

The Army nurse assists the Army physician on ward rounds as he looks over his GI patients. This nurse wears the double silver bars of an Army captain.



Army Institute of Pathology

**F**ITZSIMONS HOSPITAL in Denver, Colorado, looks about the same today as it did the day I arrived at the nurses quarters, a new Army nurse. The Army was new and strange to me, its procedures, its language, its organization; it took ages to learn my way around. That was fifteen years ago.

My appointment caused no excitement whatsoever. The chief nurse took me to the commanding officer's building where a man in uniform (he was an adjutant) had me raise my right hand and swear to defend the Constitution. Then the chief nurse took me back to her office and produced six white uniforms, six nurses caps, an Army cape, and an overseas cap from somewhere, told me to go to the post exchange and buy some second lieutenant's bars and a caduceus with an N on it, and that I should go on duty in the morning on Ward C-3. One of the nurses, she told me, would show me where my ward was, take me to the mess hall, and show me how to fix my laundry and all the other odds and ends of getting settled.

The next morning I stood with two other nurses and listened to the night nurse's report of the patients on C-3. There were 120 patients on the ward, 30 were listed as critically or seriously ill. These were to be given complete bed care; the others had various degrees of bed care, bathroom privileges, or were convalescent. Two of us were to give the necessary nursing care, bed baths, and morning care alternately, but we had soldiers and civilian employees to help us. We were to be ready for inspection at 9 A.M. I said aloud that it couldn't be done—not at least if we gave good nursing care. I found I was wrong. The same organization that makes it possible for the Army to move 500 men from Alabama to California as a unit in a few days—feed them, sleep them, take care of their health and keep them together—also makes it possible to take care of patients in a hospital without too much fuss and excitement. It fascinated me.

Other things fascinated me too. I was a second lieutenant—whatever that was—and I had a brass bar on my collar to

MAJOR AYNES, ANC (Presbyterian, Denver, Colo.) is chief of the Army Nurse Branch, Technical Information Division, Office of the Surgeon General.

## Army Nursing—Then and Now

Army Service offers many satisfactions—both professional and personal

By Edith A. Aynes, R.N.



prove it. The ward surgeon was responsible for everything including the property on the ward. At night a medical emergency officer and a surgical emergency officer were responsible for all the patients in the hospital. I heard vague rumors about Army regulations and the Articles of War, but three years elapsed before I had an opportunity to become acquainted with them.

At the end of the first 30 days I received a check for about \$70 and, at the same time, found that I was not a nurse in the Regular Army at all, but was a Reserve nurse—whatever that meant.

But I enjoyed the Army. I was learning new things about nursing, ways to adapt my nursing technics to the Army's needs, and I was meeting different people both as co-workers and as patients. The doctors were much the same as civilian doctors, yet they were different. And life in the nurses quarters and around the post was different. There were many challenges I had not met in civilian life. The enlisted men or the civilian employees carried the bathwater to the bedside of the patient and stripped the bed in preparation for the bed bath while I was finishing another patient. They carried out the soiled bed linen, cleaned the bedside tables and the ward,

brought ice water and nourishments to the bedside, answered bells, brought in necessary treatment materials while I, the nurse, did the actual treatments and was responsible for the nursing care I gave as well as the care given by the non-professional personnel. Nurses kept the narcotic records, poured and gave the medicines, kept the keys to the medicine cabinet, and did the charting. The drugs and laboratory paper work we had known in civilian life were still a part of our duties.

After the ward officer made rounds, one nurse would go off duty and the other would stay until the first returned at two o'clock. The head nurse always worked a straight shift, from seven until two.

I liked Army nursing. I decided I would join the Regular Army if ever there was a vacancy. But that didn't look very promising, for the waiting list was long and didn't move very fast. A vacancy was created only by a Regular Army nurse's leaving the service, and there were only about 600 nurses in the corps in the first place.

In 1933, with the government's efforts to economize, drastic reductions in personnel were made and I was discharged. Sixteen of us were given notice that "tomorrow" would be our last day of

duty with the Army. I was heartbroken, for here was the type of nursing I really liked and wanted.

For two years I waited to get another appointment in the Army, all the time hoping I would not develop a physical disability that would keep me out if the opportunity came to join before I was over the age limit. All the time I was preparing myself in the branches of nursing I thought would be most important to the Army.

Then came the day when I was notified that I was "next on the list" for an appointment. I was told to report for my final-type physical examination. When I arrived again at Fitzsimons Hospital for duty, I was really in the Regular Army. Two years later, at my own request, I got orders to sail for Hawaii. I had waited a year and a half for that privilege, since Army nurses in peace time look forward to foreign duty.

Things are different in the Army today, for in the past fifteen years progressive effort on the part of the Army and nursing leaders have made the service even more attractive. Today, the young nurse is sent to the Medical Field Service School at Brooke Army Medical Center in San Antonio, Texas, for an eight-week course in basic military training and orientation before she is ever assigned to a hospital for duty. She knows what Army Regulations are, why the Articles of War must be obeyed, what the mission of the Army Nurse Corps is, why nurses with the Army must be a combination of teacher, supervisor, and bedside nurse capable of carrying rank but not becoming conscious of it.

The Army Nurse of today is given the same pay, allowances and privileges as all other officers in the military service. Instead of six white uniforms and a cape, she is given a uniform allowance of \$250.00 if she is appointed in the grade of lieutenant or captain and has not had an issue of clothing or a previous allowance, and she provides herself with her street and hospital uniforms. The Reserve nurse today belongs to the Organized Reserve Corps and, whether she is on extended active duty or not, she has certain rights and privileges. She can even belong to the Reserve Officers Association, which is a membership organization to which many military men and women belong. If she wants extended active duty with the Army, she applies for it and stipulates that she will serve for one, two, or three years. When she completes her assignment she asks for "separation," or "extension," but she

does not lose her commission and her chance to continue to work for retirement benefits. When she returns to civilian life she can keep her commission active by taking part in various Reserve programs, by taking military extension correspondence courses or requesting short active duty training periods of from two weeks to ninety days (depending on funds available in her particular Army Area). Best of all, it seems to me, is the fact that the nurse who holds a reserve commission today is commissioned in a grade commensurate with her education and experience—regardless of her military experience—and if she really wants to serve her country in time of war, she is assured of a position in that grade. She has had an opportunity to learn about the Army, its organization, its procedures. So instead of having to accept the rank of second lieutenant in an emergency, she is prepared for any position the Army wants to assign to a qualified graduate nurse. For this kind of preparedness the peace time Reserve commission is the only answer.

## Definitions of Public Relations

GLENN and Denny Griswold in their recently published work, *Your Public Relations*, provide the following "three best" definitions which were submitted to a committee of nationally known public relations experts.

1. Public relations is the continuing process by which management endeavors to obtain the good will and understanding of its customers, its employees and the public at large; inwardly through self-analysis and correction, outwardly through all means of expression. (By J. C. Seidel, Public Relations Director, Division of Housing, State of New York.)

2. Public relations is the continued process of keying policies, services and actions to the best interests of those individuals and groups whose confidence and good will an individual or institution covets; and secondly, it is the interpretation of these policies, services and actions to assure complete understanding and appreciation. (By W. Emerson Reck, Public Relations Director, Colgate University.)

3. Public relations is the art of bringing about better public understanding which breeds greater public confidence for any individual or organization. (By Howard Bonham, Vice-Chairman, American National Red Cross.)

The Griswolds offer the following definition as being "broad enough to cover the whole function and concise enough to guide any play or program":

Public relations is the management function which evaluates public attitudes, identifies the policies and procedures of an individual or organization with the public interest, and ex-

And then there is the opportunity to travel. In my fifteen years in the Army, I have been stationed in California, Hawaii, the east coast, the south. And I have had less opportunity to travel on foreign soil than most nurses in the service. One young nurse who now has about eight years service has toured Europe and India and has just left for a two year tour of Japan—all at her own request. She said she believed the time to travel and see the world was while she was young. She chalked up the amount of money it would have cost her to see the places she had seen and found it was well over ten thousand dollars.

Perhaps it was the experience of finding something I really liked and then losing it for two years that has made me feel about Army service the way I do. I believe a nurse can progress as far in the Army as she is willing to make the effort to go. She will get out of the Army exactly what she puts into it—happiness, adventure, excitement, cooperation, and understanding. Happiness, you know, "is a method of traveling, not a station arrived at."

ecutes a program of action to earn public understanding and acceptance.

The Griswolds point out further that

Public relations is coming to be recognized almost universally as a powerful force. Its first concern is to serve the public interest. If skilfully used, it can do much to bring harmony, peace and prosperity not only to business but to the nation and the civilized world. . . . The public relations man must be a kind of conscience for the organization. He should consider how any step about to be taken will be regarded by the public and give as wise counsel as he can with a view to guiding decisions. Others involved in shaping policy or taking action may be too narrowly concerned with achieving certain specific objectives to give enough thought to public relations aspects.

The *Dictionary of Sociology* defines public relations as:

Relations of an individual, association, government or corporation with the publics which it must take into consideration in carrying on its social functions. These publics can include voters, customers, employees, potential employees, past employees, stockholders, members of antagonistic pressure groups, neighbors, etc.

The body of theory and technique utilized in adjusting the relationships of a subject with its publics. These theories and techniques represent applications of sociology, social psychology, economics, and political science as well as the special skills of journalists, artists, organizational experts, advertising men, etc., to the specific problems involved in this field of activity.