

Experiences during the Influenza Epidemic

Author(s): G. R.

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or fifteen minutes giving a treatment to a patient. She spends another ten or fifteen minutes in cleaning up and putting away the articles used, though some assistant could do it just as well. If the nurse spends two hours in dressing wounds she must often spend as much as one hour in cleaning up the dressing carriage. The cleaning of tubes and rubber gloves, the scouring of instruments and scrubbing pots and pans can all be done by some other person with a little supervision on the part of the nurse. There are thousands of women in the United States who are free and willing and able to help in this war rush. They are practical and intelligent women who with some training would be of more value on the wards than we can estimate. If wisdom is used, the experiences of the war will not lower our ideals in nursing but will raise them to a much higher level.

France

H. A. R.

#### EXPERIENCES DURING THE INFLUENZA EPIDEMIC

##### I.

Dear Editor: It might be interesting to you to know how a little village on the prairie of North Dakota met the Spanish influenza. We were caught wholly unprepared, as far as organization went. Our Red Cross Chapter received working orders in time, but these were disregarded by the chairman, a man of much red tape, and not at all capable of meeting any emergency with which he was not familiar. Therefore the Red Cross Chapter offered no coöperation. Our county possesses six nurses, geographically well situated to care for the population. Not having the support of the Red Cross, we each did the best we could, working under the doctors who serve our several districts. Our town cases were handled by practical nurses developed by the occasion, and by a few hour to hour calls made by myself,—few, because I had three cases at once in my own family. The county cases could not be handled in the same way because of the long distances to be covered, and the amount of home work and farm work to be done, combined with any attempt at nursing. For instance, if you wanted milk for your patients you would have to strain it and care for it, and if you wanted clean sheets, you would have to wash the two or three that the home possessed. In one family of eleven, five children had the disease and recovered, but the common water pail and drinking dipper soon infected the mother and remaining four children who all had double pneumonia and one had severe croup, which greatly disturbed the peace of mind of the volunteer helpers. The condition of that family was pitiable indeed. They had money, but help could not be had for money. My husband, a doctor, took me out one Sunday morning to “do something,” as he expressed it. I found, lying on a sanitary cot, with a horse-hide robe for a mattress, four completely-dressed little children, from two to six years old, with temperatures ranging from 102° to 105°,—the boy with croup struggling for breath, and kicking the little brother at the other end of the cot, in the chin, with a new pair of shoes. They were so toxic as not to notice anything. A baby four months old, in a buggy, was defending itself from the flies and coughing, getting what solace it could from a dry bottle. In the next room lay the very delirious mother. She was at the crisis and had several times escaped upstairs to a dark closet. The nervous symptoms were so pronounced that we had to approach her with great care. The bed was innocent of sheets or pillow-slips. Some new cotton blankets had been procured and a comforter, and she was barricading herself with her

new possessions against a supposed attack. To "do something," seemed a helpless, hopeless task. The cellar was searched for Mason jars to fill, in place of hot-water bottles. They were full of fruit, or were cracked, or had no rings, and so were useless to warm any patient who was perspiring like rain, but still defending herself. You can imagine the agony of soul I went through as the things which could be done in a half-way equipped place passed in review before my mind. Many times, in our own county alone, these same conditions are multiplied, often with the exception of money. Another case comes to mind. The mother has asthma and a bad heart, the first sound gone entirely. She was taken with influenza, resulting in double pneumonia, and gave birth to a child before the doctor could get there. He found her alone. A page could be filled, telling of the times the doctor has made a call long enough to give the patient (when it is the mother) either a cleansing bath (which has been needed a long time) or a temperature bath, which is sometimes the patient's last bath. These people drive their own cars, and not Fords either, and have not an extra sheet. When the boys return they will hesitate to go back to living in trench accommodations, I hope. The doctor said we must have a hospital and that I must start it. On Monday I was to begin, but at 8 a. m. I was called (the doctor being in the country) to the bedside of a supposedly dying man. He was having his crisis, too, and I was able to feed and quiet him, but it kept me busy until help came at two o'clock. Nothing as yet had been done toward starting our hospital. With the help of friends we got together beds, and enough equipment from the drug store and doctor's office, to receive our mother of nine, who was on the way in, and her three babies, the fourth was deemed not sick enough to bother about. Also the man, father of five, and a child whose days were numbered. The wildness and confusion of that first night were awful. The willing but untrained help, who left the bedside of the delirious upon any sign on their part of wishing to get up, the kind attendant whose sole concern was the croupy boy, the smoky furnace, and the multitudinous orders, and no one but myself capable of carrying them out,—are pictures that my seven years' hospital experience cannot equal. Twenty-four hours of continuous duty brought us to a place where a practical nurse released me for a little rest. All told, we took in thirteen patients and had two deaths. The mother and the father still rejoice in the fullness of life that is theirs. All the delirious patients developed a kidney complication after the pneumonia cleared, which kept up the delirium and made them very difficult to care for. When war was declared, my ambition was to go,—and to be automatically transferred to the Home Defense Corps seemed a camouflage, but my experience of the last two weeks, ending in my own case of influenza, helps me to become reconciled to my stay-at-home lot. The only suggestion I can make is that the Home Defense nurses should be safeguarded with stricter regulations and more supervision, so that their fullest activities need not be interfered with by some chapter head who has no vision of a nurse's usefulness or of her wish to serve her country, and who can now block the nursing activities of a whole county, as far as the Red Cross is concerned. I joined the Red Cross long before war was declared, to be ready, and now I am not permitted to nurse under the banner that has grown to mean so much to us all. I want our nurses across to know that we at home are trying to do our part, even though it is not being talked about. My JOURNAL is my greatest treasure after my Red Cross pin, cap, and brassard, and the right to use them.

North Dakota

G. R.

## II.

Dear Editor: So much has been said, for and against the Nurse's Aide, that it may be of interest to some readers of the JOURNAL to look at the matter from the standpoint of the aide, herself. I, like so many others, took advantage of the nursing courses provided for us by the Government, through the channel of the Red Cross. Up to the time when I responded to the call for Aides, by the Emergency Hospital, the only experience I could boast of, was one month in the Surgical Clinic of the Out-Patient Department of our General Hospital. The Emergency Hospital at the Y. W. C. A. Building was called into being, practically, in twenty-four hours. By five o'clock on Saturday afternoon of the same day, forty-seven beds had been equipped, and we notified the Health Officer that we were ready to receive patients. This rapid but efficient work, reflects immense credit upon the head nurse in charge. Two other trained nurses of wide experience and two aides comprised the working force at that time. Later, the number was increased as the victims of influenza poured in, until one hundred beds were filled. I would like to say right here, that to their surprise, the nurses' aides found more appreciation of, and more sympathy with, their efforts among the trained nurses, than among any others they came in contact with, which was an inspiration to them. Through the inimitable leadership of the head nurse, perfect harmony prevailed. Each fitted into her own place, and it is an important fact to realize in discussing this subject that each has a place of her own to fill. If the nurse's aide will only recognize her lawful limitations, she will always find herself an important adjunct to the fully trained nurse. The aides were carefully watched and just as soon as they showed themselves equal to more responsibility, they were allowed to assume it. All these problems go back to the matter of character, after all. If an aide is presumptuous, and takes upon herself more than her limited knowledge admits, she is a menace to society, but if she will modestly keep in mind the fact that fifteen lessons and a month of experience in acquiring knowledge is very little in comparison with three years of hospital training, she will become a blessing and not an obstacle, in the eyes of the trained nurse. I shall always feel that it was an inestimable privilege to work for ten days, from seven in the morning until seven at night, beside those trained nurses, doing all I could of the common duties, in order to leave them free, in that crowded room of sufferers, to administer the higher things. For instance, take the matter of giving strychnia, when the doctor prescribed it, he expected the nurse to know by the condition and the appearance of the patient at what moment to discontinue it. What aide has that knowledge? Not one, I am sure. It was a strange, never-to-be-forgotten sight,—that long deep room, the old, the young, the sick, the dying, and those who had passed beyond, all lying there together. Later, when a lower floor was opened for the convalescents, the strain in that respect was very much lessened. The nurse's aide will, I believe, continue to exist, long after the events which called her forth have ceased, for in simple cases and directly under the supervision of a doctor or a trained nurse, she will do sincere work.

New York

F. M. A.