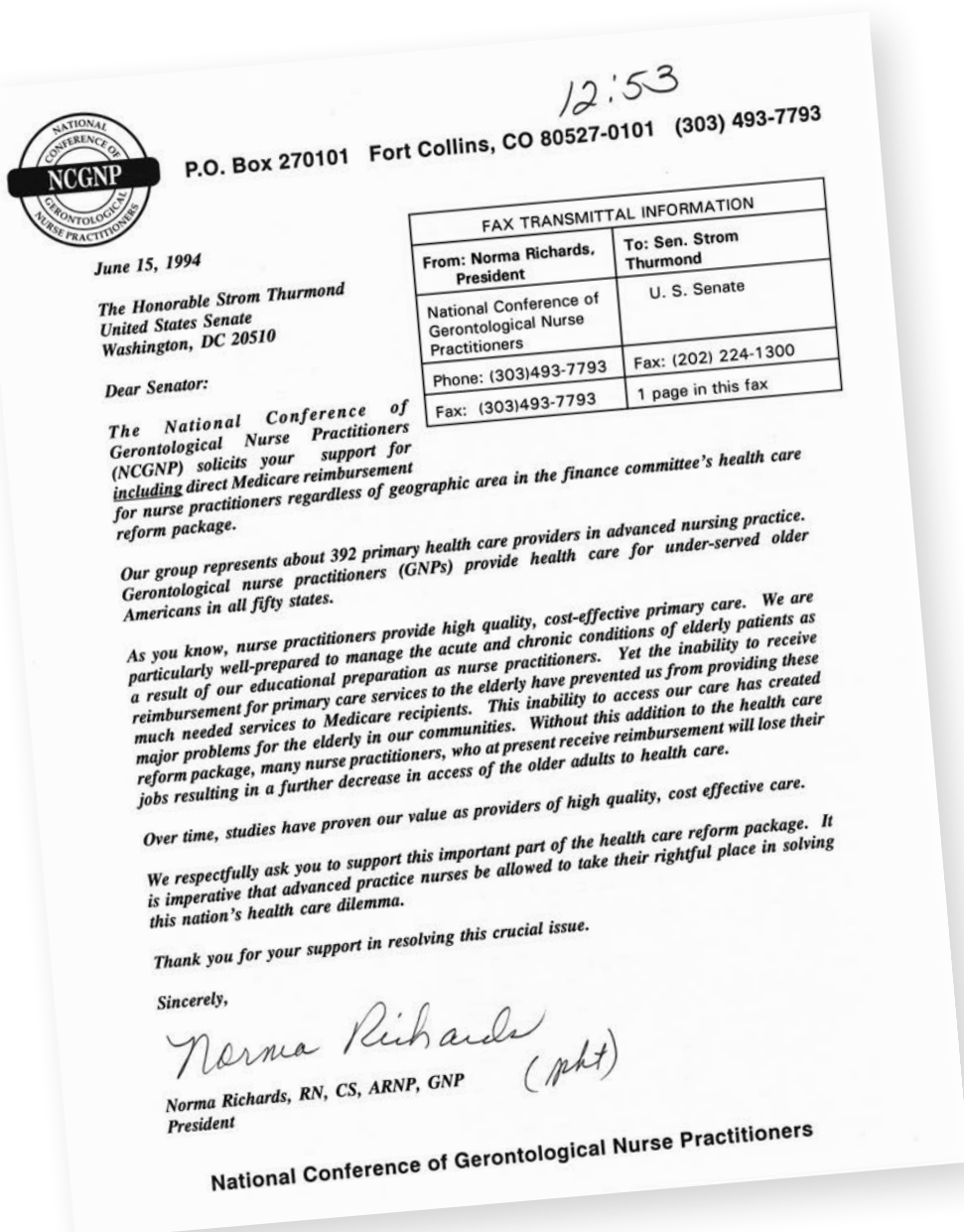
Two New Collections

ERIC M. DRONGOWSKI, MLS

The meaning of the word 'archive' evolved from the Greek 'arkhe' which encompasses ideas of origin and leadership. This meaning resonates powerfully in two collections that have been our focus of inquiry during the first months of 2016. One, the Gerontological Advanced Practice Nurses Association, documents nearly four decades in the development of a mission driven, politically and professionally active organization. The second, the Edythe Goldstein Pallin collection, illustrates an intimate transformation of a young nurse from a white-clad student in Philadelphia into a hardy, combat-trained adept working just a short truck ride from a South Pacific battlefield.

A National Resource

The Gerontological Advanced Practice Nurses Association is a national organization with more than twenty chapters across the country. The GAPNA story began in 1976 with an RN-to-GNP training program. With support from the Mountain State Health Corporation, W.K. Kellogg, and the University of California at San Francisco GNP program faculty, the Western Conference of Geriatric Nurse Practitioners became the National Conference of GNPs. One of the primary goals of this effort was to address, "the lack of interstate consistency in requirements and legal aspects of practice," (NCGNP Organizational History, 1984). Administrative records, convention papers, legislative correspondence, and educational materials document many landmarks throughout years of transformation. Battling for recognition of the need for advanced training and Medicaid funding; developing standards of practice; educational structures and research initiatives; and fostering collaboration among GNPs are only some of the challenges tackled by this group. Renamed GAPNA in 2009, the goals of the association are much the same in the 21st century as they were in the 20th: to be recognized as experts in the field, to support membership, to advocate for best practices and education, to shape policy affecting the health care of older adults, and to serve as a resource in practice management.



GAPNA



EDYTHE GOLDSTEIN PALLIN COLLECTION

A Black Paper Scrapbook

By April 1, 2016, all branches of the U.S. Armed Services are required to open up all military combat jobs to women. But in April 1945, there were already combat-trained women on the ground in Okinawa and Ie Shima. They were U.S. Army officers, nurses, treating the sick and wounded soldiers fighting the last battles of World War II. Edythe Goldstein trained as a nurse in Temple Hospital, Philadelphia, PA. She was appointed a Reserve Nurse, Second Lieutenant, of the Army Nurse Corps in January, 1943, and sailed from San Francisco to Hawaii in April. In Hawaii, on Kauai, Goldstein and her fellow nurses spent some of their time shooting rifles, crawling through barbed wire under live fire, swimming with full packs,

and climbing up and down cargo nets. During training, she met Ralph Pallin and became Edythe Pallin in the spring of 1945. Of this she said, “My husband went to the Philippine invasions and I went to Okinawa ten days after we were married.” (Interview, 2004).

the bread was baked well, the insects were all dead, we ate.” Although she was trained for combat, Pallin denied that she would have used her rifle, stating that the nurses usually left their weapons in barracks. Her preferred tools were sulfa drugs, morphine, aspirin, Vaseline,

Official documents, personal notes, and a rich array of inscribed photographs develop this story of hardship and service.

Official documents, personal notes, and a rich array of inscribed photographs develop this story of hardship and service. Pallin’s voice and her camera produce vivid recreations of the training and the deployment which included a severe allergic reaction to mangoes, pneumonia, bathing in a bucket, and laundering in her helmet. “Did you ever eat food that walked before you could spear it? Full of bugs ... sometimes when

gauze, and ice. Penicillin existed but it was new, relatively unknown, and in very short supply. From April of 1945 until the end of the war in August, Pallin and her colleagues lived and worked in unbelievable conditions. After the war, Pallin preserved her record of this experience in a black paper scrapbook which is now allowing us to peer into an early moment when women were in the field, on the line and risking it all. ■

Above, nurses of the U.S. Army 156th Station Hospital, c. 1944.

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Nurses of the U.S. Army 156th Station Hospital, c. 1944.