

### Editorial Comment

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## EDITORIAL COMMENT

### THE EPIDEMIC OF INFLUENZA

As we close our pages, Spanish Influenza is rampant in the United States and, according to the statements given out by the public press, it has now reached practically every state in the Union. Never within the recollection of people living today has there been an epidemic so wide-spread or so disastrous in its results.

Beginning in New England, and centering in military camps about Boston, it spread rapidly along the Atlantic seaboard and more slowly made its way westward. The initial symptoms of this dread disease are similar to those of a severe type of grippe, and in the more serious cases it develops into pneumonia, many times with fatal outcome.

While this epidemic has been alarmingly prevalent in our training camps, it has also reached people in their own homes not only in the cities and towns but it has even spread into the rural districts. In one such neighborhood with which we are familiar, a soldier home on a furlough developed it, and his little sister who attended the district school came down with it in a very malignant form and died. There is now scarcely a family in that district which hasn't at least one member sick with it, and in one home the mother and six children are in bed, and one child has already died.

We were in Washington recently while the Enrollment Emergency Station and the Emergency Hospital were being put into shape, (described in the Red Cross pages in this number), and we saw both these places in operation,—each a most efficient piece of executive work inaugurated by Miss Delano and her associates in the Department of Nursing under the Red Cross.

Appeals for help, especially for nurses, were being received from the camps in every section of the country by the Red Cross as well as by the officers of the Surgeon Generals of the Army and of the Navy. While the number of those available was altogether inadequate to meet the needs of this unprecedented situation, the response of the rank and file of the great nursing body was so splendid that we now

have an enlarged vision of the courage, the self-sacrificing spirit and the true womanliness of nurses. When the final reckoning is made we think it will be found that among no other group have the fatalities been greater, exposure and extreme fatigue being predisposing causes.

In Washington, the stress was so great that a public appeal was made to graduate nurses, undergraduates, practical nurses, nurses' aids, teachers, and any one who had had any sort of nursing experience at all. As one worker expressed it, "The call is for any one who has a pair of hands and is willing to help where the need is greatest," and so urgent were these calls that no time could be spent in investigating the character of those who responded. The same course has been followed in our own city, for like every other nursing center in the country, the nursing service is at present below the normal because so many of our women are now in military service, and because so many had been sent to New England before the outbreak of the epidemic here.

Thousands of women who have attended the courses in Elementary Hygiene and Home Care of the Sick given at different points in this country under the auspices of the Red Cross undoubtedly have helped to alleviate the suffering in their own homes, but having been led to believe by the ruling of the Surgeon General's office that they would not be needed for military service, comparatively few of those who were free, we fear, have been available in response to the call of the Red Cross for help in this crisis. Many of them are now enrolled in other branches of war work, such as the canteen service at home and abroad, the Motor Corps division, and the Y. W. C. A. and so are lost for the special work for which these classes prepared them,—that of assistants to nurses in civil or military hospitals.

The military nursing school with its 500 pupils scattered through the camps has, of course, been a help, but it has in no sense met the situation. The trained body, although so absolutely inadequate in numbers, has been the only force surely to be depended upon in this great crisis.

We quote from three letters received from scattered points in New England to show what the situation has been there:

The situation here is very bad, we are doing all we can to meet it but cannot begin to do so. We are having about fifty calls a day and are able to care for a few of them. With the aid of the visiting nurses, we are able to see that more are having some care, but we are refusing calls for private nurses at the rate of about forty a day. To add to the seriousness of the situation, the hospitals are crowded to the doors. One of them has, at the present time, 511 patients, and 45 of its nurses are off duty, several being on the dangerous list. Another, which would ordinarily have 45 nurses on duty, has 15. The nurses are all doing

nobly, I cannot say enough in praise of the way they have responded to the calls till they fall victims, themselves. There are very few who are not giving their best, yet some doctors and others seem to feel that the nurses are dodging their duty. We are using volunteers, I do not know what we should do without them.

The influenza epidemic hit our station rather hard. The medical officer of the school, his assistant, three instructors, 300 of the boys from the school and I, did duty at the hospital for three weeks. It would be impossible to relate all the sad and terrible scenes.

There were friends from all parts of the country to be looked after and some of them, even, developed the disease. Our medical officer told me that never in his life did he feel so much like throwing up everything as he did one night after finishing his duty as officer of the day, which means twenty-four hours straight duty, subject to call at night. All night long he was witnessing death scenes, seeing weeping relatives and trying to take care of emergencies. I was on duty in the nurses' pavilion. Nearly all the nurses living there were taken sick. Four weeks ago, four nurses were too sick to go on duty and each day one or more would drop out. They transferred the up nurses to other quarters and used the pavilion for women's cases. We cleared the living room and placed six cots there for yeowomen. One by one the help succumbed and for two weeks we depended entirely upon sailors for all the work but the actual nursing. One little nurse passed out with meningitis. Another one's life has been hanging in the balance for a week. Several boys from the school died, two of the doctors and a carpenter, a civil employee who had been on duty at the hospital for a number of years. Conditions are clearing now.

I wonder whether you would like to hear regarding the work of the nurses here during this dreadful epidemic. It makes us wonder how there ever could have been any opposition to the passage of the Army Nurse bill. For real staunchness of purpose and fidelity to duty through the most trying circumstances, and for anywhere from twelve to eighteen hours of duty daily, I have never even imagined their equal, and I am glad to say that the best nurses have not all gone to France. I feel also free to say that I do not believe any hospital in France had anything on this Base Hospital during the last two weeks. You will be glad to know that the epidemic has abated to a considerable extent. I am enclosing a slip of paper that was handed around from the Commanding Officer. This man never for one moment lost his head or his spirit or his appreciation of the work that is being done. This station feels exceedingly fortunate in having him as Commanding Officer.

"Memorandum to be read to the officers, nurses, student nurses and soldiers on duty at this Base Hospital:

"As the epidemic of gripe and pneumonia seems to be subsiding, I want to take this opportunity to extend to the officers, nurses, student nurses and soldiers of this command my appreciation of the splendid way in which they all responded to the extremely heavy strain that has been placed upon them during the past three weeks. The coöperation, self sacrifice and untiring efforts of the members of this command are worthy of the highest praise. May the relatives of these nurses and soldiers who lost their lives as a result of pneumonia incurred in the discharge of their duty obtain some solace from this fact."

**STATE MEETINGS POSTPONED**

The state meetings of Massachusetts and of New York have been postponed because of the epidemic of influenza that is raging everywhere, New York having chosen December 4 and 5 as its new dates. Doubtless other meetings have met the same fate, as all nurses are bending their energies in caring for the sick or in taking the places of those who have fallen from the ranks through illness.

**RED CROSS MEMBERSHIP**

Nurses must not forget that they are citizens and that, as such, they should support the Red Cross by placing themselves on its records as members. In the early days of the nursing service it was felt that enrollment in the Nursing Service of the Red Cross made them members also of the organization itself without the payment of the small membership fee of \$1. It was found that this policy led to much confusion, and it is now requested that every nurse be a Red Cross member, while for Home Defense nurses, membership in the nearest Red Cross chapter is absolutely compulsory. It is evident that this is not always understood, for the question, "Are you a member of the Red Cross?" is often left unanswered.

In December, the second membership campaign of the Red Cross will be held, with universal membership as its objective. Would you like to see every man, woman and child in this country a loyal, supporting member of this great organization? If so, do your part by joining without delay, or by paying your dues for the coming year, if you are already a member.

**CARE FOR NURSES TAKEN BY THE ENEMY**

It will be a comfort to families of nurses who are serving abroad to know that, pending similar action by Congress, the Red Cross has announced that it will provide nurses who may be captured by the enemy, with food and clothing and, if necessary, with money for living expenses.

**REPORT OF RED CROSS ENROLLMENT**

A report issued by the Nursing Department of the Red Cross on September 1, regarding the campaign for enrollment last June, is exceedingly interesting, though too extensive to be given in full. It will be remembered that each state was given a quota to be raised, according to its number of nurses available as shown by the survey of last year. In estimating the percentage of returns, the number of nurses already in service has been credited to the state. The following is a summary by states of the result of the campaign:

*Percentage Toward Securing Quota of 27,000 Nurses  
September 1, 1918*

Colorado—100% (Over)	Ohio—48%
Maryland—100% (Over)	District of Columbia—47%
California—97%	Nebraska—46%
Illinois—97%	Michigan—44%
Missouri—95%	Utah—43%
Washington—94%	Montana—42%
North Dakota—91%	Arkansas—41%
Idaho—83%	Connecticut—41%
Virginia—80%	New Jersey—41%
Iowa—76%	Texas—36%
Wisconsin—74%	Maine—35%
Minnesota—73%	Rhode Island—33%
Pennsylvania—72%	Kansas—33%
Kentucky—63%	Oklahoma—33%
South Dakota—61%	Florida—33%
Louisiana—60%	Alabama—29%
Indiana—60%	New Hampshire—27%
Tennessee—57%	Vermont—27%
Massachusetts—56%	Delaware—21%
New York—55%	West Virginia—19%
Oregon—54%	Mississippi—18%
Wyoming—51%	North Carolina—15%
Georgia—51%	South Carolina—15%

THE INTERSTATE SECRETARY

The prevailing influenza has interfered with the plans of the Interstate Secretary, or of others for her, so that she must begin anew to make her winter's itinerary. For this reason we beg all state officers to consider whether she has been used sufficiently in their states and, if not, to make plans for her coming.

It is not necessary to have a state meeting in order to get the most good from her visit. Indeed, though she is a most helpful addition to the programme of a state meeting, and though that is a good way for her to begin her work in a state, she does not reach nearly so many nurses, nor help so many, as when she goes through the state, visiting the cities and towns, spending a day or two in each, speaking to or holding conferences with different groups of people.

The fact that Miss Eldredge has been a private duty nurse, a training school instructor and a public health nurse gives her an insight into many kinds of problems, and wherever she goes word comes back to this office of the value of her presence.

When a state is planning for her visit, one person should be made responsible for working out the details of her trip, since this can be done more advantageously by one familiar with the needs of the communities within the state and also with the routes of travel. First she should find out where the Interstate Secretary is wanted. She may have a form letter sent to each training school or organization in the state, suggesting that Miss Eldredge can speak to leagues, to groups of private duty nurses, to senior nurses, to alumnae or graduate nurse associations, to high school girls or to boards of managers. She should not be asked to speak more than twice a day, certainly not more than three times.

When the replies are in, the trip can be arranged in such a way that she need not retrace her steps. If short journeys are made, the expense of a sleeper need not be incurred. Where no systematic plan has been made in a state and her going has been haphazard, there is not only wear and tear of her strength, but waste of time and money.

The person arranging the trip should keep in touch with Miss Eldredge or, in her absence from her headquarters, with the JOURNAL office, so that some one may know, all the time, where she is expected and for how long. Definite information should be given as to hours of arrival and departure and the plan of entertainment, whether she is to stay at a hotel or with some hostess. The expense of traveling and of entertainment are not great if divided among all the places visited, and the value received is far greater than the expenditure, as we know from the enthusiastic comments that come to us from the places where she has been.

#### THE NURSES' RELIEF FUND

One of our department editors writes us that a nurse she knows, who is leaving shortly for service overseas, is making her insurance payable to the Nurses' Relief Fund, as she has only one near relative, and he does not need it. She thinks it possible that there are other nurses who would do the same, if the matter were brought to their attention. We know of some who turn over to this fund any money which comes to them undeservedly, as they think. There are others who have remembered it in their wills.

Month by month we find recorded under Nursing News the gradual growth of the Relief Fund. The amounts paid out do not equal the amounts which come in, and so it gradually creeps ahead, and though still far from the sum we hope to see it attain, there is enough to give a little here and a little there to help a nurse over a hard place when she is ill and unable wholly to meet her expenses. It

is not a loan fund, but those who have been helped by it in the past, often bend their efforts, later, in the direction of interesting nurses and associations in it, so that there may be more contributions to sustain it. For instance, one nurse who has been greatly handicapped for several years and who is at last able to assist in a central directory for nurses, found that the Relief Fund was unknown there and immediately sent in a request for pledge cards to distribute.

The aim of the committee in charge of the fund has always been to have each member of each nursing association give one dollar a year to it,—a very small sum for each donor, but a great amount for the fund, if all should subscribe. The amount given in each association by its members should be sent in one sum by its treasurer, or by its Relief Fund representative, to either the state or national treasurer, to lighten a little the work of the latter, for it is easier to acknowledge one sum from an association than many small contributions. Better the scattered small sums, however, than none at all, and no complaints are ever heard from Mrs. Twiss for the work involved in keeping the books of the Relief Fund, she feels it so well worth while.

#### ANOTHER UNIVERSITY OPENS A COURSE FOR NURSES

The University of Chicago, in coöperation with the Children's Memorial Hospital which is affiliated with it, will offer this fall, and again in the spring, a three months' course for student nurses. The subjects to be covered are: Chemistry, Dietetics, Anatomy, Physiology, Pharmacology, Materia Medica, Bacteriology, Hygiene and Pathology. There is a tuition fee of \$60 for the course, and it may be taken by college women, whether or not they intend to enter nursing.

We hope the experiment may prove so successful that it may be the beginning of a central preliminary course open to the students of all the nursing schools of the city.

#### TRAINING OF HOSPITAL ASSISTANTS

At the meeting of the American Hospital Association, held recently in Atlantic City, there was a very animated discussion between members of that association and representatives of the Red Cross and of the Army School in regard to the training of hospital assistants. It was definitely decided to give a six months' course of training to women of certain qualifications to be used as assistants in hospitals, both civil and military. At this time the Red Cross is working out, with a committee from the American Hospital Association, a definite plan for the training of such a group. Already Miss Good-

rich's plans for the training of hospital assistants in the military schools are being announced by the Council of Defense.

Those of our readers who are not subscribers to the *Modern Hospital* and who are specially interested to have the report of the Atlantic City meeting, should obtain a copy of the October number of that magazine, the address of which is 58 East Washington Street, Chicago. This report contains papers and discussions of vital importance to the nursing body and is a valuable contribution to the nursing history of the day.

#### OBITUARY RESOLUTIONS

We must, remind our readers, from time to time, that the JOURNAL does not publish formal resolutions adopted by associations on the death of any of their members. We do publish death notices, giving such facts about the life of the nurse as are most important and sometimes an appreciation of her work or character.

It is quite right that associations should express themselves formally when their ranks are thinned by death. Doubtless these resolutions are a comfort to the friends of the nurse who has gone, and they form a valued part of the records of the association. They do not, however, give a good idea of the nurse to the general reader. A death notice is shorter and yet tells more. If we published all the resolutions that come to us, pages would be occupied by them, yet very little information would be given. It is better to place the resolution on the records and to send to the JOURNAL a death notice, instead.

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#### THE JOURNAL INDEX

Copies of the index and the title page for Volume XVIII of the JOURNAL may be had, without charge, upon request, from the JOURNAL office.