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THE QUARTERLY BULLETIN

FOR METROPOLITAN NURSES K

Vol. 9, No. 2

May 1945

LEGION OF MERIT AWARD GOES TO DR. (COLONEL) LANZA

PLAINTIFF'S EXHIBIT

MET-452



Dr. Anthony J. Lanza, whom many of you know, returned to the Company on January 1st of this year, after three years of service with the War Department. Dr. Lanza's work as head of the Division of Occupational Health in the Preventive Medicine Service of the Surgeon General's Office was of such value that he has been awarded the prized Legion of Merit! Surgeon General Kirk made the presentation in Washington, D. C. on April 2nd, with the following citations:

"Colonel Anthony J. Lanza, 0439418, Medical Corps, Army of the United States. For exceptionally meritorious conduct in the performance of outstanding services from March 1942 to December 1944. Colonel Lanza contributed in a high degree to the development of the Army's present industrial health program for civilian workers in Army owned and operated industrial plants. He organized for the Surgeon General a

special health service which protects the health of almost a million civilian workers in Army industrial plants, thus contributing to the uninterrupted flow of munitions. To this task he brought a rich background of special knowledge and experience which was applied with energy, intelligence and wisdom. Largely due to his efforts, the present effective and well organized program of industrial medicine has been developed and he thus contributed in a high degree to the success of the Army's program of Preventive Medicine."

Since many of you have at some time met and worked with Dr. Lanza, I am sure you will be much interested to learn of the award which he has received as a result of his accomplishing a tremendously important job. Certainly some of you will again have an opportunity of working with him in the future. He will of course again head the Industrial Health Service and carry on much important work in cooperation with the Medical, Group, and Statistical Divisions, at the same time giving the Nursing and other Welfare Bureaus the benefit of his invaluable experience. I need hardly say that we are most happy to welcome Dr. Lanza home once more.

Robert Armstrong

Second Vice-President

NURSING BUREAU • WELFARE DIVISION • METROPOLITAN LIFE INSURANCE COMPANY

SALUTE TO THE STAFF ON THE HOME FRONT

Ruth H. King, Editorial Assistant,
Nursing Bureau

To many Metropolitan Nurses here at home the article in the January number of the Quarterly Bulletin, "A Salute to the Metropolitan Nurses in the Armed Forces," gave a thrilling sense of sharing, if only indirectly, in the rich and unforgettable experiences of Metropolitan members of the Army and Navy. But - "Peace has its victories no less than war," so in this number we salute the Metropolitan Nursing Staff which is meeting the grave challenges of the time on the home front.

Metropolitan Nurses who are deep in military life at present want to know what changes the war, as well as time and tide, is making in the work of the Nursing Service. To them and to the Metropolitan staff we want to say, we are in a fight too, here at home, to maintain and improve the health and strength of our country by maintaining and improving that part of it which is our special province, that of our policyholders and their families. If it is sometimes hard to realize the importance of this work as compared with that in a field hospital in Belgium, for instance, it is partly because, as yet, we have had no spectacular epidemic to fight. The preservation of health is always less dramatic but requires constant vigilance.

Once a year the Nursing Bureau takes stock of the Metropolitan Nursing Service. This is done in two ways - by the annual statistics and by the annual narrative reports. The statistics are the bare bones of the year's experience; the narrative reports give them life. The narrative reports come to Miss Haupt's desk early in January, for the end of the year brings more than Christmas to Metropolitan Head Nurses and Supervisors! Nor does a Nursing Bureau position in the Home Office confer immunity; every member of that staff prepares an annual report too. The Director's report to Dr. Armstrong contains the final crystallization of the experiences of many individual Nurses and Supervisors, of their reactions and conclusions, and of their activities as members of their communities in this time of war.

The annual reports bring into focus the problems that are country-wide and other problems that are local. They point to places where growth has halted or where it is taking some new direction. Trends of the times become evident, and so do the dislocations caused by war. Without these reports, an understanding of the Nursing Service in itself and in relation to the whole public health nursing field could hardly be made at all. To quote from Miss Haupt's report for 1944:

"We are in a unique position, through our Local and Territorial Supervisors and our administrative service in the Home and Head Offices, to keep in active touch with the total field of public health nursing, from the local grass roots, through State organizations to the national level, both governmental and voluntary."

The reading of one report right after another makes a real impact upon the reader. The problems of the Field come home with full force. So, too, do the loyalty, flexibility, and stamina of Metropolitan Nurses and Supervisors.

The nurse shortage was one of the year's big difficulties. A Local Supervisor reported: "Our current problems have included limited staff due to resignations and illness with long delay in replacements - that combined with a heavy maternity case load. In May we averaged 11 visits per day little time for teaching but we have met all calls for nursing service promptly." Several Staff Nurses willingly accepted temporary transfer from one State to another for weeks or months at a time to help out in such situations or for vacation or leave-of-absence relief.

As to the positive side of the nurse shortage: "Members of families are better able to give care to ill patients at home as a result of courses in home nursing, first aid, and nutrition. Nurses aides are a definite asset Patients are willing to do with less if they believe our soldiers are getting more skilled care."

- There is no silver lining to the fact that "our automobiles are a year older," as one Supervisor cogently observes. Several reports mention the time spent to get tires inspected for recaps or replacements and to have repairs made. The nurse shortage and the gasoline shortage even tie in with the average number of visits per day, on occasion. "Each Nurse has a greater area to cover. That not only means more travel time; it means completing papers for supplemental gas rations. It means time out to go to the Ration Board."

The case load in general continues to decrease both in the salaried services and with associations. One Local Supervisor summarized the reasons for the decrease in her center thus: "Hospitalization benefits, Red Cross home nursing classes, abundant jobs; therefore, better economic conditions and a more hopeful, healthy outlook on life." Another notes, "More people in hospitals and convalescent homes because they cannot get household help." Others mention, "Hospitalization as a result of the shortage of doctors." "The decrease in the civilian population due to military service," seems to be a factor, as stressed in one center. "Publicity about the nurse shortage"; "curtailment of non-essential care"; "absence of serious epidemics except for poliomyelitis"; and "the new weapons against disease" - all these are factors in the 1944 case load.

Many of the annual reports speak of the alertness of the Staff Nurse to detect rheumatic fever, tuberculosis, venereal disease, and "previously unknown diseases brought to our attention by returning soldiers." Several mention increased attention, on the part of Nurses, to accident hazards in the homes of policyholders. Others mention the Nurse's awareness of the importance of nutrition "especially in relation to children and to war workers." Others are conscious of a gradual shift in the need for nursing care from the acute field to the chronic. "I had more elderly patients than in former years, and since reading several books on problems of the aged, I have been interested in them and for the first time have enjoyed caring for them," a Supervisor quotes from a book review written by a Staff Nurse.

Metropolitan Nurses think increasingly of their total responsibilities in public health nursing - for health guidance as well as for bedside care - a realization which the war has accelerated. On the other hand many local health departments are taking an interest in providing bedside care in addition to instructive services. So we are not surprised to find new evidences of a feeling of solidarity in the public health nursing group in many communities. Local Supervisors report joint staff meetings of all public health workers in a community. The range of subjects covered by speakers -

some of them of national reputation - in some of our larger centers makes one conscious of an upsurge in the desire of public health workers everywhere to be adequate in their responsibilities. The war has shaken many of us out of our sense of isolation and self-satisfaction in our jobs.

The observance of Public Health Nursing Day on January 26, initiated by the National Organization for Public Health Nursing, publicized in a Company advertisement, and celebrated in about 1,000 communities in the United States, increased this feeling of solidarity. This is evident in many letters received from our staff. An Indiana Nurse reported that when the Metropolitan, health department, county and school nurses got together early in December to discuss possible ways to celebrate the day, they discovered that they did not know much about each others work. Immediately they began to refer cases and to work together more intelligently. The importance of just that was made clear in Miss Haupt's letter sent to the staff on January 3rd.

"A better understanding of public health nursing generally, in each community, is especially important in these war times when there is a scarcity of nurses for the Armed Forces, and when the appropriate use of public health nurses may make it possible to release some private duty, hospital, office and industrial nurses for the military."

Some of our staff started the ball rolling in their centers by telephoning other public health nurses to ask "What shall we do about observing Public Health Nursing Day?" Others accepted difficult assignments and carried them through successfully. In one southern city the Local Supervisor became State Publicity Chairman for the "Day," got the cooperation of the governor, the mayor, the state and local organizations and the newspapers so that the observance of the day got wide and intelligent publicity. Several Metropolitan Nurses took part in radio broadcasts in which they, and the other public health nurses, were interviewed about their work.

The experience in the Pacific Coast territory may be considered typical: "Judging by the publicity given 'our day', it was a big success. Newspaper pictures and articles, window displays, radio addresses and public meetings were the various means of telling the world what a public health nurse is and what she does." Jean Roberts, Pacific Coast Nursing Supervisor, gave an effective radio talk about "our day."

Metropolitan Nurses are finding many ways to contribute directly or indirectly to the war effort. In many of the 1944 reports we find items such as these: "Encouraged young applicants to go into the military service"; "The U. S. Cadet Nurse Corps has taken considerable time and is my contribution to the war effort"; (A modest statement indeed as this Head Nurse's successful work for the Cadet Corps has been highly commended by the National Nursing Council for War Service.) "Chairman, War Nursing Council"; "Member, Nursing Committee of Procurement and Assignment Service;" "This was the staff's fifth blood donation to the A.R.C.;" "Staff members continued to assist at A.R.C. blood donors' center;" "Miss _____ spoke in behalf of Cadet recruitment at the State Teacher's Convention;" "Miss _____ continued to teach nurses aide classes;" "Miss _____ organized a group of women to sew and knit for the boys at Valley Forge Hospital;" "Salary allotment for War Bonds increased in 1944."

All of our nurses are permitted to participate in the Emergency Maternity Infant Care program of the Children's Bureau for care to the wives and infants of service men

and are responding whenever called upon by the State health departments. Many also, on their own time, are giving supplementary service to local hospitals and health agencies.

More as to war bond purchases in 1944! Of course we know that all that we can do is very little in comparison with the deeds of our Nurses in the armed forces, but we believe they will be especially pleased to know that with 49 groups of competitors, the Welfare Division won second place in the Home Office war bond competition for the President's Trophy for 1944. In other words the Home Office members of the Welfare Division invested an average of 15.48 percent of their total earnings in war bonds. In her annual report to Dr. Armstrong, Miss Haupt accounts for our success thus:

"I think one reason that the Welfare Division has been so successful in the war bond effort is that we have so many personnel in the armed forces. Our Home Office staff constantly see the poignant letters we receive from Nurses and others from all parts of the world and I feel sure these contacts stimulated additional effort on the part of the Home Office staff to try to match that of their coworkers."

In 1944 most of the members of our Field Staff continued to invest in war bonds by salary allotment. For Nurses with home responsibilities, this takes close figuring. In spite of this fact, many Nurses in the Field sent additional pledges to the Home Office during the fifth and sixth War Loan Drives.

So this is the way it is at home in the Metropolitan Nursing Service. In spite of serious shortages we are making every effort to maintain reasonable standards of quality of service. We have our transportation troubles and may take to bicycles; English public health nurses have always used them. "An increased capacity for cooperative thinking in meeting common problems," as one Supervisor puts it, seems to be characteristic of the whole staff; that, and "increased alertness," mentioned by several Supervisors. Some sixty Metropolitan Salaried Nurses have been released for military duty in the United States and Canada. Those who remain at home are finding ways to contribute to the war effort in their own communities. To sum it all up, the morale of the staff is excellent. A salute to the Metropolitan Nurses on the home front!

TITLE CHANGES FOR WELFARE OFFICERS

On February 20, 1945, the Board of Directors announced two changes which pleased everyone in the Welfare Division. We quote from the Home Office Bulletin:

"Anthony J. Lanza, M. D., formerly Assistant Medical Director, to be Associate Medical Director.

"George M. Wheatley, M. D., formerly Assistant Medical Director, to be Assistant Vice-President, Welfare."

Among the Canadian appointments recently made by the Board of Directors is that of Norman L. Burnette, D. Sc.S., the Welfare Division's chief in the Canadian Head Office, to Assistant Vice-President (formerly Assistant Secretary).

WAR NURSING SERVICE

From January 3rd to 19th, 1945, Miss Haupt was on loan to the National Nursing Council for War Service as a special consultant in Washington, D. C. She did the initial exploration of the question of drafting nurses and recommended the establishment of a Washington office of the Council.

Miss Haupt conferred with Dr. Dublin (now on loan to the American Red Cross) and with Miss Virginia Dunbar, Director of the Red Cross Nursing Service, about the organizing of a "coordinating committee" of the various agencies concerned with the recruitment of nurses for the armed forces. In addition, she recommended a work simplification study of all application procedures for which Mr. H. A. Finley of the Metropolitan was borrowed.

Metropolitan Nurses are urged to watch the press and the professional magazines for information about the draft of nurses.

A WARNING NOTE

The habit of using mineral oil may have such serious nutritional consequences that it seems desirable to have an authoritative statement regarding its use from the medical profession. The following article by Dr. Norman Jolliffe, well-known to all who are interested in nutrition, points out the dangers inherent in the continuous use of this product. Dr. Jolliffe is Associate Professor of Medicine, New York University School of Medicine, and Lecturer in Public Health Practice, College of Physicians and Surgeons, Columbia University.

Misusing Mineral Oil*
by Norman Jolliffe, M. D.

Mineral oil is one of the most commonly used laxatives, although warnings have been given frequently about the harmful effect that it has on the utilization of carotene, the pro-vitamin A, a very important nutritional factor. Most, if not all, of the carotene in green and yellow vegetables and fruits, which the body normally converts into vitamin A, may be absorbed by the mineral oil and eliminated unused with the oil. Since most people get a large part of their vitamin A requirement in the form of carotene, users of mineral oil may therefore be deprived of the many benefits of this vitamin. When mineral oil is used over a long period of time, real harm may result. This absorption of the vitamins by the mineral oil may take place even when the vegetables or fruit are eaten at dinner and the mineral oil taken at bedtime.

Recent experiments show that mineral oil interferes also with the utilization of other essential food factors, especially vitamin D and the minerals calcium and phosphorus, which are necessary for building good bone and tooth structure, and vitamin K which helps to assure proper coagulation of the blood, especially after childbirth. Since these are factors that are very important in the diet during pregnancy to insure health protection for the mother and the best growth of the coming baby, it seems inappropriate that mineral oil should be used so commonly by pregnant women.

In reducing diets, where calories must be kept low, mineral oil is sometimes suggested as an ingredient for salad dressing or mayonnaise since the mineral oil provides no food value, whereas salad oil dressings add considerably to the calorie content of the diet. A mineral oil dressing, however, deprives the body of the carotene of the various kinds of vegetables which are used in salads.

The wartime shortage of oil, lard and other fats has led some food manufacturers to use mineral oil in salad dressings and for frying salted nuts, potato chips, and doughnuts for sale to consumers. Such practices may have serious nutritional consequences, and housewives should read the labels on the containers of such products to assure themselves that mineral oil has not been used.

Because mineral oil is so widely used, it seems apparent that many people have not realized these harmful effects it may have. The harm may far outweigh its advantages. Certainly it should never be taken except on the specific recommendation of a physician.

* Reprinted by permission of "Nutrition Notes," December 1944, The Nutrition Bureau, Community Service Society, New York.

TERRITORIAL STANDINGS, NURSING BUREAU SAFE DRIVING CONTEST

1944

<u>Standing</u>	<u>Territory</u>	<u>Chargeable Accidents</u>	<u>Number of Authorized Automobiles as of 12/31/44</u>	<u>Accidents Per Hundred Cars</u>
First	Metropolitan	0	11	.00
Second	Central	1	24	4.17
Third	Southeastern	4	60	6.67
Fourth	Atlantic Coast	3	38	7.89
Fifth	Midwestern	3	24	12.50
Sixth	Southwestern	2	15	13.33
Seventh	New England	2	13	15.38
Eighth	Eastern	7	36	19.44
Ninth	Pacific Coast	9	44	10.45
Tenth	South Central	8	37	21.62
Eleventh	Canada	8	33	24.24
Twelfth	Great Lake	7	28	25.0
Thirteenth	Penn State	8	31	25.81
	Total	62	394	Average 15.73

Dr. Armstrong is writing to each member of the Metropolitan and Central Territories congratulating them upon their outstanding record during the year. It is gratifying to note the interest which our entire staff is taking in the matter of safe driving. We urge your continued cooperation in this matter particularly at this time when older cars on the highway increase the problems confronting the driver.

FORMULA TO DETERMINE SCHOLARSHIP AWARDSEFFECTIVE January 1, 1945

The length of the leave-of-absence has heretofore determined the amount of money granted for a Metropolitan scholarship for postgraduate study in public health nursing. Now we have devised a new basis:

The amount of an individual scholarship is variable, as based on the following formula:

- A. The amount of the scholarship award shall include the following expenses in the college the recipient attends:

Cost of tuition

(\$10 for books for semester or quarter

Cost of special fees and (5 for books for summer school

Two thirds of minimum cost of room and board

If travel expenses to and from the college exceed \$50, two thirds of the amount over \$50 up to a maximum of \$50 is made up to the Nurse.

- B. The maximum amount is limited as follows:

A summer session to \$200.

A quarter to \$400.

A full semester to \$500.

The formula in "A" above is to be applied in each scholarship award. The maximum figure will operate only if the formula exceeds the maximums as herein established.

LEAVES OF ABSENCE FOR STUDY

**Mary Bost	Gastonia, N. C.	University of North Carolina
Dorothy Young Lents	Territorial Supervisor	Teachers College, Columbia
*Bess MacCulloch	Cumberland, Md.	Teachers College, Columbia
**Ora B. Moss	Mobile, Ala.	George Peabody College

* Awarded Metropolitan Scholarship

** Awarded Federal Scholarship

DISASTER RELIEF

A folder in the Nursing Bureau files marked Disasters contains letters and newspaper clippings from Metropolitan Nurses about floods, fires, explosions, train wrecks, tornadoes, and hurricanes. Some of the entries make grim reading. They all make us realize how quick our Nurses are to answer the call for help when disaster strikes.

Here is the 1944 honor roll for disaster relief in the Eastern Office Territories.

<u>Month</u>	<u>Disaster</u>	<u>Nursing Center</u>	<u>Metropolitan Nurse</u>
May, June	Two floods	Ottumwa, Iowa	Anna B. White
July	Tornado	Charleroi, Pa.	Julia Yaros
July	Mine explosion	Bellaire, Ohio	Lula McMahon
August	Explosion, Octane Gas Plant	Oil City, Pa.	Philomena Prince
October	Hurricane	Miami, Fla.	Willena Gatewood Bernice Knowlton
October	Mine Fire	Bellaire, Ohio	Lula McMahon

Spring floods have come early this year; there may be more. We received a vivid letter from Mrs. Helen Glockner, appointed to the Portsmouth, Ohio Metropolitan Nursing Service in February, about the recent battle of Portsmouth against the Ohio River.

A Metropolitan Nurse sometimes asks what the Nursing Bureau would consider her first responsibility should a local disaster occur. Of course the answer depends upon the seriousness of the emergency. We count upon Metropolitan Nurses to keep their heads and to use their best judgment. In general we advise:

1. Report by telephone or in person to the local Red Cross Chapter in the area where the disaster has occurred. At the point of disaster report at the Red Cross headquarters designated by the Red Cross flag.
2. Do not take part in disaster work until you have reported to the Red Cross person in charge or to whatever agency is temporarily in charge. Upon leaving, report again to the Red Cross or other agency in charge.
3. Decide in your own mind whether the emergency or your case load should take precedence and act accordingly. This will depend upon the extent and seriousness of the disaster and the need for your help, as against the need of your patients for your care.
4. Send an account of what you did to the Home Office and tell us approximately the number of hours you spent in disaster work.

We know that we can depend upon the Metropolitan Staff to respond to calls for service. We are proud of the standing that you have in your community.

"PUBLIC HEALTH IS PURCHASABLE"
EDUCATIONAL CAMPAIGNS AND MORTALITY AMONG METROPOLITAN INDUSTRIAL POLICYHOLDERS
1909 - WELFARE DIVISION MEASURES OF PROGRESS - 1944

	CAUSE OF DEATH	DEATH RATE PER 100,000		IMPROVEMENT	COMMENT
		AT START	TO DATE		
OLD ENEMIES	1. PUERPERAL DISEASES	1911 - 19.8	1944 - 4.1	79%	FIRST BUSINESS OF THE NURSING SERVICE IN 1909
	2. TUBERCULOSIS	1911 - 224.8	1944 - 39.3	82%	"WAR ON CONSUMPTION" - OUR FIRST PAMPHLET IN 1909
	3. TYPHOID FEVER	1911 - 22.8	1944 - 0.2	99%	SANITATION'S GREATEST CONQUEST
	4. COMMUNICABLE DISEASES OF CHILDHOOD*	1911 - 56.9	1944 - 2.4	96%	COMPANY BUSINESS FROM THE BEGINNING
	5. DIARRHEA AND ENTERITIS	1911 - 27.9	1944 - 4.7	83%	"THE CHILD" - OUR PIONEER PUBLICATION IN THIS FIELD
MORE RECENT CAMPAIGNS	6. DIPHTHERIA	1923- 19.8	1944 - 0.7	93%	OUR FIRST MAJOR HEALTH FILM
	7. APPENDICITIS	1923- 13.2	1944 - 5.4	59%	INTENSIVE ACTIVITY BY FIELD STAFF AND MEDICAL EXAMINERS
	8. MOTOR VEHICLE ACCIDENTS	1934- 22.2	1944 - 13.9	37%	GREATEST FILM ATTENDANCE RECORD
	9. HOME ACCIDENTS	1934- 14.9	1944 - 10.3	31%	PROTECTING THE HOME FRONT
	10. PNEUMONIA**	1936- 64.8	1944 - 33.4	52%	COOPERATION IN PIONEER NEW YORK STATE DEMONSTRATION
CURRENT BATTLES	11. SYPHILIS	1940- 12.0	1944 - 9.3	22%	COMPANY CONTRIBUTING ADVERTISEMENTS, LITERATURE, ETC.
	12. DIABETES	1940- 28.0	1944 - 27.6	7%	A DOWNWARD TURN IN THIS DISEASE CURVE
	13. OCCUPATIONAL ACCIDENTS	1942- 7.1	1944 9.6	21%	A WARTIME TRIUMPH
	14. RHEUMATIC FEVER AND RHEUMATIC HEART DISEASE	1943- 12.644(P)	FUTURE ?	?	THE NEXT ATTACK - A WARTIME HAZARD

* MEASLES, SCARLET FEVER, WHOOPING COUGH, DIPHTHERIA

** 28.4 IN 1942 - A 56% DECLINE

*** A MINIMUM ESTIMATE

The "Public Health Is Purchasable" tabulation above is an up-to-date presentation of practically the whole story of the welfare work of the Company, measured in demonstrated terms of outstanding accomplishment in which the Nursing Service has participated all along the line. This Company picture of the conquest of disease epitomizes the Nation's great progress in this field.

RHEUMATIC FEVER

"An English writer says of rheumatic fever, 'It licks the joints but bites the heart.' This striking characterization of the first cause of death* among children in the early teens may be put to good use by John Hancock Nurses." We read that in the January 1, 1945 number of The Field Nurses' Bulletin of the John Hancock Mutual Life Insurance Company's Visiting Nurse Service. We think it is so vivid that we are passing it on to Metropolitan Nurses. Thanks, John Hancock.

* From disease.

JOINED UP!

Elizabeth A. Boyd Malden, Mass.	March 27, 1945	2nd Lt., Army Nurse Corps Camp Devens, Mass.
Rebecca A. Comings Harvey, Ill.	February 15, 1945	2nd Lt., Army Nurse Corps Camp McCoy, Sparta, Wis.
Mary A. Doyle Oak Park, Ill.	February 21, 1945	2nd Lt., Army Nurse Corps Regional Hospital Fort Knox, Ky.
Willena Gatewood Miami, Fla.	March 1, 1945	2nd Lt., Army Nurse Corps Fourth Service Command Camp Rucker, Ala.
Anna B. Millard* Towson, Md.	February 14, 1945	Private, WAC Co. 2 - 20th Regt., Fort Oglethorpe, Ga.
Eugenia M. Murphy North Adams, Mass.	January 3, 1945	Ensign, Navy Nurse Corps U. S. Naval Hospital Chelsea, Mass.

*Nursing Office Clerk

CITATION "Captain Mamie A. Twiford, N-725365, Army Nurse Corps, United States Army. For meritorious service in connection with military operations against an enemy of the United States from 24 June 1944 to 21 December 1944. During combat operations in France, Captain Twiford, serving as Principal Chief Nurse, 35th Evacuation Hospital, rendered distinguished service in her outstanding performance of duty. This officer organized and instituted the nursing service of the hospital, and under her skillful supervision, the highest professional medical standards were achieved and maintained. The unremitting efforts and loyal devotion to duty of Captain Twiford reflect great credit upon herself and the Military Forces of the United States."

We salute Capt. Twiford for all that her citation indicates and express for all the Metropolitan family our pride in her achievements.

WELCOME HOME Lt. Katharyn Ports (Metropolitan Nurse, Oak Park, Ill.) returned to the U.S.A. in March by way of Charleston, S. C. where she was a patient at Stark General Hospital before transfer to Winter General Hospital, Topeka, Kan. After a three weeks' furlough to visit her family, Lt. Ports will return to Winter Hospital for treatment and for what we hope will be her speedy and complete recovery.

Her many friends in the Metropolitan welcome her home after 28 months of meritorious service in the Army Nurse Corps in North Africa and Italy. Margaret Metzger, our Nurse in Topeka, Kan., did the honors for all of us by visiting Miss Ports at the hospital.

FIELD TRIP Miss Haupt's field trip in February with Marjorie Adams, Territorial Supervisor, gave her an opportunity to observe nursing on both the civilian and the mili-

tary fronts. The fine work of Metropolitan Nurses, Novella Dantzler and Dorothy Vogel, in Charleston, and Augusta Simril and Dorothy Carrell, in Jacksonville, Fla., gave first hand testimony of what our service means to war communities, which include so many industrial war workers and the families of service men as well as normal local residents.

Contact with the military was made through a visit to the Naval Air Station in Jacksonville with Lt. (JG) Joan Collette (Hammond, Ind.) and Ensign Esther Deming (Plainfield, Conn.), Metropolitan Nurses, on military leave. In Charleston, Miss Haupt learned through the local newspaper that Capt. Ruth B. Anderson (Nashville, Tenn.) had just arrived on the Chateau Thierry Hospital Ship, of which she is Chief Nurse. Her description of eight crossings to England is so revealing of what nursing in this war means that we hope she will soon share some of her experiences with the readers of the Quarterly Bulletin.

ANNIVERSARIES AND MEDALS

20 Years Service

Estelle Fitzgerald . Hyattsville, Md.	Ethel Jones Atlanta, Ga.
Hersie Greer Athens, Ga.	Nora M. McCrory Pompton Lakes, N.J.
Mary Harrigan Home Office	Helen Ware Los Angeles, Calif.

15 Years Service

Thelma Borum Portsmouth, Va.	Mary Lineberger Burlington, N. C.
Simonne Dumontier . Quebec City, Que.	Ora B. Moss Mobile, Ala.
Dora Lemmer Appleton, Wis.	Charlotte Von Briesen . Towson, Md.

10 Years Service

Grace Constable . . Los Angeles, Calif.	Ruby De Vriese Mt. Clemens, Mich.
Marie C. Price S 1/C (X)*, WAVES	

5 Years Service

Myrtle Coltharp . . Salt Lake City, Utah	Grace Prince Salt Lake City, Utah
Betty Roy Johnston . Waukegan, Ill.	M. Evelyn Turner Atlanta, Ga.
Lt. Pegeen Nugent . Army Nurse Corps	Sara C. Warner Hudson County, N. J.

* Nursing Office Clerk