THE SOCIAL, ECONOMIC AND EDUCATIONAL STATUS OF THE NURSE¹

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It is fitting that words of cheer and messages of special meaning should be addressed directly to you on a day like this, when you are completing one of the critical periods of your personal history. Yet the particular word I have to bring to you is so big with cheer, the message that I carry is of so deep a meaning that I would fain extend it to all the people of your community and to all the members of the profession you are about to enter.

Deservedly to-day you occupy the center of your local stage of interest, and yet I would ask you to remember that it is but a part of the great world stage upon which the Director of your destiny ushers you,—a stage upon which all the men and women are merely players, and yet all are spectators of each others' play. And lest that seem, by the very bigness of the event, to diminish the individual role one has to fill, to impel each of us to accept his or her place in the play with the veriest humility, it is well for us, again, to remember that the success of the whole performance turns on how well we play our individual part, that failure of ours means, in a measure, confusion of the entire caste. So far from any belittlement of the part you have to play in the impending future, I wonder if you realize the mighty and moving drama that is being enacted upon that particular portion of the world stage to which your calling is assigned?

Three years of preparation which you have faithfully followed, which your instructors have faithfully directed, should have made you fit for responsibility, ready for opportunity; but have they, perhaps, revealed to you the largeness of the responsibilities, the scope of the opportunities that await you? Do you realize the new social sense that is being born in the consciousness of human society, the new appreciation of age-old values that has come in our day?

The world war has been a great awakener. The awful experiences of half a decade have stabbed the spirit of men broad awake. Ears that had been deaf to half a century of counsel from the world's great teachers have been unstopped. Eyes that had been held to the dead level of economic achievement have been opened as on the Mount of Transfiguration to see visions. The thoughts of men, narrowed to the concerns of self, to the insularity of national affairs, have been

¹ An address delivered at the Lakeside Hospital, Cleveland, O., May 26, 1920.

suddenly widened to the embrace of humanity. The hands upon the clock of civilization have not been turned back, even though the earthquake shock of the most frightful of wars has stood them still. The vision of the great Victorian is about to be fulfilled as "through the shadow of the globe we sweep into the younger day," and there are those of us who have faith to believe that it will eventually be the day

When the war-drums beat no longer and the battle-flags are furled,
In the parliament of man, the federation of the world.

Among the immediate results of this war, three great problems stand out to focus the attention of men and women,—problems in the solution of which your profession and mine are equally concerned, in which, indeed, all the agencies of human betterment are enlisted. May I ask you to think of these. They are: (1) The worth of human life; (2) The conservation of human health; (3) The religion of social justice.

1. *The worth of human life.* "Life struck sharp on death makes awful lightning," and when that glare is intensified by the multiplication to millions of sudden deaths it illuminates the value of all life. This generation of thinking men and women will not lose within their lifetime the memory of that fearful light. It is not a happy thought that the cutting off of the young manhood of the nations should be necessary to enhance the worth of the thing so recklessly sacrificed; but certain it is that human society has suddenly become impatient of its loss, that it cherishes a new sense of the value of the human asset, that measures for the extension of human life meet with a ready response in the minds of the people. And they are measures quite possible of application. They involve a revision of the methods of our living from the cradle of the womb to the threshold of the timely grave. Pre-natal care, infant welfare, child protection, school nursing, health insurance, accident prevention, personal and communal hygiene, are each and all the expressions of an intensified appreciation of the thing we call life.

2. *The conservation of human health* is the necessary corollary to the preservation of human life. It is embodied in the principles of preventive medicine, the practice of which is undoubtedly destined to be the medicine of the future. It will not long remain the business of your profession or of mine to cure, but to control the causes of disease; it will not be ours merely to restore, but, instead, to conserve health. All the agencies I have named as preservative of human life are means addressed also to this end. For the real value of life is conditioned upon the measure of health and these agencies represent the opening of so many new fields of social endeavor for the nurse.

And what concern will these larger efforts for the conservation of human health have for you?

I think it will be well if each one of you shall spend some part of your earlier years of practice in private nursing. Nothing can better teach you the needs of the people; nothing will so well cultivate your sense of personal responsibility; nothing will so surely train you in methods of approach to the inner life of men and women,—and, most difficult approach of all, of the little children. But let me beg of you not to regard your private practice field as your Land's End, as the goal of your ultimate desire. Let me ask you to look upon it simply as your first phase of graduate study. At least for the chosen among you, larger fields of usefulness await your personal ambition and your powers of service.

You may become the specialized nursers of the public health and many are the paths of opportunity you may so enter. As maternity teachers, as infant welfare workers, as public school nurses, as industrial nurses, as medical social service nurses you may establish the principles and teach the practice of healthful living in the homes of the people of every age and in every walk of society.

And you may go farther. You may aspire to be not of the army of workers alone, but to be the directors of these varied activities, institutional managers, teachers and superintendents of teachers in your own profession, to be of that honored few who carry on the lighted torch of inspiration from one generation to another.

3. To serve well, to the help and the saving of the lives, and the health and the happiness of men, you must have within you the passion for social service, *the religion of social justice*, the last of the three great ideas which are so greatly engaging the interest and commanding the devotion of the best lovers of their kind to-day.

In its ultimate end, its highest expression, yours is a profession of service. If it is not that, then it is merely a trade, and among the meanest of trades, because it trades upon the misfortunes of others. But to serve as the mechanism, the medium of social justice; to seek to level up the scales of opportunity which in the past have swung so beneficially for the few, so unequally for the many; to hold out to the unfortunate, whether unfortunate by their own failure or their own fault—it matters not, the hope and the realization of the hope of life, more life, and fuller life; to offer to them the happiness of health and the development of soul and mind and body which health potentializes, to help to make them economically efficient—and self-dependent; to point to and to set their feet upon the upward path, is “an errand all divine.” But it is an errand for which you must have not only the will, but the essential fitness. Whether you serve in the

home or in the school, in the industrial or the commercial field, in the rural community or in the specialized agencies of civic nursing, in the direction of other workers, or in the teaching of other nurses, you must be fittingly trained and you must carry with you the guarantee of fit training. These two essentials, a fit training for the nurse, and a guarantee that she has had it, for the benefit of the public,—give me the text of the chief message that I want to bring to you to-day.

I have marvelled, again and again, over the story of the struggle into existence of the profession of nursing, a struggle under the two heaviest of handicaps, the lack of public recognition and the lack of public support. It has been a remarkable evolution and none the less remarkable because the elements which have gone into its making have been crude. The nurse of the past generation with all her certain limitations, has served her day faithfully and well.

Nevertheless, the fact remains that neither the schools of nursing nor their teaching product have been invariably and altogether fit. The fact remains that the great majority of the schools exist still, not because their pupils have need of them, but because the hospitals to which the schools are attached need their pupils. They teach and train nurses, not for the primary ends of education, but for the benefit of the hospitals in which nurses are trained. The relationship is an abnormal one and it is so because it rests upon two fundamental mistakes—the mistake that the hospital is a public benefaction and as such is entitled to private support, either in money or in service, and the mistake that the hospital has, in itself, a teaching function that it can fitly exercise.

The training of nurses, whether in undergraduate or graduate courses, needs to be standardized. Only as it is standardized under recognized authority, does it afford to the public any guaranty of its adequacy. It can be standardized in only one way, by association of the school of nursing with an educational institution of high order which assumes direct responsibility for the teaching. The hospital, when the school has come into proper alliance with such a teaching institution, falls into its fitting place as the well-conducted laboratory of the nurse in training.

The day of the university education of the nurse dawned eleven years ago. It has been a slow dawn and the sun of that day rises slowly still, but surely, towards its zenith. Memory rekindles in me an event that signally marked that dawning. Eleven years ago this coming month it fell to my fortunate lot to address a joint meeting of the Superintendents' Society and of the Nurses' Associated Alumnae assembled in Minneapolis. I recall the great audience chamber,

crowded to capacity, I have a sense still of the sea of interested faces upturned to the speaker's desk,—but I have a distinct consciousness of one face, the face of the late Isabel Hampton Robb, aglow with the fervor of her own deeply aroused feeling. As I announced in the course of that address upon the University Education of the Nurse that the University of Minnesota had approved the organization of the first university school of nursing established anywhere in the world, and as the rest of that great gathering rose to its feet in glad acclaim of the good news, she sat there and her tears flowed, not hidden tears, tears of joy that the dream of her life for the education of women in nursing was about to be realized. As she wrung my hands at the close of that meeting she said: "I was not ashamed that you should see me cry; my tears came from a deep well of gratitude." And I did not forget that it was she who, as head of the Johns Hopkins School, many years before, had first stirred in me a living, working interest in the education of nurses. In the annals of the profession of nursing should be enrolled in golden letters the name of Isabel Hampton Robb who, more than any other, inspired the organization of nurses in America and gave to that organization an abiding sense of the educational future of the nurse.

Since that day, eleven years ago, the University of Minnesota has been able to maintain and strengthen the standards she set for the educational and physical fitness of her matriculants in nursing. She has carefully selected her applicants and has always given preference to women of superior preparation and intelligence. Despite a serious housing handicap, the enrollment of students in the school has increased fifteen times over. The ideal of an eight-hour service day has been realized. Minnesota pupil nurses are in every way recognized as University students. They compare favorably with any other part of the student body. They share in the service enterprises and general utilities of the University campus so far as these are open to women. They have developed a fine *esprit de corps* and they work together consistently under the student government plan.

In the establishment of this university school of nursing, the example of the University of Minnesota has been followed by the universities of California, Indiana, and Cincinnati. Simmons College, of Boston, conducts admirably the formal teaching of nurses in affiliation with the Children's Hospital. A number of preëxisting schools have been associated with other universities.

(To be continued)

THE USE OF THE THOMAS SPLINT

(Notes of a lecture given by Colonel H. W. Orr at St. Elizabeth's Hospital, Lincoln, Nebraska.)

Some very important lessons in the treatment of fractures were learned during the recent war. This is true, especially, of open or compound fractures, those where the skin was broken and a large open wound was exposed, such as were frequently found. There were between 12,000 and 15,000 fractures in the American Army alone, whilst the British and French had a much larger number.

In Great Britain, in 1917, there was much debate as to whether fractures should be thoroughly treated at once, or left until the patient was settled in a hospital; also as to the different methods of treatment. It was found best to adjust a fracture at the earliest opportunity possible, as the sooner it is done and the better it is held in normal position, the better results will be achieved. This is very difficult to do and the fracture should be held in place with splints.

During the first year of the war, the British had great difficulty in fractures of the femur. More than 60 per cent of these cases died, when they occurred on the battle field. During the third year of the war, the death rate was reduced to 12 per cent, due to the use of the Thomas splint and to the fact that splint teams were organized.

These splint teams consisted of a group of two or three men who often went over the top with the men and applied the Thomas splint as soon as a fractured case was found. Men who had these splints applied properly, came in, in good condition, and sometimes were taken as far back of the lines as the base hospitals, before other treatment was necessary.

The Thomas splint consists of an iron ring which can be slipped over the limb to the hip, allowing the body to rest in it. To the sides of this ring are attached two straight rods slightly longer than the limb, connected by a notched piece, across the lower end. To apply this splint, first have someone hold the foot in normal position and pull strongly till the correct length is secured. While holding the leg in this position, put the ring over the foot and have the patient grasp the ring and pull it up until he is sitting in it, then raise the limb higher than the splint and taking a muslin bandage, make hammocks across from one rod to the other, pinning them in place with safety pins.

These hammocks should be stretched across tight enough so that the femur has the normal curve forward and to keep the limb from sagging. They should extend all the way down the limb to the heel. If the patient has a shoe on, tie something to the foot to continue the

pull on both sides,—a skewer through the shoe and resting on the bars at each side may be used. If the patient does not have a shoe, adhesive straps should be fastened to each side of the limb and brought down, fastening one over the rod and one under the opposite rod. Always have these straps applied so as to make the pull come from above the knee in fractures of the femur.

Every factory or mill where a number of men are employed, should be supplied with a Thomas splint, also every ambulance should carry one and have a properly instructed person to apply it. This same principle applies to all fractures.

PRESIDENT'S ADDRESS, NATIONAL LEAGUE OF NURSING EDUCATION¹

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In consideration of the progress which nursing education has made during 1919, and of the many problems which confront us at this time, we cannot fail to be impressed with the facts that during the past year our advancement has been retarded by several factors, and that our present problems are many of those which we have always had with us, plus new ones brought about by war and other influences.

The war with its many evils has created a desire for progress and has stimulated to greater efforts more than one profession. In an article by Frank E. Spaulding, we find a statement concerning the education of the nation, which is applicable, also, to the education of the public in its relation to nursing.

Of the many impressive revelations of the great world war none was more impressive than that of the supreme importance of education. In Russia and Prussia, the whole world witnessed the dire disaster resulting, in the one case, from the lack of universal education, in the other, from misdirected false education, and both the strength and the weakness of our country have been easily traceable to the excellencies and to the deficiencies respectively of our educational provisions and efforts. Now is the time to take stock of these impressive revelations; to look into the demands and the opportunities of the future. Now is the time to set earnestly about the reorganization and development of our school undertaking

(and to interrupt my quotation can we not substitute the term "nursing" for the word "school"?)

that the shortcomings of the past may be properly corrected, that the preparation

¹ Address given at the convention in Atlanta, Ga., April 12, 1920.