



American Association for the History of Nursing Bulletin

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In Memoriam Eleanor K. Hermann

A Final Farewell to a Phenomenal Woman and a Forever Friend

Family, friends and colleagues gathered at the University of Connecticut on March 9, 2013 to honor and celebrate the life of Eleanor Krohn Hermann. Eleanor was a force of nature, a renaissance woman and a passionate advocate for the nursing profession, nursing history and lifelong learning. In truth, Eleanor was passionate about life! She embraced everyone she met by learning their stories and finding a common bond. Eleanor could sense a person's strengths and seek to help develop them. She noted deprivation in her world travels and tried to help correct it as a



Eleanor K. Hermann



Sandy Lewenson
memories



Jean Whelan's
memories



Larry Hermann
eulogizing his soul
and life mate, Eleanor
Krohn Hermann



**American Association
for the
History of Nursing**

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reports, short articles, and news to:

**Gertrude Hutchinson
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**Remembering
Rosemary T. McCarthy,
Army Nurse**

June 26, 2012

Rosemary T. McCarthy, 85, a retired Army colonel who served 30 years in the Army Nurse Corps, died June 7 at the Sacred Heart Home, a Hyattsville nursing facility. She had hypertension, congestive heart failure and kidney disease, according to her friend and executor, Doris Lee.

Colonel McCarthy joined the Army Nurse Corps in 1953 and was posted to hospitals in Texas, Japan, Korea, California and Hawaii. In Washington, she was a research nurse at Walter Reed Army Medical Center. She was a nursing consultant to the office of the surgeon general and also was an Army Nurse Corps historian.

After retiring from the Army in 1983, Col. McCarthy taught nursing at Catholic University from 1983 to 1990 and at Georgetown University from 1990 to 1995.

Rosemary Teresa McCarthy was born in Boston. In 1948, she received a nursing diploma from the school of nursing of McLean Hospital, near Boston.

While serving in the Army Nurse Corps, she received a bachelor's degree from the University of Minnesota in 1956, a master's degree in biology from Boston University in 1967 and a doctorate in nursing science from Catholic University in 1974.

In 1982, Col. McCarthy co-founded the American Association for the History of Nursing. She was its president from 1986 to 1988 and its executive director from 1988 to 1998. She was president of the Retired Army Nurse Corps Association (now the Army Nurse Corps Association) from 1990 to 1992.

In 1987, she was appointed by President Ronald Reagan to an advisory board for the Korean War Veterans Memorial.

Col. McCarthy was a longtime resident of Capitol Hill, and she chaired the social concerns committee of St. Peter's Catholic Church. She enjoyed international travel.

In 2009, she moved to the Sacred Heart Home in Hyattsville.

There are no immediate survivors.

Obituary written by Bart Barnes, published in The Washington Post

President's Message Spring 2013

First, let me thank the United States Constitution and President Barack Obama for being the inspiration behind this President's Message. As the Association's American members know, the US Constitution stipulates that the President must report yearly to Congress on the state of the union. As I watched President Obama's State of the Union Address this past February, I decided to shamelessly copy his example and make this a State of the Association message. So, in the spirit of timeless state of the union addresses, I am happy to report to you all that the state of the association is pretty good and getting better!

I'll begin with a review of the Association's considerable accomplishments since the 2012 Annual Conference. The first and most significant is the Board approval of a new agreement with the Association's management company, Resource Center (RC), to expand the services offered by RC to include logistical meeting management services. Up to this point, the Local Arrangement Committees (LACs) which co-sponsor the Annual Conferences have carried out the bulk of the conference planning work. This places a tremendous burden on the LACs and has at times resulted in inefficiencies. The new agreement means that beginning with the 2014 conference RC will take an increased role in organizing many of the services required for the Annual Conference such as negotiating and contracting for hotel and food services, carrying out the meeting and event registration, creating the conference budget in consultation with the LAC, coordinating marketing activities and numerous other undertakings that go into making the Annual Conference a success. This will provide greater consistency in the conferences from year to year. As well, the new agreement allows for the arrangements to proceed in a smooth manner, enhances data collection on conference attendees useful for growing the organization and relieves the LAC of the tasks RC can complete more efficiently. The LAC system, in which schools of nursing or other health related entities co-sponsor the conference with



Jean Whelan

the Association, remains in place. Now however, the LAC will have more time to devote to planning the scholastic, research and "fun" conference activities. A further intended goal of this arrangement is that the Association will obtain better pricing for such items as hotel rates and food as well as realize potentially higher conference profits. The Board, Executive Director David Stumph, and I are thrilled with this new agreement which we anticipate will result in a much more enjoyable conference experience for all parties and will strengthen the Association overall.

Also in December, the Executive Committee approved the budget for next year. I can report that the Association's finances are stable and while we are not in a financial growth situation at present, we are confident that with prudent planning, the Association will enjoy healthy financial status over the rest of the year.

The Executive Committee further recommended and the Board approved a new Strategic Plan which puts into action several measures to advance the Association's programs. Mary Tarbox, the AAHN's 1st Vice-President, and her Strategic Planning Committee will be implementing the Strategic Plan as we move ahead and we all look forward to hearing more about that.

The Association has also made significant progress on two projects outlined in the Fall Bulletin's President's Message. The first of those was to develop an innovative way to portray the mission, image and goals of the Association which promotes the AAHN. To facilitate this, the Association is working with a graphic designer who will create a new Association logo that portrays a more modern, 21st century face to the public. Thanks to Dave Stumph and Brigid Lusk, who is consulting on the project, the process is going quite well. The Board will view and vote on logo options at the spring, 2013 Board meeting. The new logo should be ready for presentation at the fall, 2013 conference.

The second project on which the Association is working is the expansion of the research grant program. Research Review Committee Chair, Cindy Connolly and her committee are eagerly putting together recommendations for the Board to consider that will enhance and improve the Association's research grant program. Members can expect to hear some positive news on that issue at the fall, 2013 conference. For those planning on submitting proposals this year please remember the deadline for receiving grants is April 1.

CONTINUED ON NEXT PAGE

PRESIDENT'S MESSAGE — CONTINUED FROM PAGE 3

Planning for the 2013 Annual Conference, which will take place in Cleveland on September 26-29, is in high gear. Mary Gibson, 2nd Vice-President and Program Chair and the Cleveland Clinic's LAC are working vigorously on making the 2013 conference the "best conference ever." Save the date cards went out earlier this year and we hope to see a huge and enthusiastic group at the conference. Jeannine Uribe, Abstract Review Chair and her committee are busy reading through a record number of abstracts. The committee received around 70 abstracts of both paper and poster type which promises to set the stage for a successful conference. And as I noted, we will have two big pieces of news to present to the membership at the conference, a new logo and an enhanced research grant program. You don't want to miss those announcements so plan your calendar around Cleveland in September!

Members may notice receiving a number of informative e-blasts about various events and activities of interest to the nursing history community. The Association is dedicated to providing the membership with useful news in the fastest most efficient method through such e-blasts. I like receiving info on all the doings around the country, even the ones I can't attend, and I hope everyone finds the e-blasts as interesting and helpful as I have. One e-blast to which I call your particular attention came from Sylvia Rinker and Melissa Sherrod, Co-Chairs of the Nominating Committee. They have received a number of positive responses to their requests for nominees for office and are eager

to receive even more. Important to keep in mind is that the Association cannot succeed without members willing to run for office. Knowing how busy everyone is, the Association truly appreciates those who are ready to put their hats in the ring. And for those who are thinking about running—take the plunge—it is a very worthwhile experience to take a more active role in such a wonderful organization.

In February, the Association launched its new "Talking History" program. I will let our new Bulletin Editor Trudy Hutchinson report to you on that event (see page 6). Participants reported it was a success and the Association is well into the planning phase for the next one which will take place on April 24 and is hosted by Pat D'Antonio, Editor of *Nursing History Review*. Pat will focus the session on publishing.

One of the very valuable suggestions that members have shared with me is the importance of getting the word out about the Association to a larger audience. We are quite frankly not as well-known as we think we are or should be. As the organization can only improve if we send a positive message about the value of the association to as large an audience as possible I urge all members to speak about the AAHN and its many benefits at any and all opportunities that come your way. Many thanks to those who already do so. The Association will be happy to provide promotional materials that outline the Association's focus, goals and perks to those going to various nursing and history events.

As always I welcome your comments, suggestions and critiques on ways the Association can continue to serve members better. Your ongoing feedback is critical for the success of the AAHN. We know that at times issues come up that are often very easy to fix. Other times the concern may be more serious and difficult to address. One thing we do know is that no matter how large or small the problem, we cannot do anything about it unless it is brought to the Board's attention in an open and honest fashion. Both the Board and I welcome the opportunity to address member's concerns and are committed to providing a safe space in which members can voice their thoughts, opinions and any other observations they wish to pass on to us. Further no matter how difficult a problem is, we do take everything that is brought to our attention seriously and address each issue with the attention and in the manner it deserves. For your convenience, each Board member's contact information is on the AAHN's website.

To end this State of the Association message I repeat my earlier comments. The AAHN is making great strides moving forward, devising fantastic plans for its future growth and sustainability, and getting better and better!

Best,



History of Local Nurses in Fifty Everyday Objects

Left Section of Table

Power Point Show: Nurses of Effingham County 1861-2012: 150 years of Caring for You and Your Families. This collection is derived from the *Effingham Daily News* and *Teutopolis Press Dietrich Gazette*. All the nurses were either born, died, wed and/or worked in Effingham County in some points of their lives. The year of birth and year of death is listed. Level of practice is listed as LPN, RN, or CRNA. A few academics and EMIs are part of the mix.

If known, the school of nursing is listed, along with the school pin, if available.

Center section of table

Nursing practice 1930-1970s.

Medicine preparation. Nurses in the past were taught that commercially prepared medicines were quite safe. Some drugs that were heavily promoted in the nursing literature were revealed to be relatively ineffective and/or toxic. Streptomycin™ damages the nervous system, Aldactone™ is a very weak diuretic and does not control blood pressure, Darvon™ does little to control pain and is a narcotic,

Librium™ is not useful for “everyday anxiety” and is indicated only in very specific conditions.

RN Magazine issues from the 1950s.

This magazine was furnished free to nursing students. Graduates paid 25¢/issue or \$1.00/year for a subscription. Cigarette ads were in many issues, and certain brands were claimed as more appropriate for nurses and doctors.

Hospital Utensils Bedpans, enema basins, and storage containers were made of metal which was covered with baked-on enamel. The “irrigator” could be used for washing out the stomach, or to give an enema or a douche. All items were cleaned and disinfected before the next use. Student nurses did this as part of their “training.” The metal utensils were noisy when dropped, and the enamel chipped off easily, leading to rust and deterioration.

Insulin. From the 1930s to 1973, people who were insulin dependent used U-40 or U-80 insulin: U-40 means 40 units in 1 ml and U-80 means 80 units in 1 ml of solution. The synthetic U-100 of today had not yet been created. Because U-80 insulin was twice as concentrated as U-40, nurses had to make sure that they had the strength and type of insulin, and the

right kind of syringe to prepare for administration. At the beginning of the 1930s, the very first insulin was U-20, and patients had to take doses of 5 ml or more at each dose. U-80 insulin is still available in Europe and Latin America. In this country, U-40 is given to diabetic animals.

Right section of table

Nursing Education, 1940s-1970s

School of Nursing yearbooks. Up until about 1970, most nurses were educated in diploma schools. These schools typically published an annual yearbook, with photos of students, faculty and activities. Many nurses from this area attended diploma schools in Chicago or its suburbs, Terra Haute, St. Louis and other parts of Illinois, Indiana, and Missouri.

Histories of Schools of Nursing.

Histories were published to celebrate the accomplishments of the school and its alumnae.

Nursing textbooks from the 19th

and 20th centuries. Diploma schools typically purchased all their textbooks. Lucky students could find an upperclassman willing to part with some volumes. Rentals become more common when nursing education transitioned to the campus setting.



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HISTORY OF LOCAL NURSES — CONTINUED FROM PAGE 3

Patient teaching has changed over the years; for example, a 1930s OB text advised “Moderate smoking is acceptable during pregnancy.”

Nurses Lamps were part of the students Pinning or Capping ceremony.

Cotton Student nurse uniform for the 1960s (on manikin)
This uniform came from laundry flat and starched. The student had to lift it over her head to avoid wrinkles. The pearl buttons were inserted through openings and held in place by fasteners. By the end of the day, both the uniform and the student were worse for wear.

Old Settler’s Reunion, Effingham, September 22, 2012.

First and Second “Talking History” Forums Great Successes

What better way for historians to end their day than by talking about history. That is exactly how 25 of us ended our day on February 20, 2013 – the Pilot Program of the “Talking History Forum.” Thanks to President Jean Whelan for her innovative idea and organization to pull this first session together. Colleagues from the United States and Canada joined in this unscripted forum. Jean initially explained the reasons for this forum: (1). to connect with our membership more frequently, (2). To discuss various topics of interest, (3). To network with each other, (4). To disseminate information from national headquarters.

Our CEO, David Stumpf was also on the call. He spoke about being available to the membership as part of the mission of the management team for AAHN. David and Jean also spoke about projects in process such as looking to update the website and AAHN logo to bring in younger members. There is also in process the work of a task force developing a short slide presentation on the importance of

nursing history. This presentation is AAHN owned and will be made available for use.

It was exhilarating to hear colleagues old and new connect with each other and develop new outreach ideas. The topics of history ranged from just completed dissertations spanning maternal/infant care to the ADN educational model. One caller shared her interest in looking at the history of polio and polio care in rural settings as a result of



her brother, now 73, surviving polio and the struggles their mother had to procure care for her brother. We all encouraged her to get an oral history from her brother about his experiences of living with polio and tried to provide resources for further research and writing. Having some of our Canadian colleagues in the forum was also exciting. One participant talked about the ways nurses can share nursing history within their communities and neighborhoods.

Nursing History Review editor, Patricia D’Antonio hosted our second forum on April 24, 2013 at 6:30 pm EST. Many members joined us on the call. Pat deftly explained the “ins and outs” of publishing, how articles are vetted and then chosen for publication and answers questions participants had about publishing.

Dear Jean,

Just a note to say what a great idea the teleconference was. I now have a whole page of French references from Pierre-Yves. I would never have thought of asking Jaime for help because her work has nothing to do with 19th c. French nursing but it all goes to show how helpful networking can be.

Cheers,

Carol [Helmstadter]

Conference Highlights from the 2nd Agnes Dillon Randolph International Nursing History Conference

March 15-16, 2013

Trudy Hutchinson

Sixty-seven nurses and students from all over the United States, Australia, Canada, Poland, and the United Kingdom (to name just a few) converged in Charlottesville, VA for two days of renewing friendships and learning about all the new and rich research taking place in Nursing History. While the weather was chilly, the atmosphere in the Eleanor Crower Bjoring Center for Nursing Historical Inquiry (ECBCNHI) was quite toasty indeed with all the energy generated talking about history!

Barbara Brodie, PhD, RN, FAAN, a past president of AAHN, received the 2013 Agnes Dillon Randolph Award from Arlene Keeling, PhD, RN, FAAN, Director, ECBCNHI.

Dr. Brodie then started the conference off with her Keynote Address, "Born in a Safe Spot": Chicago Maternity Center, 1932-1973. Her paper set a high

bar for scholarship and the presenters who followed with papers and posters certainly met the challenge. I wish that I could have attended all of the presentations. From the chatter in the hallways and discussions over breaks, lunches and dinners, everyone left the conference more enriched and excited about nursing and nursing history.

Speaking of dinner, our Friday evening dinner speaker, Philip Wilson, MA, PhD, from the Pennsylvania State College of Medicine nourished our minds and senses of humor with this presentation entitled: "Good Taste in Therapeutic Choice: Nursing One's Health with Chocolate" and all the while we were nursing our pallets with a wonderfully, decadent dessert of chocolate mousse cake!

Thanks to the University of Virginia School of Nursing and the ECBCNI for arranging the accommodations and being such gracious and efficient hosts.



Barbara Brodie, PhD, RN, FAAN
recipient of the 2013 Agnes Dillon Randolph Award

Historical Article: Urinary Catheterization at the Turn of the Century: A 1918 Nursing Procedure

Joy Shiller, AAHN Member

I recently purchased a nursing textbook which was published by W.B. Saunders during the final year of World War I. It was written only eight years after the death of Florence Nightingale at a time when nurses (who were predominantly female) still did not have the right to vote. After reading this book I realized that so much of “what” nurses do at the bedside has not changed over the past century. The striking difference is in “how” nurses perform these tasks. Urinary catheterization of a patient serves as a typical example.

Apparently, in 1918 nurses only catheterized females. There was no discussion in this textbook concerning the procedure for male patients. Like today, sterile technique was of utmost importance, especially since there were no available antibiotics. A urinary tract infection was considered a “dire complication.” Even in an emergency any deviation from sterility was forbidden. If the nurse did not follow sterile technique she was severely condemned and dismissed.

Supplies required for catheterization were as follows:

1. Three catheters—preferably, two rubber and one glass
2. Several absorbent cotton balls
3. Rubber gloves (optional)
4. Either ordinary or “sweet” olive oil
5. An enamel basin of water
6. 70% alcohol and bichloride 1-1,000 (a disinfectant containing mercury)
7. A basin to retrieve urine
8. 1-2 drams of argyrol (a local antiseptic) with a “record” syringe or small funnel (optional)

Having three catheters served as backups in the event of contamination or an obstructed lumen. The use of sterile rubber gloves was recommended but not required. Prior to the procedure it was the nurse’s responsibility to sterilize the supplies. The catheters, cotton balls, gloves (if desired), and olive oil in its container were placed in an enamel basin of water and boiled for at least 10 minutes over a stove, hot-plate, or alcohol burner. The nurse then “sterilized” her own hands by a meticulous

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tion may be accomplished by boiling it in its container in a basin of water. Alcohol, 70 per cent., or bichlorid, 1 in 1000, and a basin to receive the urine that is withdrawn complete the equipment.



FIG. 152.—THE EQUIPMENT FOR CATHETERIZATION.
Sterile olive oil, 70 per cent. alcohol, basin for boiling, rubber and glass catheters, cotton swabs, and receptacle for urine.

Sterilization of the Hands.—The hands should be thoroughly scrubbed and immersed in alcohol or bichlorid. Rubber gloves that are sterile add to the security of the procedure.

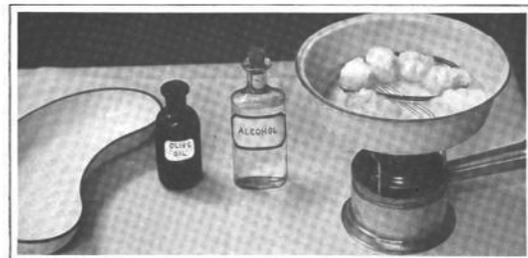


FIG. 153.—STERILIZING CATHETERS AND COTTON BALLS.
If desired, the rubber gloves may be boiled at the same time.

Catheterization.—The bladder should be catheterized under direct inspection. To attempt to do so under cover is impossible without the contamination of the catheter. The patient is draped as for a vaginal

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Page from the Google ebook *Principles of Surgical Nursing: A Guide to Modern Surgical Technic*

scrubbing followed by emersion in alcohol or bichloride. Following the sterilization process, the patient was draped and requested to separate her legs. The nurse spread the labia with her left hand to expose the meatus. With the right hand, the meatus was wiped with cotton to remove any secretions and then cleansed with cotton moistened with alcohol or bichloride. Evidently, this author assumed

CONTINUED ON NEXT PAGE

all nurses were right handed! When the nurse removed the sterilized catheter from the basin of water, she was not to touch within three inches of the end to be inserted. The tip of the catheter was dipped in olive oil and inserted into the meatus with gentle, steady pressure. Once inserted the urine was emptied into the other basin. In an effort to prevent infection, some doctors ordered the instillation of 1-2 drams of 2% solution of argyrol prior to removing the catheter. This was injected with the use of a “record” syringe or poured into a small funnel which was attached to the catheter. Other physicians preferred the use of oral urotropin (a urinary antiseptic) 3-4 times a day. Once the bladder was emptied the rubber catheter was pinched prior to withdrawal. If a glass catheter had been used the end was covered before it was removed. No explanation was given in the textbook for the purpose of this occlusion prior to withdrawal.

Nurses were advised to catheterize patients for retention only when absolutely necessary and to first attempt to get the patient to void by the application of hot towels to the vulva and pouring warm water over the area. Nursing intervention for the male patient with retention was not addressed in the textbook. Since it would be over a decade before Dr. Frederick Foley would invent the indwelling catheter, patients were intermittently catheterized every 8

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SURGICAL NURSING

examination, and is requested to separate the limbs a reasonable distance. If desired, she may flex the knees.

With the left hand the nurse separates the labia to expose the urethral meatus. The orifice of the meatus is wiped with pieces of sterile cotton and local secretions thoroughly removed. With a fresh piece of cotton moistened in alcohol or bichlorid the meatus is again cleansed.

The catheter is then taken from the basin in which it was boiled. In doing so, never touch the end or nearer than three inches to the end that is to be inserted. The catheter is dipped into the sterile oil, and the excess

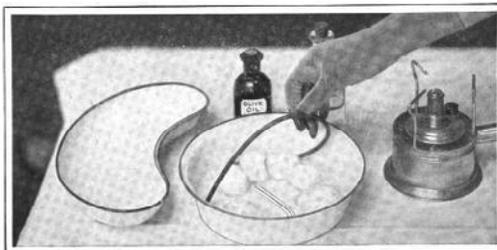


FIG. 154.—THE NURSE IS REMOVING STERILIZED CATHETER.

oil permitted to drip off. The catheter is then inserted into the meatus, and by gentle, steady pressure its entrance into the bladder is accomplished. When the catheter enters the bladder, the urine will flow into the basin previously placed to receive it.

The bladder emptied, the rubber catheter is pinched sufficiently to close its lumen and withdrawn. If a glass catheter is used, cover the end while withdrawing it.

Some surgeons direct that after each catheterization, before the catheter is withdrawn, one or two drams of a 2 per cent. solution of argyrol be injected into the bladder and permitted to remain. If such are the instructions, the argyrol may be injected through the catheter by means of a record syringe or poured into a small funnel attached to the end of the catheter.

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– 10 hours if necessary. Despite concerns about infection, a catheterized urine specimen (the main diagnostic test) was obtained and given to the physician on all female patients prior to elective surgery. It was also standard practice to catheterize patients immediately prior to surgical procedures.

Indeed, there have been many changes in nursing practice in the past century. Despite these changes the basic principles of urinary catheterization such as prevention of infection, patient comfort, and safety have remained the same. The bedside nurse of 2012 cannot imagine boiling supplies, not utilizing gloves, and the use of a mercury based solution, a glass catheter, and “sweet” olive oil to catheterize a patient. On the other hand, the nurse of 1918 could have never foreseen the day of a prepackaged, sterile,

disposable kit to catheterize both female and male patients. She could have never predicted a time when something called a latex allergy would escalate and the rubber catheter was becoming a thing of the past!

Reference:

Warnshuis, F.C. *Principles of Surgical Nursing*. Philadelphia: WB Saunders, 1918.

Available as a free ebook at:

<http://books.google.com.au/books?id=NCATAAAA YAAJ&dq=inauthor%3A%22Frederick%20Cook%20Warnshuis%22&pg=PP1#v=onepage&q&f=false>

IN MEMORIAM ELEANOR K. HERMANN—CONTINUED FROM PAGE 1

nurse and as a fellow human being. Those of us who are members of AAHN knew how Eleanor and Larry, her soulmate and lifemate, touched AAHN with humor, gentility, and public and private philanthropy. As one who received welcome under Eleanor's wings during my fledgling conference, this editor is grateful for that experience and one that I looked forward to each conference year. Along with many others, I will miss that this year, but Eleanor's spirit will always be a guiding force to those whose lives and careers she touched. Rest easy dear friend.

For more about her life go to <http://www.resourcenter.net/images/AAHN/Files/HerrmannRemembranceBook.pdf>



30th Annual Conference by the American Association for the History of Nursing

The Art and Rhythm of Nursing Through the Years

Pre-Conference: September 26, 2013

Conference: September 26-29, 2013

Location: Intercontinental Hotel & Conference Center, Cleveland, Ohio

This conference provides a forum for anyone interested in sharing new research addressing events, issues, and topics pertinent to the history of the global nursing profession, its clinical practice, and the field of nursing history.

The program includes paper and poster presentations, exhibits, networking opportunities, the traditional banquet and of course the live auction.

Register early so you won't miss any of the conference!

Click on this link <https://www.aahn.org/conference.html> and it will take you to the AAHN conference home page. Then click on the 30th Annual Conference and you will find all the information about the conference.



AAHN
2013 Conference
September 26-29 | Cleveland, Ohio



Research Connection Corner

Welcome to The Research Connection Corner! This idea grew out of the Talking History Forum in February. There were suggestions exchanged between researchers about sources for specific research topics during that forum. Several questions came up during that forum about how can researchers connect with other researchers to get help with a project? The Bulletin seems to be an excellent vehicle to facilitate this collaboration. Linda Ruhall, RN, PhD participated in the inaugural talking forum and then sent a letter which is a great way to kick off this new column. She writes:



“As a retiree from a community college, the last couple of years have been my earliest opportunity to indulge my passion for nursing history. Regarding current projects: 2013 is the 25th anniversary of the ADN program that was my workplace for about 17 years. I am writing a history of the program, and I would like to dialogue with a member who has completed a similar project.”

Contact email: lhruholl@eiu.edu.”

From the Editor's Desk

Greetings! As this is my first edition as the new editor of The Bulletin, I want to take this opportunity to thank the previous editor, Beth Ann Reedy, for all her efforts on the previous editions and for her advice. Thanks also to the support of the Executive Committee, Publication Chair Barbara Gaines and all those who have contributed articles for this edition.

As you can see, a newsletter is a collaborative effort. I have included articles submitted by fellow members and am starting two new opportunities for sharing: The Research Connection Corner and Letters to the Editor. The Research Connection Corner is an idea generated by the Talking History Forum. The Letters to the Editor allow for the members to give feedback on columns or articles. This is your newsletter and is a vehicle to connect what is going on at the National level with what is going on within the membership. Join the fun! Make a difference! Send information!

Until the next issue,

Trudy Hutchinson



Member News



Congratulations to: Carol Helmstadter who sends:

“I have a bit of nice news for the Newsletter. The book which I co-authored with Judith Godden, *Nursing Before Nightingale 1815-1899* has won a second prize. The prize is from Choice magazine for an outstanding academic book published in the previous year. Choice represents 25,000 academic librarians. They review 7000 books and choose the top 10% for excellence of presentation and scholarship and originality of treatment. This year they chose only 9%. I think it is really nice to see nursing history being recognized in the broader academic community.

Cheers,
Carol”

Congratulations to: Gertrude “Trudy” Hutchinson who

as AAHN Archivist and AAHN Representative to the Interagency Council on Information for Nurses (ICIRN) was elected Vice President/President-Elect 2012/2014. She is also completing her first year of doctoral studies at The Sage Graduate College, Albany, NY where Trudy is pursuing a Doctor of Nursing Science degree. She plans to write an historical dissertation.



AAHN Family (l-r): Trudy Hutchinson, Mary Ann Cordeau, Larry Hermann, Sandy Lewenson, Pat D'Antonio, Jean Whelan, Ryan Telford (Jennifer Telford's husband)

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