IMPRESSIONS AND CONCLUSIONS BASED ON EXPERIENCE ABROAD BY OVERSEAS NURSES¹

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My observations represent twenty months' service overseas as a Red Cross reserve nurse. I have never had regular army experience, so that when I tell you what my observations and conclusions are, I am simply speaking from my own experience and not from what I have heard.

In our hospital, which was Base No. 6, near Bordeaux, a long way from the front, I had an opportunity to observe hundreds of nurses, for we had 25,000 patients pass through our base up to the time the armistice was signed. While we were organized to take care ultimately of 2,500 patients, the day the armistice was signed we had 4,319 patients. At that time we had 97 nurses able to be on duty, all half sick, and we were having patients right from the front all through that spring and summer drive, when everything was so tense, both here and abroad—men with tourniquet on arm or leg and with the trench dirt and other things that you have heard about. So although we had felt bad about being placed so far from the front, in what we feared would be an unimportant base, we feel that we had our full share of duty.

We had nurses from the north and south and the east and west, from large schools and small schools, and I want to say that I believe the general excellence, the high standard of womanhood, of professional ability, and the spirit of social service that almost all of them showed was largely due to the Red Cross standards that have made schools for the past few years work so hard to come up to the all-round training that would turn out fairly equipped nurses.

Now as to the education of the nurse who is going to serve the army in time of war,—the nurse needs as complete an education as she can possibly have. I cannot imagine any condition when more can possibly be demanded of the nurse than is demanded in these hospitals. We had all kinds of contagion in our hospital, I think, except whooping cough, and perhaps with all the coughing that was going on we may have overlooked the whooping variety. We had everything else I can think of, even a maternity case. One morning, about four o'clock, a very unexpected case was brought to us,—our consul's wife. When the night nurse came in and informed me just

¹ Read at the convention of the National League of Nursing Education, Chicago, June 26, 1919.

what had happened, I was glad that the nurses were not just surgically trained nurses; they were able to care for even a maternity case.

You would have been proud of the nurses that were sent over there, I am sure, if you could have seen their work. You would be proud of the relation they established with the patients, the sisterly and the motherly spirit, shown to the men. If the mothers of the men could know, I think they would bless the nurses who went over there to care for their boys. The boys almost always called the nurse either sister or mother. It didn't matter how young or pretty the nurse might be, she was mother to the boys, many of them perhaps older than she.

Now as to the status of the nurse over there, she was a friend of the boys and she was a helper in every sense of the word. The medical officers said they did not know what in the world they should have done without the nurses. They themselves were so overworked during our busy months, that they had to leave a great deal to the nurses that ordinarily they would have attended to themselves, and the consensus of opinion was that the nurses overseas were very much like the house officer or interne in our home hospitals, and they rose to the responsibility. The way they learned to stretch out over a large field and make themselves felt was perfectly surprising.

Fortunately, we had a chance to grow up to the demand and eventually we found that three nurses to the ward of fifty patients could really get excellent results, even with the untrained orderlies. The convalescent patients were wonderful about helping the nurses, many of them were very intelligent and willing and were of inestimable value. This, with the army routine, where the patients do all the housework, and where there are kitchen police, etc., make it very different from civil hospital conditions.

The position of Chief Nurse, I felt, was the least important of any. The nurses who had the direct care of the patients got the brunt of everything. They are the people who should have rank, if anybody, rather than the officers. And the Chief Nurse, as far as I was concerned, was merely a kind of buffer to act between the other authorities and the nurses. I was somebody the nurses could go to, although I had no authority, and I can scarcely think of anything that I recommended that was carried out. Nevertheless, the nurses seemed to think I served a certain purpose and I am glad I went.

I will say that if there is anything I did that was of any value I think it was trying to direct the social life of the nurses. That, I do think, needs someone old enough and unafraid enough to fight the battles of social life, valiantly. With the number of officers

coming and going, and who were inclined to treat the base hospital as a kind of Coney Island dance hall or something of that sort, it needed somebody to help the nurses keep things sufficiently conventional so that we could maintain our self-respect and have a good time in a family sort of way, rather than in an indiscriminate fashion.

Now as to living conditions, of course, they were very casual at times. We had very fine barracks built for us, with shower baths, but one inspector after another came and went through and seemed to think they were too luxurious and too roomy. I know Colonel Washburn, who was our first commanding officer, thought he planned them so there was no question of two cots being put in them, but after various inspectors had visited us and we had other commanding officers, our barracks were taken away and given back, and taken away and given back, until it really got to be funny. We finally had to live in four of the eight barracks that were intended for us, with two cots in a room. Then we had a chateau for the nurses, and Colonel Washburn and I thought that the chateau would perhaps quite comfortably care for forty-six nurses; ultimately it was decided that seventy-six nurses could be perfectly well taken care of there!

No soldier or nurse made any complaint over any unavoidable hardship or discomfort, but we used to get quite wrathful—and I haven't got entirely over it—because of the unnecessary discomforts. It irritated us very much to be bunched up as we were, for weeks and even months, before there was any necessity for it. The army has not got accustomed, apparently, to taking care of women. They are as yet a more or less negligible quantity as, if time permitted, we could demonstrate to your entire satisfaction.

I am going to be very frank in saying what I think, as long as I have been asked to. It may relieve my mind, so that I will be a better Christian when I get through. But I do not want it to be in a destructive or a fault-finding sense, because it has been too great a privilege to have even a small opportunity of serving at this time to subside into a hopeless grouch. The organization seemed, to anybody who had worked in a civil hospital for twenty-five years with more or less freedom, never any too much, regular serfdom.

Now as to our relations with the orderlies. We taught a great many orderlies, and a very good class of men volunteered for that service. They put intelligence and good will into the work, and so long as we were allowed to have them in the wards, they did excellent work, but we could not keep them. They were always promoted to the record room or to the Ambulance Department after they had demonstrated their efficiency with us. It got to be a camouflage when, months later, we found we had a pretty good orderly, not to let on

that he was a good orderly, and we finally degenerated into having unfortunates that had been given us because they could not possibly serve in any other capacity. Finally the nurses said, "I don't care, Miss Parsons, whether I have an orderly or not, if the commanding officer will let us have some intelligent patients and not send them out on fatigue duty too often."

I want to tell you a story about orderlies. We had one who was in charge of a gassed man, and he was a pretty decent sort. He wanted to do his work right. When my assistant was visiting the ward he said, "I wish you would take that fellow's pulse there." She took it, and he said, "What did you get it?" She said, "It is 36." "Well," he said, "that is what I made it, too." She said, "You have recorded 50 on this chart." "I know it," he replied, "but it seemed to me too darned fishy that he should have 36 when the rest of them guys had 65 or 70."

Then as to instructions we gave. In the grand rush of our work, one nurse had under her charge from fifty to seventy patients, usually seventy, perhaps she had orderlies and perhaps she didn't, and probably they didn't understand their work if she had any. One came to the ward, one very busy morning, and she asked him to give baths to some of the new patients who had come in. He said, "I don't know how to bathe them. Nobody showed me how." "Well," she said, "you know how to wash yourself, don't you?" So on that basis he started in to wash patients.

You have heard, perhaps, that the nurses had their letters censored, not just the military censorship that all the people were subject to, but some officer at our base had to censor our letters. I want to protest against that censorship. We do not mind the military censorship, but every nurse there, was I think, at least twenty-five years old and many of us were nearer a hundred, and it annoyed us to think that we could not interpret the censorship rules as intelligently as any of the officers, and usually the youngest officers were detailed to look after the nurses' mail. Naturally, we could not write anything interesting, because all those things were proscribed. It left us to fall back on social life and personal things if we were going to write. While we would not mind a stranger censoring our letters, we did object to having people who knew us read those personal things, especially when they discussed the letters, as they did frequently, and it seemed so unnecessary.

My conclusions are that under the military organization, the work was hindered by the divided authority. Even that order that was gotten out giving the nurse responsibility in the wards did not help as far as her authority over the orderlies went. It was not worth

the paper it was written on. If you complained about an orderly, he might be shifted to another ward, that was all, and if he personally liked the nurse, he might get along, but if he preferred to drive an ambulance or do something else, he would simply make himself so useless that he would eventually be changed to the service he preferred, and it did not work at all.

We were hampered in our work by the lack of equipment. There was no emergency fund provided by the army regulations. We had some sort of a lamp that was given to us by the army and they say it works beautifully when you have the right kind of fuel for it, but it is responsible for hours and hours of agonizing work on the part of nurses, trying to make it work, and there were times when they could not get any hot water to boil their instruments in. If we had not had private funds to spend to buy oil lamps, I should hate to think how the work would have been done. But talk about battles! We fought for every drop of oil, for every piece of coal, and for every stick of wood we had.

Then we were hampered by the intricate rules for communicating with our Director of Nurses; we really did not have the feeling that we had anybody back of us at all.

Another conclusion is that you must have nurses old enough and responsible enough to be on their honor, on account of the way the nurses live in a base hospital. There is no way, if you are unfortunate enough to have an irresponsible person, that you can properly look after her.

I have a feeling that there are others who have had similar experiences, who feel as I do, and if so, we should prepare in time of peace for time of war, although heaven forbid that we should ever have another war! There are a number of suggestions that I have thought we should give to the Red Cross authorities, under whom we are enrolled, and from whom we went into the army. I want to say that everybody over there blessed the Red Cross, everybody that I saw, both soldiers and nurses.

Recommendations: Nurses should have rank and its insignia as a professional body of women who must assume very grave responsibilities. The Director of Nurses should have authority regarding placement of nurses and matters pertaining to their health and morale—also means for direct communication with her sub chiefs. There should be distinction in uniform according to rank, and an appropriate dress uniform. There should be an emergency appropriation for use in the medical department. There should be conservation of health by suitable changes and vacations. Orderlies should come under the direct authority of the chief nurses, so long

as they are assigned the care of patients. Laywomen might well be substituted as housekeepers, and in the diet kitchen and supply rooms.

WHAT THE WAR HAS TAUGHT US ABOUT NURSING EDUCATION¹

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(In introducing Miss Allison, the presiding officer, Miss Noyes, explained that as No. 4 was the first unit to be sent out of the country, it had to go without being properly equipped. The equipment was sent over afterward, but the nurses were for a long time without it.)

Our experience in London is a matter I do not speak of very often, but those who happened to know of it, have asked me about it several times, and I think perhaps you might be interested to know the preparation for our reception at Buckingham Palace.

We did not have any uniforms, we had no suits, and Red Cross caps; and on being invited to the palace, the first question that came up in our minds was: What shall we wear? Our trunks were in storage and we had nothing but our suits, gray, purple, black, green and almost every color of the rainbow. I supposed that the British nurses were received in their indoor uniforms, so we had our sixty-five trunks sent from storage and engaged a tailor to press them overnight. I received a bill of \$85 for pressing 65 white cotton uniforms.

Then, too, we had to consider court etiquette that we might not turn our back to the Queen, so we engaged a drawing-room at the hotel, and in the morning, I, for the time being, represented Her Majesty, Queen Mary, and the nurses came to me and curtsied back.

I think we were fortunate in being associated with the British. My conclusions are based on seventeen months' experience in a British hospital. I do think, having two groups to play with, gave us all the the problems of the army, and after hearing Miss Parsons I feel that ours worked out better.

Regarding the orderlies, the British organization is very different from our own. Orderlies elect, I believe, their service for the Medical Corps, and having once been assigned to a particular hospital for that work they are given instruction by a matron or chief nurse, who corresponds with the chief nurse in our unit. I think there are

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