to have consumption. This is a pleasant and optimistic attitude, but, unfortunately, not a sound one. The mere fact that of the 140 suspects in whom the diagnosis was finally settled one way or the other, 69 per cent. turned out to have pulmonary tuberculosis, is sufficient to demonstrate that the problem is a real one.

What are we going to do about it? Various points are absolutely clear and certain to me. In the first place, my investigations demonstrate clearly the advantage of the "one-man" or "two-man" special clinic. The number of patients with a provisional diagnosis who never showed up again was infinitely greater at those general out-patient departments and dispensaries where everything medical is thrown into one large group with doctors in attendance, serving three or four months, than it is in the special clinics where lung cases only are seen, and where the same man or the same group of men are in attendance all the year round. At the clinic of Dr. E. O. Otis, for instance, where, at the Boston Dispensary, he has been in charge for years, there were few such provisional diagnoses, as was also the case, I am glad to say, at my own clinic at the Massachusetts General Hospital.

Next to this, and of no less importance in solving this problem, I would mention the social service departments. Every one of these "Tb. suspects" should be automatically referred to the social service department for home investigation and, particularly, to see that the patient returns for further examination.

Finally, there should be some department or organization which should act as a clearing house to keep track of these patients. I would suggest, for instance, that as soon as such a provisional diagnosis is made, the patient's name and address be recorded at this central office just as positive cases now are. A record of such provisional cases coming from various dispensaries or hospitals in the city would give much more information concerning them than we now have and would prevent much duplication of effort and would permit of their being checked up should they go to another clinic.

The provisional diagnosis of tuberculosis is an unsatisfactory one and one which ought not to exist in large numbers. Some such system as I have outlined above, I believe, will help to reduce the number.

THE EDUCATION OF THE TRAINED NURSE.

BY CHANNING FROTHINGHAM, M.D., BOSTON.

At the present time there are many problems in regard to trained nurses which are unsettled. It is obvious from studying the different opinions set forth by those interested in the nursing profession that there is no unanimity of opinion in regard to the proper solution for various

ones of these problems. The question of the proper type of education for the trained nurse is one that has received considerable attention recently and presents possibly one of the most unsettled points in regard to the nursing profession.

In order to decide what is the proper education for the trained nurse it is important to have a clear conception of just what position the trained nurse should fill in the community. In this regard it is interesting to note the marked change in the possibilities for service which exist for the trained nurse of today in comparison with the trained nurse of only a few years ago, for the nursing profession is a relatively young profession.

At the start the nursing profession called for the training of young women so that they could assist in the care of sick people under the direct supervision of physicians. It was not expected that the trained nurse should assume much, if any, responsibility. At the present time there still exists as perhaps the most important function for the majority of trained nurses the care of the sick in the hospital or the home under the direct supervision of the attending physician. In this position it is not perhaps necessary for the trained nurse to assume much responsibility, nor need she have appreciable knowledge of disease and symptoms, provided the case is so situated that medical attention may always be within easy call.

As, however, medical attention is frequently not available on the instant in many hospitals and homes the nurse even in this capacity must assume more and more responsibility, and in order to do so properly it is advisable for her to have a fair knowledge of certain types of symptoms. Also numerous other opportunities for service exist for the trained nurse today in which she has to work more independently of the physician and has to assume considerably more responsibility. To do this properly the nurse must have more general knowledge of symptoms and disease than if she simply is caring for the sick under supervision. An example is the district nurse who goes out among the people in their homes and who may have to wait several days before a physician is able to visit the home, and who frequently has to decide as to the need for the physician's visit. Another example is the industrial nurse who works in manufacturing establishments and must in many cases assume the responsibility of deciding whether the particular case should see the physician, and also do a considerable amount of minor surgical work on her own initiative. Still another example is the Red Cross nurse who in responding to emergency calls must of necessity assume responsibility because, as she is working at a time of emergency, the probability is that sufficient medical supervision will not be available.

In the field of preventive medicine the trained nurse again has many opportunities for work in which she must assume a certain amount of responsibility and initiative, as, for example, the public health nurse, the dental hygiene nurse, the school nurse and the child welfare nurse. The names attached to the nurses are in themselves explanatory of the character of the work which they do, and no attempt in this short article will be made to go into the details of these various positions, or to enumerate all of them.

The trained nurse of today is frequently trained to be an anesthetist, and experience shows that a nurse trained in the giving of anesthesia with long experience can do it in a much more satisfactory manner than the young physician or medical student who has, perhaps, more theoretical knowledge in anesthesia, but has not had the practical experience. Many surgeons prefer a nurse for an operating assistant. The opportunity for work as laboratory assistants in research work is now open to the trained nurse. All of these positions should be more ably filled by the more broadly educated woman.

In addition to opportunities for work as described above which, although under the supervision of the medical profession, call for the assumption of responsibility and initiative on the part of the nurse, the trained nurse of today must be equipped to take the initiative in certain fields without any supervision, such as the position of teacher in training schools for nurses, and the position of educator of the public in matters of public health and hygiene. Furthermore, trained nurses have been and are successful administrators of hospitals. No attempt will be made to summarize all the possibilities that are open to the trained nurse along these lines at the present time. The ones mentioned above seem to make it clear that the trained nurse of today is called upon for many more different duties than the trained nurse of only a few years ago, and it seems likely that in the future the opportunities for the trained nurse for various types of service will continue to increase.

It is, therefore, quite evident that in educating young women in the nursing profession at the present time it is necessary to train them not only so that they will be equipped to care for sick people under direct supervision of the medical profession, but also so that they will be equipped to act as independent workers in various fields and as educators and leaders in certain positions.

The character of the education of the nurses in the training schools has also been undergoing a change during recent years. There is less drudgery in our better training schools. It is felt that the physical upkeep of the wards belongs to chorewomen and hired help rather than

to the pupils of the nursing profession. The hours for the pupils in the schools are shorter, so that there is more opportunity for general mental development. More general knowledge as preliminary to training is required of the pupil nurse, and more general education is given them during their course in many schools. The curriculum in the training schools in regard to general and special medical knowledge has been steadily enlarged. In fact, the question has been seriously considered whether the training school for nurses should be united with the university and at the end of a three or four years' course some degree similar to the Bachelor of Arts should be given.

Of course, all training schools throughout the country have not been able to advance their standards in the same degree, but the trend among the better schools has been in this direction. The result of this change in the education of the trained nurse has been that the nurse of today has a better general education, is better drilled on general health problems, and knows more about disease in addition to her training in the art of nursing than the trained nurse of a few years ago. Like other people who have put in considerable time on education, she expects more financial return per hour for her services than her less well-educated sisters.

Granting that the opportunities for service for the trained nurse of today are more varied than formerly, and also that the method of educating nurses has considerably changed and is still in a transition period, it is important to make a careful analysis of the situation in order to determine if the product of the training school of today is able to supply the needs of the community for the various nursing opportunities which exist. In regard to those opportunities for trained nurses which require leadership, initiative, assumption of responsibility and independent work, there can be no doubt but that the better educated the nurse is who undertakes this work the more successful she will be at it, other things being equal. Therefore the increase in the curriculum for the trained nurse in the better training schools seems to be a step in the right direction toward supplying nurses for these positions.

In regard to those opportunities for trained nurses which consist in care for the sick under supervision, it seems obvious that the better educated the nurse is who does this work the more successfully she will do it. In some quarters it has been suggested that the nurse with the more elaborate training does not do the actual nursing care so well, but it seems as though this must be simply individual variation rather than the result of too much extra knowledge. There seems to be no definite proof that education destroys one's ability in the nursing art, and, therefore, increased education for the nurse should give a better product for this

purpose also. From the viewpoint of the nurse's efficiency, therefore, it seems quite certain that the more highly educated product of our better training schools is better equipped than the nurses trained less well to care for all the needs of the community for trained nurses.

Unfortunately, however, on account of financial reasons, a large number of individuals feel unable to hire these highly educated nurses, who properly demand a larger financial return, and, therefore, today there is a need for nurses to care for those with limited financial resources who become ill. That the less broadly trained woman can care for the sick in a perfectly satisfactory manner under supervision has been amply proved by the past experience in the nursing profession, and, of course, a woman who has not spent so much time in preparation can hardly expect so large a financial return. If, therefore, this highly trained woman, although desirable, is not necessary for the proper care of the sick, and if she is without the reach of many, the trend in regard to the education of nurses is going to leave a need in the community unless some provision is made to supply individuals trained sufficiently to fill this gap.

Assuming for the moment that the preceding summary of the situation in regard to the opportunities for nurses, in regard to the education of nurses, and in regard to the needs of the community for nurses is correct, in what manner should our training schools organize in order to fulfil the needs of the times? The education of the pupil nurse should be kept at the present high plane that it is in our leading schools, with the idea of eventually placing the training school upon a university basis so that the work will lead toward an academic degree of some sort. With this foundation, our best trained nurses will be able to properly fill the numerous positions that are open to them. In addition, it is important that our training schools should turn out a class of women who are trained sufficiently to care for sick people under medical supervision, either in the home or in the hospital.

The details of how to accomplish this must be worked out by those who make a study of the nursing profession. Various possibilities suggest themselves. There might be a fundamental two-year course in nursing, at the completion of which some sort of a title is given to the individual. After the completion of this two years' course a woman can decide whether she will then go out into the world as a practical nurse, to care for the sick, or whether she will continue her studies along some special line, to prepare herself for some of the various fields open to the trained nurse, which require more elaborate training. Probably at least another two years should be spent in this special preparation and study, and it would be at the end of this two years' work that some academic degree might be given.

Another possibility is the dividing up of the training schools into classes. Those training schools allied with universities and in the larger centers could give a longer course, with considerably more special instruction, with the object of preparing women for the positions that require initiative and leadership. Those schools with less equipment and situated away from these opportunities could offer shorter courses which would train women to care for sick people under supervision. The appropriate titles for these individuals and their relations to the various laws for registration of nurses would require thought and adjustment.

The main points which it has been attempted to emphasize in this short communication are: First, that the opportunities open to the trained nurse at the present time are such that it is important that her education should be extended rather than limited; and second, that although a nurse trained in this manner is probably better suited to care for a sick individual under supervision, she is educated more than is necessary for this work, and also commands a financial return which puts her out of the reach of a great number of people. Therefore it is important for those interested in supplying the community with individuals to care for the sick to provide some type of individual trained well enough to care for the sick person at a price which is within the reach of the great majority of the people.

THE STATES HAVE NOT MET THEIR OBLIGATIONS TO CHILDHOOD.

Notwithstanding the fact that nearly every State has put into its constitution the fundamental principle of the State's obligation in public education, there is not a State in the Union which has yet complied with these plain provisions and given to the boys and girls an equality of opportunity in education. Those who live in the country districts have not been provided facilities for obtaining an education which are in any respect the equal of the facilities which have generally been provided in all populous centers.

There is no other institution in America which has made so little progress in the last century as the rural school. Is this great, rich nation to tolerate this condition of affairs for another century? Or shall we comply with the plain demands which have been determined to be the American policy in education?—Thos. E. Pinegan, State Superintendent of Public Instruction, Pennsylvania.

Where the State has bestowed education the man who accepts it must be content to accept it merely as a charity unless he returns it to the State in full in the shape of good citizenship. Theodore Roosevelt.