Dear AAHN Members and Friends,

It was wonderful to see so many friends and colleagues in Rochester at our annual conference in September! Thank you all for coming and thank you to Dean Cooney Miner of Wegmans School of Nursing at St. John Fisher College for the fabulous hospitality (and of course the LAC and John Kirchgessner)! As often said by my predecessor, Jean Whelan, “it was the best conference EVER.” It does seem like our conferences do get better all the time.

In addition to the top notch scholarship of our members’ and keynote presentations, we enjoyed several new features including panels and a luncheon presentation on historical lenses - all came off beautifully. Coupled with learning more about the Erie Canal on its two hundredth anniversary, a visit to Mt. Hope Cemetery and the lovely reception at the Eastman home and museum, the time was packed with awesome opportunities for socializing and learning – all planned by our wonderful LAC. And who knew that a leopard clad river guide would be our auctioneer?

The auction earned over $9000! The silent auction brought in $1,722, the live auction brought in $4,935, and $2,738 in donations for a grand total of $9,395. As usual, we had a great time parting with our money during the live auction. The largest portion will go towards our grants and awards, and the donations will help our bottom line tremendously. This is GREAT NEWS!

Since I began as president of AAHN last year, finances and membership were biggest challenges that we faced. We knew that our management expenses were our largest outlay, and as a result of these two challenges, we have lost money over the past few years. At our board meeting in late April in Washington, DC, we recognized, along with Kellen Company, that our relationship was no longer mutually beneficial. Costs were too high for AAHN, and Kellen’s costs to manage us were too high for them. A small committee (Arlene Keeling, Rima Apple, Diane Mancini, Karen Egenes and Barbara Gaines) and the board took on the task of replacing our current management company. This has been in process since May. Initial efforts to locate a company which might be a good fit took several months, with leads and dead ends. Once learning about Association Management Company Institute (AMCI), in August we submitted an RFP through their website and got good response. Around the same time, I attended the Nursing Association
Send me your news!

Have you been published lately? Won an award, or a grant, or given a great presentation? Do you know about new funding opportunities, or archives, or conferences that our members, or the public, should know about?

Please send details to your communications chair, Dr Kylie Smith at kylie.m.smith@emory.edu and we can get it out on social media.

And don’t forget to follow us on Twitter at @aahn_nursing or on Facebook. If you’re attending a conference or see something great, share it on Twitter and add our twitter handle so we can see and retweet it, or use the hashtag #histnursing

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Send me your news!

American Association for the History of Nursing Bulletin

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Send me your news!
The Teresa E. Christy Award for Exemplary Historical Research and Writing, which recognizes historical research and writing while a student, was presented to Amanda L. Mahoney, for “Careful and Complete Observation of the Patient:” Nurses and the Sociotechnical System of Medical Research, 1930-1962.

The Lavinia L. Dock Award for Exemplary Historical Research and Writing, recognizing outstanding research and work by an experienced scholar who submits a book, was presented to Charissa Threat for Nursing Civil Rights: Gender & Race in the Army Nurse Corps.

The Mary Adelaide Nutting Award for Exemplary Historical Research and Writing is presented to an experienced nursing history researcher and writer who submits, most often, a post-doctoral manuscript or article. The 2016 award was presented to Kylie Smith for Different Places, Different Ideas: Reimagining Practice in American Psychiatric Nursing After World War.

The Mary M. Roberts Award recognizes original research and writing in an editorial book of nursing history and was presented to Susanne Kreutzer and Karen Nolte for Deaconesses in Nursing Care.

The H-31 Grant is designed to encourage and support graduate training and historical research at the Masters and Doctoral levels and was presented to Beth Hundt, University of Virginia for An Historical Investigation of the Influences of the Built Environment: St. Elizabeth’s Hospital, 1852-1899.

The Closing Plenary Address “Why Historical Trauma Must Inform American Healthcare Today,” was given by Margaret Moss, PhD, JD, RN, FAAN.
Research Connection Corner
No Time for Fear Bibliography

To: Editors, Archivists
https://ww2nurses.wordpress.com/world-war-ii-nurse-books/

The above link will lead to titles of more than 100 books by and about nurses of WWII. It may be printed in your journal, or whatever you wish, and/or the list may be printed out by researchers. I am not selling books; these are from my own collection.

I am the author of *No Time For Fear, Voices Of American Military Nurses In WWII*, published by Michigan State University Press.

The book contains 120 oral histories of nurses who served in every theater of war. Since publication I have many requests from researchers and families about other nurses and hospital units. These books will provide info that tells about the nurses, doctors, medics, units, ships and locations that will help them. The list is alphabetical by author, then title, then content.

Many of the books on the list are out-of-print but available through the Interlibrary loan dept. of local and university libraries, and for purchase from online Used book dealers, such as amazon.com.

Please let me know if you would like more information.

—Diane Fessler
dianefessler@cox.net

Leadership Alliance (NALA) in Louisville, KY—met other association leaders and dialogued, networked and learned more about the management options used by other nursing organizations of our size. During that conference, one of the speakers was Brian Riggs—who convincingly engaged the audience on the topic of branding. Brian and I ended up in the same shuttle to the airport and as we spoke, I learned that he had worked as a historian at the Constitution Center in Philadelphia, and had subsequently been in association management for 10 years. We corresponded later and his company, Riggs Enterprise, submitted a proposal which was the one we ultimately accepted, via a unanimous board vote (the most cost effective and the best fit). As of January 1, 2018, Riggs will be our new management firm, and we will be working on a new website platform which will streamline our operations.

Thanks so much to all who helped with this effort!

Our strategic plan triggered the creation of new task forces including Membership, Marketing and Education (led by April Matthias, Amanda Mahoney and Melissa Sherrod) — all with the goal of best serving our current members, and attracting new ones. The leaders and members of those task forces have worked to identify strategies to surmount our biggest challenges. Stay tuned for your renewal information and some of the incentives that we instituted! One initiative that came out of the strategic plan was to purchase a booth at Sigma Theta Tau International Biennial conference in Indianapolis this past week. Brigid and Rusty Lusk manned the booth and reported that they were “mobbed the whole time the exhibits were open,” indicating tremendous interest in AAHN. Armed with a uniform, cape and porcelain bedpan, they distributed pens, sold note cards and trumpeted our amazing journal and association. We are excited to see how this bumbs our membership!

As we move into a new phase of AAHN, please reach out to me and the board with any thoughts or ideas you might have to enhance the association. Thank you all for your dedication to healthcare history and to AAHN!

I wish you good times with family and friends as the holidays approach.

Sincerely,

Mary E. Gibson

P.S. Mark your calendars for AAHN’s 35th Annual Conference in San Diego, September 13-15, 2018. Please remember to submit your abstracts! Stay tuned for e-blasts and check the website!
If you attended “nurses’ training” prior to the early 1970s, you might have spent your psych rotation in a “state hospital.” These large, hulking assemblages of buildings were home to thousands of patients in various stages of mental illness or dementia—often from later stages of diseases such as syphilis, Huntington’s Chorea or alcohol abuse.

The story of the architecture as well as the care of patients who found themselves in such an institution is the current exhibition at the National Building Museum entitled “Architecture of An Asylum.” Featured is St. Elizabeths Hospital in Washington, DC although mention is made of other institutions.

St. Elizabeths was designed, in part, by the supervising physician Charles Nichols. It opened in 1855. He predicted that “50 percent of the mentally ill people treated there would make a full recovery.”\(^1\) Quite the contrary, in spite of hot and cold baths, recreation, fresh air, and work in the fields and gardens, many patients languished in the hospital for years or their lifetime.

Questionable treatment methods also were used such as a “magic lantern” displaying sometime-disturbing images in an attempt to rearrange a patient’s thought patterns (ca. 1890s). One article on the lantern said they were an early form of slide projector and “just plain fun.”\(^2\) There’s one in the exhibit. In time, electroshock and insulin therapy were in vogue from the 1920s on. Lobotomies were done, but on a very limited basis.

Dorothea Dix played a major role in establishing St. Elizabeths. She was a pioneering advocate for more humane treatment for the mentally ill and lobbied congress. Knowing President Millard Fillmore probably didn’t hinder her quest. She and Dr. Nichols based the design of the hospital on the plan of Thomas Story Kirkbride. The exhibit has photographs of a number of these hospitals based on a central building with wings or appendages extending outward in a recessive plan. It is said that the sickest patients would reside in the buildings at the furthest ends. In a photographic montage, the viewer can see how various locales have restored some of the building(s) at their “state hospital” complex.

The exhibit takes the visitor through the earliest history of the hospital which ultimately resulted in the peak occupancy rate of 8,000 patients by the 1960s. There is a gigantic model of the buildings and surrounding grounds impressing the visitor with just how vast the complex had become. Deinstitutionalization largely emptied out the buildings; deterioration began. A new, smaller building was built to

CONTINUED ON PAGE 6
care for those who still are treated at St. Elizabeths. But preservationists came calling. For example, the Center Building is undergoing a massive restoration effort to house Homeland Security. With this part of the story of St. Elizabeths, you reach the end of the exhibit.

The exhibit was all too-real for this writer. My nursing school rotation spent three months (1963) at the Rochester (Minnesota) State Hospital. Assisting with electroshock therapy or the Friday night dance with the patients seemed a surreal experience. The exhibit portrayed dance, sanctioned by Marian Chace, as therapy—maybe for the patients, but not for the students. We went back to our dorm rooms and played Beatles music as loud as we could.

The exhibit extends through January 15, 2018.

— Ruth Manchester
ruthgmanchester@hotmail.com

Editors’ note: Further information about the National Building Museum may be found at www.nbm.org.

References
   www.washingtonpost.com/express
2 http://www.uphs.upenn.edu/paharc/features/tkirkbride.html. The invention is attributed to Thomas Kirkbride.
3 She was on the staff of St. Elizabeths and lectured on the relationship therapeutic benefits of dance/body movement.
   https://en.wikipedia.org/wiki/Marian_Chace
Photos from the 35th Annual AAHN Conference

Thursday evening Panel: Clinton’s Ditch at 200: Celebrating the Bicentennial of the Erie Canal

Debra Raymond and Beth Thomson

Marg Olfert

Annemarie McAllister, Sarah Johnson, Mary Gibson, Katherine Seidl, Pat D’Antonio, Melissa Sherrod, Julie Fairman

(Image courtesy Diane Mancino)

Franklin Hickey

John Kirchgessner and Arlene Keeling

(Image courtesy Diane Mancino)

Jane Younger and Cheryl Furlong

(Image courtesy Diane Mancino)
Hello and greetings from the Great State of California! I and my 380,000 colleagues welcome the AAHN to the Golden State. It’s been a long time since you last visited; we were beginning to feel neglected!

While we recognize that nursing education in the US began on the East Coast, I would like to re-acquaint you with what California has given to our field. I actually did some research on the topic, so here goes.

First, since we’re going to be in San Diego…

1769: Father Junipero Serra tends to the sick in two tents at the Mission in San Diego

1869: The first hospital in San Diego opens

1900: The first hospital Training School for Nurses in San Diego opens. By 1910 there are five, including the first to also admit male students. The last of these 5 schools closes in 1970

Other parts of California were slightly ahead of San Diego:

San Francisco:

1854: The Sisters of Mercy arrive.

1857: On July 27, The Sisters of Mercy open St. Mary’s, the first and oldest continually operating hospital in San Francisco

1882: The first formal nurse’s training school opens in San Francisco at the Women’s and Children’s Hospital

Los Angeles:

1856: St Vincent’s is the first hospital in Los Angeles

1898: California Training School for Nurses opens

Time marches on, and we now have 512 hospitals in California. Our Nursing Education Programs now number: 82 ADN, 38 BSN, 14 ELM for pre-licensure; 34 RN-BSN, 35 MSN, 13 Doctoral post-licensure programs. And in 2017 six graduate nursing programs made the top 100 of US News and World Report’s list of the best in the country: the Universities of California in Los Angeles, Davis, and Irvine; University of San Diego, University of San Francisco, and Western University Health Sciences.

And we’ve given to Nursing

From UCLA came Theorists Dorothy Johnson and Sister Callista Roy

From UCSF came Patricia Benner and “From Novice to Expert”

1953: Pasadena City College becomes one of the pilot project sites for Mildred Montag’s doctoral thesis project regarding nursing education in community colleges. In 1968 California is the site of the first conference to plan a statewide program for ADN education. Pasadena City College has its nursing program even today.

1981: Samuel Merritt Hospital School of Nursing in Oakland is the first hospital based school of nursing to make a successful transition to a 4 year accredited degree-granting institution, Samuel Merritt University

1999: California becomes the first state to institute minimum nurse-patient ratios in acute care hospitals

2013: Sally Bixby, Registered Nurse, becomes the first and only RN to be President of the Tournament of Roses, and only the second female to hold this position. Nurses all over the country rally around this and create the Nurses Float for The Rose Parade. I attended the Parade and it was so cool! We nurses had our own section and even got 10% off the ticket price!!

The Great State of California has contributed three of ANA’s Presidents – Genevieve Cook, Gretta Styles, and Mary Foley. California is exceeded only by New York and Ohio in number of ANA Presidents it has produced.

As you can see, we are much more than fun in the sun, Disneyland and Lake Tahoe, Hollywood and Cable Cars. So ‘Go West’ next September and join us in San Diego. We’re going to have a good time!

—Cathy Melter RN MSN CWOCN
Vacaville, CA (it’s in Northern California)
2018 Call for Abstracts

35th Annual Nursing & Health Care History Conference
San Diego, California, September 13-15, 2018

The American Association for the History of Nursing and co-hosts Samuel Merritt University School of Nursing & San Diego State University School of Nursing are co-sponsoring the Association’s 35th annual conference to be held in San Diego, CA. The conference provides a forum for researchers interested in sharing new research that addresses events, issues, and topics in any area of nursing and healthcare history, broadly construed to encompass the history of nursing, global nursing history, nursing practice, healthcare institutions, caring, illness, healing work and public health. Submissions pertaining to all areas and regions of the world are welcome. Papers and posters that expand the horizons of nursing and healthcare history and engage related fields such as women’s labor, technology, economic history, and race and gender studies are encouraged.

Guidelines for Submission

• Individual Paper or Poster: A one-page abstract of a completed study will be accepted by email. Presentations are 20 minutes long with 10 minutes for questions. Abstracts must include: 1. Purpose of study; 2. Rationale and significance; 3. Description of methodology; 4. Major primary and secondary sources; 5. Findings and conclusions. Each section of the abstract should be clearly identified with these specific headers.

• Panel: A panel consists of 3-5 persons addressing a common topic. Panels need to submit an abstract describing the overall topic with each presenter also submitting an abstract. Each abstract will be judged on its own merits. Panels are 90 minutes in length. Abstracts should follow the same format requirements as papers/posters (see above).

• Thematic Proposals: The organizer should submit a one-page abstract giving a short, clear statement of the purpose of the presentation. These presentations are intended not for original scholarship, but to address topics of broad interest such as new themes in historiography, teaching, research methods, and advocacy. Though limited to 90 minutes, they can include several speakers with a flexible format.

• Abstract preparation: Submit a one-page Word document file which must fit one side of one 8.5” x 11” paper. Margins must be one and one-half inches on the left, and one inch on the right, top, and bottom. Center the title in upper case, and single space the body using 12-point Times (New Roman) font.

Submit two copies of your abstract; one must include the title, author’s name(s), credentials, institutional affiliation, phone/fax and email. If more than one author is listed, indicate who is acting as the contact person. Indicate whether a paper, poster, panel or thematic presentation is sought. The second copy of the abstract should include only the title and mode of presentation with no other identifying information.

By submitting an abstract, you also give permission to the AAHN to use the work for educational purposes only. This includes, but is not limited to, inclusion in the conference program, posting to the AAHN website before and/or after the conference, and use of excerpts or themes for conference marketing efforts.

Submission deadline: Abstracts must arrive on or before January 31, 2018. Abstract results will be communicated to all submitters by the end of March 2018.

Submit to: abstracts@aahn.org

**Individuals are not required to be AAHN members at the time of submitting an abstract, but if accepted, you must join AAHN before registering for and presenting at the conference.**
Calling one and all

AAHN members – If you are going to a professional meeting or conference and are willing to distribute AAHN promotional materials, please email Andrew Van Wasshnova, Executive Director of AAHN at our management company. His email is: avanwasshnova@kellencompany.com.

Help us spread the word about the benefits of joining the AAHN!