

Other Nurses

Nurses of allied countries in the Americas, Africa, the Near East, and the Pacific were our colleagues in relief and rehabilitation work

by Henry R. O'Brien, M.D.

THE WAR snatched many of us away from home, desk, and ward, and took us overseas to places and people we had never expected to see. There we met, and often worked side by side with nurses and doctors of other countries. My orders took me on a bit wider wanderings than some, and before V-J Day grows too dim in recollection and it all seems another existence, let me write down my notes about some of these "other" colleagues.

There were Brazilian nurses in the contingent of their air force which crossed on the transport with us and finally left us at Leghorn. They liked to sing on the deck of an evening. I met them but little, but their doctors seemed well trained.

An older English nurse shared the train compartment with us on an all day trip from Algiers to Constantine. Cairo was a mass of confusion, with people packing to leave for Greece and elsewhere. It was a relief to drive out to the desert beyond Suez and the canal, to El Shatt, where 23,000 Yugoslavs were being cared for in a refugee camp. No one had told us how beautiful the desert can be, especially in the pastel shades of early morning and dusk, and in the dark velvet blue of a night sky. Old timers will doubtless snort that I did not stay for a dust storm. The camp was close enough to the canal to count, on a Sunday morning, the stacks of forty-five Liberties going southeast toward the Red Sea, with supplies for India or China.

The Yugoslavs were a good crowd. They worked hard, and sang in the trucks coming from work. By orders from home, they took no cash for their work, not even the doctors or dentists. At the camp hospital their young girls were keen to take the nurse's aide course taught by U. S. and British nurses who had devised a syllabus from memories and experience. There

was a classroom building, and an enthusiastic interpreter helped out with language difficulties. The camp committee asked also for a short course in home nursing to help people in the work of reconstruction when they should reach Dalmatia again.

This was the desert of Sinai, and supplies were hard to get, but morale was good. The frustrations of Washington and Cairo (and I suppose of London) were gone. These doctors and nurses were at last doing the work they had come out to do, and they liked it. The head was a young Scot of the Royal Army Medical Corps who had been in the Abyssinian campaign. His doctors were Yugoslav, British, American, Czech, Greek, Palestinian, his nurses American and British, his dentists British and Yugoslav. The sanitary officer was a South African. This was an Allied camp for fair. Up in the children's ward at the hospital, one of the few brick buildings in camp, a refugee artist had sketched Donald Duck and other Disney friends on the wall, for the patients who had to lie in bed.

There was a camp for Greeks not far away, at Moses Wells, where tradition says Moses struck the rock and water gushed forth. The hospital was in the buildings of the quarantine station which the Egyptian Government had erected to screen the pilgrims as they went to Mecca and came back. Here the doctors and nurses were Greek, with one or two Americans; the matron was from the big Greek hospital in Cairo. The hospital was staffed with nurse's aides, just graduated or still in training. Supplies were short. Next day they were to immunize 200 or more of the children against diphtheria. Moses Wells had four needles, and a nurse went back to El Shatt with us to borrow a 2 cc syringe. But first they served the visitor from America with tea, and gave him some odd shells to take back home.

The main body of Greeks—10,000 of them from the Aegean Islands—were away up in Palestine, near where Allenby

fought the first battle of Gaza, in the other war that now seems so long ago. Nuseirrat's chief medical officer was a tall Englishman from Cyprus, the chief nurse a Greek who had been trained in London. They too were training nurse's aides. Just as I came, the first gale of the autumn blew out of the Mediterranean and leveled many of the tents, even blowing off a tin roof or two. There was great confusion and considerable distress. The clinics in camp were staffed by Greek doctors, and a system of infant welfare stations was operating. Nuseirrat had been a British Army camp early in the war, and on one wall of the hospital mess hall was a lively scene from *Pickwick*, drawn by some member of the medical corps. Later the artists of a Polish unit stationed there had drawn sketches from their folklore. Still later, I knew, Australians were at Nuseirrat, but it seems their medical staff boasted no artists.

Across the border, back on the Egyptian side, was the little Yugoslav royalist camp of El Arish. Their children looked better nourished than the Partisan youngsters at El Shatt. Their girls were anxious to train as nurse's aides too, but Cairo did not have enough teachers to go around, and wanted them to join the classes at El Shatt. They were reluctant; if they went to El Shatt, they asked to be taught in separate classes and to live in a separate compound for, they said, they were afraid.

Long distance from Cairo brought word of orders to return to Washington for a new assignment to Sydney, Australia. Before I left the East I had twenty-four hours in Jerusalem, and she cast a deepening spell upon me. The British RAF took me back to Cairo, and the American ATC to Casablanca and New York. It is cold at night over the Sahara, and the floor of a C47 is a hard bed, but I was home for Christmas Day before I started the trip to Sydney.

Hundreds of service men and women have flown over a lighted city, but has it ever lost its charm? We came over San Francisco at midnight, and the streets of the Bay cities beneath us wove a fairy pattern. I dozed and woke up at three, to find the moon shining over a mass of clouds that seemed in still another world. Our plane had passengers for Christmas Island, so we landed there among the palm trees, and had fresh milk at supper. Who are left on Christmas Island now, and do they still keep cows? Faster times are commonplace today, but the fifty-two hours elapsed time from San Francisco to Brisbane still awes me to think of it.

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Parts of Australia are strange, but much of it is familiar. Most Americans like the country and the people very much, and they were very good to us. I hope they think as happily of us as we do of them, across the Pacific now. It is one country where we did not outstay our welcome.

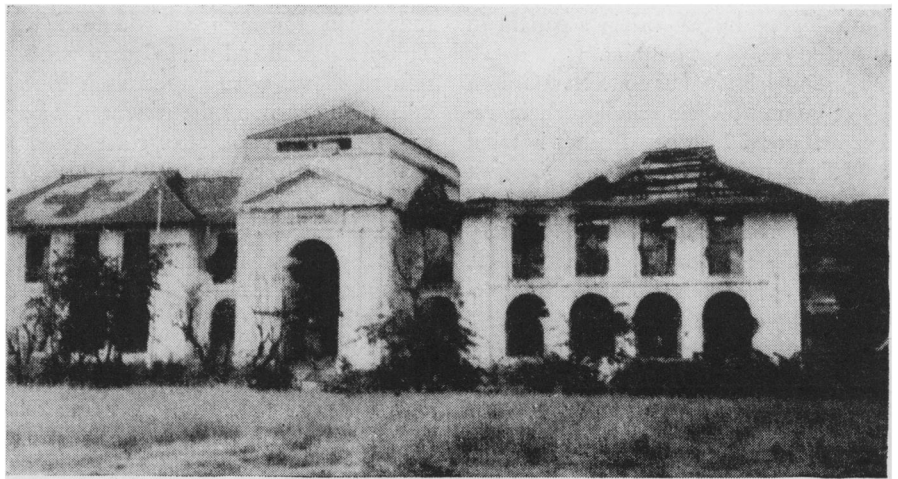
Some of their hospital buildings are old, but they also have fine new buildings, well equipped. How proud Hobart General was of its automatic kitchen equipment. Our Lakeside unit fell heir to the seven-story Melbourne building just a few weeks before it was to be finished and lived the life of Riley in that charming city, until orders rolled them north to New Guinea.

I liked the Australian nurses. They were good nurses, and most of them wanted to come with UNRRA for the work that was to be done. Not that we were allowed to take many of them. Australia had a manpower law that had teeth in it; no nurse could leave one job for another without permission of the state authorities. It took a memorandum to the Cabinet of the Commonwealth to win passports for some five-year veterans with African service, whom the army was willing to release. Chief Matron Sage picked them and, when I knew she was a lady of ability and saw what we wanted, I was quite willing to have her.

THE Australian services, like the British, felt that one who had served in the colors for five years and had been abroad was entitled to his release if he wished it. They wanted UNRRA to give preference to veterans. Civilian nurses, many of whom had been told to stay by their posts, felt they now deserved a chance. We tried to draw from both groups.

They wrote from London that our nurses from Down Under were good, and I was humbly proud. Three of them were lieutenant colonels. Matron Dougherty took charge of Belsen Camp. Matron Haines went straight from Australia's largest hospital to a deputy's post in Europe. A tuberculosis nurse from New South Wales wrote me at 3:00 A.M. from the wards in Belsen that the cold was in her bones. But they all did their work.

Both Australian and New Zealanders fought in Greece when Greece picked our side at a time when the clouds were dark. After the defeat the Greeks helped many to get away or hid them while the land was occupied, so there was much good will toward the Greeks. One trim nurse with an Eighth Army ribbon came to ask to be sent to Greece. "They came down and played us in," she said, "and



The main building of the Philippine General Hospital accommodated 900 patients before the war. Its capacity is now about 500 beds.

when we left they played us out. I'd like to go back and help them."

One day when we were in the midst of our struggle with Manpower and with passports, a nurse came in. She had come out to Sydney from London before the war, had nursed all through the war, and now, after V-E Day, she wanted to go home. She had her release and her passport, but could not find a passage; the ships were so in demand. I showed a galvanic interest in that girl. In fifteen minutes she was out of the office, with an application in her hand, and I was telephoning to her hospital. Yes, she was a good staff nurse, with nothing against her. Then we broke par for our course in getting her examined, appointed, immunized, and on a plane.

Here, I want to thank again the doctors of the Commonwealth Department of Health who did the examinations or arranged for them, the Royal Australian Army Medical Corps or the state departments of health who did the immunizing, and the nursing leaders in each state who formed advisory committees. The co-operation was grand.

Sydney swarmed with lads of the Royal Navy and famous fighting ships going in and out of the harbor, with nothing said in the papers. I called at the hospital of the Royal Navy, ten miles out of town, in the temporary buildings the Hopkins unit had left. They asked me to talk to their doctors and nurses on the work of UNRRA, and afterwards the doctors served tea in the wardroom. Our own Navy hospital, which took in the Army, Navy, and Merchant Marine in a real unified service, asked me out to talk also, but invited no nurses and served no tea. They had a good mess, though. The way the Australians had of serving tea or coffee

at ten and three met with no resistance on the part of our American staff.

New Zealand sent six nurses to work with displaced persons in Europe. The six were picked by Ruth T. Cameron, of the Dominion Department of Health, who had studied public health nursing at Toronto University. Her chief, Dr. M. H. Watt, was a great help. People told me how many caps he had won in his student days, playing in the back field of the All-Blacks, the famous New Zealand rugby team. The nurses were competent girls, most of whom had taken the public health course at the University of Otago. We wanted to send another nurse but she had just become chief nurse up in Samoa. New Zealand and the Colonial Office have set up a joint health service for the islands of the south Pacific, probably the most scattered health district, with the smallest population, in the world.

Australia has no course in public health nursing. The Royal Sanitary Institute offers texts, examinations, and diplomas in various separate subjects. If either Sydney or Melbourne University could gather these into one course, add the needed subjects, and develop a training field, it would have a public health course without much difficulty. It would soon be popular, for the Australians are interested in public health nursing. The Commonwealth Department of Health has no nurses, and the states have but few, but there are many local nurses. Will the postwar nursing leaders develop it themselves or wait for it to be catalyzed by Lord Nuffield or some foundation? I am sure their nursing in general is due for a rapid development.

The pioneering spirit of Australia pops up in the nurses who go to the lonely stations out in the "bush" where isolated housewives call for help on a pedal radio,

and a "flying doctor" brings a patient in to a little two-nurse hospital.

The Dutch invited us up to New Guinea to see some of their relief work in re-occupied areas. In a new district hospital at Hollandia there were young girls just out from liberated Holland, after taking short courses in nursing or in laboratory technic. Up at Morotai, however, were veteran nurses who had been East before. In various places we saw "mantri nurses," Indonesian men who had taken a two-year course. One, at Noemfor, was holding a yaws clinic for a crowd of women and children. With no treatment available during the war, yaws was widespread. This mantri was very skillful with a needle. In general they seemed to be serving more as medical assistants than as nurses or health educators.

We have all seen pictures of the destruction of Manila, but it is only as you ride down Taft Avenue and see the skeletons of buildings that it comes home to you. The nursing profession was large and active before the war; there were twenty schools of nursing and even a school of public health nursing. In September 1945 only one school, at St. Luke's, was in operation though some Mary Johnston students were working on the wards at the North General. Down at Cebu, the classroom building of the Southern Islands Hospital thrust its gaunt concrete pillars up to the sky. At Iloilo the nurses' home at the Baptist Hospital had no roof.

The public health nurses of the Bureau of Health, with whom I worked for awhile, struggled along on prewar salaries in post-war inflation. Getting to the office in the morning was a major problem. Textiles were very scarce. I tried to scrounge some uniform cloth from the U. S. Army, but the chief nurse in the area told me it was in short supply. One public health nurse went back to hospital nursing, where she could get three meals a day and almost as much salary.

The tide began to swing back, of course. The American Red Cross sent Virginia A. Jones of Hawaii to revive home nursing. In December 1945 the school of nursing at the Philippine General Hospital started classes again, though the nurses' home itself was still held by the U. S. forces. At last reports nine of the schools in the Islands have been reopened. Several Filipino nurses have come to this country for graduate work, and others are expected on the fellowship program of the U. S. Public Health Service.

In the conditions of near civil war in Batavia in January 1946, I saw nothing of

Indonesian nursing, but the excellent Tjikini Hospital and the infirmaries in the refugee camps were staffed with Dutch nurses found among the internees. Theirs was a bleak outlook after these years of captivity, facing a devastated Holland and an uncertain future in Java. At the Indian General Hospital of the British Army the doctors were Indian and British, working together, but the nurses were all from the British Isles.

In Burma, Rangoon was badly damaged, but not so widely as Manila. The licentiate medical school was a vacant lot. The isolation hospital, however, was untouched. It was a neat series of wooden wards staffed by Burmese nurses; the head nurse had had postgraduate work in London. North of Rangoon the war had leveled practically all the cities.

Siam kept her independence during the war, her rulers sweeping her into a reluctant alliance with Japan. She suffered only local damage from bombing, but was very short of supplies, especially drugs and textiles. Siriraj Hospital, attached to an excellent medical school, lost a pediatric ward when a nearby railway station was bombed, but otherwise looked very good. Its nursing was largely in the charge of three Siamese graduates of the school at Boston Children's Hospital.

At Chulalongkorn Hospital, of the Red Cross Society of Siam, I found other old friends. A carelessly dropped bomb had luckily landed between buildings. Beside their own patients (they have 300 beds) the tents of an Indian General Hospital were set up in one part of the lawn, and the operating pavilion was shared. Dutch refugee patients were in the classroom building. My friend Songuan Phuangpet, instructor of public health nursing, said, "With our Allies and all, we are a bit crowded." She had had her training in Manila and at Bedford College, London. They showed me how worn their equipment was, and I saw rewashed bandages drying in the sun on the lawn.

With the help of the RAF, I had a glimpse of the north with a Siamese graduate of the Hopkins School of Public Health, and visited my old hospital at Chiangmai. The government took it over after Pearl Harbor and used it for Siamese soldiers, hundreds of whom came in from the jungles with malaria, dysentery, and leg sores. The chief nurse, Civili Sinhane-tra (Peking Union Medical College and an M.A. from Michigan) stayed on the job with most of her staff. She told me: "I never used to go down in the shelters when the air alarms sounded. Then the

Allied planes hit the railway station and the godowns around it. We took in 300 patients and operated all night long. The electric lights went off and the floors ran with blood. After that I went to the shelters." They had used local, hand-made paper for dressings during the occupation.

The training school had grown and grown, and the nurses' dormitories were overflowing. Nursing is spreading in Siam; there were three or four new schools beside the three I had long known.

THE Chinese section of Saigon, over in Indo-China, had been hard hit when the Annamites shut off food to the city in the troubles late in 1945. Many people were sick, and philanthropic merchants set up emergency hospitals. Most people took the traditional Chinese herbs, but some young doctors, trained in Western medicine, offered their services and begged medicines from the incoming armies. A few patients tried the atabrin or emetine or thiamine and were helped; word spread until the young doctors were treating about a fifth of the patients. They were talking, in February 1946, of a regular hospital building and a school for nurses.

In Shanghai, where I made two visits that winter, I saw little of Chinese nursing, save for the group from the Red Cross Hospital who sang carols on Christmas morning. An isolation hospital in a former school building in the suburbs had neat wards and efficient looking nurses. There was no heat despite cold March rains, but their smallpox and meningitis patients seemed well cared for.

The 15,000 refugees from Europe had a hospital of their own in an old school building, staffed by their doctors and nurses. With memories of Vienna, they thought it sad, but it was a very creditable looking performance. They needed help in the way of operating room equipment and more blankets.

In Manila I had seen Japanese nurses and doctors looking after their women and children in the hospital out at New Bilibid, attached to the prisoner-of-war camp. But in Shanghai, watching Japanese military and civilians embarking for Japan—50,000 of them a week—I had glimpses of Japanese Army nurses. Soldiers loaded heavy baggage in the hold, but the nurses carried their own packs with them and drew six square feet of deck space with the rest. One group stood for an hour on the dock one night, with a cold March rain driving against them, waiting for a gunboat, until orders from somewhere put

them below deck on a Liberty already docked.

A hospital ship was interesting. Nurses carried some of the stretchers, though their work was not of the heavy coolie class. They smiled, emerged with other uniforms, and lined up for a picture on request. Inside their patients lay on mattresses on the deck, not on bunks or beds. Even the operating room floor was covered; no emergencies were expected on this three-day trip. The nurses themselves slept in the former first class dining room.

They seemed different from other nurses whom I had seen in the Far East, but still nurses.

I was fortunate in these glimpses of nursing in so many countries. It was warming to meet such welcomes from doctors and nurses in so many places. Looking back to the Crimean War, we can see how far we have come, how widely modern nursing has spread. It will be fun to see how much progress is made in nursing in the decade ahead. All of these lands are ready for it.

Merit System Problems

Experiences of a nursing committee with a merit system agency

by Charles B. Frasher

SOME YEARS AGO, I had the opportunity of developing a merit system for personnel administration in the Pennsylvania State Health Department. The exceptional help given me by an advisory committee recommended by the Pennsylvania State Nurses Association was of great value to me in this project. A description of the joint efforts of the committee and the Merit System Agency might serve to encourage nurses in other states to recommend similar action and co-operation.

As merit system supervisor in Pennsylvania, I was faced with a number of problems relating to the nursing field. I cast about for help and the executive secretary of the state nurses association suggested that I ask several state nursing agencies for their recommendations regarding the organization of a committee. Their suggestions as to available persons were quickly forthcoming and a committee was selected from within the state representing the: State Nurses Association, state Organization for Public Health Nursing, State League of Nursing Education, visiting nurse associations, State Board of Nurse Examiners, schools of nursing, general hospital nursing administrators, university departments of nursing education, and programs in public health nursing.

The Committee was approved by the Pennsylvania Merit System Council, by the state health officer, and by the director of public health nursing in the State Health Department. Letters inviting the representatives to act as members of the committee were sent by the state health officer and by the chairman of the Merit System Council.

The committee first met to learn of the problems in the field of nursing which were confronting the merit system supervisor and to explore areas in which they might help. Prior to the first meeting, job descriptions had been written, with advice from representatives of the U. S. Children's Bureau and the USPHS, for institutional and public health nursing positions in the state. The committee made a number of recommendations regarding titles, details of duties, and minimum qualifications which later were adopted by the State Health Department. Examination specialists and subject matter consultants of the Merit System Unit of the American Public Health Association joined in these first meetings. Later meetings were concerned with the problems of bringing the nursing services under the merit system.

The first task was to recruit nurses for the state examinations which were to be given later. Since this was the State Health Department's first venture in creating a merit system of personnel administration, the problem was largely that of explaining merit system principles to

nurses in all parts of the state. The committee secured places on the programs of meetings of various nursing groups and was successful in having the merit system supervisor invited to participate in these programs. The mailing list of the state nurses association was made available for the purpose and the committee sent a letter to nurses throughout the state inviting them to apply for examination. Committee members also made a number of personal calls to places where nurses were working or were gathered and spoke in behalf of co-operating with the Merit System Council. As a result of this activity more than 1,500 nurses applied for the examinations; more than 800 were finally qualified and took the examinations. This number included about 25 public health nurses in administrative positions outside the state. This was a very satisfactory outcome in light of the shortage of nurses at the time.

The second major activity of the committee members was concerned with the examination program. They met several times to consider the examinations prepared by the Merit System Unit of the APHA and approved material which applied to the state situation. They then developed criteria for evaluating education and experience of applicants, applied the criteria to a number of applicants, and trained members of the Merit System Council's staff in the application of the criteria. The committee acted as members of the board of examiners which was concerned with oral examinations to evaluate the personal qualifications of the candidates. Three such boards were organized for work in different sections of the state, members of the committee acting as members of each board along with persons representing other aspects of personnel administration and public health.

While the examination program thus far had seemed to produce very satisfactory results, the supervisor and the committee believed that the examination program could stand further scrutiny. They undertook an evaluation of the various parts of the examining procedure. The investigation involved a knowledge of the many factors affecting the preparation of a nurse and the effects of varied experience as it relates to the prediction of success on the job. Their general impressions were that the written examination was the best instrument used in this program to rank candidates in the order of their ability to do the work required; that the oral examination, as it had been developed by the committee, was a satisfactory tool for predicting job success at the

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