

1. Hospital construction producing cheerful surroundings and pleasant working conditions with a minimum amount of lost steps.

2. Hospital equipment completely revolutionizing nursing care in respect to lifting, carrying, waste disposal, et cetera. Future plans include such items as Fowler beds which will elevate, have a back-rest and knee-rest by motor control through push buttons; a wash basin that extends out from the wall and over the bed on a movable arm and fits into a receptacle in the wall when not in use, somewhat like the equipment used in Pullman trains; bedpan facilities on the same general idea (both these planned to permit the patient who is capable of doing so to take care of his own needs); infra-red ceiling heating units which will eliminate blankets and heavy covers on patients; a central suction system for each room; wall receptacle type bracket arms for intravenous solutions; sound-proofing in rooms; and radio connections in each room. A newly designed layout of patients' rooms has both external and internal corridors. Patients' rooms will be arranged around central work areas to minimize the number of steps necessary for nursing service and to avoid cross traffic between visitors and working personnel.

3. Special training for nurse's aides and attendants who will make beds, give baths, and pass trays.

4. Trained ward secretaries for clerical work.

5. General staff nurses to concentrate on medications, treatments, observation of the patient, and nursing arts. They are to be amply remunerated.

6. Development of a new type of nurse, the specialist, to keep in step with specialization in medicine. This is thought to be one of the most important developments of the future. It will permit a nurse to go beyond the field of general nursing to specialty ratings in pediatrics, chest surgery, brain surgery, gynecology, obstetrics, et cetera. This alone will remove nursing from a blind street to an open highway and encourage better ability in nursing as a career. Remuneration in such a specialty will be much higher than for general staff nursing. Training should follow, in general, the training of resident physicians in the specialties of medicine. A concentrated year or two of following cases through outpatient departments, surgeries, and wards with incidental lectures and study should help in acquiring a thorough knowledge in the field.

These nurse specialists of the future should raise the level of nursing. They will teach and supervise general staff nursing in the particular departments in which they have specialized. Thus the nurse will be placed in the niche in medicine which she should occupy; to wit, "assistant to the physician in the care of the sick."

"Anchors Aweigh," ANC

By MARION E. THUMA, R.N.

LONG AGO and far away I dreamed a dream one day—And now that dream is here beside me—"These words might have expressed some of the thoughts and sentiments of First Lieutenant Eunice Hatchitt, ANC (now Captain) and First Lieutenant Beth Veley, ANC (now Captain) when they christened the U.S.S. "Comfort." These two veterans of that last most rugged tour of duty on Bataan must cherish a peculiarly deep satisfaction. Appropriately, they were accorded the honor of sponsoring the converted Liberty ship, and the privilege of watching her slide slowly down the ways into the waters of the blue Pacific. The "Comfort" was the first of three sister ships to be launched probably "going back" to the Philippines.

CAPTAIN THUMA (Johns Hopkins; B.S., Columbia University) is chief nurse in the Port Surgeon's Office, Los Angeles Port Headquarters, Wilmington, California.

Describing the Army's hospital ship program, Major Howard A. Donald said that the realization that the present war would take our forces to the corners of the earth brought about the decision in 1942 to construct three new hospital ships to be operated by the Army. . . . At that time the Navy took over supervision of construction of these vessels and agreed to operate them at the direction of the Army which would provide the medical staff. . . .

In making plans for Army hospital ships, the actual transportation of sick and wounded to zone of interior hospitals was stressed rather than floating hospitals with elaborate facilities for treatment. Facilities for as many patients as possible without causing them discomfort in any way and for only absolutely necessary emergency treatment on board ship have been provided.¹

¹ DONALD, HOWARD A.: The Hospital Ship Program, *The Bulletin, U. S. Army Med. Dept.*, pp. 35-41 (Feb.) 1944.

As rapidly as the Navy could speed complete construction and the Army receive and urge installation of hospital facilities and equipment, the "Comfort" was made ready for service. The "Mercy" and "Hope" will soon join her.

In a brief but impressive wartime commissioning ceremony, Commander Harold Fultz, U.S.N., assumed overall command; Lieutenant Colonel Joseph F. Linsman, Medical Corps, U.S.A., formally accepted command of the hospital; and the Army chaplain dedicated the hospital ship "Comfort" to missions of mercy. When the bluejackets had unfurled the stars and stripes and while the Army and Navy saluted, the Geneva Red Cross flag was slowly sent aloft, and the first hospital ship to be manned by a Navy crew of almost 300 men, carrying a fully equipped 700-bed hospital with 17 medical officers, 37 nurses, a dietitian, 2 Red Cross hospital workers, and 154 Medical Department technicians to operate it, was pronounced ready for active duty.

Most of the thirty-seven Army nurses serving on the "Comfort" had previously been assigned to the task of caring for patients aboard all types of ships. Many times only limited equipment and facilities were available on darkened, harrassed combat transports, with or without convoy, battling to reach home ports. "General quarters" alarms accompanied by "stand by" orders frequently interrupted the daily routine of medical ships' platoons nurses. "Mae Wests" and helmets were constant companions and they were required to be ready for "boat drill" any time of the day or night. They have demonstrated courageous adaptability and bring valuable shipboard nursing experiences to their thrilling new assignment. The multi-colored ribbons proudly worn over their hearts add distinction to their uniforms, the service in various war theaters increases their admiration and respect for the courage and spirit of their patients.

Now, the nurses are eager to embark. One carries a new type water-proof identification card declaring the individual protected by Article 21 of the Geneva² Convention. The

provisions of the Hague Convention³ have been complied with so the ship is exempt from many of the dangers that still lurk above, on, and under the ocean highways to menace troop and materiel laden ships.

The nurses enthusiastically joined the medical officers and corpsmen in a training program designed to increase understanding, ability, and fitness to cope with anticipated needs. Important basic subjects and first aid were reviewed, calisthenics, military drill, and swimming helped keep them physically fit. From their medical officers the nurses learned more about the treatment of war injuries. Both groups shared the important responsibility of teaching and supervising corpsmen; all were assigned to hospital duty. Ideas were pooled, procedures and set-ups planned, tentative technics carefully thought out. Surgical supplies were made. Naval officers presented a series of orientation lectures and supervised practice drills. A Navy nurse who has done considerable nursing aboard the Navy hospital ship "Solace" answered questions. Her wealth of experience enabled her to offer useful suggestions and make practical recommendations.

"Alerted! Finally assigned to our ship," and the hospital staff marched up the gangplank to permanent quarters aboard the U.S.S. "Comfort." In due time duffle bags were stowed, and the nurses discarded dress uniforms for the familiar brown and white hospital seersuckers. Assisted by medical officers and reinforced by corpsmen, they commenced the task of setting up the hospital. Very soon Captain Etta Leason, principal chief nurse, had posted assignments and rosters. On the deck below their cabins one nurse busily arranged to sterilize and stack supplies in the central workroom, others were working in the operating rooms and wards, in the neuropsychiatric section which is set apart and permits the use of an adjoining sun deck for recreation.

Thousands of miles across the blue Pacific, the glistening white ship will drop anchor to load sick and wounded men awaiting hospitalization.

² HENTSCH, YVONNE: The Treaty of Geneva, *Am. J. Nursing*, Vol. 44, pp. 34-36 (Jan.) 1944.

³ AYNES, EDITH A.: The Hospital Ship "Acadia," *Am. J. Nursing*, Vol. 44, pp. 98-100 (Feb.) 1944.

If Your Journal Is Late

Please be patient. The editors are making every effort to get the Journal to you on time. If your copy is late in reaching you it is because of conditions imposed by the war.