

TROPICAL DISEASES AND PUBLIC HEALTH

THE VALUE OF THE NURSE IN PUBLIC HEALTH WORK IN THE SOUTH*

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No agency in public health work has attained a fixed value, nor has public health itself. The relative value of work and worker are increased or decreased by the limit of our conception in regard to them.

The older members of this body will recall in the first campaign of one of our great Presidents, Grover Cleveland, that the slogan of the campaign was "A Public Office is a Public Trust," and as there have been all shades of this conception, even to its complete antithesis, so also a public health office may be a public trust or the opposite, its value being proportionate.

The public health nurse, because of the heritage of her profession and the nature of its practice, sees her service peculiarly in this light. The title of this paper compels me to review more or less the statistical and material aspects of the work of the nurse with reference to the South, but I am impelled to emphasize that the individual earnestness with which the nurse regards her opportunity and fulfills her obligations gives her a moral value that can not be estimated in figures. It carries forward the whole public health movement to a higher level and a fuller opportunity for service and usefulness.

The traditions of all nursing tend to preserve such ideals for the public health nurse. Following to its source the modern concept of the profession of nursing, she finds Florence Nightingale, who, with a small band of devoted followers trained to do as she bade them, amid the crude conditions of the British Army hospitals in the Crimea, by sheer force of personal

nursing skill reduced the mortality from sickness from 50 per cent to about 2 per cent. What further history is necessary to prove the value of the nurse to public health? The methods she pursued are not changed greatly even to this present day, though the theories she evolved for them have.

The keynotes for her services were: information, education, sanitation, beginning where the people lived, with the sick in the hospitals, the well in the homes.

Though we have come a long way in the isolation of our sick in institutions, still barely more than 10 per cent of them get hospital care or have continuous nursing service when ill. The remedy, then, is clearly to teach the people how to care for illness in the home as intelligently as is possible and to call upon the nurse for supervision and direction of all sick in matters pertaining to nursing. This, the American Red Cross has attempted to do in its extension of classes in home care of the sick and food selection and its expansion of public health nursing.

Through these classes 92,000 women have received certificates for finishing a full course. More than 46,600 of these women were in the states represented by this Association. Over five hundred nurses from these states acted as instructors.

These figures do not include the thousands of women who could not complete the course or could only attend demonstrations occasionally, but nevertheless learned some things regarding home sanitation and care of the sick they had not known before. There has been placed under Red Cross supervision a thousand trained public health nurses.

Can any one better than the physician testify to the value in health results that these classes insure? Occasionally doctors fear that the little knowledge so gained is a dangerous thing, as it may make untrained women hazard too much in the care of the sick.

Recently one of our instructors met such a situation in a small Georgia town. Almost under protest from the physician she continued her classes because the peo-

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ple demanded that she should. She left the town somewhat discouraged. Soon after typhoid fever, which was prevalent, came into one of the families where a young girl just out of high school had completed the course in the school. A nurse could not be secured. The young girl did what she could. The doctor was deeply concerned, but she had learned to take temperature and pulse, to give a bed bath with the least turning of the patient, to change bed linen, to disinfect it, to keep the room clean, ventilated, quiet, sanitary, to isolate and disinfect dishes and excreta. She could put these simple procedures into practice and record them. She could follow directions which he gave. The doctor was amazed and finally exclaimed: "Well, I wish there was some one in every family who had had this Red Cross class in home care of the sick."

To the nurse doing specific and more intensive public health work, the intelligence found in women who have had these classes is a great help in multiplying her services to the community.

From the assumption of the responsibility for caring for the ill in the home it is but a step to the assumption of the responsibility for the prevention of illness in the home. Upon the application of this principle hinges the whole success or failure of public health work.

Our knowledge of the cause and methods of prevention of disease far exceeds our application of that knowledge. Until they more nearly approximate each other we can not hope for great decreases in the death rates of tuberculosis, infant mortality, nor the lessening of the number of defective and under-nourished children.

To this phase of health work the nurse, and in the immediate future the nurse only, can make the greatest contribution. Why? Because the people think so and accept her in this educational work as they do no other. The reason for this is natural. The trained nurse has been coming to the bedside for about sixty years. She has been the constant companion of sickness and suffering in the home, hence, quite naturally she is considered the one to give advice in prevention with the least presumptuousness and fear of being misunderstood. And yet when this responsibility was thrust upon nurses few were

prepared to meet it, for to teach wisely and to get results requires much more than the simple doing of the work. The knowledge of the training school was not broad enough in its application. There the patient was considered only for the period of acute illness in home or hospital, dissociated from his past and his family; in a new environment with only the nurse in charge. All this in the public health field is changed. The nurse keeps constantly in mind the family environment, the previous conditions and social causes which bear upon the illness. So the nurse needed additional preparation. The nurse herself had recognized this and several schools were giving courses to graduate nurses. The Red Cross then set aside \$200,000 for scholarships and loans, more than two-thirds of which has been used in preparing nurses for public health work.

Public health nursing has been largely developed as a composite of specialties: tuberculosis nursing, school nursing, infant, maternity and child welfare, and more recently industrial nursing.

Previous to 1918 only 66 firms in the country reported employment of graduate trained nurses. By July, 1919, this number had increased to 871 with 1,213 nurses. Miss Beard, a national leader in public health nursing, believes that the work of the industrial nurse will rapidly become an important part of any welfare plan wherever the value of preventive medicine is recognized in industry.

The Metropolitan Life Insurance Company's industrial figures in comparison with those of the registration area of the United States show a saving of 27,500 lives in favor of the policy holders—one-half of which, it is reported, was due to services of industrial nurses.

During the years between 1912 and 1916 experiments in various places showed that where public health nurses gave pre-natal and post-natal care there was a reduction in still births of 22 per cent; in deaths under one month, of 28 per cent; in maternal deaths, of 6 per cent. In New Zealand, where the lowest death rate for infants in the world obtains, it has been shown that public health nurses have played a great part in reducing it to this level.

Nutrition work, which solves the problem of the defective and under-nourished child, must be done by the public health nurse where no specially qualified nutrition worker can be secured.

In five of the states of the Southern Division of the Red Cross 28 nutrition clinics are being conducted, some of them by home demonstration agents, some by home economics instructors and some by public health nurses. More than 900 women have received certificates for courses in food selection. The potential value of this work can not be estimated.

The nurse working among school children has become invaluable. Statistics are very fragmentary as to the definite results of her work, but according to a series of charts published by the Chairman of the Committee on Health Problems of the National Council of Education and the American Medical Association, percentages based on two groups of children numbering 1,358 and 1,780 of the Philadelphia, Pa., schools were as follows:

	Per Ct.
1. Recommendation of Doctors Acted Upon:	
Without a nurse's aid.....	24
With a nurse's aid.....	89
2. Treatment for Teeth:	
Without a nurse's aid.....	20
With a nurse's aid.....	92
3. Treatment for Eyes:	
Without a nurse's aid.....	26
With a nurse's aid.....	80
4. Treatment for Adenoids:	
Without a nurse's aid.....	14
With a nurse's aid.....	73
5. Treatment for Tonsils:	
Without a nurse's aid.....	18
With a nurse's aid.....	65

These figures undoubtedly would be much the same for our Southern cities if our school nurses and school doctors were trained to the importance of records and there were sufficient workers to do so intensive and thorough a piece of work.

The tuberculosis nurse trained for her work has done her part in reducing the mortality rates. Reports were received showing 30 nurses in smaller communities being supported by tuberculosis agencies from the states of the Southern Medical Association.

Quoting from a report of the work of a tuberculosis sanitarium of this State:

"The Sanitarium is operating with 32 patients per year at a cost of \$5,000 with additional revenue from some private patients. If the money expended was expended for public health nurs-

ing and transportation, all of the estimated 570 cases could be reached at least once a week for the entire year and in addition all the other activities of a public health nurse, such as her work with school children, in typhoid prevention and in other health measures, could be maintained."

No one would desire to sacrifice beds for tuberculosis patients to get the public health nurse, but it is interesting to note these relative values in purchasable investments indicative of the trend of professional and public opinion.

To your profession the nurse is indebted for being considered so necessary. In the minds of eminent physicians and public health professors she has been heralded as almost a Savior.

Dr. Livingston Farrand, in outlining the program of the Red Cross, said:

"The biggest activity in this field which the Red Cross has already undertaken is the nursing program. The entire health movement depends upon the adequate development of the visiting nurse."

Dr. William Welch, in an address to the nurses of Johns Hopkins, said:

"The public health nurse has become one of the very greatest agents in the advancement of health, both individual and public, in this country."

Opinions of this kind might be multiplied indefinitely.

A thorough understanding of the conditions of the South is necessary to give proper place to public health nursing and to appreciate its value. On account of the high percentage of colored population in this section and the isolated population of many sections of the South, its practically undeveloped social resources, and its history, probably, public health nursing has not made as rapid strides in this section as in some other parts of the country. The establishment of the first system of visiting nursing in this country was by a Southern city, Charleston, S. C. As early as 1813 an association, known as the "Ladies' Benevolent Association," established house-to-house nursing for the poor. It was begun with a view to relieving need during the yellow fever epidemic of that year. The War Between the States dissolved it as it did most social undertakings. May we not assume if the devastation and long period of adverse conditions of the reconstruction period following had not interfered, this plan might have been extended to other communities? The move-

ment indicated the early recognition of a community need.

In most cities above 25,000 population public health nursing is undertaken. Reports are not easily available, however, as usually private agencies do not report to the public authorities and few of them publish statistical reports.

Information from agencies reporting activities in rural communities was sought. From the states of this Association reports show 40 supervisory or advisory nurses, seven hundred white and fifteen colored public health nurses working in smaller communities or counties. How can one translate the work of these nurses to emphasize the great value in maternity and child conservation, in increased resistance to disease, in relief and curative measures for the sick and suffering?

Scattered statistics from the five states of the Southern Division of the American Red Cross for a six months' period in 1920 show 26,569 children examined, 38,402 home visits made, 10,653 defective children found.

Does this not mean something besides the bare facts stated? Think of carrying a message of good health into 38,402 homes in five states! One county in North Carolina, and it might be taken as quite typical in character of many of our Southern counties, is a cotton mill county with 96 mills. There are welfare workers in many of these mills, nurses in some of them. The nurse employed by the Red Cross chapter is experienced and well trained. I quote from her last month's report:

"Cases beginning of month.....	193
New cases	59
Dismissed	30
Cases remaining at end of month.....	222

"Three classes in home nursing and one in food selection, under instruction.

"Thirty children under school age weighed and measured.

"Fourteen cases of tuberculosis persuaded to use sputum cups.

"Held one meeting of the nurses of the entire county.

"I talked to teachers on the modern health crusade.

"Conducted booths at county fair.

"One booth for tuberculosis exhibit.

"One booth for public health activities.

"Cho-Cho, the health clown, was secured on School Children's Day at the Fair; there were 1,400 people and the auditorium was crowded for each performance.

"Fifty-three babies were examined. All found undernourished or defective will be visited. Two of them have been referred to the nurse in the next county.

"On Tuesday evening the dietetics class meets. Class is conducted by the home demonstration agent. To this class pupil nurses and graduate nurses are invited.

"Monday night each week the nurses of the county meet.

"Wednesday night, demonstrations home care of the sick.

"Four mill communities were visited and nutrition clinics planned for each.

"Conference with Supervisor for colored schools and plan adopted for crusade for colored schools and introduction of a simple health play.

"Secured subscriptions for the American Child and the Playground for the Public Library."

All this the activity of one nurse for one month by securing the co-operation of every agency.

This service can be duplicated in any normal community in the South. Success will be assured by the vision of those engaged in the work: the people, the authorities and the trained agents; and by their ability to work together, each increasing the value of the other.

DISCUSSION

Mrs. Jane Dahlman, Director of School of Public Health, Louisville, Ky.—I think it is generally conceded by all of us that public health is a problem for all the people, not merely for those of us specializing in it. In order to secure public health, we need the co-operation of every single individual in our country, man, woman, and child. For leaders in this work we must rely on the medical profession. As the hand maiden of the medical profession, the nursing profession is acknowledged, I think, to be its close working mate, to be its assistant. Dr. Green, Dr. McCormack and Dr. Haynes have very ably presented the need of the medical profession for greater training and better equipment in public health work and preventive medicine. I think you will all agree with me that Miss Van DeVrede has given to us this afternoon a very excellent picture of the great need of the nursing profession, that it, too, needs practical training in mastering the various problems that must confront it in this extensive field of preventive medicine into which we are plunging with the doctors. It is utterly impossible for a nurse who has had however excellent hospital training to go into the field of public health work and do the job efficiently, without extra training or some post-graduate work in public health nursing. She must have this or she will make a great many mistakes, disastrous to her people and to the community in which she is working. Without the necessary preparation the work will wear her out, destroy her enthusiasm, will sap her energy. The problem of the trained nurse is the care of the diseased individual; the necessity is that the public health nurse be so trained that she can supervise the care of the community or individual

sick and also that she may teach the community how to keep well. The path has already been blazed by pioneers in the medical and nursing profession for this public health work in preventive medicine. Therefore, we can take their trail and follow in the footsteps of these leaders, accepting the experience they have had as part of our training. Unsolved problems will be constantly confronting us. The medical and nursing professions will work toward their solution together. Let us each encourage the leaders in our two professions to see to it that the younger graduates coming along have this knowledge of preventive medicine, this knowledge of public health work, from a physician's standpoint, the health officer's standpoint, the public health nurse's standpoint, and above all else, from the standpoint of the people themselves. Let us encourage this in every possible way. I think, as Miss Van DeVrede says, there are already thirteen universities giving courses in public health nursing. Should they not give in addition to the public health nursing also the training for the health officer? Unfortunately the number of schools giving practical training for health officers is much smaller than that giving training for public health nursing. Is not this one of the vital problems which now confront your profession and my profession?

Miss Marian Williamson, Division Bureau of Public Health Nursing, Louisville, Ky.—We need more public health nurses; we need more nurses in the training schools. That is where our shortage is greatest. We need student nurses. The public health nurse's job, particularly in the South, is a most discouraging one. When she goes out into a new rural county the outlook in the beginning is discouraging. As I frequently tell the nurses when they go to take a new county, "If you haven't a sense of humor and optimism, please develop both before you go into this new job, because you are going to need both."

Last week, on making a trip in six counties and talking to a different nurse each day, each one had a new problem. One had turned over in her automobile, another couldn't get the medical inspector of schools to work on time. Each had new discouraging facts to face.

The medical profession in Kentucky has gotten solidly behind the public health nurse. The problem in the South for the public health nurse is a new problem. I believe Kentucky has made greater strides toward rural public health nursing service than any other state in the South. Out of our 120 counties in the State we have 70 rural public health nurses; besides we have many vacancies waiting to be filled. When our nurses enter the training schools we should give them more public health training. That is one of our greatest needs for student nurses. That is the thing we must gradually come to and also teach them the social side of medical science as well as teaching it to the medical profession. As Mrs. Dahlman has stated, the nurse is the handmaiden to the doctor. The two must work together and both should have this public health training before they go out into their respective fields of work.

I am going to ask the doctors to help the nursing profession in their plea for more student courses and more public health nurses.

Dr. J. Howell Way, Waynesville, N. C.—The forces of evolution are operative, are lasting and for all time. Over here at Danville, Ky., once a man operated upon a woman. It was then a marvel of surgery, and that operation has saved its thousands of lives and added tens of thousands of years to women's lives. A generation ago the medical profession was worrying, fretting because the public did not manifest an appreciation of what it was doing, of what it was developing in the line of learning things to make people healthy and prevent disease. We fretted and fumed and fussed and worried over the prevalence of contagion and infection, just as we are doing today. Now the public is appreciative of those things. The great British statesman that I used in my virgin freshness to call "Celluloid George," because he was inflammable and explosive, appreciated the fact that every sick child, every parturient woman, was entitled, as an economic proposition or sociologic proposition, as a human proposition, to have some kind of medical treatment, some sort of kindly, friendly, helpful care and attention when sick. He devised the system that they put in operation. I am not saying that system is right. It has some features that are intrinsically bad theoretically and practically.

But the lesser doctors must accept the proposition that the needs of the two and a half million are paramount to the needs of the two thousand and five hundred doctors in my State. Does the medical profession exist for the benefit of the public, or does the public exist for the benefit of the medical profession? We must think of this when we consider social insurance and the proposition of public nursing.

If the State of North Carolina adopts a system which in the judgment of its Legislature is calculated to bring more help, better treatment in disease, more certain treatment, and drugs, to all the people in North Carolina, I shall adapt myself to the changed circumstances and go on as a doctor and help and serve and love the people in my community as best I can without worrying too much about the compensation. If I can not do that as a doctor, I can do something else. The note of optimism which Miss Van DeVrede sounded was good. If the public nursing proposition is not borne along on the same line that the medical profession sooner or later is going to be, I am very much mistaken.

Dr. E. G. Williams, Richmond, Va.—The work of the State Board of Health in Virginia, in developing public health nursing, is handicapped by the lack of nurses. We have several counties that have the money in the bank to employ nurses, but can not find one properly trained. Every few days a county will write us that they want a nurse and that they have the money. But we can not find them. One day last month we regarded as a remarkable day—a banner day—because we were able to secure four nurses for four counties. The whole work is handicapped by the shortage of nurses.

We do not want to put in nurses who have not had public health training, and we want them to have this training in the South. Our School of Social Work and Public Health in Richmond is the oldest in the South. It maintains a course of both theoretical and practical training, to which nurses come from every state in the South.

The school is now entering on its fourth year and has now developed in Richmond a training field that compares favorably with the oldest schools in the country. It is now organizing a rural training center only a few miles from Richmond which will be a tremendous advantage.

But, in spite of the success of this school and others, the problem is not being met because there are so few nurses. I commend the national nurses' organizations for their efforts to shorten the time pupil nurses may spend in the hospital so as to allow more time for public health training. Why can not we have a two years' course in a hospital and one year in a school of public health nursing? Can not the national nurses' associations work toward this end and also to increase the registration of the training schools?

Dr. Frances Sage Bradley, Washington, D. C.—In paying my tribute to the nurses I feel sure that I am only voicing the sentiment of every physician present. No one knows as well as the doctor his dependence upon the nurse or the importance of giving her the best possible training whether for bedside or for public health work. For that reason I hesitate to answer Dr. Williams' question in regard to lowering the standards of training for nurses. I feel that with nurses as with physicians the best is none too good.

I have found the public health nurse of especial value along educational lines. She educates not only the children but the parents, the teachers and even the doctors themselves. In short, she converts your whole community, and the counties where we find a public health nurse are the counties where we find the best co-operation. She makes the best possible advance agent and paves the way to the demand for a whole-time health officer, to the establishment of a public health center or to many welfare activities which in our rural counties are very slow in coming.

Dr. James A. Hayne, South Carolina.—The problem of getting public health nurses and getting them to stay after you get them, and keeping them satisfied with their location, is a problem that would drive me crazy if I had anything to do with it. Fortunately I have a director of public health nurses who works with that problem. I see the report every month, and see so many new nurses, so many resigned, so many still there. I am thankful for those that are there.

In South Carolina we are doing very good work, I believe. I can see great improvement in the counties in which public health nursing has been done. The health officers under whom the public health nurses are working are pleased with the work. They say their work is made easier. We have approach to the public is made easier. We have all the nurses in South Carolina under the one organization, whether we employ them or whether we pay them or not, they report to the director of public health nursing and give reports of their doings. We don't allow anybody to become a public health nurse paid by the State or county or Red Cross or tuberculosis association unless she has had training. The plan is an excellent one and I think we have convinced a great many skeptical people in the State that the public health nurse has come to stay, and I think that next year we shall be able to have more than we have now. I have been a little disappointed in some things. For instance, one county went to work and appropriated a large sum of money to

employ three nurses and never yet have we been able to have three nurses in that county at one time. That is a disappointment to the county, a disappointment to the taxpayers, and disappointment to us. But those who have been there have done good work. I have talked to some people in the county and they are satisfied that the money was well expended. They blame us because we could not supply them with more nurses.

Dr. Arthur McCormack, Louisville, Ky.—I can not let the subject be closed without making suggestions to my very distinguished friend, Dr. Williams. I know he will appreciate it because it will help to solve his problem, which is a common one. In the first place, we must recognize that the education of the nurse like that of the doctor has a great deal of padding in it. All of us ought to consider the education in medical and nurses' training schools and eliminate the things that are useless. If that helps to shorten the time for either the doctors or the nurses it would be a great thing. Too frequently we look at it from the standpoint of shortening the time of the nurse's course, when really the two professions are side by side and both would be better for it if the time could be shortened. Whether it can be done or not is purely a practical matter. First, we must recognize that our profession is at fault in making the requirements what they are. They could make it in three years. In the matter of labor organizations it is always understood the men start on the job, then do the work for a while, then organize, then raise the standard for admission and the price. That is done by every organization in the world. The only difference with us is, we have not raised our prices very effectively. We are not organized as health officials. We must begin earlier in the training. We must begin in high school with both doctors and nurses to give the social background, the idea of service.

The most important course in public health is the course in office management and personal efficiency. The doctor in that course says little about public health, but he makes each of us more effective in doing the things in the systematic way in which he teaches it; that would apply to practically every physician as well as every health officer. We are not taught that sort of thing enough.

Our State health organization has taken the matter up of recruiting for public health and is collaborating with the national organization for public health nursing service and is having 18,000 letters put on the mail list to get the high school girls imbued with the idea of nursing as a career. We are getting more recruits.

We are confronted with the same situation as South Carolina. The county and the Red Cross chapters have the money. They must spend it for something or somebody will blow up. The obvious thing to do that will appeal to any sensible worker in the chapter as a real activity is to spend the money for a public health nurse. They can not get one. What are you going to do about it? We are writing the chapters in Kentucky systematically, and to counties and cities suggesting that they get four or five young women, the most promising girls in their county, and send them to a training school. Under our system, the nurse's education in the training schools of this city does not give the necessary back-

ground for public health nurses. We are very hopeful and we have our plans worked out. Practically every nurse who elects to make public health nursing her subject will at the same time that she gets her degree of nurse get the degree of public health nurse in three years. What we are urging the communities and the Red Cross chapters to do is to find the pupils, then put the money in the bank and wait. Better wait three or four years for a good nurse.

One of our pupils was elected as a public health nurse by her board of councilmen, to be given a four months' course followed by four months' practical work in the field under competent supervision. She will be given a certificate and will go back to her own county. This young woman is an unusually bright nurse, an unusually well qualified individual, and has done excellent service. Some of her people felt at first when she was elected that she ought not to study any more. They are satisfied now and you couldn't pay her enough to have her leave the school and undertake to do the work without training. She has already found out how much more useful she will be. She is imbued with the right spirit of service. What we must do is to help the communities go more slowly, help them to understand that they must not buy an imitation.

Dr. Hayne would cut the Gordian knot as he generally does. What every state ought to do and do quickly is to issue the rule that no nurse shall be employed hereafter by any organization unless she has a certificate as a public health nurse from a recognized institution. We have done that in Kentucky. Next to that in importance is to develop broad campaigns as to public health matters for getting nurses and doctors to study who will go back in the country to work.

The courses in our training schools should be rearranged. Many of our medical schools would ruin the best man on earth. It is difficult for him to maintain his individuality after he comes in contact with the labor-saving devices in the medical schools at the present time.

Mrs. Snedeker, R. N., Public Health School, Louisville, Ky.—Many nurses who come into the training school drop out because they feel they are not getting what they came for. They come from high schools and universities and find that some of the instructors are not competent. The practical work in most training schools is excellent, although many times the nurse is overworked. The pupil nurses feel that the best training you can give them is none too good. They want high standards.

I do not know about the advisability of shortening the nurse's course of training in the hospital, but believe that part of the senior year should be given to public health work.

Miss Van DeVrede (closing).—I have been thinking how very much the same the problems of the medical and nursing professions are. We should hold meetings together and get the infusion of each others' views. I am sure we should both receive help and impetus.

In regard to the National Association of Nurses requiring a three years' course, the National Association does not require for membership in its body more than a two years' general course. Most of the training schools have increased their training to three years, some of them specifically to operate the hospitals. Cheaper nurses for the

institution has been the excuse which some feel inclined to blame the nursing profession for.

We have in the United States a hundred and fifty thousand graduate nurses. We have less than ten thousand in public health work. Now it is not because they have stayed too long in training schools that we can not get a higher percentage for public health work. It is because they have no vision for it. It is because they are not trained to recognize their responsibility in regard to the public. It is an individual question with the nurse. She gives her very best attention to the patient and feels her duty to the patient is discharged. Within a period of three years, if a nurse is educated before she comes into the school, she ought to receive all her training, including that in specialties. In the University Training School they work on a five-year basis. The nurse gets her university degree, a nurse's diploma, and a public health certificate. This is the trend of the times. I hope the time is coming when all schools will be on an educational basis rather than on the old idea of apprenticeship in the hospital.

Many times we have to teach the nurse percentage, English, all kinds of things, because there are no well defined entrance requirements in the school such as you now require of all students coming to study medicine. We hope that when that is definitely defined we shall not be criticised for having the course too long, and we shall be sure that with a course of a reasonable length of time we can assume the responsibility which the world is placing on the nurse. On every hand we hear that the public health nurse has a strategic place in public health work; she is one of the greatest factors in the movement. We nurses have just begun to realize it. I do not think it strange that thousands should shrink from the responsibility. They can not deliver the goods. They would rather stand on their record than jeopardize everything in a new field, for the nurses feel themselves poorly prepared. I feel confident, just from the result of a meeting like this this afternoon, that we are making progress.

Suppose we could furnish public health nurses for every waiting county. We should be doing for the country a great injustice because, until the people of the community themselves are willing to bear half the responsibility the trained agent can not carry them. She must be the leaven for the whole people. We can not come up to a broad river and jump over it. We must build a bridge first over which to carry the people themselves with the physician and the nurse.

We are growing as rapidly as we can. Sometimes I think we are growing more like the mustard seed than like the oak. In all the communities in which we have worked we feel we must fundamentally get the people imbued with the idea that the public health nurse and public health nursing is not a thing for a year, or two or three or five years, but is for the rest of their natural lives and the lives of generations to come. I have no optimism about getting nurses, but I think they are easier to get than public health doctors and there are many more of them. I do not feel discouraged over the lack of nurses because I feel if we fundamentally take hold of this problem for the people, of the people, and by the people, we will get both the doctors and the nurses eventually.