A GLIMPSE INTO THE CAROLINE BENOIST COLLECTION

This editorial begins a series of columns designed to introduce you to some of the small collections housed in the Center, in the hope that you will be intrigued enough to visit us.

The Caroline H. Benoist papers donated by Jeanette Waits, a friend and colleague in Mississippi, fit this category. Caroline H. Benoist was a 1925 graduate of Johns Hopkins School of Nursing. She had further training in public health at Vanderbilt University and training in home delivery services at the Chicago Lying-in-Hospital. With that background, Benoist established a program at Pike County Health Department in Mississippi in 1936 to assist physicians in home deliveries and to teach lay Granny midwives. The Benoist collection is rich in historical narratives about public health nursing in Mississippi between the years 1936 and 1938.

The collection includes copies of materials from the Chicago Lying-In-Hospital, public health nurses’ (PHN) narrative reports to the Mississippi State Board of Health (1948), and information about the fight to control communicable diseases (including syphilis, tuberculosis and diphtheria). This collection would be particularly useful for those studying these specific topics or public health nursing in general. Many reports contain information about maternal–infant care. One excerpt, from a Coahoma County Public Health nurse, documents the challenges nurses faced when visiting poverty-stricken mothers and babies:

An antepartum case delivered premature twins. One was stillborn and the other lived; weight one pound. The mother had no clothes for the baby and no bed clothes. An incubator was improvised in an old 1931 reprint from April, 1924, HYGEIA, the Health Magazine of the American Medical Association. (Benoist collection)
suitcase warmed with hot bricks and water bottles. The care of a premature infant was carefully outlined. Next day, the mother had taken the baby out of the incubator, into bed with her. The baby was cold and the mother apparently indifferent. The importance of special care for such a tiny baby was again stressed and the parents seemed impressed, promising to carry out instructions.\(^1\)

Indeed, this small collection (about .6 linear feet) is replete with narrative data about rural visiting nursing. Race and class issues, reflecting those typical of the rural South in the 1930s, are particularly evident in the nurses’ reports. Note for example:

An intensive search has been made for unreported births. White and negro [sic] women were found practicing midwifery without permits. Teaching and demonstrations were given in the home and patients were visited with midwives. A delivery room was exhibited in Corinth, which both white people and negroes [sic] visited. \(\ldots\)\(^2\)

Another report documents the nurse’s involvement in the training of midwives. In this narrative, the nurse reports on efforts to have the granny midwives keep an official record of births:

A meeting of the Covington County midwives was well attended, smallpox vaccinations were given, bags and equipment inspected, permits were issued to those meeting requirements, and new and beneficial instructions were received. The registrar attended and gave an interesting talk regarding the correct filing of birth certificates.\(^3\)

For anyone interested in the history of rural public health and/or visiting nurses, communicable diseases in the early 20th century, rural midwifery practice and the intersection of race, class and gender issues in health care, this collection is worthy of your attention.

\(^1\) Public Health Nurse, Coahoma County, narrative report, Benoist Collection, CNHL (1938): folder 1.
\(^2\) PHN Alcorn County, narrative report, Benoist Collection, CNHI (1938), folder 1.
\(^3\) Ibid.
THE CENTER’S EVENTS

2006 HISTORY FORUMS

McLeod Hall    Room 5044
12:00 - 1:00 PM

FEBRUARY 22, 2006

“My Treatment was Castor Oil and Aspirin”:
Field Nursing Among the Navajo in the
Indian Health Service, 1925-1955.

Arlene Keeling, RN, PhD
Centennial Distinguished Professor of Nursing,
Director, Center for Nursing Historical Inquiry

SEPTEMBER 19, 2006

"A Reappraisal of Nursing Services:"
An Economic Analysis of Nursing Care at the
University of Virginia Hospital, 1945-1965.

John C. Kirchgessner, RN, MSN, PNP
Assistant Professor, UVa School of Nursing

RITA CHOW COLLECTION OPENING

Dr. Rita Chow officially opened her extensive personal collection to the public on September 28, 2005, in a ceremony held in the Health Sciences Library Special Collections. In her remarks about her long and varied career, Chow offered from her experience keys for unlocking the doors to true joy and success in one’s life work.

The Chow Collection (18 boxes) documents her activities in the Army Nurse Corps, her experience as an assistant editor of AJN, her extensive cardiac care research, and her fifteen year career in the U.S. Public Health Service.

Mary T. Sarnecky, DNSc, RN, CS, FNP, Colonel, U.S. Army (retired), is the recipient of the 2006 Agnes Randolph Award. Dr. Sarnecky, a renowned nurse historian, was selected for her seminal work on military nursing.

“Army Nurses in Combat Boots:
The Evolution of the Deployment Experience”

University of Virginia School of Nursing
McLeod Hall Auditorium

4-5:30 p.m.

Reception, sponsored by Beta Kappa Chapter Sigma Theta Tau, to follow.
STAFF PRESENTATIONS/PUBLICATIONS


Kirchgessner, J. (September, 2005) “A Herculean Task”: Staffing the University of Virginia Hospital during the 1950s. September AAHN Annual Conference, Atlanta.

STUDENT PRESENTATIONS/PUBLICATIONS


Cassavant, J. (February, 2005) Nurses at the Front: American Red Cross Nurses in World War I. Southern Association for History of Medicine and Science, Augusta, GA.


UPCOMING EVENT:
“Sharing the Stage: Coronary Care & Collaborative Practice at the University of Virginia: Lyndon Johnson’s Heart Attack, 1973”
A Panel Discussion sponsored by Beta Kappa Chapter Sigma Theta Tau International in celebration of the Week of the Nurse.
May 12, 2006
Jordan Hall Auditorium
12:00-1:00
All are invited. Reception to follow.

c. 1950s, CNHI photograph collection.
ANNOUNCEMENTS

Congratulations to Living Legend Joan Lynaugh

Bates Center University of Pennsylvania Professor Emerita Joan Lynaugh RN, PhD, FAAN was recently named a Living Legend by the American Academy of Nursing. Dr. Lynaugh was the founding director of U. Penn’s Barbara Bates Center for the Study of the History of Nurses. “Dr. Lynaugh exemplifies the best qualities, accomplishments, and legacies for which the Living Legend Award was established. Her selection is not only an acknowledgement of Dr. Lynaugh’s many contributions to nursing; it is also an acknowledgement of the significance of scholarship in nursing history,” said U. Penn Dean Afaf I. Meleis, PhD, DrPS(hon), FAAN. Currently, Joan is working on historical questions related to the development of higher education in nursing. In 1994, Dr. Lynaugh was the first recipient of the CNHI Agnes Dillon Randolph Award.

2006 Brodie Research Fellow

Dr. Sonya Grypma, Assistant Professor at the School of Health Sciences at the University of Lethbridge, Alberta, Canada, is the 2006 recipient of the Brodie Research Fellowship. Her research is entitled “Canadian Nurses Interned under the Japanese in China, 1941-1945.” For her study on the Canadian missionary nurses working in northern China, she is drawing on resources of several collections, including the United Church of Canada, the Anglican General Synod, the Toronto General Hospital, and the National Archives of Canada. She is also collecting data from site visits to the Qilu Hospital in Shandong Province, China. Dr. Grypma will present preliminary results of her study in the Center’s September, 2007, History Forum.

Barbara Brodie Nursing History Fellow

2007

The 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, 2006, and the recipient will be announced in December, 2006. The new Barbara Brodie Nursing History Fellow will present a paper from their study in the Center’s 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 to Dr. Arlene Keeling, Director, Center for Nursing Historical Inquiry, University of Virginia School of Nursing, PO Box 800782, McLeod Hall, Charlottesville, Virginia 22908. Applications are available on the Center’s Web site, at http://www.nursing.virginia.edu/centers/cnhi/hrfellowship.html.
Recent studies on hospice highlight the roles of Cicely Saunders and Florence Wald in terminal care reform during the 20th century, but overlook the significance of the roles that families, religious groups, and nurses played in community-based care of the dying prior to the inception of the modern hospice movement. The contemporary philosophy of hospice care evolved from a tradition of nursing care provided by families and nurses at home and in specialized homes for the dying. Although few of these homes were called hospices, their nursing care for the dying encompassed the physical, social, and spiritual components of suffering. This article reveals the influence of this tradition of nursing care on the development of the modern hospice concept of care.

Early Homes for the Dying

The manner and location of dying changed throughout history. Until the early 1900s, care of the dying was primarily within the realm of home and family. Although those who could not remain at home could enter voluntary hospitals, institutional biases gave higher priority to those with cure potential. Once diagnosed as incurable, the dying poor were sent away to be cared for by their family. Those without adequate resources to die at home either languished in the streets or were sent to asylums or almshouses until they died. Beginning in the late 19th century, a number of homes opened in the British Isles and America to provide specialized care for the hopelessly ill poor. The majority of these homes, though not all, were founded and operated by religious groups of Catholics, Methodists and Anglicans. Although there were denominational differences in their approach to care for the dying, they were united in their dedication to a "social gospel" that called them to serve the poorest of poor. Two of these homes, St. Joseph's Hospice for the Dying and St. Luke's Home for the Dying Poor, played a critical role in Saunders' conceptualization of hospice as both place and philosophy of care for the dying.

St. Joseph's Hospice in London was founded by the Irish Sisters of Charity in 1905. The sisters' ultimate mission was to help patients achieve "soul cures" when physical cure was no longer a possibility. These soul cures were dependent upon the individual's acceptance of the Catholic faith and participation in its specific rituals. Although spiritual healing was paramount, it was generally accepted that it could not be accomplished until the person's physical and mental suffering had been alleviated. St. Luke's Home was founded in 1893 with an affiliation with the Methodist Church. As at St. Joseph's, spirituality was a critical component of care. The Methodists believed, however, that the dying person's "faith in Jesus" within the broader context of Christianity, was more important than religious conversion to a particular denomination. The hospice staff respected the "absolute sanctity" of the individual and tried to "reach that which makes the man himself, and does not belong to another." Each individual's personal characteristics and history were incorporated into the care they received.

As in Britain, there were many groups dedicated to service to the dying poor in the U.S. One of these groups, the Servants for the Relief of Incurable Cancer, was a tertiary Dominican nursing order founded in 1899 by Rose Hawthorne Lathrop and Alice Huber. Lathrop began her work after training as a nurse at the New York Cancer Hospital...
during the summer of 1896 and Huber joined her soon thereafter. Initially, these professed nurses visited patients in their homes, dressed their wounds, and provided what services they could to family members. When they opened St. Rose’s Free Home for Incurable Cancer careful attention was given to making the rooms look cheerful and homelike. Patients were welcomed regardless of race, ethnicity, or religion. Proselytizing was strictly prohibited and no money was accepted for care provision. The sisters were duty bound to assure that patients, once deemed incurable, were not used as guinea pigs for medical research. They eased patients’ suffering through the use of Morphine and by providing “…whatever dainties the patients desired.” Lathrop did not believe, as most did, that cancer was contagious and called upon nurses to overcome their fears and provide much needed care for the cancerous poor. She kept meticulous notes on how best to relieve pain and do away with the odor of cancer, because it upset the patients’ nerves, which made their physical condition worse. She documented how some dressings and treatments were literally worse than none because they aggravated the condition, and “how cheerfulness toward the patients was almost the best treatment of all.”6 Unfortunately, Lathrop died in 1926 and her wish to publish this valuable information in book form never came to fruition.

Early Homes for the Dying and the Modern Hospice Concept

Cicely Saunders’ dedication to hospice began in the late 1940s and developed as she worked at St. Luke’s that she learned about the Brompton Cocktail, a concoction of medications and alcohol that the nurses had been using since the early 1930s for pain and symptom management.7 Important to the drugs’ effectiveness was the novel method of delivering it. Medication was given to patients on a routine versus PRN basis to prevent the patient from experiencing pain. This regimen helped to control pain before it controlled the patient and became central to Saunders’ approach to symptom management.

When Saunders finished her medical training in the 1950s, she approached the Irish Sisters of Charity with a proposal to conduct clinical research at St. Joseph’s. While the research was necessary to validate her approach to pain management, her heart was really in patient care. She admired how the sisters remained at the bedside to sit with and listen to patients.8 Saunders wrote of how the sisters’ integration of care to mind, body, and spirit “transformed the wards” at St. Joseph’s.9 Their approach became central to her evolving understanding of care that focused on “being with” versus “doing to,” and placed the needs of the patients and their families at the center of care.10 Building upon this tradition of nursing care, Saunders envisioned St. Christopher’s, the hospice she hoped to build as “a community [where] people shared the cost of being vulnerable.”11 She embraced the belief that the dying have intrinsic value and are not inanimate receivers of care, but rather are active participants in their care. This philosophy broke down the artificial barriers between the various aspects of care and blurred the boundaries of how health professionals and patients existed in relationship to each other. A charismatic leader and extremely successful at articulating the value of such care, Saunders soon became a powerful force in terminal care reform.

Conclusion

According to Saunders, there were three founding principles of the 20th-century hospice: openness, the marriage of science and the heart, and
freedom of the spirit. Although Saunders served as a charismatic leader of the hospice movement, hospice was neither an invention of the 20th century, nor was it created by physicians. The contemporary philosophy of hospice care evolved from a tradition of hospice care provided in specialized homes for the dying. Saunders built upon the religious traditions of nursing care to create a partnership among patient, family and professional. In so doing, she and other hospice advocates used this tradition of nursing care as a framework to organize, deliver, and research medical care for the dying.

Although hospice challenged many boundaries and societal assumptions about the appropriate care for the dying, serious inadequacies remain in our models of end-of-life care remain. Hospice offers a humane alternative to dying in pain in an Intensive Care Unit, yet, there are other providers of compassionate care for the terminally ill as well. During her thirty years of work with cancer patients, Rose Hawthorne Lathrop was joined by hundreds of people; they continue her ministry to “Christ’s poor.” Today the Hawthorne Dominicans care for thousands of patients annually in their seven “free homes” for the dying in six states. Faithful to the spirit of their foundress, no money is accepted from patients, families, or formalized reimbursement streams for service provision. Patients are cared for regardless of religious race, creed, or ethnicity. With the patients and their families at the center of care, the sisters and lay professionals continue to weave a rich tapestry of care of the mind, body, and spirit and facilitate healing in the face of separation and loss. For many dying patients and their families, these precious moments of healing and grace are like manna from heaven.12

Notes:
8. Saunders, “The Treatment of Intractable Pain in Terminal Cancer,” 195. Although in Saunders earlier writings she speaks of the compassion that the Sisters of Charity had for patients, in later descriptions she states that they were more concerned for patient’s souls.
11. Cicely Saunders, “The Patient's Response to Treatment: A

12. These words were used by the daughter of a patient who recently died at one of these homes in Georgia. For additional reading see: Joy Buck, “Rights of Passage: Reforming Care of the Dying, 1965-1986,” (PhD diss, University of Virginia, 2005); Joy Buck, Reweaving a Tapestry of Care: Religion, Nursing, and the Meaning of Hospice, 1945-1978, Nursing History Review (In press); Joy Buck, “Home hospice versus home health: Cooperation, competition, and co-optation,” Nursing History Review, 12, 25-46.

New Center Acquisitions:
Barbara Brodie: books, c. 1950s.
Betty Jo Coiner: nursing scrapbook, c. 1960s.
Vivian Cooper: nursing memorabilia, 1940s
Michael Foreman, in memory of his mother Hazel Frances Evans Foreman and the graduates of the Winchester Memorial Hospital Nurses Training School: nursing books and memorabilia.
Grace Muro: “The Lamp” 1953 yearbook
Christine Newcomer: nursing texts, c. 1930s.
Sharon Utz: WWI memorabilia
Richard Westphal: U.S. Navy Nurse Corps Insignia

Medical and Nursing Postcard Collections
The National Library of Medicine has recently announced acquisition of two large collections of postcards pertinent to nursing and medicine. The nursing collection, acquired from Michael Zwerdling, consists of almost 2,500 postcards. The collection served as the basis for his 2003 book, Postcards of Nursing: A Worldwide Tribute. The collection features United States nursing but includes nursing photos from more than seventy countries.

The second collection, donated by William Helfand, consists of 10,000 cards that illustrate medicine from a wide perspective including: war scenes, buildings, portraits, pharmacy, humor and public health. Plans are underway to open the collections to electronic access. For those wishing to view the cards now, please contact: Jan Lazarus (301) 435-4994 lazaruj@mail.nih.gov

![Postcard, c. 1910s. CNHI Brodie Collection.](Image)
There are few professions --- which have their limitations marked with such rigid distinctions, as that of nursing. There are many reasons accounting for these strong limitations … professional nursing is dependent upon the medical profession; from it … it has emanated. Yet nursing is a profession in itself, when kept in within its limits … has its own sphere.

Nurses should read no books of medicine. If she wishes to be a doctor, let her start at once in the prescribed manner … but if she means to be a nurse, medicine must remain a sealed *arcanum.* The instructions she receives in training, added to the practical work in the wards, the intelligent nurse will find sufficient [to care for patients]"

"….. when a nurse reads a [medical book] she burdens her brain with useless knowledge. ….. Such a nurse will also likely disgrace herself by the use of medical terms which serve only to expose her real ignorance … and to bring down upon her the censure of the head nurse, the
disgust of the doctor, and … scorn of her patients."

"No doctor objects to a nurse being intelligent, for if her knowledge is used in the proper manner she will be of great assistance to him. … The expression of a nurses’ opinion [on a medical subject] however, should be rare. Even if asked her opinion, … she should refuse to express it, especially at the patient’s bedside and in the presence of a physician."

".. the nurse should possess loyalty --- to the physician, patient…. She should be as “wise as a serpent,” quick to understand and….obey intelligently whatever orders may be given to her. ….. the “doctor’s duty to the nurse,” is a perversion of fact …; no such relation exists. There are three qualities that a … good nurse must possess: common sense, truthfulness and obedience.”


Barbara Brodie, RN, PhD, FAAN, Madge M. Jones Professor of Nursing Emerita, CNHI Associate Director
American Association for the History of Nursing, Inc.
The American Association for the History of Nursing and the Mayo Clinic College of Medicine, Continuing Nursing Education, are co-sponsoring the Association's twenty-third annual conference to be held September 29-October 1, 2006, at Mayo Clinic in Rochester, Minnesota. The conference provides a forum for researchers interested in sharing new research that addresses events, issues, and topics pertinent to the history of the nursing profession, its clinical practice, and the field of nursing history. Individual papers, posters, and panel presentations are featured at the conference. Additional information about AAHN and the conference can be obtained at www.aahn.org.

The next AAHN conference will be held in White Plains, New York, September 29-October 1, 2007. Abstracts are due by January 15, 2007. Submit to Jean Whelan: jcwhelan@nursing.upenn.edu

Soul Soldiers: African Americans and the Vietnam War
The Senator John Heinz Pittsburgh Regional History Center will, on Veterans Day 2006, mount an exhibition called "Soul Soldiers: African Americans and the Vietnam War." This exhibit will explore the issues, actions, reactions and expressions of life and culture by African Americans as they were impacted by Civil Rights and the war in Vietnam.

Samuel Black, Curator of the African American Collection is seeking information from Black nurses that served during the war. He wishes to capture the nurses’ experiences and hopes to gather artifacts, photographs, memorabilia, and oral histories that might be incorporated into this project. Interested nurses may contact Mr. Black at: (412) 454-6391, swblack@hswp.org

Yonsei College of Nursing Centennial International Conference on Nursing History and Leadership
In celebration of 10 years of excellence in Korean Nursing History from 1906-2006, Yonsei University College of Nursing is sponsoring an international conference on Nursing History and Leadership, May 10-11, 2006, at Severance Hospital in Seoul, Korea. The conference is being co-sponsored by 6 schools of nursing from around the world. The conference will provide an opportunity to trace the historical developments of the nursing profession in the world, examine implications for our time, and map the future of nursing leadership to equip participants with direction and insights on relevant and effective strategies to promote the profession of nursing. Scholars and investigators will have an invaluable opportunity to interact with colleagues from around the globe and to experience both the traditional and modern culture of Korea. For more information: http://www.yonseinursing.org
Canadian Association for the History of Nursing
Annual Conference
The annual CAHN/ACHN conference will be held in Vancouver, B.C., June 8-10, 2006. Hosted by the BC History of Nursing Professional Practice Group, the Conference will be held at historic St. Paul’s Hospital. The theme of the conference will be “Frontline Nurse: Historical Milestones.” A highlight of the conference will be an evening dinner and opera excerpts from “Florence: the Lady with the Lamp.”

Southern Association for History of Medicine and Science
Call for Abstracts
The 2007 annual meeting of SAHMS will be co-sponsored by the CNHI and UVa Health Sciences Library Historical Collections. The meeting will be held at UVa March 2 & 3, 2007 and will feature a traveling NIH exhibit “The Faces of Women in Medicine.” Keynote speaker will be Dr. Vivian Pinn, Assistant Director of NIH and Director of its Office on Women’s Health. Abstracts are due September 15, 2006, and should be sent to Mike Flannery, flannery@uab.edu.

American Association for the History of Medicine
The 79th Annual Conference will be held in Halifax, Nova Scotia, May 4-7, 2006. The conference offers a rich variety of topics in the history of medicine and a special session on the history of nursing. The Garrison Lecture on May 5, given by Allan Brandt, is focused on “Globalization, Health and History.” Additional information can be obtained from the AAHM website: www.histmed.org.

American College of Obstetricians and Gynecologists
The American College of Obstetricians and Gynecologists announces that the recipient of the 2006 ACOG Fellowship in the History of American Obstetrics and Gynecology is Carol Ann Stamm, MD, FACOG, for her research project, “Sharing the Secret: the History of Emergency Contraception.” The award carries a stipend of $5000 to be used to defray expenses while spending a month in the ACOG historical collection and in other medical/historical collections in the Washington, DC area, performing research into some area of American obstetric-gynecologic history. Application for the 2007 award will be received until October 1, 2006. For further information and application forms, contact Debra Scarborough, dscarborough@acog.org.

Nursing History Archives
A very rich nursing archival source is found at the Foundation of New York State Nurses in their Bellevue Alumnae Center for Nursing History. This unique archive, established in 1988, is dedicated to ensuring that the history of the nursing profession in New York State is preserved and understood.

The Center contains a wide range of collections including: Schools of Nursing, School Nurse Teachers Association, the National Student Nurse Association, Nurses for Political Action, and the St. Luke and Bellevue Hospital collection. Recently a Guide to their Psychiatric Mental Health Nursing collection was completed. For information contact:
Rachel Donaldson
(518)456-7858 x 24
rdonaldson@foundationnysnurses.org
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