

## Sonnet to Florence Nightingale

Your lamp was lighted in the  
bitter years  
When woman's place was only in  
the home.  
And even then you saw a golden  
dome  
Equipped with many rooms. No  
idle tears  
Or wishful thinking caused you to  
delay;  
The need was great, you scaled  
a mighty wall  
Of doubt, less strong, though, than  
your will, less tall  
Than the lamp you held to light  
the gloomy way  
As yet untrod by woman. Though  
never wed,  
Your hand has rocked the cradles  
of the world,  
And mothers' sons have smiled,  
their fingers curled  
About your own. If never must be  
said  
That woman fears to walk a lonely  
road;  
Or takes by preference the lighter  
load.

• • Orpha Morrow McMillan

## Be a Nurse and See the World?

Red Cross nurses, bound for Britain, dramatically rescued after drifting at sea in a lifeboat for nineteen days. . . . Reports that American nurses are in Iceland. . . . Clanton calls for recruits. *The Army Nurse Corps needs 4,600 additional nurses by January 1, 1942. . . . Fifty thousand well-qualified students wanted to enroll in nursing schools this year. . . . One hundred thousand volunteers sought to train as nurses' aides.*

Such newspaper stories, such juxtaposition of newspaper stories, suggest to the young woman choosing a vocation in these confused times a paraphrase on the old Navy enlistment slogan. Why not, she may ask herself, "Be a nurse and see the world?"

Anything is possible to a trained trouble-shooter (and who fits into that category better than a nurse?) when trouble is everywhere. There could be no more effective way for a young woman to serve national defense now than to take nurse training. And probably no training would come nearer insuring her

a job, even though we as a nation happily avoid a "shooting war." For as early as last June, 9,900 nurses were needed to fill *actual vacancies* in civilian hospitals throughout the country, to say nothing of needs in the various public health services.

That statistical proof of steady, dependable employment waiting right here on the home front suggests, however, that a vast majority of the nation's nurses will find steady, stay-at-home tasks to do. If you are bent, then, upon travel and adventure, best be a Mata Hari or a ship's stewardess!

It is true that nurses (how many is an Army secret) have been sent to Iceland, Bermuda, and Greenland, and should U. S. troops occupy other bases, nurses will accompany them. Nurses have followed the Army to the Philippines, Puerto Rico and Alaska. But numbers who travel to far places are relatively small. Of the Army's 247 hospital stations, only 14 are outside the United States. And only seven Naval hospitals are off home soil—in Alaska, the Canal Zone, Cuba, Guam, Hawaii, the Philippines, and Samoa.

There are also two Navy hospital ships, the U. S. N. Relief, which is attached to the Pacific Fleet, and the U. S. N. Solace, a former liner which was recently converted into a hospital ship for service with the Atlantic Fleet. The Solace has 432 beds in six wards, two completely equipped operating rooms, an X-Ray room, a physiotherapeutic department, a pharmacy and clinical laboratories—yet only 13 women nurses are aboard her! The rest of the work is done by 138 enlisted hospital corpsmen.

Don't think I am trying to discourage you from joining the Army or Navy. The need of both for nurses is great just now, and in a very real sense these nurses, even as the soldiers and sailors, constitute our first line of defense. And despite the seeming reluctance of many "RN's" to enlist, there are surprisingly few withdrawals once a nurse has had a taste of military life. But facts should be faced, and while the individual nurse's preference as to location of her job is considered as much as possible, the service comes first. She is always initiated into the service in some hospital at home before being assigned to Foreign Service, and as a matter of general principle she is stationed as near her home as possible. Just now a great

many Northern nurses are being sent South. But that is only because the majority of the new Army camps are in the South, hence a greater need exists there.

North or South, life at an Army camp can be interesting. Should you want to try it, enroll with the Red Cross, which checks applications and forwards the name of the applicant to the Corps Area head nurse. Regulars must be between 22 and 30 and enlist for three years. (Reserves may be from 21 to 40, and enlist for only one year.) Should you want to go into Foreign Service "if and when," tell the Red Cross office so, and your name will be sent directly to Washington.

The chances are that the younger the nurse the more apt she is to like Army life. Adjustment to the modest pay (the \$70 a month includes however, maintenance, insurance and retirement privileges) and to the sometimes primitive living conditions are usually made more easily by the younger woman. Conditions differ from camp to camp. When some of the new Army camps opened, nurses were temporarily housed in barracks; later moved to more comfortable quarters. At Governor's Island, New York, an old and well established post, each nurse has her own room and shares a bath with one other nurse. At Fort Dix, New Jersey, nurses live in dormitories. They eat in a huge mess hall with the officers.

Nurses come into the Army holding the relative rank of second lieutenant. Chief nurses are ranked as first lieutenants, assistant superintendents as captains. Mrs. Julia O. Flikke, head in Washington of the Army Nurse Corps, holds the relative rank of major. With the relative rank come certain privileges, such as use of the officers' clubhouse and recreational facilities.

Navy nurses enjoy these same privileges, but their status is not specified as a "rank." Procedure and specifications for enlistment are the same as in the Army, except that regulars are enlisted only between 22 and 28 years of age. Sue S. Dauser heads the Navy Nurses Corps, which now numbers 700. It is hoped to increase the Naval Reserve from 1,500 to 2,500 before the year is out.

Even so, the figure looks small when compared with the total of some 450,000 registered nurses in the United States. And it is in civilian hospitals where the



Adventure may come in uncomfortably large doses, the Harvard Red Cross nurses on the torpedoed Maasden found. These are four cheerful survivors photographed in London.



Here registered nurses, selected from the Reserve, are reporting to Chief Nurse Genevieve Bergson (right) and Col. Albert P. Clark, in charge of the hospital at Ft. Lewis, Washington.

Press Association Photos

by  
Helen  
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Army nurses  
at work. Giving  
ether to a  
patient at Fort  
Lewis post  
hospital

ter salaries industrial fields offer. Easier money throughout the land has meant that more people could afford private nursing, more profitable when steady than most hospital work. While there are no statistics to support the contention, doubtless more nurses are marrying and retiring, either because their fiancés are able to find work, or to excuse the men from military service.

The country's acute nursing needs have not dawned upon the profession itself as a sudden surprise. Even before the Selective Service Act was passed in September, 1940, a Nursing Council on National Defense was created. There were unhappy memories among the older leaders in the profession of the first World War when, with ten thousand nurses needed for duty overseas, Army training camp hospitals were understaffed, and the civilian population often couldn't get a nurse for love or money during the flu epidemic of 1918. Many a man's health might have been salvaged,

and many a lifetime of pensions saved the Government, had enough well trained nurses been available to meet that national crisis.

The Council represents the American Nurses Association, National League of Nursing Education, National Organization for Public Health Nursing, American Red Cross Nursing Service, Association of Collegiate Schools of Nursing, and National Association of Colored Graduate Nurses. Ex-officio members of the Council, without vote, are representatives of the six government nursing agencies, the Army and Navy Nurse Corps, the Nursing Services of the U. S. Indian Bureau and the U. S. Veterans Administration, the U. S. Public Health Service, the U. S. Children's Bureau, and the Canadian Nurses Association.

In January, 1941, a nation-wide survey, jointly sponsored by the Council and the U. S. Public Health Service, was launched to get an accurate and comprehensive picture of the nation's nursing

resources. Three hundred thousand questionnaires have been returned out of 450,000 mailed out—thought to be an impressively good response when you remember that a considerable number of the nurses on the lists would inevitably no longer be actively engaged in the profession. Returns are in process of tabulation.

But as the shortage was unquestioned, and its seriousness in case of emergency only too evident, Congress in July, 1941 appropriated \$1,250,000 to subsidize nursing schools. With 237 applicants for the aid, the Government is apportioning the money to 80 or 90 schools. The basis of selection—the increase over last year in number of nurses trained—has brought protest from many quarters, since some of the best schools of nursing understanding the situation a year ago, strained their resources last year and deserve help to carry on. However, the plan in general has the earnest cooperation of

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## Be a Nurse

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the Council, the Health and Medical Committee of the Office of Coordinator of Health, Welfare, and related Defense Services, and the National Committee of the Red Cross Nursing Service.

Julia C. Stimson, chairman of the Nursing Council on National Defense, and president of the American Nurses Association, has appealed to the National Federation of Business and Professional Women's Clubs to help enlist the 50,000 well-qualified young women who are needed to enter good schools of nursing.

"The state board of nurse examiners\* is the authoritative source of information about the schools of nursing in each state," she writes. "For any other information with regard to nurses and nursing in the defense program, except that of national scope, I refer you to the executive secretaries of the state nurses' associations. These officers, in addition to giving general information about the nursing program for the states, can provide the names of representative nurses in local communities who in turn will be able to supply information of importance to the defense program in their respective areas."

Meantime, qualified registered nurses are being urged to enroll in the First Reserve of the American Red Cross Nursing Service. Over 20,500 (they must be unmarried and under 40 to qualify) have enrolled, but it is thought at least 30,000 should be on call. The First Reserve nurses, it may be explained, are those first called upon to volunteer in time of epidemic, disaster, or war.

But surely, you may say, thinking of those ship-wrecked girls, the Red Cross is a good medium through which a nurse may "see the world?" Possibly. Yet even here statistics are all against the wanderlust. While the Red Cross works throughout the world, it uses local nurses for the most part. There have been recent exceptions. Thus the Harvard Red Cross Unit that set up a hospital in Salisbury, England, to study the treatment of communicable diseases under war-time conditions, will have 62 American nurses—all under 35, and carefully selected both for special training and personality. Forty-one of these are already on active duty, and 21 will leave shortly to complete the staff.

It was two of the several ships carrying the early goers that were torpedoed. Most of the nurses were rescued and landed safely in England and Ireland; others were not heard of for weeks; five nurses and a housemother (two of them victims of the sinking of the Dutch steamer *Maasdam*, and four who sailed from New Orleans on the Norwegian ship, *Vigrid*) are still missing.

Four nurses off the *Vigrid* drifted at sea in an open lifeboat fourteen days before they

were picked up by an American destroyer and landed safely in Portsmouth, Virginia. Two others, 27-year-old Helen Jurewicz, of South Amboy, New Jersey, and 26-year-old Margaret Somerville, of Catskill, New York, who had been on the same Norwegian ship, drifted at sea for nineteen long days. They spent those nineteen days ministering to seven injured British and Norwegian sailors, even tearing up their pajamas to bandage the men's frostbitten feet. The few biscuits and little water in the boat were soon exhausted, and—the rains did not come. The two Englishmen died. The nurses and the five Norwegians were semi-conscious during the last days before they were rescued by a British destroyer.

So, adventure—when it comes—may arrive in uncomfortably large doses! But the home front offers adventure, too, to the nurse with imagination, and not the least opportunity goes to the quite new United States Public Health Service nurse.

A total of 23,705 public health nurses are employed by cities, counties, states, and private agencies throughout the United States, Hawaii, and Alaska. In 1940, only 76 of these were employed by national groups, 25 of these consultants from the various federal agencies. Recently the U. S. Public Health Service has added nurses to assist local health authorities in communities near Army camps or where the growth of defense industries has resulted in over-crowding and disease. Expecting to add 50 more by January, the unit now consists of 65 field workers. Salaries begin at \$1,800 and go to \$3,000, paid by the federal government. Traveling expenses in the field, however, are met by the state to which the nurse is assigned.

Grace Larson, an attractive woman in her middle thirties, is typical of these United States Public Health Service trouble-shooters. She is a registered nurse who took a year's post-graduate work in public health at Columbia University, and worked a number of years for a visiting nurse association in Milwaukee. Before assigning her to Virginia, the government gave her a month's orientation program in Bethesda, Maryland, research center for the Service.

From Bethesda, she went to Richmond, to work for a few weeks in the State Health Department, then was sent to Portsmouth, a defense boom town where 45,000 soldiers from five nearby camps and almost an equal number of sailors come for their fun. Besides them, thousands have swarmed to Portsmouth to work in the shipyards. Miss Larson's job is to teach a sprawling population, largely unaccustomed to consult clinics, how to look after its babies and expectant mothers, tuberculous persons, children with measles, *et cetera ad infinitum*. And she loves it. While she is teacher and preacher most of the time, the exigencies often demand that she give actual nursing care to the sick.

Such are the adventures most nurses can expect—the combating of disease, the caring for accidental injuries,

## No More Road Signs

After the four road signs now in stock at headquarters are exhausted, no more will be ordered until after the defense emergency is over. Prices from the manufacturer have been increased to the point where the retail price would be prohibitively high. Furthermore, a Federation road sign, while a heart-warming welcome to travelers, is certainly not due for priorities listings. There might well be delay and difficulty in filling orders at any price—and it might be quite impossible. Therefore, it has been thought best to discontinue the item for the present.

and, more important, the building up of a national health consciousness, a determination on the part of its people to make our nation strong through individual physical well-being.

The nurse determined to travel can probably find a way to do so. Missionary societies, for instance, have medical missions in such remote spots as China, Syria, and Africa. Dr. Edward Hume, Christian Medical Council for Overseas Work, 156 Fifth Avenue, will be glad to tell any inquirer what the needs are. The United States Indian Service sends a few nurses to Alaska and the reservations in the states, though the tendency now is to use Indian nurses insofar as they are available. These in addition to the Army and Navy possibilities mentioned.

But the big and dramatic job is to be done right here on the home front. Will 50,000 *qualified* young women be found to enter *good* nursing schools this year? (Thirty-eight thousand entered last year, and the jump is such a big one as perhaps to constitute an insurmountable hazard, according to leaders in the profession.) Will we find 100,000 Volunteer Nurses Aides, between the ages of 18 and 50, to take the training just being launched under the auspices of the U. S. Office of Civilian Defense in collaboration with the American Red Cross and major hospitals of the country?

"The many national women's organizations in this country can accomplish even the seemingly impossible if they unite their efforts in concerted action," said Miss Stimson, Council chairman. "For this reason I look to you to add the strength of The National Federation of Business and Professional Women's Clubs to the program of student nurse recruitment which is of immediate importance in the total program of defense."

\*These are not always located in the state capital. The address for your state will be gladly supplied by the American Nurses Association, 1790 Broadway, New York City.