

THE QUARTERLY BULLETIN

Vol. 13, No. 1

FOR METROPOLITAN NURSES

January 1949

PLAINTIFF'S EXHIBIT

MET-454

GREETINGS

If I could see each of you personally this season and say, "a merry Christmas to you," it would please me greatly. But considerations of numbers and geography make a personal greeting impossible.

To each I wish the happiest Christmas ever!

It is a wonderful season. Even those for whom this Christmastime may have been saddened by some personal sorrow can find peace and consolation in the Founder of the great feast.

You all deserve the happiest Christmas ever. In the continued progress of our Company you have played a prominent role during 1948. I am looking forward to our continued, productive association in 1949.

Sincerely

Ernest A. Lincoln
President.

THE FORTIETH ANNIVERSARY OF THE HEALTH AND WELFARE DIVISION

The year 1949 is of special significance as the fortieth anniversary of the Health and Welfare Division and the visiting nurse program of the Company.

This pioneer venture of an insurance company into the fields of health and welfare was initiated in 1909 through the vision and leadership of three great pioneers: Mr. Haley Fiske, then President of the Metropolitan; Dr. Lee K. Frankel, the first Director of the Division; and Miss Lillian Wald, Director of the Henry Street Settlement, who suggested the nursing service to Dr. Frankel.

To the Officers, Home and Head Office Staffs, and to our Field Force goes our appreciation for their part in this great Company effort for the health of policyholders and the public generally throughout the United States and Canada. In this we speak confidently for all members of the Health and Welfare Division, including our Nurses in the Field.

Donald B. Armstrong

Donald B. Armstrong, M.D.
Second Vice-President
Health and Welfare

NURSING BUREAU • HEALTH AND WELFARE DIVISION
METROPOLITAN LIFE INSURANCE COMPANY

RAISING SOME QUESTIONS ABOUT DETERGENTS AND COMMUNICABLE DISEASE NURSING

Winter is here with the usual flurry of colds and other infectious diseases. For most public health nurses this means more time spent in communicable disease nursing. It also offers opportunities to share with mothers and fathers some of the newer knowledge about the transmission of communicable diseases, and about preventive and therapeutic measures for controlling them.

Some parents need help in planning an immunization program for their children and in making arrangements for each child to receive his initial injections and booster doses at the proper time. Space is provided on the inside back cover of our pamphlet, **COMMON CHILDHOOD DISEASES**, for keeping a family immunization record.

This seems the right moment, too, to discuss some of the new cleansing agents now on the market and their relation to the spread of disease and communicable disease nursing. These new substances, referred to as "detergents," "synthetic detergents," or "soapless soaps," are available under a variety of trade names. Although the word "detergent" means a cleansing substance and includes soap, water, and other types of cleansers, the group of products to which the term "detergent" is applied commercially has its own special characteristics.

The first so-called detergent, "Cardinol," a wetting and cleansing substance with coconut oil as a base, was manufactured in Germany in 1925, and was brought to the United States about 1930 by the Allied Chemical and Dye Corporation of New York. Today, about 2,000 varieties of detergents are available, made mainly from vegetable oils and petroleum derivatives, through a complicated chemical process, by leading chemical and soap companies.

These products are usually put out in granular form for dishwashing and laundering and in liquid form for shampoos, although a liquid detergent for household use has appeared on the market within the last year.

Detergents, usually more complex products than soaps, possess some of the same properties, solubility in water, for example, and cleansing action. They are high in wetting power which enables the cleanser to penetrate the surface of the article more effectively. Most of them work up a thick billow of suds but a few are nonsudsing. The latter are useful mostly in automatic washing machines where suds interfere with the mechanical operation of the machine. So far, this type has not been widely distributed.

Unlike soap, they work just as well in hard water and salt water as they do in soft water. Water hardness interferes with cleansing by reducing the active cleansing content of the solution. Since detergents act more efficiently in hard water than soaps do, less detergent than soap is required.

Water hardness also is responsible for the curd or scum formed when soap is used - the cause of the streaks sometimes left on dishes after washing. A good detergent eliminates this unpleasant feature. With the aid of a good detergent, dishes can be washed, rinsed, and left to dry without wiping - and come out of it with a "sparkle."

While it is not expected that these new chemical compounds will replace soap, they are being widely promoted for a variety of uses. Their performance with delicate fabrics is unusually effective, and they cleanse woollens in one-sixth of the time that soap does. They are about equal for silk and rayon, and inferior for cottons, especially heavy, badly soiled cottons like workmen's overalls. They may be preferable to most soaps for baby clothes and diapers because they do not leave a deposit that may irritate the baby's skin. Since they do not streak, they are good for washing windows, mirrors, and similar shiny surfaces.

Will detergents prove to be powerful instruments against the spread of disease? That is the most interesting possibility they hold out. As efficient cleansers some of

them are already making a contribution in this respect. They encourage cleanliness because they make cleaning easier and quicker. Some of them are capable of removing the greasy residue of food, breeding grounds for bacteria, from eating utensils; and they do not leave a residue of their own.

Extensive experiments conducted by the Army have demonstrated the vast importance of inadequately cleaned eating utensils in the spread of disease. If detergents are bacteria destroyers, the problems of sanitation in public eating and drinking establishments can be greatly reduced.

Proof of their bactericidal qualities is not readily obtained. Detergents vary greatly in composition and effectiveness. Several interesting experiments have been conducted in order to set up criteria for evaluating them. One of these was conducted by the United States Public Health Service to establish the soil-removing power of various compounds in dishwashing and laundering.

A standard technique was employed for this test, using glass slides in place of dishes and a photometer to detect and grade the amount of dirt remaining on the utensil. Slides were soiled with a special dirt mixture, then baked, washed, rinsed, dried, and examined. The results showed that the percentage of soil removed from the slides varied from about 5 percent for a very poor detergent to 98 percent for a very good one. A full report of this test is given in Public Health Reports, June 14, 1946, Federal Security Agency, United States Public Health Service.

The Allied Chemical and Dye Corporation has made a study of the bactericidal action of one of their products, "Sweryl," with the results shown in the table below.

The whole subject of detergents raises important questions, many of which can be answered only after extensive scientific investigation. Where are detergents likely to take us in the field of communicable disease nursing? Will they revolutionize our techniques? How can we use them to the best advantage in the light of our present knowledge?

So far, we do not feel justified in making any changes in the procedures given in Nursing Techniques. In time, however, we may be able to eliminate boiling dishes and linen where that is advised. Detergents seem to have some advantages for washing dishes and certain fabrics, especially in hard water areas, because of their strong cleansing properties. The use for which the detergent is intended, and instructions for its use, appear on the package. By reading these directions carefully, you can find out whether the product is appropriate for the purpose you have in mind.

Some persons may develop skin allergies from using certain detergents and so it is well to try out the product before making prolonged use of it.

Perhaps you have a "pet" detergent. Perhaps you know of studies on detergents made by a local firm. If so, we hope you will tell us about them.

BACTERICIDAL ACTION
SWERYL 1-300 (ORDINARY WASHING SOLUTION)

<u>Organism</u>	<u>Time for Complete Kill</u>	<u>Percent Organisms Killed in 5 Minutes</u>
Staphylococcus aureus	24-28 hours	99.5
Streptococcus haemolyticus	0-5 minutes	100.0
Eberthella typhosa	over 24 hours	73.0
Corynebacterium diphtheriae	0-5 minutes	100.0
Diplococcus pneumoniae	1-2 hours	98.7
Streptococcus mastitidis	0-2 minutes	100.0

DR. LANZA RETIRES

Nurses of the Metropolitan are losing a valued friend and counselor with the retirement of Dr. Anthony J. Lanza on the first of January. For the past 23 years he has played a vital part in the welfare work of the Company.

As Associate Medical Director, he has given us the benefit of his keen interest and insight on countless occasions. He has assisted in formulating the policies of our Visiting Nurse Service as a whole, and he has acted as counselor to our Group Nursing program. At nursing conferences in the Home Office, his wise counsel and unfailing understanding have contributed to the constructive discussions of our problems.

It is not only to the Metropolitan that Dr. Lanza leaves a splendid record of achievement, but industry at large owes him a great debt of gratitude. A pioneer in his chosen field, Dr. Lanza soon recognized the tremendous demands that would come to be made on physicians as America's industries grew and developed. Graduating from George Washington University, he joined the United States Public Health Service in 1907. During his 13 years with that organization, he gained experience in mass health problems which laid the groundwork for his later outstanding success in industry. For five years he was chief surgeon for the Bureau of Mines. During the next three years he was special staff member of the Rockefeller Foundation, and advisor to the Government of Australia on industrial hygiene. After that, Dr. Lanza served as Executive Director of the National Health Council and remained there until he joined the Metropolitan.

His research and articles on occupational diseases - particularly silicosis - are well known. But possibly his greatest contribution to industrial medicine resulted from his untiring efforts to expand and organize medical efforts for the worker. To this end, he devoted the major portion of his time during his service to the Company. His efforts have borne fruit from coast to coast. His was a missionary

undertaking that has kept him on the road almost constantly.

Dr. Lanza performed outstanding service in two world wars. During World War I, he served as surgeon in charge of industrial hygiene, United States Public Health Service. During World War II, he was commissioned a Colonel in the Medical Corps of the United States Army. And from 1942 to 1945 he was Director of the Division of Occupational Health, Preventive Medicine Service, in the office of the Surgeon General. For his distinguished service during this period he received the Legion of Merit and the Knudsen award.

It is with deep regret that we announce the retirement of Dr. Lanza. His unfailing wisdom and kindness have left an imprint which will never be forgotten on all who had the privilege of working with him.

We have one consolation. Dr. Lanza's great experience and talents will not be lost to the industrial medical field. He leaves us to continue his work as Director of the Institute of Industrial and Social Medicine, New York University-Bellevue Medical Center. And in this undertaking, the good wishes of us all follow him.

THE PRENTISS AWARD TO DR. ARMSTRONG

At a luncheon in Boston of the Health Education Section of the American Public Health Association, of which Dr. Armstrong was chairman during the past year, he was given the fifth Elizabeth S. Prentiss Award which was established by the Cleveland Health Museum in 1943 for encouragement of more and better work in the field of health education.

Dr. Armstrong was given the Award for his many surveys and studies, his leadership in national health and safety organizations, and his work as director of the health and welfare services of the Metropolitan Life Insurance Company. Dr. Armstrong accepted the Award on behalf of the thousands of his coworkers and Company personnel who have carried on health education in collaboration with him.

METROPOLITAN NURSES AT THE AMERICAN PUBLIC HEALTH ASSOCIATION CONVENTION

Metropolitan Nurses who attended the American Public Health Association meeting in Boston were entertained at a tea on the 9th of November at the Statler Hotel. They had the opportunity of meeting Dr. and Mrs. Armstrong, and other members of the executive staff of the Home and Head Offices. Nurses who attended were:

Miss Henrietta W. Bonheyo	} ..Malden, Mass.
Miss Marion Coggeshall	
Mrs. Elizabeth M. Donahue	
Miss Susan F. Hurst	
Mrs. Marie H. Quinn	

Miss Mary L. DanahyNewport, R.I.

Mrs. Mary R. Corcoran	} ...Attleboro, Mass.
Miss Ruth C. Murphy	

Students at Simmons College

Miss Clare BlanchardAtlanta, Ga.
Miss Esther DamingGloversville, N.Y.

FIFTEENTH ANNUAL MEETING OF THE NURSING ADVISORY COMMITTEE

The 15th annual meeting of the Nursing Advisory Committee of the Metropolitan was held under Dr. Armstrong's chairmanship in the Home Office on November 16, 1948, with representation from the Pacific Coast, Canadian, and Eastern Office Territories.

Dr. Dublin expressed enthusiasm over the cost study of the National Organization for Public Health Nursing and recommendations were passed to the organization regarding its future implementation.

The Committee approved the following:

1. Questionnaires to be sent our Salaried Nurses regarding Standing Orders.
2. "Criteria for Metropolitan Life Insurance Company Affiliation with Health Departments."
3. A proposed study of Metropolitan Nursing Service in combined agencies.

REGIONAL CONFERENCES ON MATERNITY

During September, October, and November Judith Wallin, Territorial Supervisor for the Great Lakes Territory, took a swing through the eastern area giving two-day conferences on the subject of "Important Aspects of Public Health Nursing Service in a Maternity Service." The meetings were held in Boston, Pittsburgh, Columbus, New Orleans, Memphis, Nashville, Harrisburg, and Albany. Approximately 125 Metropolitan Nurses were present at these conferences. Testimonies of their excellence have been pouring in.

Miss Frances Murray of Middletown, Ohio, put in her notes sentiments frequently expressed by others. She wrote, "I would like to take this opportunity to thank you for inviting me to attend the Maternity Institute at Columbus, Ohio. For a long time I have felt that an improvement was needed in prenatal visits. The conference was a real answer ... I have obtained a new approach on all my visits and find patients and doctors quite interested in talking about it ... I discussed the book and book list with our local librarian. Dr. Grantly Dick Read's book "Childbirth Without Fear" is to be put in the library ... the whole conference fills me with renewed enthusiasm and new facts with which to make prenatal visits much more interesting to patients and nurse."

IN MEMORIAM

On September 12 Miss Nellie Irene Price, aged 51, formerly Staff Nurse in Frederick, Md., passed away. She had been off duty due to illness since June 1947.

Miss Price was appointed to the Nursing Service November 1, 1927, and spent all her years of employment with the Company in Frederick. Her years of work were marked by a consistently high standard of service to patients and families. She was beloved in the community, and in time of trouble people called Miss Price for help and guidance. Our sympathy is extended to her friends and relatives.

RECENT DEVELOPMENTS IN THE CARE AND TREATMENT OF BRUCELLOSIS

By William J. McConnell, M.D., Assistant Medical Director

Brucellosis, or undulant fever, named from the undulating, wave-like temperature curve commonly found in acute cases, is a communicable disease which is transmissible from animal to man through direct contact with infected animals, particularly cows, sheep, goats, and swine, or their freshly killed carcasses; and by the ingestion of unpasteurized milk or the milk products from infected cows and goats. There is some evidence that the disease in man may also result from inhalation of the organisms in contaminated dust. It is generally believed that the disease is rarely transmitted from human to human.

The organism responsible for the disease was first discovered in 1887 by Sir David Bruce who named it Micrococcus melitensis. Later, in honor of Sir David, this and other organisms of the same family were given the family name of Brucella. The Micrococcus melitensis was renamed Brucella melitensis, and is found largely in diseased goats or their products.

In 1917, Alice Evans, a bacteriologist in the United States Department of Agriculture laboratories, found that Brucella melitensis and the Bang bacillus, which caused abortion in cows, were practically identical and that people who drank raw cow's milk from infected cows developed the disease. In recognition of its family resemblance to Brucella melitensis, the Bang bacillus was renamed Brucella abortus. Still a third organism found in swine, which closely resembled the others, and which was capable of causing the illness, was named Brucella suis.

Brucellosis is closely associated with occupation and its incidence is highest among packing plant employees, livestock producers, veterinarians, and farm workers. Epidemics have been traced to the use of raw milk and cream in certain sections of the country, but among urban residents who are supplied with pasteurized dairy products the inci-

dence is low. Jordan¹ assembled during the period 1940-1946, through Iowa physicians, a series of 2,405 case reports in which 75 percent gave a history of direct contact with farm animals prior to onset of symptoms.

An acute attack of the disease is characterized by an intermittent type of fever, chills, sweating, abdominal discomfort, and weakness. In the chronic type, the patient may experience no fever or only a slight rise in temperature in the afternoon. The most frequent symptoms are headaches, light-headedness, myalgia, neuralgia, digestive disturbances, and fatigue. The disease is usually one of long duration with a variable clinical course.

The tissue reactions due to Brucella organisms have been reviewed in detail by Spink,⁽¹⁾ and demonstrate the constancy with which Brucella invade the spleen, liver, bone marrow, and lymph nodes. The complications of the disease reported by Spink include destructive osseous lesions, subacute bacterial endocarditis, encephalitis, and grossly suppurative lesions.

The disease is quite often difficult to diagnose, especially in cases of the chronic type. Perhaps the most reliable criteria are history of the patient, clinical signs and symptoms, and laboratory procedures. The most important of the latter is the isolation of Brucella from the blood by cultural methods. This method also aids in the identification of the organism and its probable source in cattle, goats, or swine. The agglutination reaction when the titer is 1 to 100 or higher is another laboratory procedure employed. However, these agglutinins may not be specific for the Brucella organisms, and blocking antibodies may cause negative agglutination tests. Intradermal tests, using Brucella antigen, is the least reliable diagnostic procedure. Those who

¹Jordan, Carl F. BRUCELLOSIS IN INDUSTRY, Industrial Medicine, 17:176-180, May 1948.

⁽¹⁾Spink, Wesley W. PATHOGENESIS OF HUMAN BRUCELLOSIS WITH RESPECT TO PREVENTION AND TREATMENT. Annals of Internal Medicine, 29:2, 238-258, August 1948.

have had an old infection in the past also show a positive skin reaction. These procedures often give negative results in cases of chronic brucellosis.

The control of human brucellosis is dependent upon eradication of the disease from domestic animals and the pasteurization of milk and all milk products consumed. Scientists have discovered measures which are effective against the disease in animals and if these are properly organized and used it is believed that brucellosis may be controlled in animals just as efficiently as was tuberculosis. So far, no dependable methods of immunisation against the disease for man are known.

Specific treatment for this disease has not been very satisfactory up to the last decade. In 1936, Carpenter and Boak⁽¹⁾ who critically reviewed the therapeutic methods, including vaccine therapy, used up to that time, concluded that a successful method for the treatment of brucellosis still awaits development.

With the advent of the newer chemotherapeutic and antibiotic agents which have proved so effective in many diseases of bacterial origin, a number of studies have been made by different groups of investigators to determine their effectiveness in the treatment of brucellosis.

The sulfonimide compounds were found effective in some cases of acute brucellosis but in others the cultures remained positive after a period of treatment, and relapses occurred.

Huddleston⁽²⁾ treated successfully four patients suffering from brucellosis by administering reduced doses of the sulfonimide drugs in combination with natural whole blood or plasma. His theory is that reduced

⁽¹⁾Carpenter, C.M., and Boak, R.A. THE TREATMENT OF HUMAN BRUCELOSIS. Medicine 15, 103-127, February 1936.

⁽²⁾Huddleston, I.F. COMMUNICATION TO THE FOURTH INTERNATIONAL CONGRESS FOR MICROBIOLOGY. Copenhagen, July 1947.

doses of the drug (sulfadiazine or sulfamorphazine) added to the blood or plasma destroys the organisms by increasing the action of the antibodies.

Live, Sperling and Stubbs⁽³⁾ found streptomycin therapy effective in protecting guinea pigs experimentally infected, but with the exception of a few instances, results have been generally unfavorable in the treatment of human beings.

The simultaneous use of sulfadiazine and streptomycin proved to have a much more effective action on Brucella organisms than either drug alone. Eisele and McCullough⁽⁴⁾ reported a case of brucellosis so treated and noted a striking clinical improvement and abrupt abatement of fever. During a 17 month period of observation, the patient remained well and without relapse. Pulaski and Amspacher⁽⁵⁾ reported favorable results in three cases of brucellosis treated with the combined use of sulfadiazine and streptomycin. Other investigators have reported favorable results in both acute and chronic cases. A group⁽⁶⁾ from the Division of Internal Medicine, University of Minnesota, recently reported on a series of brucellosis cases treated during the past 10 years by sulfonimide compounds and streptomycin alone and combined, and found the combined administration of sulfadiazine and streptomycin

⁽³⁾Live, J., Sperling, F.G. and Stubbs, E.T. EFFECT OF STREPTOMYCIN ON EXPERIMENTAL BRUCELOSIS IN GUINEA PIGS, American Journal of Medical Science. 211: 267, March 1946.

⁽⁴⁾Eisele, C. Wesley and McCullough, Norman B. COMBINED STREPTOMYCIN AND SULFADIAZINE TREATMENT IN BRUCELOSIS. Journal of the American Medical Association, 135: 1053-1055 (December 20, 1947)

⁽⁵⁾Pulaski, E. J. and Amspacher, W.H. STREPTOMYCIN THERAPY FOR CERTAIN INFECTIONS OF INTESTINAL ORIGIN, New England Journal of Medicine, 237: 419 (September 18, 1947)

⁽⁶⁾Spink, Wesley W., Hall, Wendell H., Shaffer, James M. and Braude, Abraham I. HUMAN BRUCELOSIS, Journal of the American Medical Association, 136: 382-387 (February 7, 1948)

to be more effective than any other therapy used to date. While these investigators recommend for the present that streptomycin be administered intramuscularly in doses of 0.5 gm. every six hours for seven days, and therapy with sulfadiazine be initiated simultaneously with an oral dose of 4 gm. and then 1 gm. every four hours for at least two and preferably three weeks, they are of the opinion that the optimum dosage schedule has not been determined with certainty. They further believe that investigations on other antibiotics going on at the present time, may bring forth other agents more effective against the Brucella organisms.

Spink has recently reported on the continuation of these studies (now 17 patients both acute and chronic) and believes the following conclusions appear justified:

A. The clinical course of both acute and chronic brucellosis is shortened by the combination of streptomycin and sulfadiazine.

B. The combination is effective against such complications of brucellosis as subacute bacterial endocarditis and spondylitis.

C. Optimum doses remain to be worked out, but at present it is recommended that 0.5 gm. streptomycin be given intramuscularly every six hours for two weeks (one week longer than that recommended in the initial report). At the same time that therapy with streptomycin is started, 3 to 4 gm. of sulfadiazine should be administered orally, and then 1 gm. every four hours for a total of two weeks.

ANNOUNCEMENT

Miss Marie L. Johnson, Assistant Director of the Nursing Bureau, has been made the Nurse-Member of the Committee on Administrative Practice of the American Public Health Association, succeeding Miss Marion Sheahan.

CONGRATULATIONS!

Miss Mary Dickerman, retired, was married to Mr. Louis Sayer in New York, October 30, 1948. Best Wishes!

THE GOAL OF THE GROUP NURSING PROGRAM By Bernardine Striegel, Group Nursing Consultant

A program may fall short of success not because of lack of interest or activity, but because the activity is started before the ultimate goal is determined and plans are formulated. A Group Nursing program can be no exception, so before starting the Group Nursing activities for the coming year, each Metropolitan Nurse might ask herself "What is the goal of my Group Nursing program and how can I best work toward it?" The answer, of course, to the first part of the question is "The goal of my Group Nursing program is to reach promptly all those Group-insured employees who need and want professional home nursing care, treatment, or instructions so that I may give them the kind and amount of service which will be most helpful." The answer to "How can I best work toward my goal?" can be found by questioning yourself further and by taking those steps that your answers indicate are necessary. Ask yourself:

1. Is my Group file (Forms N.S. 125 G.2) complete and up-to-date?
2. Do I have a record (Form N.S. 125 G.3) of when and how much service has been used by these firms?
3. Has every firm in my area with 50 employees or more been visited within the past year?
4. Have those firms with fewer than 50 employees been visited within the past five years?
5. Does management in all these firms understand the purpose and scope of the service, the philosophy of the "Five-Point Plan," the local Nursing area, etc., and has a definite procedure for using the service been adopted?
6. In between visits, has management been told when a good case has been closed, or when a case has not been referred for a long time?

The first step in arranging a well-formulated plan has been taken when a review of reports and Group files is completed.

Assuming that the Group list (Forms N.S. 125 G.2) and Nursing Experience Record (Form N.S. 125 G.3) are complete and up to date, the second step in making a definite plan is to determine which firms should be visited. Then study your year's plan of activities for your total Metropolitan Service, and incorporate into it the proposed visits to these firms according to your total case load, as well as to the size and needs of the firms. As you know, it is not always possible to adhere to your year's plan rigidly, but it is a basis for the efficient administration of your program.

With a defined goal and a written plan, the third step is to review such Group Nursing materials as "Essentials of the Group Nursing Program" and "Our Group Nursing Program" and then to think through carefully what you want to accomplish on a specific visit to a firm. For each firm you will want to review the content of your last visit, your experience with the firm and the employees since that visit, and then to consider what new message you wish to add. This new message could be an emphasis on certain parts of the Five-Point Plan, or on the use of the employee educational materials, or on the value of a certain type of service. Finally, it would be helpful to summarize, at least in written outline form, what you feel the total content of this specific visit should be, so that during the interview you can be concise and accurate.

With this background of preparation, you would then call the person whom you wish to see, and tell him who you are and why you want to call on him. Early in the visit it is wise to determine how much that person understands about the service, and if he has any present plans of using it, (just as in home visiting you start with the person's present understanding and go on from this point.) At the conclusion of this visit, the important agreements and plans would be briefly summarized.

When each of the Group-insured firms within your Nursing area understands the purpose and scope of our service, and has established procedures for using it, there will be much less concern about the question "How many cases and visits should I expect from the Group-insured firms in my area?" We know that if management of each Group-insured firm is reminded of the service at proper intervals, and if each firm in turn reminds the employees of it at the time of illness, we need not worry about the case and visit volume. Under these circumstances we would know that our volume, whatever it is, is meeting the professional home nursing needs of the individual employee and that, after all, is our ultimate goal.

COMING EVENTS

Social Hygiene Day - February 2, 1949
Theme: Not announced yet. Company Nurses may receive a special announcement.

National Heart Week - February 7-13, 1949
Theme: "Open Your Heart." Local chapters of the American Heart Association will have their own campaign materials and plans which will be synchronized with those of the national association.

Cancer Month - April 1949
Theme: "Cancer Can Strike Anyone - Give to Conquer Cancer." During April, the American Cancer Society will conduct a campaign to raise funds to combat cancer.

ASSISTANT EDUCATIONAL DIRECTOR APPOINTED

The Quarterly Bulletin welcomes Miss Anna Elizabeth Moore as the Assistant Educational Director of the Nursing Bureau.

Miss Moore comes to the Company with experience on both staff and supervisory levels in visiting nurse work. She received her B.S. degree in public health nursing from New York University in February 1946. She will assist in the staff education activities of the Nursing Bureau and will be largely responsible for the editing of the Quarterly Bulletin.

BEST WISHES FOR RETIREMENT

MISS EMMA ANDERSON was appointed to the Leaksville-Spray, N.C., Service July 1, 1926, and retired January 1, 1949, from Durham, N.C. She also had service in Union City, N.J., and Roanoke, Va. Miss Anderson had a gift for improvisation and provided a description of spiral dressings which was published in the Quarterly Bulletin. She was active in State nursing affairs and was a frequent speaker at the local school of nursing.

MISS SARAH RARDON started her Metropolitan career November 15, 1928 as a Staff Nurse in Cincinnati, Ohio. In 1936 she became Head Nurse in Cincinnati and when our service was affiliated with the visiting nurse association in 1941, she became Head Nurse in Newport, Ky., from which position she retired November 16, 1948.

Miss Rardon participated in professional nursing affairs, conducted classes in home care of the sick, and completed the American Red Cross first aid course. She was a gentle leader of her Staff and set high standards of service. A local doctor said of her, "She is a wonderful nurse, very thorough in her work. I wish there were more nurses like her."

MISS IRENE E. DUFFY came to the Metropolitan February 15, 1928 as a Group Nurse in Chicago, Ill. She also served in Oak Park, Ill., and finally in Battle Creek, Mich. Miss Duffy maintained the goodwill of Agents and policyholders. One of her patients wrote, "I do not know how I could have gotten along without her. The family and myself did appreciate her kindness."

MRS. KATHRYN D. BICKHAM spent her entire Metropolitan service in St. Louis County, Mo. from May 1, 1930 to November 1, 1948. Her high standards of patient care were revealed by an excellent paper she gave at a staff meeting on "Objectives of a Nursing Visit." Appreciation was expressed by one

patient as follows: "She is still that capable, efficient, and friendly Nurse that one enjoys having come in."

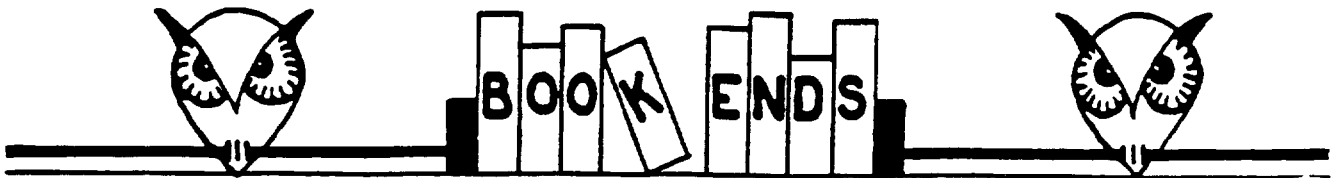
MISS PEARL HOFFMAN, who was appointed to the Bellevue and Dayton, Ky. Service February 6, 1928, retired November 2, 1948. Miss Hoffman had a splendid attitude toward supervision, was much interested in the teaching of nutrition, and developed considerable skill in making case studies. Patients often expressed appreciation because she was "kind, thoughtful, and gracious."

On October 20, 1922, a new Territorial Supervisor, MISS CAROLINE M. HIDDEN, was appointed to the Keystone Territory now known as Penn State Territory.

With her snappy, laughing brown eyes, and gracious manner, Miss Hidden quickly won a place for herself with Nurses, Supervisors, and Field-Men. During the years, she has served chiefly along the Atlantic coast in the Metropolitan and Atlantic Coast Territories. In 1936, at her own request, she was assigned to a nontraveling position as Director of the Queens Nursing Service in New York where she stayed until 1942 when she was transferred to Towson, Md., as Local Field Supervisor.

Miss Hidden was always an enthusiastic and helpful Supervisor. She was interested in both administration and staff education, and served actively on many community committees in Queens, New York, and in Towson, Md. Frequently letters of appreciation were received from coworkers, health officers, and directors of public health nursing thanking the Company for Miss Hidden's helpful and cooperative services.

On December 5, 1948, Miss Hidden's retirement date arrived, and she left to make her home in her native State, California. Our best wishes for many happy years go with her.



HEALTH PROGRESS, 1936 to 1945 - A Supplement to Twenty Five Years of Health Progress, Louis I. Dublin, Ph.D., Metropolitan Life Insurance Company, New York, 1948.

Dr. Dublin has brought up to date his original volume on the mortality experience among Metropolitan Industrial policyholders with a valuable supplement which reflects many of the advances made in public health during the last 10 years. Public health nurses in particular should find cause for reflection in the following statement quoted from the chapter on the principle communicable diseases of childhood. "Measles, scarlet fever, whooping cough, and diphtheria, which, only a few decades ago exacted a heavy toll of child life have now been reduced to vanishing proportions as a factor in mortality." And again in the chapter on maternal mortality "the campaign to reduce the hazards of childbearing has been eminently successful in the past decade," due in part to the efforts of public and private agencies which "have provided large numbers of public health nurses to render services in the homes of pregnant women and to educate them regarding approved practices of prenatal care and confinement."

ESSENTIALS OF PUBLIC HEALTH - William P. Shepard, M.D.; Charles E. Smith, MD.; Rodney R. Beard, M.D.; and Leon B. Reynolds, J.B. Lippincott, Philadelphia, 1948.

This excellent text, written by our own Dr. Shepard in collaboration with three men associated with him at Stanford University School of Medicine, is an important and timely contribution to public health. A clearly written condensation of the principles of public health, it is intended primarily for the use of physicians and medical students to emphasize the relationship of the general practitioner to public health problems in

his community. It considers all phases of public health from the opening chapter Public Health and the Practicing Physician to such sections as environmental sanitation, communicable disease control, maternal and child health, heart disease, and mental hygiene. It is a book for everyone who is interested in public health and is highly recommended to public health nurses who play such an important part in the movement toward better health for all people.

THE SOCIOLOGY OF CHILD DEVELOPMENT - James S. Bossard. Harper, New York, 1948.

This book, written by one of the best known sociologists in the United States, presents a different approach to the factors and problems involved in child development. Its emphasis is primarily on the social situations which confront the child from infancy to maturity. It discusses such factors in the child's family background as the relations of the children among themselves, the cultural background of the parents, and the parent-child relationships. It is an important book for a public health nurse or anyone who is concerned with the welfare of children.

NURSING FOR THE FUTURE - A report prepared for the National Nursing Council. Esther Lucile Brown, Ph.D. Russell Sage Foundation New York, 1948.

The enthusiastic reception accorded this report not only by leaders in the nursing profession, but also by leaders in the medical, public health, and hospital fields, testifies to the fact that this is one of the most important books of recent years in the nursing field.

Here is no dry report, but a challenging voice asking the professional worker and

layman alike to view nursing service and nursing education in terms of what is best for society - not just what is best for the profession of nursing as a possible "vested interest."

It is rare to find a professional group thus "taking stock." Such self-questioning represents growth, whether in an individual or an organization, and as Dr. Richard Cabot once wrote, "One facet of this growth is internal honesty, the impulse which turns our faces to the light and pushes for more ... self questioning is like the draft of a furnace. It quickens the fire of living thought."

BE SURE TO READ THESE:

THE HEMIPLEGIA PATIENT AS A PERSON - Dorothy Moore, R.N. Public Health Nursing, October 1948, page 511.

PARENTS AS TEACHERS - A Guide for Parents of Elementary School Children. Prepared by Committee on Emotional Stability of the Metropolitan School Study Council. Teachers College, Columbia University, New York, 1947.

A PROGRAM FOR THE NURSING PROFESSION - Eli Ginsberg, M.D. Macmillan, New York, 1948.

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