coöperating with other agencies to restore these men to health. More and more it is recognized that we must look to education to destroy irrational suspicion and to restore health and sanity. Reconstruction and rehabilitation of the ex-service men cannot be an affair of merely rearranging tangible elements, such as food, money and clothes. It is by example, by encouragement to make an effort to overcome helplessness, by explanations of the reasons for necessary treatment and restrictions, that the nurse will succeed in helping to replace quiescent dependence with the unsleeping desire and motive of service as active citizens.

The Public Health Nursing Service has been established a comparatively short time and yet under the Surgeons General of that Service and due in a great measure to the indefatigable efforts of the present superintendent of nurses, who has held persistently to high professional standard despite tangible and intangible difficulties, more qualified nurses are attached to this Service at the present time than in the combined older services of the Army and Navy Nurse Corps. Having procured these nurses who, for the most part it is believed, accept the additional responsibilities which the care of such patients involve, every effort that is made to retain them is worth while; since their value increases with length of service. From an economic viewpoint, if for no other reason, efforts should be made to give these nurses adequate payment for trained service; to provide living conditions which they require as educated and refined women; to recognize that rest and recreation are necessary if the physical standards and morale are to be maintained; to acknowledge their professional status and to give recognition to them as co-workers with the medical profession.

With these requirements satisfactorily adjusted by those who have the power of formulating the necessary rules and regulations, the work of the nurses who care for the maimed bodies and sick minds of the patients of the Veterans' Bureau will be productive of even greater beneficent results than have already been obtained; for such nurses seek to maintain the fabric of the world and in the result of their unselfish efforts is their prayer.

THIRD PAPER

BY LUCY MINNEGERODE

Superintendent of Nurses, U. S. Public Health Service

MAJOR STIMSON has placed before you some of the most urgent problems and difficulties existing in the Public Health Service hospitals dealing with the ex-service men. The difficulties of the problem can be realized and understood only by those who are in

close association with the Service, and that the nursing department of the Public Health Service has been able to accomplish even a measure of success has been in a large manner due to the coöperation, counsel and advice given by the superintendents of the established nurse corps of the government.

On March 3, 1919, the Public Health Service had available 1,500 beds in 23 hospitals, and practically no nurses. Chief nurses were unknown in any of the hospitals. There was no machinery for the recruiting of nurses. In regular Service hospitals, there were no quarters for nurses, and the Service is still concerned over a solution of these difficulties. At the present time there are 1,796 nurses in the hospitals operated by the Public Health Service.

As has already been said, the problem of giving the most efficient care to the disabled ex-service men in the hospitals of the Public Health Service is a little different from that of the Army, due to the fundamental differences in the organization of this corps of nurses.

The nurse corps of the Public Health Service is a civilian organization, pure and simple, though 99 per cent, probably, of the nurses now serving in the Public Health Service are ex-service nurses, familiar with the problems of the care of ex-service men.

The aim of the nursing department of the Public Health Service is to give as efficient nursing care to the patients in these hospitals as can be given, to see that the nurses coöperate in every possible way with those responsible for the care of the patients,—that is, the Medical Officers in Charge—to recruit a sufficient number of qualified nurses to meet the needs of the Service, and to recommend the establishment of such policies in the nursing department as will increase the efficiency of the nursing corps. The coöperation of the Medical Officer in Charge is essential; his sympathy with and support of the chief nurse must be unquestioned, if the nursing service is to reach the greatest efficiency. The place of the nurse in the administrative unit of the hospital should be clearly and definitely defined, understood and observed.

One great difficulty confronting this department is the lack of nurses specially trained in the care of neuro-psychiatric and tuberculosis patients, who constitute a large proportion of our patients. To partly meet this need, a school for nurses conducted at Oteen in September, 1921, was organized and, while this school was most successful, it barely touched the fringe of our necessities. The Service is considering a similar course in neuro-psychiatric nursing as soon as there is established a station where all conditions, quarters, lecturers, and teaching facilities can be guaranteed to produce the desired result.

One piece of nursing work which has been far reaching in its effects was the establishment of a Public Health Nursing Unit in the office of the Supervisor of District No. 4, for the purpose of making contact with the claimant of the then Bureau of War Risk Insurance, with a view to giving the claimant, who for any reason was not hospitalized, the benefit of health supervision and health instructions. The success of the work of this unit more than justified its establishment by the U. S. Public Health Service.

The type of nurse needed for this service is the broadminded woman, cultured, well trained, with those qualities of mind and heart which would enable her to grasp the tremendous responsibilities in the work we are trying to do, who will be sympathetic, but firm, who will be able to emphasize the need for obedience to orders for treatment—who can be friendly, without familiarity, and loyal to the highest ideals of her profession.

The turnover is too large, by far, and is due in some measure to conditions which are unavoidable, since they are the result of the sudden expansion of the Service, the need for immediate action, and the great difficulty in securing desirable hospital stations, both from the standpoint of construction and location. These conditions are adjusting themselves gradually, and a distinct improvement in service and morale in the nursing department, a clearer understanding of the many problems which confront the administration and the Service in the effort to give the best medical care and treatment to disabled veterans of the World War, is evidenced; and at the present time, the U. S. Public Health Service is able to keep the nursing force up to the necessities of the Service.

It is believed, however, that uniformity throughout the organizations caring for these patients would go far toward establishing a more satisfactory service, and it is hoped that this meeting of all connected with and interested in the care of ex-service men will succeed in bringing about this result.

In the final analysis, however, it is conceded that the responsibility for the proper and successful conduct of these hospitals rests with the Medical Officers in Charge, and I can truly say in behalf of the nurses of the Public Health Service, that the nursing section will coöperate in every possible way to promote the successful organization of the hospital programme, and to assure this meeting that the nurses of this Service will continue to "carry on" and to render all assistance in their power toward the accomplishment of this result.

NOTE.—Among the resolutions passed was one presented by Commander Boone of the Navy on request of Captain Backwood of the U. S. Naval Hospital, Chelsea, Mass., as follows: "Be it resolved that it is the sense of this meeting

that the pay of nurses of all branches of the Government Service is far below what it should be and, therefore, is a detriment to the entrance to or continuance in those Services of the better type of nurses; and that it be urged upon Congress by the Federal Board of Hospitalization that legislation be enacted to remedy this condition." The resolution was apparently approved unanimously.

At the conclusion of the conference, General Sawyer expressed his appreciation of the part the nurses had taken in this conference.

A MIGRATORY CASE OF ERYSIPELAS

BY MARY MORGAN, R.N.

Kansas City, Missouri

THE patient in this case was a physician with a large office practice who had seen no case of erysipelas recently. He came home very much indisposed and the family physician was called who, in turn, called the nurse. A hot bath was given and the patient put to bed. A distinct Widal reaction was found and a diagnosis made of probable typhoid.

By morning, an irritation around one eye was noticed. This spread rapidly all over forehead, head and face, with a great deal of infiltration. With the fire of St. Anthony heating the temperature to 105 degrees, the first diagnosis was shattered and no attention was paid to questionable typhoid symptoms. A dressing of lysol, ichthyol and lanolin was used.

About the third day the inflammation abated in the affected area, but went on down the neck and chest, traveling placidly on through the applications of iodine intended to stop its progress and making very rapid progress to the waist line. This was the twelfth day. Antiphlogistine was then applied to the affected area.

That night the patient perspired profusely and his temperature fell from 103 to 97 degrees. The change was so abrupt as to seem like a crisis. Morning came, with no new field of invasion that day or the next. On the following day the redness again took up its line of march from the waistline within an inch of space to and over the buttocks. This process was preceded by chilliness, nervousness and delirium. Morphine was given; hot applications of boric acid, and alcohol on the hips relieved the congestion considerably in twenty-four hours.

Then the inflammation began where it had left off on the front of the chest, and traveled over the abdomen, quickly covering the genital organs, anus, and surrounding tissues. Catheterization had to be resorted to, for days.

When the trouble abated in the lower abdominal region, it