

WINDOWS IN TIME

THE NEWSLETTER OF THE UNIVERSITY OF VIRGINIA SCHOOL OF NURSING CENTER FOR NURSING HISTORICAL INQUIRY
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FROM THE DIRECTOR

Center Receives the Nancy Milio Collection



Arlene Keeling

Addressing disparities in access to health care has been an on-going concern of health professionals throughout the history of the United States, and is of particular concern in the current economic environment of the 21st century. Examining the problem through an historical lens may provide insight into past solutions that may be recycled today as health care professionals and health policy-makers consider once again how best to come to grips with the problem. A new collection of primary data, now housed in the CNHI, provides a particularly interesting opportunity to investigate the topic.

This past summer the Center received the papers of Nancy R. Milio, public health nurse and professor emeritus of the University of Carolina, Chapel Hill. The collection, located by PhD student Pamela DeGuzman during her research on nurse-managed clinics, provides a behind-the-scenes look at the events leading up to the establishment of the Mom and Tots Center, later documented by Nancy Milio in her book, *9226 Kercheval: The Storefront that Did Not Burn*. The collection contains Milio's journal detailing the process of establishing the clinic in a predominantly African American neighborhood in downtown Detroit in the 1960s. It also discusses the community-participatory model she used, the problems she encountered, and the events of July 1967—a tumultuous period of racial tension and upheaval in Detroit, during which time the clinic was spared from destruction. Included in the collection are original photographs, newspaper and magazine clippings about the clinic itself and the Detroit race riots, and an audio-taped interview with Dr. Milio.

The Milio Collection, containing a wealth of historical data, is rich with detail and drama about a clinic for mothers, infants, and children. Part of the story was documented on television and in newspapers in July of 1967 when a destructive riot erupted in Detroit, Michigan, but this collection adds to the official account by

Nancy Milio with neighborhood child

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CENTER FOR NURSING HISTORICAL INQUIRY/NANCY MILIO COLLECTION

providing insight into what Milio was thinking when she established the clinic and the processes she used to make her vision a reality. It also gives her perspective on the events of the summer of 1967.

Much of the collection chronicles the process of envisioning *The Mom and Tots Center*, obtaining grant funding, hiring community members to staff the clinic, and overcoming racial barriers so that Milio and the center would be accepted by the black community. From the time she wrote the first proposal for the clinic, Milio’s “commitment to community involvement” was unwavering. In fact, she staffed the clinic “almost exclusively with community members”—African American women who could relate to the people that the clinic would serve.¹ “The kitchen and daycare staff members were from the neighborhood, and the social worker had originally been from there as well.”² To further accomplish her goal of neighborhood integration, Milio adopted an unstructured approach to hiring, recalling that “the hiring process for the Mom and Tots Center amounted to ‘first come, first served, and no questions asked.’”³ As Milio recalled: “The project, if it was to be, was to belong to the people it was intended to serve, so *they* had to struggle to shape it and I with them for awhile. *Then*, it would be theirs.”⁴

The second area of interest covered in the collection is the situation in which the Clinic found itself during the race riot that erupted in inner city Detroit on July 23, 1967. “The riot, termed the ‘Detroit Holocaust’ by the *Chicago Tribune*, lasted four days, left 36 people dead, more than 2000 injured and over 3000 people in jail. At the end of the four days, 1,289 fires had been set and over a quarter billion dollars estimated property losses

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had ensued.⁵ By the time the riot was under control, Michigan’s Governor had declared a state of emergency and had called in hundreds of soldiers to stop the violence. Yet the *Mom and Tots Clinic* (which Milio also referred to as the “Maternity Satellite Clinic” (MSC) was left untouched. As Milio noted in her journal entry:

8:45 AM—MSC standing; 14 year old shot; fireman killed; bldgs [buildings] burned from Laundromat to Blvd.
9:30 AM—MSC OK. ‘B’ on window.⁶

The “B” on the window was a signal, a mark that indicated that the community recognized the clinic as a “soul brother.” As Milio noted: “The building was not to be touched as it belonged to the people there.”⁷ Clearly, the neighborhood community was invested in the Center and did not want it destroyed. Thus, Milio’s dream had come true: the new clinic, involving women from the inner city neighborhoods where she had first practiced public health nursing, had become a center where the women felt at home—where they felt supported by others and committed to its success.



Mom & Tots Center Bus

The Milio Collection is thus an exciting one, and I would like to take this opportunity to thank Nancy Milio for recognizing the value of her history and donating her papers to our Center. The collection is certainly worthy of preservation for future study. I would also like to thank the many Friends of the CNHI who have donated funds so that the collection may be archived. (*See contributor page.*) And last, I’d like to invite students and researchers to visit the Center to examine the collection for yourselves!

¹ Pamela DeGuzman & Arlene Keeling, “Addressing Disparities in Access to Care: lessons from the Kercheval Street Clinic in the 1960s.” (Unpublished manuscript, 2011): 1–26 (quote p. 19).

² *IBID*, p. 15.

³ Nancy Milio, *9226 Kercheval: The storefront that did not burn*, (Ann Arbor: The University of Michigan Press, 1971).

⁴ *IBID*, p. 31

⁵ J. Griffith, J. Hansen, & JC Dewey, “White Looter is killed; death toll 36,” *Detroit Free Press*, July 27, 1967 in Pamela DeGuzman & Arlene Keeling, “Addressing Disparities in Access to Care: lessons from the Kercheval Street Clinic in the 1960s.” (Unpublished manuscript, 2011).

⁶ Nancy Milio, *Diary #6*, July 1967—October, 1967. Nancy Milio Collection, Box 1, CNHI, UVA.

⁷ Nancy Milio, Interview, 1994. Nancy Milio Collection, Box 1, CNHI, UVA.



The Center for Nursing Historical Inquiry (CNHI), 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.



Dr. Lynn McDonald

Agnes Dillon Randolph Lecture/Award

March 13, 2012

The Center for Nursing Historical Inquiry's 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 contributed significantly to the intellectual rigor and scope of the discipline of nursing history. Dr. Lynn McDonald, PhD has been selected as the recipient of the 2011 award. Dr. McDonald is a professor emerita at the University of Guelph, Ontario. Her research and academic interests lie in the history of social sciences, women theorists, the status of women and political sociology. Throughout her career she

has written extensively on these topics, in addition to her most recent research on Florence Nightingale. She currently directs the Collected Works of Florence Nightingale, a major project from which 14 volumes of a projected 16 have already been published. In addition to her academic career and scholarship, Dr. McDonald has also been politically active in Canada as a Member of Parliament from 1982 to 1988.

Dr. McDonald's lecture is scheduled for March 13, 2011 at 4:30 p.m. and will be followed by a reception hosted by the Beta Kappa chapter of Sigma Theta Tau.

Digital History Project

Center Assistant Director, Mary Gibson and doctoral students LaShanda Brown, Sarah Craig and Nena Patterson, presented the work on the Caroline Benoist collection interactive website project at the American Association for the History of Nursing Preconference in Fort Worth, Texas on September 8, 2011. Under the guidance of our University of Virginia's Sciences, Humanities and Arts Network of Technological Initiatives (SHANTI)



mentor, Rafael Alvarado, we have made considerable progress. The grant from the University of Virginia Center for Nursing Research has allowed the website designer and themer, Jack Smith to create mock ups of the final design and to begin the process of integrating the digitized, indexed files and their descriptions into a near-completed project. Analytical paragraphs about collection themes written

by the Center for Nursing Historical Inquiry (CNHI) team will be incorporated into the site, along with relevant links and published documents that relate to rural public health nursing in the South. Stay tuned for the debut of our site, which will be available through a link from the CNHI website soon!



Presentations & Publications

STAFF

BRODIE, B. “Caring for the Victims of Our Lady of the Angels School Fire” (paper presentation at the annual conference of the American Association for the History of Nursing, Fort Worth, TX, September 10, 2011).



Barbara Brodie & Rima Apple at the AAHN Conference

COCKERHAM, A.Z. “A Nurse-Midwifery School ‘in a land of horses and saddlebags’: The First Decade of the Frontier Graduate School of Midwifery, 1939-1949” (paper presentation at the Virtual International Day of the Midwife, May 5, 2011).

COCKERHAM, A.Z. “A ‘perfect cage of ovulating females’: Contraception and the Frontier Nursing Service” (paper presentation at the annual conference of the American Association for the History of Nursing, Fort Worth, TX, September 9, 2011).

COCKERHAM, A.Z., & KEELING, A.W. *Rooted in the Mountains, Reaching to the World: Stories of Nursing and Midwifery at Kentucky’s Frontier School, 1939-1989.* (Louisville, KY: Butler Books, in press).

CONNOLLY, C., **GIBSON, M.** “The ‘White Plague’ and Color: Children, Race, and Tuberculosis in Virginia 1900-1935,” *Journal of Pediatric Nursing*, 26(2011): 230-238.

GIBSON, M., J.C. WHELAN, S.W. CRAIG, N. PATTERSON, and **L. PENN.** “Recreating the Past with Technology from the Present: Using technology to digitize history” (paper presentation at the annual conference of the American Association for the History of Nursing Preconference, Fort Worth, TX, September 8, 2011).

KEELING, A. (September, 2011). “My Chief concern was over the amount of responsibility on the nurse”: Providing Care to Migrants and Farm Families in the Great Depression, 1937-1942. (paper presentation at the annual conference of the American Association for the History of Nursing, Fort Worth, TX, September 10, 2011).

KIRCHGESSNER, J. “A ‘frantic struggle for life’: The Monongah Mine Disaster, December, 1907” ” (paper presentation at the annual conference of the American Association for the History of Nursing, Fort Worth, TX, September 10, 2011).

ZERULL, L.M. “Filling the gaps in community care: Parish nurses working out of congregations”, *History as evidence: Nursing interventions through time*, ed. Lewenson, S. and D’Antonio (New York: Springer Publishing Co., 2011).

ZERULL, L.M. “Parish Nurses from the Past Share their Lessons Learned with Parish Nurses in the Present” (paper presentation at the twenty-fifth Annual Westberg International Parish Nurse Symposium, St. Louis, MO, Sept 17, 2011).

ZERULL, L.M. “Closer to Our Past, Affirming Our Future” (paper presentation at the Spring Education Day, Faith Community Nurses & Lay Health Promoters, Holy Cross Hospital, Silver Spring, MD, May 13, 2011).

ZERULL, L.M. “Journey of Historical Research—the Excitement Continues” (paper presentation at Blue Ridge Community & Technical College, Martinsburg, WV, April 13, 2011).

ZERULL, L.M. “Exploring our Roots: A Historical Journey of Discovery for Today’s Faith Community Nurse” (paper presentation at the 15th Annual Parish/Faith Community Nurse Retreat, Valley Health System, Caca-pon, WV, April 11, 2011).

STAFF GRANTS RECEIVED

KEELING, A. (2011) Intramural funding: Pilot study—Nursing in Migrant Camps, 1938-1945.

STUDENT PRESENTATIONS

CLARK, M. “Diabetes, Insulin and Nursing Care in the 1930s” ” (paper presentation at the annual conference of the American Association for the History of Nursing, Fort Worth, TX, September 10, 2011).

EVANS, E. “In the absence of proper medical and surgical skill: Childbirth on the Mormon Trail” (paper presentation at the annual conference of the American Association for the History of Nursing, Fort Worth, TX, September, 2011).



U.Va. pediatric patients taking the air, c. 1920s

CNHI UNIVERSITY OF VIRGINIA SCHOOL OF NURSING COLLECTION

NEWS & OPPORTUNITIES

IN NURSING AND MEDICAL HISTORY



NURSING HISTORY IN A GLOBAL PERSPECTIVE

International Nursing History Conference in Denmark August 9–11, 2012

Call for Abstracts

The Danish Society of Nursing History and the Danish Museum of Nursing History are pleased to invite scholars from all over the world to an international conference on the History of Nursing August 9–11, 2012. The conference is run jointly by the Danish Society of Nursing History and the Danish Museum of Nursing History and it is affiliated to academia by the Southern University of Denmark and the UC Danish Deaconess Foundation. Keynote speakers include Professor Anne Marie Rafferty, Professor Christine Hallett, Professor Julie Fairman, and Associate Professor Susanne Kreutzer.

Abstract themes

The conference language is English.

Abstracts are invited for paper presentations on the eight conference themes:

1. Medieval and Renaissance Nursing
2. Nursing in Modern Times
3. Religious and Secular Nursing
4. Gender, Culture and Ethnicity
5. Professionalization and Education
6. Disaster and War
7. Clinical Nursing
8. Nursing Ethics

Guidelines for Submission of Abstracts

Abstracts should not exceed 400 words. Margins must be one and one-half inches on left, and one inch on the right, top and bottom. Center the title in upper case and single space the body of the abstract using 12-point font Times New Roman. In upper case on

Medical History Conferences

American Association of the History of Medicine
Baltimore, Maryland
April 26–29, 2012
Additional information: www.histmed.org

American Association for the History of Nursing
Savannah, Georgia
September 27–30, 2012
Additional information: www.aahn.org

Medical History of World War I
San Antonio, Texas
February 23–25, 2012
Additional information: www.wfa-usa.org



left state the author's name(s), credentials, institutional affiliation, address, telephone number and e-mail address. In lower case on left state the chosen theme for the abstract. The abstract should fit on one side of one page in a single Word document.

Abstracts will be accepted by e-mail only directed to the secretary of the conference, Mariann Bay, mbay@health.sdu.dk. The call for abstracts closes at midnight November 15, 2011. Abstracts will be selected on the basis of merit through blind review and applicants will be informed by January 2, 2012. The conference will be held at the Danish Museum of Nursing History (www.dshn.dk). The museum is situated in Kolding, Jutland in a former tuberculosis sanatorium with quite beautiful surroundings. The travel time by train from Copenhagen Airport to Kolding is approximately 2½ hours. The closest airport (not served by all airlines) is Billund.

Accommodation of 100 rooms is reserved for conference delegates at the Hotel Koldingfjord, a four-star hotel located next to the museum. See www.koldingfjord.dk/gb. Those wishing to take advantage of this special rate should reserve accommodations before May 8, 2012. Regular prices for accommodations will apply after this date. Bookings of rooms are now open. When booking, please notify the hotel that you are attending the International Nursing History Conference. Further information about the conference fee and program will be available when registration for the conference opens on January 16, 2012 on the conference website, www.dsr.dk/dshs.



U.Va. School of Nursing students, 1971.

CNHI SCHOOL OF NURSING COLLECTION

CNHI Website Update for Researchers:

The CNHI website now features a list of many of our manuscript collections and, in most cases, an extensive collection description is also posted. You can find the list of collections here: www.nursing.virginia.edu/research/cnhi/collection.

Calls for Abstracts

Canadian Association for the History of Nursing

Medicine Hat, Alberta, Canada, June 15–17, 2012

Abstracts due December 1, 2011

Additional information: www.cahn-achn.ca

Historia medicinae, a student-run medical history journal open to all health professions students, is seeking submissions and reviewers.

Additional information: www.medicinae.org

Porter Fortune Symposium

Oxford, Mississippi,

Abstracts due December 16, 2011

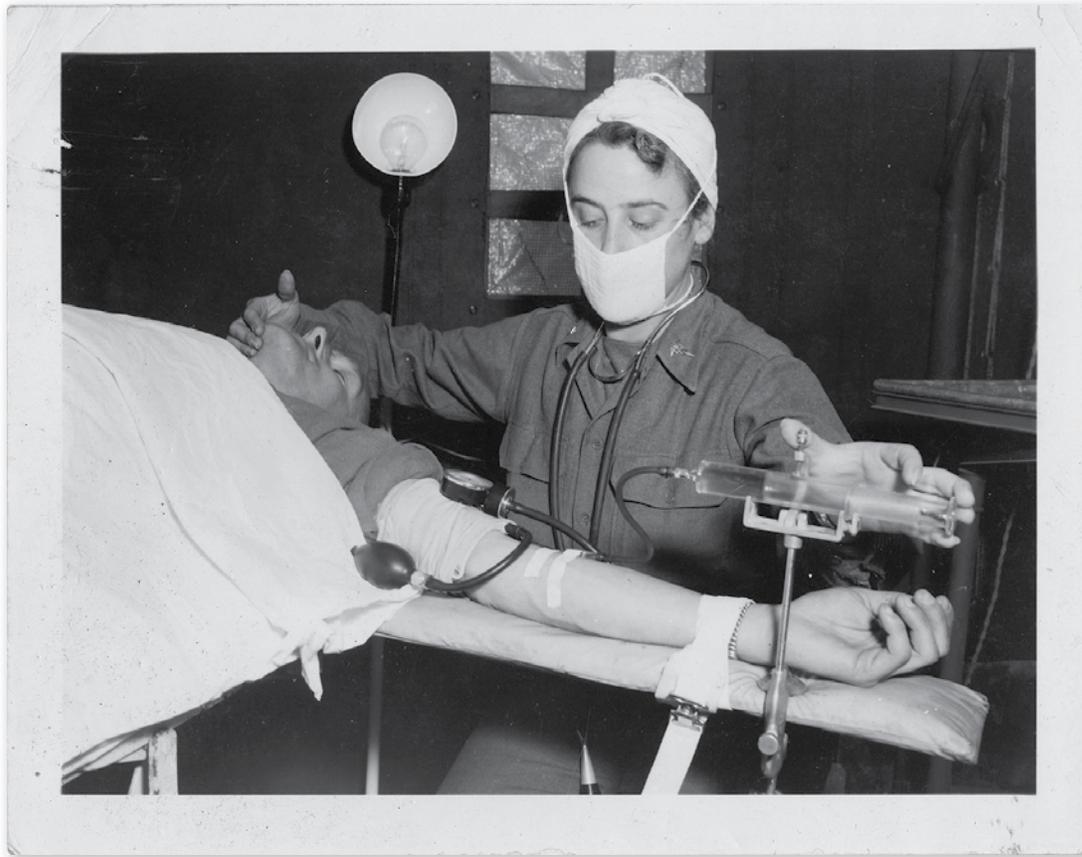
Additional information: tlevitt@olemiss.edu

Southern Association for the History of Medicine and Science

Atlanta, Georgia, March 2–3, 2012

Abstracts due October 15, 2011

Additional information: www.sahms.net



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“We were all in it together”:

Medicine and Nursing in the 8th Evacuation Hospital, 1942–1945

■ PATRICIA KINSER, WHNP, MS, RN, PHD(C)

Nurses of America are now needed in increasing numbers to care for the Nation’s armed forces... nurses are needed by this Evacuation Hospital, which will render emergency service as a mobile unit. If American boys are going into danger, it is up to America’s nurses to care for them. That is our duty ...¹

This call to duty, found in a 1943 issue of the *Evening Star Newspaper*, appealed to the nurses of the University of Virginia (U.Va.) Hospital to join in caring for the thousands of American men who were risking their lives to halt the tyranny that was rapidly spreading throughout Europe and the Pacific Rim. The nurses were desperately needed to staff the 8th Evacuation Hospital in Italy.

Above, nurse administers anaesthesia to patient in the 8th Evacuation Hospital, 1942–1945

¹ *Evening Star Newspaper*, 1943 as found in Ruth Beery, Nurse Scrapbook, Historical Collections & Services, Claude Moore Health Sciences Library, University of Virginia 8th Evacuation Collection, Box 15 (hereafter cited as HSL HC).

When the United States entered World War II after the Japanese attack on Pearl Harbor in December 1941, many nurses, along with their physician colleagues, answered the call of duty to serve in the army's evacuation hospitals, designed to provide medical and surgical support to the troops in combat. The University of Virginia-sponsored 8th Evacuation Hospital was one such unit that operated along the front lines in North Africa and Italy from 1942–1945. In their 750-bed mobile hospital and outpatient clinics, they provided care to thousands of patients during the three year period.²

Histories about the “8th Evac” have been written, however, little has been written about the personal experiences of the hospital's physicians and nurses and collaboration between the two professional groups. This history of the 8th Evac examined through the experiences of Dr. Prentice Kinser Jr., an orthopedic surgeon, and Dorothy Sandridge Gloor, a surgical nurse in the unit, provides a unique opportunity to explore the everyday lives of the physicians and nurses of the 8th Evac and to gain an understanding of their contributions to the care of America's soldiers and the war effort.

On March 23, 1942, Dr. Prentice Kinser Jr wrote of his appointment to the 8th Evac in his personal diary. His diary and the hundreds of letters he sent back home chronicle many of his experiences in the 8th Evac during the war.³ A resident orthopedic surgeon and attending physician at U.Va. until 1940⁴, Kinser had married a nurse and moved with her and their two children to Danville, Virginia to start an independent orthopedic surgery practice.⁵ It was the early 1940s, and citizens of the United States, aware of the constant threat of war looming over the nation, were watching closely as World War II developed in Europe. Hence,



The Italian campaign

Gloor ... remembered “being the youngest nurse, but I was all excited about going ... so I pulled up my straps and went ahead.”

it was no surprise that soon after Pearl Harbor, Kinser volunteered to return to Charlottesville and join the 8th Evac with his former colleagues from U.Va.⁶ A total of 52 nurses and 47 physicians were commissioned to join the 8th Evac. One of these nurses was Dorothy Sandridge Gloor, a graduate of the University of Virginia Hospital School of Nursing Class of 1942, who remembered “being the youngest nurse, but I was all excited about going ... so I pulled up my straps and went ahead.”⁷

In June 1942, all personnel received instructions to report to South Carolina for training, and during that hot summer, the officers and enlisted men participated in maneuvers which involved physical training, military discipline, and general procedures.⁸ The physical training was evidently more than many of the physicians had experienced in some time; in a letter dated July 4, 1942, Kinser humorously informed his wife that “I expect to get rid of this large waist line in a short time with this routine.”⁹

During their training period, personnel also spent considerable time learning the role of the 8th Evac within the army's medical service. Injured soldiers were initially treated by a medic at the front and then transported to the 8th Evacuation Hospital, a few miles away. The hospital was set-up to maximize efficiency: the soldiers were first admitted to a receiving tent on the perimeter of the hospital for triage. After they were examined in triage, they were moved to the appropriate area, based on their condition, including the x-ray tent, shock tent, or operating room.¹⁰ Because of the lag time between initial injury and evacuation to the hospital, seriously wounded soldiers could be at great risk for

² “The 8th Evacuation Hospital: The University of Virginia in World War II: An Allied Victory,” HSL HC. Accessed January 12, 2011. http://www.hsl.virginia.edu/historical/uva_hospital/8evac/victory.cfm.

³ The Kinser collection consists of a diary and hundreds of letters, as well as photographs, newspaper clippings, photograph negatives, army publications, and maps. The collection is currently housed with this author.

⁴ Dates are approximate, based upon records from the University of Virginia and memories of Kinser family members. See University of Virginia, “The University of Virginia Record: Catalogue Number 1935–1936, Announcements 1936–1937” (April 15, 1936), New Series, Vol. XXII, No. 8. Accessed February 26, 2011. http://xtf.lib.virginia.edu/xtf/view?docId=2005_Q3_2/uvaBook/tei/z000000412.xml;chunk.id=d5;toc.depth=100;toc.id=;brand=default.

⁵ Prentice Kinser III and Patricia Kinser Reppert, “Early Family Memories,” January 19, 2002.

⁶ Dr. Everett Cato Drash had been a resident at Vanderbilt School of Medicine when Dr. Kinser was in medical school; Dr. Drash was Professor of Surgery at the University of Virginia and hence a close colleague of Dr. Kinser. Dr. Staige Blackford was also a former colleague who became Chief of Medicine of the 8th Evacuation Unit and was charged with recruiting medical and nursing personnel.

⁷ Dorothy Sandridge Gloor, personal communication with Patricia Kinser, February 22, 2011.

⁸ Secretary of War, “IMMEDIATE ACTION,” letter, June 26, 1942, Kinser collection.

⁹ Prentice Kinser Jr., Personal Letters to Family (Gladys, Patsy, and “Sonny” Kinser).

¹⁰ This hospital layout is depicted in a document entitled “8th Evacuation Hospital Layout” found in the Kinser collection.



CNH ALICE HUFFMAN BIGEEL COLLECTION

Members of the 8th Evac.

shock, hemorrhage, and infection.¹¹ For those soldiers awaiting surgery, nurses were often called upon to provide life-saving therapies such as intravenous fluids, oxygen, and prophylactic antibiotics while the soldier awaited surgery.¹² Post-operatively, patients recovered on a surgical ward and, once stable, would either be sent back to the United States for long-term care or if fully recovered were quickly returned to the frontlines.¹³

When the 8th Evac was deployed, Kinser's wife remained in Charlottesville, Virginia and began to dedicate herself to the war effort. She worked extra shifts as a nurse at the University of Virginia Hospital, she volunteered for the Virginia Aircraft Warning Service, and she assisted with Red Cross activities.¹⁴ Classes in first aid, poisonous gas detection and home defense measures were offered to men, women, and children; as reported by the Al-

Housed in a cramped embassy building, the hospital was continually filled to capacity, with injured soldiers even placed in tents on the roof.

¹¹ Sheila M. Dwyer, RN, "Nursing Care of War Injuries", *American Journal of Nursing* 42, no. 11 (1942): 1236–1240.

¹² Byrd Stuart Leavell, *The 8th Evac: A History of the University of Virginia Hospital Unit in World War II*. (Richmond, VA: Dietz, 1970), 130.

¹³ Leavell, *The 8th Evac*, 105–108.

¹⁴ Prentice Kinser III and Patricia Kinser Reppert, "Early Family Memories" (January 19, 2002) and report from Albemarle County Historical Society. Airplane spotting involved, as it sounds, staring into the sky for hours on end attempting to differentiate birds and "friendly" airplanes from German war planes. The Aircraft Warning Service of Charlottesville was connected through switchboard to that in Norfolk, Virginia, whereby if enemy aircraft was spotted at either location, the public could be notified through air raid sirens. Gertrude Dana Parlier et al, "Pursuits of War: The People of Charlottesville and Albemarle County, Virginia, in the Second World War", Albemarle County Historical Society, Charlottesville, VA, 1948, 12–14. Accessed on February 26, 2011 at http://xtf.lib.virginia.edu/xtf/view?docId=2003_Q4/uvaBook/tei/b000420601.xml;chunk.id=d4;toc.depth=1;toc.id=;brand=default.

ing but all was quiet when we came in."¹⁷

The 8th Evac personnel soon became immersed in their work, caring for thousands upon thousands of patients from November to March.¹⁸ Housed in a cramped embassy building, the hospital was continually filled to capacity, with injured soldiers even placed in tents on the roof; Kinser's orthopedic surgery team operated around the clock.¹⁹ At times it was overwhelming, as the commanding officer, Col. McKoan, reported: "the fact that the 8th evacuation hospital operated there for three and a half months, without a serious post-operative infection, in the face of swarms of flies ... falling plaster, failing sewage systems which

bemarle Historical Society, these classes "provided psychological armor ... Many a woman with a husband or sons involved in conflict staved off loneliness and dread by throwing herself into defense activities at home."¹⁵ Along with their friends and neighbors, Gladys Kinser and her children spent afternoons watching the skies for German bombers; as a crossroads of railways, Charlottesville was thought to be a prime target, and citizens took this job very seriously throughout the duration of the war.¹⁶

On November 1, 1942, the officers and enlisted men of the 8th Evac boarded the *U.S.S. Santa Paula* and joined an enormous convoy that crossed the Atlantic Ocean to participate in Operation Torch, an invasion of North Africa. The *Santa Paula* landed on November 20th in Casablanca, Morocco, and as Kinser documented: "The entire harbor is filled with ships sunken ... evidence around [the] city shows there has been fighting

¹⁵ Parlier, "Pursuits of War", 16.

¹⁶ Kinser, "Early Family Memories". Kinser's children remember accompanying their mother to a look-out area where they would watch for German airplanes.

¹⁷ Kinser, "Early Family Memories," no date on diary entry.

¹⁸ Leavell, *The 8th Evac*, 70.

¹⁹ Prentice Kinser Jr., *Personal Diary*. He states that the orthopedic surgery teams consisted of Dr. Kinser, Dr. Bell, Lt. Cassells plus a team led by Dr. Holsinger, which is confirmed in Leavell, *The 8th Evac*, 109.



CNH/ALICE HUFFMAN BUGEL COLLECTION

The 8th Evacuation Hospital at Anfa Hill, North Africa. Dr. Prentice Kinser Jr. and Dorothy Sandridge circled.

poured fecal material ... on to the floors ... should always stand as a monument to the officers who served there.”²⁰

In the spring of 1943, the 8th Evac personnel moved to Anfa Hill outside of Casablanca; there they made changes to maximize the optimal workings of the hospital. For example, the “skill and industry [of the nurses] brought needed improvement[s to] the functioning of the operating room and the wards.”²¹ Nurses and physicians began to collaborate on ways to decrease mortality through infection control efforts. Kinser’s orthopedic team developed special surgical tables that could be easily cleaned as well as efficiently set up and broken down. The ward nurses applied the fundamentals of nursing such as bathing new patients to “cut down the probability of infection”, since most of the combat soldiers had not bathed in weeks.²² The nurses also used other infection control methods such as avoiding cross contamination during wound care and

using Vaseline around wounds to keep out maggots and flies.²³

In the late spring of 1943 the 8th Evac learned that the Allies had won in North Africa. Kinser reported that there was “much celebration and jubilation in Camp”²⁴ and that the next few months were relatively calm.²⁵ This period of calm would soon end, however, when the 8th Evac received word that it would join in Operation Avalanche, supporting the 5th Army’s assault on Italy.

The arrival of the 8th Evac to the European continent in the fall of 1943 was an arduous introduction to the realities of the Italian war front. Kinser’s diary entry from September 1943 reads: “On voyage [from Africa to Italy] ... Arrive[d] at Salerno Beach [yesterday]. Unload[ed] ... to the beach and hike[d] out thru dust. Nurses taken by truck ... Arrive[d] at bivouac area after dark, [without] blanket or shelter [or food], half cried.”²⁶ The

²⁰ Col. John McKoan, “8th Evacuation Hospital Diary” (December 2, 1942). University of Virginia Center for Nursing Historical Inquiry Alice Huffman Bugel Collection.

²¹ Leavell, *The 8th Evac*, 59.

²² Clay Palazzo, “The 8th Evacuation Hospital: A Brief Historical Sketch highlighted with personal comments by Byrd S. Leavell and Ruth Beery—1979—May 7”, HSL HC 8th Evacuation, Box 09/029, 14.

²³ Sheila M. Dwyer, RN, “Nursing Care of War Injuries”, *American Journal of Nursing* 42, no. 11 (1942): 1236–1240. Also, the use of Vaseline to prevent maggots and flies entering the wound is described in a written document, “Surgical Procedures from the Headquarters Fifth Army Office of the Surgeon” 1943, Aug 21, HSL HC, 8th Evacuation Collection, Box 09/022.

²⁴ Prentice Kinser Jr., Personal Diary, May 8, 1943, North Africa.

²⁵ Prentice Kinser Jr., Personal Diary, May and June, 1943.

²⁶ Prentice Kinser Jr. Personal Diary, Sept 1943.

men hiked many miles from the chaotic landing area along narrow mine-cleared paths, and found the nurses in a recently abandoned battalion station cluttered with remnants of a crashed war plane, foxholes, and blood-soaked bandages. Everyone slept on the ground that night, listening to the sound of weapon-fire in the distance. The next morning, the exhausted unit learned that all of their equipment had been lost when their supply ship was sunk by a torpedo off the coast of Italy. Despite the situation, the army expected the 8th Evac to be ready to care for patients within six hours. In the face of this challenge, the personnel banded together and met this expectation having “nothing except cots and blankets for equipment.”²⁷ Throughout the fall of 1943 heavy rains saturated the region creating thick mud that the staff of 8th Evac had to contend with continually while following the movements of the 5th Army and providing care as best they could. Colonel McKoan commended the nursing staff, in particular, for their work during this time. He noted that the “nurses took the emergency in their ‘double time stride’ ... as ‘plain run of the mill for the nurses’ after their tumultuous arrival on Italian soil, their operation for weeks under fire and aerial combat, and their devotion to duty under exceptional circumstances ...”²⁸

After eventually obtaining additional necessary equipment, the 8th Evac established a fully functional field hospital at Caserta, near Naples, Italy from October to December, 1943. During this time, members of the unit worked together to devise new and innovative uses for equipment and improved methods for providing care. For example, German ammunition cases were converted into scrub sinks for the operating rooms.²⁹ Despite frequent air raids and blackout conditions, the morale of the unit was high. Kinser stated that “Most everyone [was] quite happy and pleased at [the] set up ... [the] meals [were] excellent and the cognac [was] very good.”³⁰ More than 7,000 hospital patients and outpatients were cared for in this two month period. The time at Caserta would later be considered “light duty” by the members of the 8th Evac in comparison to the work they



Surgeons at work.

CNH ALICE HUFFMAN BUEGL COLLECTION

“I just loved it, it was the greatest thing I ever did. I just learned by doing.”

had before them during the 1943–1944 winter.³¹

In mid-December 1943, the unit was ordered to Teano, Italy and much closer to the front-lines of battle. As the 5th Army attempted to break through German lines during the bitterly cold winter, the surgical staff was continually caring for soldiers with chest, abdomen and head wounds. Limb amputations were common due to detonated land mines and close-range artillery fire.³² Dorothy Gloor remembered that “they were bringing casualties to us and we would we go off duty and there would be 100 people waiting to be operated on

and we’d come back on and there would be 150 more waiting ... it just didn’t seem to stop.”³³ The surgical teams dealt with difficult case after difficult case, all the while hearing the rumbling of bombings and artillery-fire nearby. By necessity, the operating area in Teano became a “well-oiled machine” through the innovation and collaboration of the nurses and physicians, despite being surrounded by “gory, sticky mud” and their feet staying cold and wet “most of the day.”³⁴ Although the hours in the operating rooms were long, the nurses maintained organization of the operating rooms, cared for patients, and ensured that operating stands were always equipped with sterile supplies.³⁵

Many duties typically performed by physicians at home were handed over willingly to the nurses, such as starting blood transfusions. In addition, some nurses were given training and greater responsibility for the administration of anesthesia. The 8th Evac only had one trained anesthesiologist and two nurse anesthetists on staff. It became apparent that more help was needed because they could not keep up with the endless stream of battle casualties requiring surgery. Soon a sign was posted on the camp’s bulletin board requesting volunteers to learn to administer anesthesia. Gloor, along with two other nurses, eagerly said “I’ll do it!” and

²⁷ Leavell, *The 8th Evac*, 94–95.

²⁸ Leavell, *The 8th Evac*, 94–95.

²⁹ Medical History and Annual Report of the Eighth Evacuation Hospital 1944 written by the hospital commander, as found in HSL HC 8th Evacuation Collection, Box 09/032.

³⁰ Prentice Kinser Jr., Personal Letters to Family, Nov 16, 1943 and Nov 21, 1943, Italy.

³¹ Leavell, *The 8th Evac*, 100. Apparently, many personnel were able to participate in sight-seeing trips around this area of Italy. Letters and pictures from the Prentice Kinser Jr. collection suggest trips to Naples, Capri, Vesuvius, among other places.

³² Leavell, *The 8th Evac*, 120.

³³ Dorothy Sandridge Gloor, Feb 22, 2011.

³⁴ Prentice Kinser Jr., Personal Letter to Family, Dec 27, 1943.

³⁵ Dorothy Sandridge Gloor, Feb 22, 2011.



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John McKoan pinning a medal on Prentice Kinser, 8th Evacuation Hospital, MS-5

they were trained in just a few weeks to deliver anesthesia independently. Gloor remembered this work fondly, stating that “I just loved it, it was the greatest thing I ever did. I just learned by doing.”³⁶ She and the other nurse anesthetists worked side-by-side with the surgeons for 16 hour shifts, thus becoming professional colleagues with one goal: to provide quality care for the injured soldiers. Recalling working with Kinser and learning new skills, Gloor stated that “I think he knew, instinctively, that I was having kind of a difficult time being so young and so new at everything and he just couldn’t have been nicer to me ... [they] taught me to do IVs and all that, because in those days nurses didn’t even learn how to do IV’s when they were in school ...”³⁷ Gloor went on to summarize, “You’d be surprised what you can learn to do. And we were young and strong ... and thank God we were strong because we needed to be.”³⁸ During the time spent at Teano, the 8th Evac unit had 6,597 hospital admissions with only 33 deaths, mainly due to recent medical advancements, including the use of penicillin and the establishment of a hospital-based blood bank. In addition, the professional skills and careful observation of the physicians and nurses had a profound impact on the survival rate of the casualties placed in their care. Thousands more soldiers were also seen in outpatient clinics, treated, and sent back to duty.³⁹

A number of nurses and medical officers, including Kinser, received a Bronze Star for heroic service.

Despite the progress of the Allies that summer and fall of 1944, victory was not as forthcoming as was hoped. When personnel realized that they would be spending “another winter in the mountains ... most of the unit suddenly became war weary as the beginning of the third year overseas approached. Surgeons were tired of operating, medical men were tired of the rapid flux of patients, and nurses were tired of repetitious duties.”⁴⁰ Nonetheless, due to the 5th Army’s brutal battles in the muddy, snowy Apennine Mountains of northern Italy, the hospital personnel had no option but to keep busy. During this time the 8th

was the only evacuation hospital near the army’s front lines where fighting was incredibly intense and casualties were plentiful. Fortunately, by mid-December, they noticed that the number of wounded from the mountain battles had slowed and there was a sense of confidence that “the boys” were winning against the Germans.⁴¹ Morale soon lifted

and everyone began to feel “pride in what the unit had accomplished in the preceding months.”⁴² Word quickly spread about the efficient and effective care provided by the 8th Evacuation Hospital at the front-lines. A glowing reported was written by an Associated Press journalist who stated the following: “As a War Correspondent who has travelled with American troops and seen army hospitals on five continents ... never have I seen any hospital function so smoothly during the terrible confusion of battle.”⁴³ Nurses were recognized for their impressive work not only with promotions in rank but also with recognition from servicemen who wrote glowing letters about the important role of nurses. One soldier wrote the following: “The value of nurses is underestimated. They are wonderful, and some day someone will let the world know of the splendid job they have done over here. From the field hospital all the way back they are doing a super-human job of taking care

³⁶ Gloor, Feb 22, 2011.

³⁷ Gloor, Feb 22, 2011.

³⁸ Gloor, Feb 22, 2011.

³⁹ Leavell, *The 8th Evac*, 130–131.

⁴⁰ Leavell, *The 8th Evac*, 164.

⁴¹ Prentice Kinser Jr., Personal Letters to Family, Oct 5, 1944, Italy.

⁴² Leavell, *The 8th Evac*, 194.

⁴³ Medical History and Annual Report of the Eighth Evacuation Hospital 1944 written by the hospital commander, pg 18, (n.d.) as found in HSL HC 8th Evacuation Collection, Box 09/032.

of the wounded. It's a tough, tiresome, discouraging job and requires plenty of nerve, stamina, and cheerfulness to do it efficiently and keep these kids alive."⁴⁴ In the spring of 1945, the entire unit received a Meritorious Service award for "superior performance of duty in the accomplishment of exceptionally difficult tasks"⁴⁵ and a number of nurses and medical officers, including Kinser, received a Bronze Star for heroic service.⁴⁶

On May 8, 1945, the *Stars and Stripes* newspaper announced the Allied victory in Europe. With the armistice, all battle casualties ceased and within a few months, Japan surrendered to the Allies. By November 1, 1945, all members of the 8th Evac returned to the United States and began the process of re-integrating into home life. Gloor returned to Charlottesville to work as a nurse anesthetist at UVA Hospital and later went on to further her education in a nurse anesthesiology program in Ohio. Kinser returned to his family and his orthopedic surgery practice in Danville, VA.

World War II provided multiple opportunities for the development of interdisciplinary teamwork and expanded nursing roles. Gloor recalled camaraderie that existed between those who worked together: "[Nursing in the war] made my life what it is today. I really enjoyed the work [with the surgical team] and everybody that I met was so kind and good ... I think that [Kinser] made my life much easier."⁴⁷ The physicians and nurses treated each other essentially as equals when working side-by-side in the evacuation hospital. One physician reflected that "war ha[d] brought about better understandings and greater co-operation in medical-nursing relations."⁴⁸ As Gloor noted, "The work that we did during the war was so advanced and we brought that



In the snow

"The work that we did during the war was so advanced and we brought that back with us ..."

back with us ..."⁴⁹ The nurses and physicians collaborated to develop clinical skills and interdisciplinary teamwork previously unknown to the civilian world.

Despite the difficult living conditions and situations that

8th Evac personnel may have experienced, World War II was an important time in the lives of the unit's members. The three and a half years of working hard and "serving others unselfishly... [provided] a uniquely satisfying experience", said one unit surgeon.⁵⁰ The combination of youthfulness, patriotism, and adventurous spirit created a context in which personnel worked tirelessly without goals of personal gain such that, by the end of the war, they felt extreme pride when reflecting upon their experiences. The predominant attitude of solidarity enabled great innovation to occur in the areas of hospital mobility, cooperation, and operating room efficiency.⁵¹ By 1945 the nurses, physicians, and enlisted men of the 8th Evac had provided care for upwards of 70,000 patients.⁵² As Gloor summarized, "we [were] all in it together... [to make] a difference."⁵³

⁴⁴ Unnamed serviceman, "Letters to the editor: Sink or float?" *American Journal of Nursing* 45, no. 10 (1945): 850.

⁴⁵ Citation: Meritorious Service Unit Plaque, as found in HSL HC 8th Evacuation Collection, Box 09/004.

⁴⁶ The Bronze Star is an award given for heroic or meritorious achievement. Adopted in 1944, it was designed because, as General George C. Marshall suggested, "the ground troops ... lead miserable lives of extreme discomfort and are the ones who must close in personal contact with the enemy [which] makes the maintenance of their morale of great importance". This information was found at: Institute of Heraldry of the Office of the Administrative Assistant to the Secretary of the Army, "Bronze Star Medal", accessible at www.tioh.hqda.pentagon.mil/Awards/bronze_star.aspx.

⁴⁷ Dorothy Sandridge Gloor, Feb 22, 2011.

⁴⁸ Edward Bernays, "The medical profession and nursing," *American Journal of Nursing* 45, no. 11 (1945): 909.

⁴⁹ Dorothy Sandridge Gloor, Feb 22, 2011.

⁵⁰ Leavell, *The 8th Evac*, 227.

⁵¹ Leavell, *The 8th Evac*, 223.

⁵² Leavell, *The 8th Evac*, 225.

⁵³ Dorothy Sandridge Gloor, Feb 22, 2011.

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*Inside: "We were all in it together":
Medicine and Nursing in the 8th Evacuation Hospital*



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