

1:30 to 4:00 P.M. Children had more home visits than adults, hence the fewer office hours.)

Mrs. Blumberg made any necessary calls on children, attempting to save the doctor's time as much as possible. Each child seen as a patient had a complete history and physical examination and the "writing up" of charts was a job in itself. The communicable disease cards to the Board of Health took time too.

By 10:30 A.M. the charts were filed, the doctor was gowned, and the waiting room was filled with patients. As patients needed x-rays, laboratory tests, consultations, or hospitalization, one nurse was kept busy phoning, making appointments, writing authorization slips, and explaining all of them to patients.

In the afternoon there were patients for both doctors, to keep in order—first come, first seen, and treated (but all patients with rashes were seen first). Maternity patients were given prenatal care at the Center for the first seven months, then they were referred to the doctor of their choice (a member of CPS) for the remaining two months and delivery. If they had no choice, doctors were selected by rotation. The choice of hospital was left to the patient and the doctor who would deliver her.

The majority of our patients were treated for upper respiratory infections, but we also had a good many maternity cases. We did see patients with other diagnoses—stomach ulcers, cancer

of the cervix, heart trouble, epilepsy, scoliosis, glandular dyscrasia, hypertrophied kidney, pneumonia (only three or four adults, though) flu, acute appendicitis, gall bladder colic, and communicable diseases. Most of our pediatric patients too could be classified as upper respiratory infections with a good many cases of allergy and a sprinkling of all other diseases of childhood.

On April 1, the infirmary was fully equipped to admit bed patients (hospital equipment is scarce). The U. S. Public Health Service has assumed responsibility for its administration and for supervision of the nursing staff, the CPS and the USPHS each contributing funds for nursing personnel. This is the first infirmary at a housing project in California in which the USPHS has co-operated with the Housing Authority and the CPS, so pioneering still goes on at Marin City. Mrs. Kenney's salary is no longer paid by CPS and she is no longer under the supervision of the chief nurse of Marin City. Some of her nursing staff will be receiving green pay checks, others tan pay checks. The important thing is that defense workers will be cared for so that ships will continue to slide down the ways.

On April 1, Miss Lilley became chief nurse after her predecessor had joined the ANC. Much of the saga of Marin City is still to be written and many hands are helping to write it.

What Nurses Do

FIRST CHIEF NURSE OF THE "SOLACE"
U.S.S. "SOLACE" sailed from New York harbor in September 1941 and after a pleasant trip joined the Pacific Fleet in Pearl Harbor. We were anchored there on December 7. All the nurses were aboard that morning and by the time the first patients arrived, all the operating rooms and wards were in readiness. Twelve nurses from Honolulu came aboard to help us. How happy we were to have them! Some of them were married and had not nursed for years, but you never would have known it.

Honolulu can be justly proud of its nurses.

After we left Pearl Harbor, we traveled in the waters of the South Pacific, visiting hospitals and talking to native nurses in some of the South Sea Islands.

In August we were sent to a port where we received our first casualties from Guadalcanal and Tulagi, brought to us on ships returning from the battle zone. Our bed capacity of 418 was increased to 500 by placing cots in every available space. For four months we cared for patients, most of whom were taken to naval

Vol. 43, No. 8

mobile hospitals in the South Pacific. The trip took from four to five days each way, which meant that we were at sea most of the time.

With the exception of one nurse who resigned to be married while we were in Pearl Harbor, our original group of nurses, whose pictures were carried in the October 1941 *Journal*, page 1173, served from August 1941 to December 1942. There never was a finer group of women anywhere. The excellent care they gave to the patients and their unselfish and uncomplaining devotion to duty deserve the highest praise.—LIEUT. (jg) GRACE B. LALLY (NC) U. S. Navy, formerly Chief Nurse, U.S.S. "Solace."

NURSES IN ALASKA FIND SHORT CUTS

TO MEET our greatly increased demand for expanded service, we have had to take several short cuts that are not always desirable, but we have accepted the situation as it exists and made the best of it.

The extremely severe winter weather made it very difficult to get to the homes of our families, and it was equally difficult for the families to come in to us. Fortunately, a large percentage of our people have telephones, and I was surprised to learn just how much assistance could be given by telephone. A home call was made when the telephone conversations indicated the need.

A recent survey revealed that we have forty known expectant mothers in town, and with the depleted nursing staff it was impossible to make home calls once a month. A maternity class was organized early this spring. The Extension Service of the University of Alaska co-operated with the nursing service in offering office space. The extension worker gave a class on nutrition and has assisted the mothers with their layettes. She has also helped the mothers with their clothing problems. Most of these mothers are having their first baby and are many miles away from their permanent homes and relatives. They appreciate the classes and bring many of their problems to the public health nurse.

Well baby nursing conferences are held weekly at the health center office. Complete routine inspections and health supervisory services are offered with special emphasis on

early immunization, which are provided by the health department without charge.

The Territorial Department of Health directs a generalized nursing service throughout Alaska. In Fairbanks the nurse visits school one hour each morning and one hour each afternoon. In the beginning of the year, I felt that this was a waste of good nursing time, but as the year progressed I found that many mothers of school and preschool children, as well as expectant mothers contacted me by telephone for advice and special appointments. There is only one school in the community, a combination elementary and high school. Some school time was used for individual conferences with high school students regarding their personal health problems.

The extreme weather—the temperature was often 50–60 below zero—seemed to justify the nurse's presence at the school following the morning and noon exposure of the children. Frosted fingers, toes, cheeks, and noses were not unknown and we had one case of frosted lips this last winter. I soon became concerned about all the younger absentees from school. During one bitter cold, windy morning I came across a little kindergarten child struggling to school. She would take one step forward and then fall into the snow up to her waist. When I came up to her, she held her little hand up to me and said, "Nurse, will you hold me up?" After that I made it a point to telephone as many of the homes as possible when the children were absent to make sure they had not started for school. I urged the parents to notify the school when the children were sick.

Our local hospital, with the approval of the doctors, co-operates by referring all discharged maternity patients to the nursing service. We attempt to get to the homes of these mothers the morning following their discharge from the hospital to give a demonstration baby bath and health supervisory services to the mother and baby. If the patient is a multipara and has had this service before, she is contacted by telephone and invited to attend the well baby nursing conferences. A postpartum home visit is made on these cases only where there are special problems.—ADA L. BURT, R.N., Fairbanks Health Center, Fairbanks, Alaska.

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