

formed their own groups to donate blood. Regularity of donation, high-lighted by the formation of Gallon Clubs, contributed heavily to the final score.

During the year, four new blood donor centers were added to those located in the other 31 cities which are near enough to laboratories for the processing to begin within the required 24-hour time limit. The number of mobile units increased from 39 to 63, extending the privilege of giving to hundreds of additional cities and towns.

THAT MEN MAY LIVE

NOT since the first Red Cross workers succored the wounded on the battlefield itself, in the days when the organization was first founded in 1864, have military nurses been so greatly needed as today.



The recruitment and selection of nurses for the Army and Navy Nurse Corps is a Red Cross function.

Response to American Red Cross appeals for nurses made through official recruiting stations in large chapters across the nation met a need unparalleled in history.

The problem—in the acute manpower sphere—was complicated by the necessity to interrupt long-established relationships of nurses as members of hospital organizations or other integral parts of the community's health machinery. This problem was eased by general recognition of army and navy needs as a master priority. This is a self-imposed priority, for the nurses voluntarily enrolled in the Red Cross War Reserve from which the Army and Navy Nurse Corps filled their requirements month by month.

A war-born Red Cross Student Reserve enrolled seniors in schools of nursing for military duty after graduation.

Back of the War Reserve were the First and Second Reserves of nurses. These served as called upon by the Red Cross in case of disaster and epidemics, as instructors of home nursing and volunteer nurse's aides and for nonmilitary duty outside the country. Many of these were nurses who came from retirement for full- or part-time duty to help in the nursing crisis.