

reasonably certain that she would not be annoyed by a strange driver, or feel sure that she would not be stranded at a cross road with no one to meet her, the out of town night calls would be relieved of some of their horrors. Yet even then, how much better, if possible, to allow her to come in the morning, when conditions are natural and she is rested and ready for work. A physician makes an extra charge for night calls. Why? Not because he wants the money but because the surest way of reasoning with people is through the pocketbook. He must have his rest and that is the simplest, most direct way of asking the public to consider him. We are not complaining of our lot. We are not wanting to be ranked with the physician. We are only wanting to make our profession a stronger, better organization for the relief and care of the sick; wanting to make of ourselves as nurses, stronger, better balanced, more tactful and more useful women.

In commenting on the paper, Miss Ott said,

Miss Sperry is a young nurse, she has taken post-graduate work and could enter public health work if she chose, but she has chosen private duty nursing because it appeals to her and she likes it; just the reason I like private duty nursing. I like to be in the families of other people. I do not have any home and I like to be in other people's homes. It is such a comfort sometimes and such a bond of misery sometimes. It has every side. You can take long hours of work, as hard as you choose; you can go to the conventions and hide and they can't find you. There are a number of things I like. I like the communities and the people. I suppose that is what appeals to a great many nurses.

## YELLOW FEVER—HISTORY AND NURSING

By ETHEL DARRINGTON HARRISS, R.N.

To speak on the subject of yellow fever is like evoking from the abyss of oblivion a grim, ghastly and forbidding monster which, however, in the light of present-day science, is as unsubstantial and as harmless as the airy fancies of a dream. But it was not always an innocuous phantom. For generations the spectre of yellow fever stalked through the world, leaving in its wake countless victims. But now it is classed among preventable diseases and the fear of it lies dead and buried deep in the grave of other bygone "bugaboos," together with the ridiculous notions and queer superstitions regarding it, and the terrible demoralization of the justly fear-crazed people.

Yellow fever, or some disease possessing almost the identical symptoms, prevailed among the Greeks and their neighbors in ancient times. In the works attributed to Hippocrates mention is made of serious febrile disorders which often proved fatal on the

fourth day, and were attended with violent vomiting, sometimes of "black matters," yellowness of skin, and other symptoms similar to those observed in yellow fever.

The term "yellow fever" was first applied by Griffith Hughes in 1750 in his *Natural History of Barbadoes*. No other disease has been known by more different names, the synonyms numbering over 150.

The first recorded epidemic of this disease in the New World occurred on the island of San Domingo in December, 1493. The settlement of Ysabella, founded by Columbus, losing almost all of its 1500 inhabitants—Columbus himself being one of the few who survived. Ever since that time it has frequently been epidemic in the West Indies, South America and Mexico.

It first appeared in the United States in Boston in 1691, and in Philadelphia and Charleston it broke out in 1693. Dr. Chaille mentions the year 1791 as the first traditional date of yellow fever in New Orleans, but the first authentic record was in 1796. The city at that time had a population of 6000. The fever appeared thereafter at frequent intervals until the year 1905, when it was completely exterminated.

In ancient times all epidemics were ascribed to the anger of the gods and sacrifices, sometimes of human beings, were offered in propitiation. During more modern times the visitation of pestilences was attributed to the influence of certain planets, to earthquakes, volcanic eruptions, and the appearance of comets. Still later a belief prevailed that a sort of poisonous miasm generated and diffused by the patient in some unknown way caused the spread of the disease. This miasm was supposed to be highly infectious, contaminating everything within the walls of the sick room; woolen articles were thought to be specially liable to attract and retain the poison. Everything presumably infected was regarded as "fomites," capable of carrying the disease to another locality where conditions might be favorable to its development. So great was the terror of "fomites" that some localities quarantined "against the world."

Nor do we marvel at the panic and confusion that prevailed when no measure had ever controlled the situation, no amount of disinfection had ever helped, and when the entire truth is told, the only relief which came was when the frost of November appeared as a Heaven-sent Nemesis to stop the dreadful scourge.

And who would have imagined that the tiny, buzzing, biting and annoying mosquito is the guilty vehicle of the yellow fever germ? Yet it has been proven beyond doubt, by most remarkable and painstaking experiments, that this insect is the sole cause of infection in

this disease. The result of this remarkable discovery brought about an immediate campaign of education throughout the United States, followed by the inauguration of methods of prevention and protection that have forever put an end to the dread of the disease. The knell of yellow fever was sounded in New Orleans at the end of the epidemic of 1905. In October of that year, long before the advent of frost, the fever was stamped out: an achievement which settled triumphantly the correctness of the mosquito theory.

The idea that the disease could be transmitted by the mosquito originated with Dr. Carlos Finlay in Havana in 1881. He began a series of experiments which resulted in the great discovery that has revolutionized the antiquated theories concerning the propagation of yellow fever. But it remained for the United States Fever Commission, in 1900, composed of Drs. Reed, Carroll, Agramonte and Lazear to prove conclusively the correctness of Dr. Finlay's discovery. While making these experiments Dr. Lazear fell a victim to the disease and his death sealed the truth of the mosquito transmission theory.

So far as is known the disease is conveyed by a single species—the *Stegomyia Calopus*. In its flight it is the weakest of all mosquitoes and consequently it stays very near the place where it is hatched. As its breeding places, water barrels and cisterns, are always near human habitations the stegomyia is naturally a house mosquito. It is a day feeder during the first four days of its life and thereafter feeds at any time, either day or night. Only the female is capable of carrying the disease. Because of the peculiar construction of its biting apparatus the male is unable to pierce the skin to obtain blood.

The transmissible poison exists in the blood of yellow fever patients only during the first four days of the illness. Therefore, in order to possess the power of carrying the disease, the mosquito must feed upon the blood of the patient during this period. After biting the patient an incubation period of twelve days or more must elapse before the mosquito has the power of transmitting the infection, but once it becomes a "carrier" it can convey the infection the balance of its life, which is about five months, providing it has access to water. The first symptoms of this disease usually manifest themselves from two to five days after the bite of an infected mosquito.

The destruction of the mosquito can be accomplished by pouring a small quantity of kerosene, once a week, on all standing water that is not screened and not removable by drainage, or otherwise. The female deposits her eggs on the surface of still water and the oil excludes the air by forming a coating, thus causing the death of the newly hatched "wigglers" by suffocation. This simple precaution is all that is necessary to prevent the breeding of these insects.

With the knowledge of the prophylaxis of yellow fever the graduate nurse becomes an efficient and important sanitary agent in preventing the spread of the disease in infected localities. The most malignant cases are harmless if proper care is taken against mosquitoes, and nowhere will be found one better fitted, or more willing, to take these precautions than the competent, conscientious nurse.

The traditional reputation for the skillful nursing of yellow fever had its origin in the old negro "Mammies" of our slave period and has remained an inheritance to the people of New Orleans from the days when the disease prevailed as an endemic. These women were taught in the old plantation homes of their masters by the Spanish and French physicians of that period. These "Mammies" reigned supreme in the sick room, their methods and authority being unquestioned. They were ignorant and illiterate but "natural born nurses" and the simplicity of their treatment, mainly castor oil and "teas," were a guarantee of their safety.

The picturesque old Mammy long since passed away and following her, in the epidemic of 1878, were a horde of untrained, so-called "volunteer" nurses, who, as a whole, were worse than no nurses at all.

In 1897 the people of New Orleans had the opportunity for the first time to have graduate nurses to care for their yellow fever patients and the result was revolutionary. The demand for her services became so great that the entire output of the four training schools of the city was insufficient to meet the needs of the community.

When called on a case of yellow fever the first duty of a nurse is to see that proper precautions are taken to prevent mosquitoes from biting the patient, and to imprison those that may have already become inoculated until they can be destroyed. A good mosquito net should be placed on the bed immediately, and kept over the patient night and day for the first four days of the illness. The room should be screened at once; cheese cloth or bobbinet tacked over the openings serves the purpose very well in the absence of regular wire netting. This must be done at once to prevent the admission of more mosquitoes into the room and to prevent the escape of any that may already have bitten the patient and become infected. Those imprisoned need cause no uneasiness for they can do no harm for twelve days and by that time either the patient will have been claimed by death or will be able to leave the room long enough for it to be fumigated. If another room is available it should first be screened and fumigated and the patient moved into it. By having the patient in an absolutely mosquito-free room the nursing may be done without the inconvenience and annoyance caused by a mosquito net. After getting settled in the new quar-

ters every effort should be made to destroy all the infected mosquitoes, and the patient's old room, the rest of the house and the adjoining houses should be thoroughly fumigated.

The chief features which distinguish yellow fever from other fevers are:

(1) A fever of from two to seven days' duration beginning with a sudden chill followed by a high temperature. In cases of a mild type this temperature lasts from two to four days and falls gradually and irregularly until normal is reached, when the patient is said to be in a state of calm. After this the temperature may remain normal or it may rise again—when it is called secondary fever.

(2) A steady fall of the pulse beginning during the period of invasion and gradually leading to a remarkable slowing of the heart beat.

(3) Albuminuria.

(4) Nausea and vomiting.

(5) Jaundice.

(6) A tendency to the stagnation of the circulation of the skin.

(7) Hemorrhage from the gums, nose and stomach (black vomit), bowels (tarry stools) and from other mucous surfaces.

(8) The face is decidedly flushed, the eyes unusually bright and glistening, the expression "anxious," and even on the first day the skin may show a slight tinge of yellow.

As a rule an attack of yellow fever, like measles and chicken pox, renders one immune for life.

As soon as possible after the onset of the chill it is the custom to give a hot mustard footbath together with hot drinks. This brings about a reaction from the chill and causes a profuse perspiration which helps the kidneys in their work of elimination. In yellow fever the pain in the head, back and limbs is very distressing; in no other disease except smallpox is there such severe aching, and by its revulsive effect the hot footbath greatly relieves these pains. This routine practice is a relic of old Creole days, the doctors of that time being under the impression that the disease could be moderated, or even aborted, by profuse sweating; and the old "Mammies" advocating it because they believed it "drove out the misery." The fact that the use of it has survived is a sufficient testimonial of its worth. Every nurse trained in the nursing of yellow fever in the south knows how to give this hot footbath "à la Creole."

A foot tub should be half filled with very warm water to which has been added a pound of ground mustard. The tub is placed in the bed and the patient's feet immersed therein. The patient and the tub are then covered with several blankets, the latter being lifted slightly

every few minutes to allow more hot water to be added to the bath, and the brisk rubbing of the legs up to the knees with the hot mustard water. The water must be kept very hot, almost to the point of intolerance. In this way the patient is given a vapor bath which causes a free diaphoresis. In the meantime hot drinks are given freely, hot lemonade or, as is the rule in the French Quarter, hot orange leaf tea. The feet are kept in the water for ten or fifteen minutes after which the tub is removed and the blankets tucked in snugly. After the patient perspires profusely a cleansing bath and vigorous alcohol rub are given. When the linen is changed a hot water bag must be placed at the patient's feet and a warm dry blanket put over him to prevent his getting chilled.

Cleansing baths must be given very frequently, as it is of utmost importance that the pores be kept open so that the skin can help the kidneys to do their work.

The mouth and gums must also receive especial care and be kept in as healthy a condition as possible in order to lessen the danger of hemorrhage from the gums.

The room must be kept well ventilated for in yellow fever, as in all infectious diseases, plenty of air is necessary for recovery. While in other diseases ventilation is a simple matter, in yellow fever nursing, especially among the poor, it is a problem. On a warm day with a malodorous patient, and with cheese cloth tacked over all the doors and windows, and no electric fan, the nurse will find it no easy task to keep the room from feeling "stuffy."

In the beginning of the disease the physician prescribes a purgative; some give one of the salines, some still cling to castor oil, while others prefer calomel in small doses. In the epidemic of 1897 a popular mode of administering calomel was known as the "Holt Sandwich," named for Dr. Joseph Holt who originated the idea. The "sandwich" is prepared by covering the bottom of a spoon with a layer of very finely crushed ice, the calomel is placed on this and then covered with another layer of crushed ice. In this way the calomel is packed between two layers of ice and the patient swallows it without knowing that it is medicine. This method of giving medicine is especially good where there is great gastric irritability. After the first thorough emptying of the bowels purgatives are never given any more, but enemas are ordered when necessary.

The fever in this disease runs only a few days but while it lasts, it usually runs very high and should be reduced sufficiently to diminish the tissue waste and make the patient comfortable. Sponging has been found to be the best method of reducing the temperature, but

because of the capillary stasis and the readiness with which the patient collapses, sponging with ice water is not advisable. The bath should be begun with warm water and cooler water added until the water is cool but not cold. At frequent intervals, while sponging, friction to the skin will help to prevent cyanosis. Cold enemas are often given to reduce the fever, the temperature of the water to be regulated by the degree of temperature to be combatted, the hotter the patient the colder the water, but never ice water. An ice cap to the head and an ice pillow to the back of the neck give comfort while the fever is high.

The pulse in yellow fever is the greatest characteristic of the disease. In the period of invasion and during the first and, perhaps, the second day of the fever, the pulse is fairly rapid but even then does not correspond to the rate found in other diseases with an equal temperature, seldom going over 100 to 110, no matter how high the temperature goes. This lack of correlation is most noticeable when, after the second day, the temperature continues to rise and the pulse becomes slower and slower, often dropping to as low as 40, or even 30 beats per minute. As the rate lessens, the pulse becomes weaker, softer and more or less irregular. When all the other symptoms have disappeared and the patient is well in every other way, it will be found that the pulse is still very slow, and it will remain below normal for an indefinite period.

It is necessary that the patient be put to bed as soon as the first symptoms appear and not be allowed to get up at all during the course of the illness. The nurse must be very strict on this point because the heart in yellow fever undergoes certain muscle changes and, if over-exertion is allowed, acute dilatation may follow. The patient should not be permitted to get up too early after recovery; never until a week has elapsed from the termination of the secondary fever.

One of the most dreaded peculiarities of yellow fever is the early involvement of the kidneys. Albumin is always present either sooner or later during the course of the disease, varying in quantity from a trace to 80 per cent moist, and it may last from a day or two to several weeks. Suppression is not infrequent and, as far as is possible, must be watched for and guarded against. The cry of the system is for water, which is needed from the very beginning to dilute the toxins of the blood and, above all, to flush out the kidneys which are clogged up so early in the struggle. As long as the stomach is tolerant, vichy and water should be given freely. To induce the patient to take it more readily the water may be flavored with fruit juices. The urine must be carefully measured and recorded and should the quantity fall be-

low 20 ounces in twenty-four hours, diuretic enemas are to be given every few hours, according to the tolerance of the bowel.

The nurse should know how to test for albumin as this knowledge will render her of more help to the doctor, especially in time of epidemic when the physician is overwhelmed with work, worry and responsibility.

Jaundice is never absent in yellow fever. In mild cases it may be slight, but yet it is present. The yellowness increases during the second, third and fourth day and then disappears rather rapidly, leaving, usually, no traces by the end of convalescence. The intensity of the jaundice is not of itself a symptom of grave import, especially if it is not accompanied by a marked hemorrhagic tendency; but the early appearance of this symptom, for instance on the second day, indicates a fatal termination.

Hemorrhages from any or all the mucous membranes are likely to occur at any time after the second day, but hemorrhage from the gums and nosebleed are the forms most frequently seen. Black vomit is next in frequency and, because of its seriousness, the nurse must try to prevent its occurrence by keeping the stomach as quiet as possible.

Should the patient begin to vomit, all liquids by mouth must be stopped and only cracked ice in small quantities be given. A mustard plaster over the stomach may give relief, as might also an ice bladder to the throat. Should the vomiting persist every means to stop it should be tried, as frequent vomiting is almost sure to lead to hemorrhage, which will be first shown by the presence of minute black and brown specks floating on the surface. These specks increase in size and number and the fluid becomes darker and thicker until we have the characteristic black vomit. Should hemorrhage occur, the nurse should conceal it from the patient as much as she can, as the knowledge of it will cause him grave apprehension. The family will become alarmed and the nurse will have to allay their fears by telling them that, while serious, it is not necessarily a fatal symptom.

Yellow fever is a disease in which the patient must not be fed. Failure to carry out this injunction results in very serious, if not fatal, consequences. When signs of prostration are noticed, stimulants, and especially champagne, are given, but no food of any kind is given by mouth during the febrile period, or as long as the nausea persists. During this time the patient's strength is kept up with stimulating, nutrient enemas.

When the fever has subsided and all nausea disappears, the physician will order nourishment by mouth, to be begun in very small quantities. This must be given slowly and cautiously and the immediate



consequences closely watched. Usually, the first thing given is a tablespoonful of milk on crushed ice, if this is comfortably retained it is repeated after a short interval, and later chicken broth and barley water may be added to the dietary. Liquid nourishment is continued until convalescence is well begun when soft diet may be given. Even when convalescence is fully established the diet should be carefully controlled, and if albumin is still present the patient must be dieted as in nephritis.

When it ends in recovery, the duration of the disease in the majority of cases is seven days. The return to health is rapid; in the second week the patient clamors for food and resents being forced to remain quiet. In severe cases recovery may be delayed by prostration, anaemia, impaired digestion, neuritis or even paralysis of the extremities.

The fatal cases usually terminate on the sixth day. The jaundice deepens until the skin is the color of saffron; hemorrhages occur, mainly from the stomach and bowels; there may be suppression followed by convulsions; the pulse may be as low as 30 beats per minute and poor in character. On the approach of death the temperature may rise as high as 106 or 107. After death it may rise for hours, sometimes reaching 112 or 114—a fact noted in but few other diseases.

In these virulent cases when, in spite of the hard and earnest work of the doctor and the nurse, death claims the patient, the nurse must not lay down her arms, but after caring for the dead and comforting the living, she must continue her fight by aiding the sanitary authorities in destroying the mosquitoes which may be left in the sick room, thus ridding the premises of the only agents by which the health and safety of the living can be imperiled.

The dread of yellow fever has forever gone, we have the means of prevention and protection; therefore let yellow fever sleep the eternal sleep that knows no waking. And let us not think of the suffering and the sorrow that it caused for so many centuries before its death warrant was signed, but rather let us say with Brome, the old English poet:

Our plague and our plagues have both fled away  
To nourish our griefs would be folly  
So let's leave off our labors and now let's go play  
For this is our time to be jolly.

#### References

- Dr. Rudolph Matas, *Nursing in Yellow Fever*.  
Dr. Juan Guiteras, Article in Wood's *Handbook of the Medical Sciences*.  
George Augustin, *History of Yellow Fever*.

At the close of Mrs. Harriss' paper, nominations for officers for the Section on Private Duty Nursing were asked for and the following were nominated and elected: Miss Ott of Indiana, Miss Van de Vrede of Georgia, Miss Golding of New York, Miss Sly of Michigan, Miss Daspit of New Orleans.

The session closed with a final appeal from Miss Ott:

I give a good deal of my time to nursing work and that is one of the things I want the nurses to do. Do a little side work. You can do a great deal for old people and young people, sometimes, if you will. You can do a lot of good to people, if you will.

#### SUNDAY AFTERNOON SESSION, APRIL 30, 1916

The Sunday afternoon session, a mass meeting held in the Atheneum, was an inspiring one with earnest addresses and most beautiful music—vocal solos and duets, the piano and the harp—a contribution from the New Orleans people to their guests. Miss Riddle presided, being asked to do so by Miss Goodrich as one whose reasonable point of view and quiet counsel were always sought by her associates. "We have always felt that her sound judgment and love of humanity made her decisions valuable ones."

The opening prayer was offered by Rev. John D. Lamothe.

Miss Riddle introduced Father John D. Ffoulkes as a representative of the church which had done so much for many of the hospitals and charitable institutions of New Orleans.

After giving an outline of the founding of the first hospitals on the continent of North America, Father Ffoulkes proceeded to say, in part:

#### ADDRESS BY FATHER JOHN D. FFOULKES

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Trained nurses should be practical Christians; religion should be part and parcel of their lives; prayer and virtue should be their guardian angels. Whoever knows human nature must believe that super-human motives are required for the adequate fulfillment of a nurse's calling or vocation. No one comes in closer contact with human beings in their worst moods, strange whims and irrational fancies. . . . Without religion what is such a woman? A cold, formal, unsympathetic functionary, an automaton, mechanically fingering watch, thermometer and chart, a nickel-in-the-slot machine doling out prescriptions and doses, a chambermaid employed to keep germs from bed and bed-

ding, a waitress salaried to dispense in measured quantities sterilized kitchen preparations, a nemesis at some critical crisis, ready to end suffering with some death-laden hypodermic and to send a soul to heaven or to hell. But look at the nurse whose principles are religious! What dynamic power in every fibre of her being! What personality in her every look and touch and movement! Faith, Hope and Charity are her constant companions; she is patient, with the proverbial patience of Job, meek as the gentle lamb, sweet as the honey-filled bee, methodical as the busy ant, beautiful to tired eyes as the multicolored butterfly, thoughtful as the good Samaritan, forgiving to fever-racked patient as the Master of Golgotha's crest. Such a nurse is always a true woman, chaste as the snow flake or ocean's immaculate foam, tender as the Virgin Mother at Bethlehem's Crib or Calvary's Cross. When some half starved woman comes from squalid tenement and unwraps the rags of her infant, a bundle of ulcers and rheum and pustules, the Christian nurse hears the divine words: "Suffer little children to come unto Me, for theirs is the Kingdom of Heaven!" When she must bend over some prodigal son of the slums, she hears the Father in heaven cry out: "Rejoice and be glad, my son that was lost is found."

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Dr. John Barr of the Presbyterian Hospital was the next speaker, delivering an earnest appeal for the development of the highest qualities of the nurse.

#### ADDRESS BY DR. JOHN BARR

An age-old and continuous conflict goes on between physical pain, physical weakness, and our humanity. These enemies are deadly because they hurt happiness; . . . . These enemies are deadly because they hurt efficiency. The presence of pain, the coming of weakness, lower the ability to attain what might be had, and no matter how triumphant some have been over pain, no matter how marvelously some have conquered weakness, the fact remains that were these not present such lives might have counted for almost infinitely more.

These enemies are deadly because they destroy physical life and cut off the connection between that which is temporal and the body. To overcome these enemies is therefore a high and holy task, and all the more holy because we find in this overcoming the will of our God. Is it not significant that the Nazarene, when here on earth, who went about doing good, spent a very large time, an immensely large propor-

tion of his efforts, in the healing of the sick? Take out that ministry from the ministry of our Lord and you create a vacancy of immeasurable proportions. . . .

It is peculiarly required of the ideal nurse that she have character. Nowhere does character count for more than beside the pain-racked, beside the broken. How often does it happen that one who is miserable himself, who is unhappy, who is out of sorts, who lacks personality, makes chaos, where one coming fully trained and with that mysterious something that we call personality, because back of it lies beautiful character and high ideals, brings peace and restoration and comfort.

The true nurse has faith, the faith that prompts her to give her best. . . .

Then He requires faith because through the exercise of faith there is accomplished what the blind sometimes calls in his blindness the impossible. There is a connection between the human and the divine, in the exercise of this holy function which lets the power of God down, and through it His wonders are wrought, and the ministry that is yours is thereby the ministry not only of reconciliation but a ministry of power.

Mr. Charles A. Hounshell of the Student Volunteer Movement made a strong appeal for nurses who would go to foreign lands.

#### ADDRESS BY CHARLES A. HOUNSHELL

We sit here from many states and many parts of the world, feeling that great universal bond of sympathy, human pain and human suffering, that binds all the world together.

I wish I could talk as Father Ffoulkes and Doctor Barr of this city have talked, of magnificent hospitals filled with splendid trained nurses, but I cannot. I am talking to you about the human need that is very deep and very real, in cities where there is no hospital and where there are no trained nurses. I want to speak of the high ministry of the nurses in lands that I have been familiar with and where my life has partially been cast.

Far away in an Asiatic city, with sickness in our home, we longed for the tender touch of a nurse but there was none. We longed for a physician's hand but there was none. Miles and miles away was the nearest hospital and the nearest physician. The physician and the nurse have come to that city now, after the pleading of the people of

that city. They have plead for years before those tender hands and those skillful workmen came. When I landed in the city of Seoul, Korea, a chief official of the city came to me and said, "What I want is a physician and a trained nurse and a hospital. When can you have us a physician here and a nurse and a hospital?" I said, "I don't know I wish I could do that tomorrow morning, but I don't know when we can." Bye and bye there was a splendid woman in America, like unto thousands that you know personally, who gave five thousand dollars for that city, and then, after several years of training, a physician came and then Miss Gilberta Harris, of St. Louis, came as the trained nurse; they were the first in that great section of the world. Ministering to human beings in physical pain and physical suffering? Why, certainly, they are. . . .

Some one told me that there are 70,000 registered nurses in America. Isn't that a splendid movement, rising up to meet the world's needs, with at least fifteen million in Korea that are beyond the reach of a trained nurse? With all that we have done in China, at least four hundred million are beyond the reach of a trained nurse. They never have had and never will have the tender touch of skilled hands in times of sickness unless some of us go speedily into those unoccupied fields. Think of India; think of Africa; all those vast multitudes of human beings suffering and dying, with none to minister to them in their hours of need. . . .

After speaking of the need of nurses to teach sanitation and to prevent the great epidemics that sweep away so many useful lives, Mr. Hounshell continued,

Once again, the trained nurses are now beginning to teach the young women of these lands to meet their own needs. I had the great joy of being present when, in a certain hospital where there is a school for nurses, there was graduated a little group of women and the caps were put on their heads and they were sent out for this ministry.

That is the only way in which we shall ever be able to meet the vast need. A few of you, I hope, will go into those needy lands, but you can never reach the multitude, they are so many. The only way to reach them is by establishing schools for nursing in connection with the hospitals and by sending out the thousands of young women who will take the training to be just as efficient as you are, and that will speedily come to pass.

You are doubtless familiar with the Rockefeller Foundation movement, that they are now establishing first-class, up-to-date medical

colleges in China. They have already established one in Peking, they intend to establish others in other places of great need and great opportunity. They are going to have work there that is second to none in the world. In my judgment, this opens one of the greatest opportunities that the world has ever offered. I hope that some of the best trained nurses of North America and all other parts of the world will go into this work and help in the training of nurses. . . .

The session closed with the Mizpah [blessing recited by those present.

#### MONDAY MORNING SESSION, MAY 1, 1916

#### GENERAL SUBJECT: DIRECTORIES

Before taking up the subject of the morning, a short business session was held, the secretary read a letter of greeting from Miss Dock. The delegates present asked to have a telegram sent to her in response to this. The secretary also read a telegram of good wishes from the Oregon State Association which could not send a delegate this year.

MISS GOODRICH: As the members know, last year it was voted to establish a memorial to Isabel McIsaac. This question has been laid aside while we tried to bring to a conclusion the Robb Memorial Fund. It seems to the directors that perhaps now we might temporarily not consider further, the Robb Memorial Fund, except as individuals wish to, and that we should take up very definitely this question of a memorial to Miss McIsaac. Perhaps Miss Delano, who was so close a friend of Miss McIsaac, will speak to us concerning this question.

MISS DELANO suggested giving the name of Isabel McIsaac to the Relief Fund, feeling unwilling to go before the nurses too much for the contribution of funds and feeling that they have been most generous in their contributions, first for the JOURNAL purchase, then for the Robb Memorial and the Relief Funds.

We might dignify the Relief Fund and make it perhaps more easy for people who needed the benefit of this fund to accept this benefit. I know, thinking of myself, that if it were necessary for me to go to my sister nurses for help I would be more ready to receive it if it came to me in an indefinite way, if the check came to me signed "McIsaac Fund," without the idea of its being so much a relief fund. And it seemed to me appropriate because of Miss McIsaac's sympathy, her interest with any one in distress. I know how any one who went to her with her troubles always found sympathy and interested affection. I think possibly no woman in the United States ever gave so much of herself to nurses as Miss McIsaac.

Now, whether it would be a proper use of this fund or not, I cannot say and I am not willing even to make this as a recommendation, because I should be sorry to recommend anything that might not meet with the unanimous approval of the nurses. I think we should have a memorial to Miss McIsaac, I think that meets with approval; but whether we should utilize the fund already in existence or not is not for me to suggest. I only bring this thought to you and leave it for your consideration.

MISS GOLDING: I feel we would lose absolutely the identity of the Relief Fund for which so many of us have worked so hard. This morning I went over the original proposition, signed by Miss McIsaac, that this be called the Permanent Relief Fund. Miss McIsaac was on the committee which first made that proposition to start with the Relief Fund, and I, as a member of the original Relief Fund Committee, think, with all due respect to what Miss McIsaac has done for the profession and for the nurses and with a heartfelt affection for her, that it would be a great mistake to change the name of this fund. I want to go on record as wishing to continue the name of the Nurses' Relief Fund.

Miss Goodrich explained that the directors did not wish to propose anything which did not meet with the approval of the members and that they were perplexed in discussing the question, but that, nine being present, seven voted in favor of making the recommendation.

That was the feeling, just as Miss Delano, I think, has expressed it, that to call it the McIsaac Fund would make it a finer kind of relief. I am interested to find that Miss McIsaac was on that original committee. I presume that if you ever went over, as we have gone over, the records of the American Nurses' Association and the League, you would be surprised to find that on almost every original committee for any educational purpose or any purpose concerning the interests of the nurses, Miss McIsaac's name did appear.

MRS. STEPHEN: I think that Miss McIsaac's interest in this fund is a very strong argument in favor of so closely identifying her name with the future success of the fund.

MISS GOODRICH: We want a very general discussion of this. We must have this matter exactly as the members really want it, a large majority of the members.

MISS O'CONNOR: I think the fund should stay in the name in which it is now and by which it is known by all over the country.

It was decided to give the delegates a longer time to think the matter over and to bring it up later for discussion.

Miss Goodrich explained that as the chairman of the Committee on Central Directories, Miss McKinley, was not present, she would ask Miss Currie, a member of the committee to preside. Miss Currie read a letter of greeting from Miss McKinley.