

THE GROWTH OF NURSING EDUCATION  
IN  
OTHER COUNTRIES

III.

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## THE GROWTH OF NURSING EDUCATION IN OTHER COUNTRIES.

### DENMARK

There are ancient traditions of nursing in Denmark and as late as 1878 nursing in the hospitals was carried on by women from the poorest classes and often they were without skill or education and many times morally defective.

The nursing movement in Denmark was founded on a religious basis, but it was after the middle of the nineteenth century that the building of modern hospitals began with the development of medical science and the introduction of new methods in surgery. The hospitals which were built by the state, city or county boards were all conducted by male attendants. Something had to be done about the situation, but the doctors did not want women to interfere with their work. However, a new plan was adopted and its most essential point was the introduction of well-educated and cultured women into the hospital wards. After a few years, even the doctors admitted it was a greatly needed improvement.

The training of pupils now began, but it did not encompass any system of nursing education. Each student stayed in the same ward all of the time and did not receive any general training. Nurses wishing to extend their knowledge were looked upon as unfaithful to their calling.

As the nurses grew in number and capability, they found themselves without rights, but with a great deal of enthusiasm for obtaining better training and a growing interest in the development of their profession. The introduction of theoretical

teaching was in 1898, and the Danish Council of Nurses was founded in 1899 with the object of protecting the nursing profession. It is impossible to speak of the development of nursing in Denmark without taking this association into consideration, since from it, during the course of years, come the impulse for the organization of training schools.

At present there is no definite rule with regard to the preliminary education of the prospective student nurse. The leading hospitals in Copenhagen and the other large cities of the country usually accepted candidates with high school education or its equivalent, as well as college girls. A few years ago the Danish Council of Nurses obtained one of the so-called "People's High schools", situated in the country. This school has been made into a preliminary school for nurses and affords them a home while there. The director is a trained nurse and she is assisted by another nurse and several teachers. The course is given twice a year and is of five months duration, and about seventy girls are admitted to each course. From this school the students go into various hospitals to complete their training. The results of this system have proven satisfactory, and several hospitals depend on this school for all of their students.

All hospitals in Denmark, even the smallest, are provided with all modern equipment and appliances. Capable doctors give lectures to the students and a final examination is compulsory. Many of the larger hospitals have a staff of graduate nurses who are quite permanent. They are not in administrative work.

but are engaged in bedside nursing. This is an advantage to the patients and the doctors, but of course it takes the nursing responsibility from the student nurse. However, before a student is sent to another service she must be able to take the responsibility for at least twelve patients, to make rounds with the doctors, and to perform all necessary treatments. The student is not only tested in this ability, but she has the opportunity to try a plan of work for the younger pupils who will be her helpers.

The "Block System" has been in existence for a few years in Denmark and has proven to be satisfactory there.

Post graduate courses have had to be arranged by the Council of Nurses, the first being held in Copenhagen in 1926. All registration functions also have to be performed by the Council, as Denmark does not have state regulations regarding nurses. The Danish Council of Nurses is a powerful organization and practically every graduate nurse in the country is a member, including those of the Red Cross. Its activities on behalf of its members are unusually good: in 1901 a sick benefit club was started, in 1904 a convalescent home, in 1912 a superannuation fund, and in 1919 an old age fund for nurses with no regular employment.

The methods of the Danish training schools are rather old-fashioned; the only results attempted is a well trained bedside nurse. They feel a need for stricter demands with regards to the preliminary education of the prospective nurse.

There are still many unsolved problems in the Danish Nurses



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Council, but to them the most important problem is the development of the character and the spirit of the nurse, so that with her knowledge she may under all circumstances be eager to serve humanity and science.

## FINLAND

Nursing education in Finland dates from 1867 when the House of Deaconesses was founded in Helsingfors, and introduced a new system of nursing. Dr. Saltzman, the first surgeon of the Deaconess Hospital, realized that the care of the sick should be undertaken only by trained and intelligent women of high moral character. In 1889 he founded the secular profession of the trained nurse by establishing a training course in the General Hospital in Helsingfors. In 1892 this course was extended from six months to one year, and the first nurses association was organized in 1898.

A great step forward was taken in 1904 when Baroness Sophie Mannerheim, a nightingale nurse from St. Thomas Hospital in London, was appointed matron of the Surgical Hospital and director of the school of nursing of the University Clinics. In 1905 she became president of the Nurses' Association of Finland. She was able to exert much influence on nursing education and development because of her own ability and the important positions she held in the profession. Baroness Mannerheim succeeded in organizing the course of study, lengthening the time of training, raising the standard of admission to that of high school education, and shortened the hours of

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hospital service. In 1906 under her leadership the Finnish Nurses' Association founded the first and largest "Central" preliminary training school for nurses in Northern Europe. Like the Danish Council they have published a series of textbooks, and beside this the Finnish association gives scholarships for foreign study and conducts many other enterprises for the benefit of its members.

The association had made repeated appeals to the government for aid in nursing education, but it was not until 1929 that a law concerning nursing was passed and a sum reserved for the initial expense of its reorganization. Immediately following this, three decrees were issued regarding respectively nursing education, the practice of nursing, and nursing positions in State hospitals.

In 1930 the State Board of Health published a curriculum for schools of nursing, and since then eight State schools have been functioning, and in addition, one municipal and one deaconess school are at present accredited.

Public Health and public school nursing are of rather recent date, and it is of interest to know that qualified nurses have been placed in several prisons, an advancement yet to be made by many of the larger countries.

The first public health course was instituted in 1924 by General Mannerheim's League for Child Welfare jointly with two anti-tuberculosis societies. The candidates for this six months course are required to have had a three years training. About 50% of these can get a scholarship to pay for their

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instruction if they intend to remain in public health work. The student nurses have, during the twenty-six months of basic hospital training at the State schools of nursing, ten hours of lectures and instruction and one month of practical work in public health nursing. Her last six months of training, the student has her choice of hospital work or public health.

According to a recently published amendment to the decree on the training of midwives, graduate nurses and third year students may obtain their midwifery training in a shorter time than other students at the Institute of Midwifery.

Visiting Nursing has always been largely the work of the parish deaconesses, who did the nursing service but were not graduate nurses. During the last few years the deaconess houses have made great efforts to supplement the training of their sisters, and at present practically all deaconesses doing nursing work are registered. The Finnish Red Cross also maintains in remote districts small outpost stations similar to those in Canada.

Special training of nurses for mental patients is needed in Finland, since generally only the head nurses of these hospitals are fully trained. Courses of one years duration are given in three state and <sup>two</sup> ~~ten~~ municipal institutions for about ninety female and thirty-five male students each year. The teaching includes ten months of practical experience in mental nursing and two months in general nursing, in addition to eighty hours of theoretical instruction.



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Nursing education in Finland is still in a state of early development, but the understanding of its needs now shown by official agencies together with the deep interest taken in its progress by leading nurses promises the possibility of further rapid growth.

## HOLLAND

Fifty years ago nursing in Holland was entirely accomplished by catholic and protestant religious orders. But to-day, the hospitals belong to the state, to the county, to the municipality, or may be privately owned. Their size varies from large, 1300 capacity to as small as 10 patients. The state and municipal hospitals are directly managed by a medical superintendent together with a matron in charge of the nursing staff, which is composed of many graduate as well as pupil nurses.

All of the large hospitals have training schools and many of them have started a preparatory school. Nurses have a three years training, besides a six months course for maternity nursing. The students go from the smaller hospitals, for their final training in one of the larger hospitals. Psychiatric nurses also have three years of training.

Holland's first efforts toward registration begun in 1907, but it was 1921 before an Act was passed regarding nurses. In April 1928 the National Association of Nurses was founded. The president of Nosokomos, the progressive Dutch association of nurses, and the president of the visiting nurses association are serving on the provisional committee

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and draft statutes have been drawn up in accordance with the requirements of the International Council of Nurses.

The Dutch people have accomplished much in the way of public health by means of a private organization "The Green Cross Society" started in 1900. Branches of the organization exist in every province and funds are obtained by subscriptions from members, supplemented by state grants. All branches in the province are independent but work in close co-operation. In 1920 they organized a four and one-half month course in public health. The public health nurses are enabled to attend "refresher" courses or institutes of varying length to keep their knowledge up-to-date. The State Divisional Medical Officer is responsible for the supervision of all work in connection with tuberculosis and child welfare.

The entrance of the Red Cross into nursing education in Holland was announced in 1922, when it called the various organizations into conference. It planned a school of its own. To this conference Nosokomos carried its plans and appeals for a higher education and broader <sup>practical</sup> ~~practical~~ training for nurses. It helps to advance nursing education by circulating a professional library and publishing text books.

In 1931 a course was given for nurses going to the tropics, which was followed by ten nurses and lasted for ten weeks. However, owing to the depression in the Dutch East Indies the course could not be continued, but will be as soon as circumstances improve.

All public institutions in Holland are of sound character

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for this was a distinguishing mark of the country when many others were taking their first steps in good management.

## SWITZERLAND

Nursing in Switzerland began with the deaconesses, who were as always, conscientious, devoted and beautifully clean in their bedside work.

In 1859 a school called LaSource was established in "free" principles; namely that women should be able to attain self support on an independent plane, not bound to an institution nor subject to a religious test. This school was under medical management and should have become more influential than it did as it always drew women of a fine type.

The next school to be started in Switzerland was the Red Cross Mother in Zurich founded in 1882. This was followed by the Red Cross School of nursing at Berne in 1899, the Swiss School of nursing of the Women's Hospital, Zurich in 1901, and one at each Engeried and Baldegg in 1910. The La Source and most of the others receive some support from the state and all of their graduates may become members of the Swiss Nurses' Association without further examinations.

The Red Cross has become the prevailing power in Swiss nursing and some of its best examples of hospital and nursing work are found there. It is interesting to know that the founder of the institution now known as the Red Cross was a Swiss, Jean Herri Durant. He was impelled by motives of pity to help the suffering men in the armies. In 1862 he published a book that made a deep impression and in 1863 it was endorsed by

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the Geneva Society of Public Utility.

Switzerland has male military nurses in peace time, but in case of mobilization the government can demand nurses from the five lay training schools which it subsidizes, two of them being Red Cross.

Since nursing does not enjoy government recognition the Swiss Nurses' Association has always endeavoured, by its educational requirements, to protect the profession from the admission of unsuitable, inadequately trained members. Since 1913 it has conducted the "Federation Examinations" which requires the candidate to have had three years nursing experience and to possess the necessary theoretical knowledge. The annual number of applicants has risen from eleven in 1913 to one hundred and two in 1932. Examinations for mental nurses have been conducted by the Swiss Psychiatric Society since 1927 and a diploma is awarded after three years satisfactory work in a mental hospital.

Between the years 1928 and 1932 seven post graduate courses were held by different branches of the Swiss Nurses' Association. They dealt with "Introduction to welfare work", maternity and infant nursing, as well as nursing of the nervous and mental patients.

The Swiss Nurses' Association which prior to 1931 had a physician for president now has a nurse in that office, but efforts to secure government recognition is still unavailing. Although they have beautiful and spacious, well equipped hospitals, their advancement has been much slower than that of most countries.



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In Austria up to the twentieth century nursing conditions were often very bad; the nurses slept in dormitories or in cubicles in the actual sick wards, and thirty-six hours of consecutive duty was many times required.

Systematic theoretical instruction to nurses was first begun in 1882 with the foundation of the School of Nursing of the Rudolfinerhaus. In the year 1904, the "Nursing Institute" for lay nurses was started in the largest Austrian hospital, the General Hospital in Vienna, which was at that time already giving short theoretical courses. In 1913 the training was extended to a two year course, and that same year the school of nursing opened at the Red Cross Hospital, Vienna, and within a few years other schools followed. There are now eight schools of training in Austria, five of which are in Vienna. In 1920 the course of training was extended to three years, except in the provincial schools where it is still two years. The theoretical course of training in these schools is very complete and the practical training and conditions of admission have been much improved. The large hospitals have modern standards and the equipment for teaching is of unsurpassed excellence.

The nursing profession has made remarkable progress during the last fifteen years with regard to the regulation of working conditions and also, to the economic position of its members. The conditions of work in all public institutions are regulated by contract; the hours of work in all governmental and municipal institutions have been fixed at forty-



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eight a week. However, private duty nurses often work longer. Holidays granted in public institutions vary from three to six weeks annually, as a health measure. Social insurance for nurses of all groups has been established.

In Austria the child welfare work is largely entrusted to the Fürsorgerin, who has to a certain degree the position of a public health nurse and a social worker combined. This has been a valuable help in the nation wide child health program carried on since the world war by the Society of Friends, the American Red Cross, and the Commonwealth fund, in collaboration with the state and with various child care enterprises, some of which have been at work for many years. The special course for Fürsorgerinnen at Vienna and Graz, last usually for two years and provide, besides theoretical work, practical experience for from six to nine months. This is not only in children's hospitals and clinics, homes for mothers and foundlings and the like, but also, in city kindergartens and juvenile courts. It seems miraculous that a country whose professional classes suffered so cruelly after the World War could so soon become active in altruistic work.

The cooperation of all nurses in Austria have been ensured by two associations, the Section for Nurses of the Union of Public Employees, and the National Union of Nurses and Social Workers. These organizations include between them 90% of all Austrian nurses. The number of graduate nurses has grown steadily during the past few years and the number of untrained has diminished. The religious communities engaged

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in nursing work , also, have a central organization.

Unfortunately, it has not been possible to meet the genuine desire of a great number of Austrian nurses to become members of the International Council of Nurses by the founding of the National Nurses Association of Austria in April 1933. But hopes are still entertained that this may be accomplished in the near future.

## GERMANY

One of the most important factors in the regeneration of nursing in Germany was the Deaconess Institute at Kaiserswerth set up by Pastor Theodor Fliedner. He was inspired by what he had seen done in the hospitals, asylums and prisons of England and Holland in 1823. By 1836 he had started a hospital, revived the Ancient Church Order of Deaconesses and instituted prison reform.

In 1832 the "Female Society for the care of sick and poor" was founded, which devoted itself to what we should now term "Social Service" work among the poor of Hamberg. In the early Nineteenth century all over Germany the formation of National Aid Societies proceeded rapidly and by 1869 one central committee had been elected to unite the various committees in the different states. These Aid Societies which developed into the Red Cross spread rapidly and were efficient organizations, and soon showed a large enrollment of nurses.

With the early recognizance of the superiority of well-trained women the first "Motherhouse" was established in 1860.

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In many parts of Europe religious sisterhoods, catholic and protestant, had attempted to introduce better nursing conditions. Yet reform came slowly and in Germany the sisterhoods and the Red Cross were dominant in this field. But it was Sister Agnes Karll that united the nurses into the German National Association of Nurses, and has invariably stood for progressive nursing ideals. However, to-day a large number of schools adhere to the "Motherhouse" system, the Red Cross itself including fifty-six of these bodies.

In Germany, at the present time, there are about twenty-three different groups of women working in various specialities of social work. There are four different professional associations for these workers and five schools of social work for men and thirty-two for women. They all receive field experience as well as theoretical instruction.

German nurses suffered severely during the war and even more intensely after the war. Under the new constitution, in which women's equality with men is uncompromisingly recognized and with women of immense ability sharing in the government, the nursing groups must gain in strength.

## FRANCE

French hospitals had been nursed almost entirely by religious orders up until the opening of the twentieth century. However, the French nuns were not as efficient as the Austrian, German and Swiss Catholic Sisters, and could not be compared with the Irish and American Sisters of Charity.

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From 1862 to 1909 special efforts were made by the Paris department of public charities to train a lay personnell for the great hospitals of Paris, all of which were then, as now, under government control. Courses of study were started at Salpetriere and the Bicetre in 1878, and various other hospitals followed later. The pupils were often poor material for teaching ; therefore, the results were not very encouraging. In 1900 a private school with its own small paying hospital was opened in Paris and began training a few woman for private duty. Soon other training schools were organized and in 1907 a two year course was started in Paris at the Salpetriere in an effort to improve the nursing procedures in the municipal hospitals of the city.

Since the World War , the training of nurses in France has undergone a complete change, owing to the establishment of the state diploma in 1922. By this the state examination was introduced and is administered by the Ministry of Health. In 1931 there were eighty recognized schools that prepared women students, and three schools that prepared men for the state diploma.

Visiting nursing has been done since 1908 by nurses from schools at Bordeaux and in Paris also by nurses of the Rue Amyot school and that of Mademoisella Chaptal. Social service and public health are closely allied in France. Many schools train for both general nursing and special work, as public health, maternity and child welfare and tuberculosis, while others give public health courses preparing for special



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state diplomas. There are eighty-eight state-registered schools of nursing, of which thirteen give training in public health and social visiting by a three years' course.

In 1932 the government gave the nurses association valuable support and since then it has been recognized as an "institution of public utility," by decree of the French president. This state recognition allows the National Association of Trained Nurses of France to accept contributions and legacies, as well as official grants. It further confers on the association legal rights, such as ownership of real estate and administration of funds. Having been very active, the French National Association has accomplished a great deal for nurses as individuals and as a group. It has given vocational advice and guidance to a large number of nurses; has arranged courses, lectures and special study tours to welfare institutions for the benefit of its members. It has started a convalescent Fund which will assist nurses in case of serious and prolonged illness. Acting on the suggestion of its president, the association has arranged for annual meetings of superintendents and directors of schools of nursing. These have proven useful in increasing the technical knowledge of directors of state-registered schools. For the last few years they have enlisted the official cooperation of the Central Nursing Bureau of the Ministry of Public Health.

The professional magazine *L'Infirmiere Francaise*, has become the official organ of the association, whose president is the chief editor. Its articles are interesting and instructive



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and always contain information the object of which is to keep the organization in closed relationship with nurses abroad.

## CZECHOSLOVAKIA

As the first nursing schools were founded as recent as 1916 it is easy to understand why nursing reform in Czechoslovakia is a comparatively new venture. In that year there were two training schools started at Prague, as a result of the decree of 1914. One school was Czech and the other a German state school. Later, on the basis of the same Decree, three other schools of nursing for catholic nuns were opened, on the "Mother house" plan. In 1932 the last training school to be established was opened at Slovakia, for lay nurses.

Their course of training is for two years, which is divided into three periods. The probationary, which lasts four months and consists of lectures, demonstrations and laboratory work. The first and second year periods are largely devoted to practical work in the wards, clinics, out-patient department, and in public health and child welfare organizations. Students are charged a full tuition fee. A few full or part time scholarships are accorded each year to girls revealing a marked vocation for the nursing profession, on the understanding that they will work in a state institution for two or three years. After receiving their diplomas scholarships are also granted by the Czech and Slovak Red Cross. In 1920 the Czech School of Nursing was taken over by the Red Cross, from the State. The Czechoslovak Red Cross got in touch

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with the American Red Cross which sent four American nurses to Prague to reorganize the Czech School. This country is fortunate in their lack of private nursing schools, which is a help in maintaining their high nursing standard.

Modern nursing now has a firm hold and women can not be trained and graduated fast enough to meet the need. The deficiency of nurses is being met by arranging short courses at the state institutions for practical nurses, who will be better qualified for their work if they supplement their experience by theoretical knowledge. This system is not satisfactory but will have to continue until some arrangement can be made for better nursing service. The demand is especially acute in the field of public health, as experience has shown that nursing is an indispensable part of that service.

The Czechoslovakia Association of Graduate Nurses now includes graduated of all schools, whether of Czech, Slovak or German nationality. The members are assisted in advancing their education and given material and moral support. They have compulsory health insurance and an old-age fund. The premiums in each case is paid half by the employer and half by the employee, and are proportional to the salary received. The social and economic status of nurses was determined by the Decree of 1927; however there is need of much improvement in their living conditions.

The most difficult task in this country has been to make the medical profession, the State administration and the public realize the importance of good nursing service.

JAPAN  
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Modern nursing was first introduced to Japan in 1885 under Miss Linda Richards leadership, at the Doshisha in Kyoto. After five years the Japanese took the school over and for a number of years carried on their own nursing development. In 1889 a school was established in connection with the University Hospital and one was started by the Japanese Central Red Cross Hospital in 1890. The Japanese Red Cross now has various schools giving a three year course in hospitals all over the country. St Luke's International Hospital at Tokyo, began in 1904; in 1927 it was helped by the Rockefeller Foundation, and the government gave its school of nursing a license as a "College". It now accepts only students who have reached matriculation standard.

The number of public health nurses are increasing as the Department of Education, the Local Government offices and the Japanese Red Cross Society have encouraged this service by arranging post-graduate courses of study for qualified nurses. These courses are held at the Institute of Public Health Nursing attached to the Central Red Cross Hospital at Tokio. They are of one year's duration with six months classroom work followed by six months practical ~~practical~~ experience. All expenses are paid by the Japanese Red Cross.

The Nursing Association of the Japanese Empire passed a resolution to aim at "Quality, not quantity" nursing, first by raising the standard of admission and



second by extending the course of study from two to three years, so the student could have a better foundation and more practical experience. The school administrators have been urged to improve their educational curriculum and methods. The Association feel that the social status of their nurses is lower than that of the Western nurses, and they are endeavouring to raise the standard of training and to improve their nurse's general standing, character, knowledge and technic; also, to ensure closer friendship and co-operation among the nurses to uphold the principle of service to humanity. Japanese women are by natural heritage unselfish, loyal and devoted, and when well trained they make excellent nurses.

To-day there are more than 55,000 registered nurses and about 350 training schools in Japan. There is advancement in every field of medical science which means continued improvement in nursing education.

#### THE PHILIPPINE ISLANDS

It was 1907 before a training school for native nurses was started in the Philippine Islands, altho, the need was realized soon after the American Occupation in 1901. The first schools were supported by the government and private scholarships; the students received their practical experience at three hospitals. However, after three years each hospital organized a separate training school. In 1910 there was a reorganization of nursing and hospital service, carried out by Mable McCalmont who realized the need of training

young Filipino men as well as girls. Miss McCalmont inspired the young nurses with the necessity of disease prevention and public health service. Their training was rapidly assimilated by the Filipinos themselves, so now their nursing methods can bear comparison with any system anywhere.

The first training school to graduate nurses was the Union Mission Hospital in 1909. By 1924 there were twelve schools all giving a three year course of training; seven of which are in Manila. Each school of nursing is connected with either a private, missionary, catholic or government hospital. The Mohammedans have one, and to encourage their young people to go to it, "pre-nursing scholarships" for high school are given. One year of high school is required for entrance to the three year nursing course. Even the Igorotes, a Malayan tribe of mountain people in the Philippines, have their own little hospital and school.

In the Philippines there is co-educational training throughout and the university offers post-graduate teaching in public health. In 1922 a six months course was started which has been extended now to nine and one half months. The course includes 469 hours of class work on every aspect of public health as sociology, bacteriology, child welfare and hygiene. The practical experience requires sixteen weeks. The Liga nacional para la proteccion de la infancia has co-operated with the public Welfare Board and the Philippine Health Service to promote puericulture and maternity work. With the aid of these centres the high



death rate among babies has been materially reduced. This is a three months course which is termed "Graduate in Puericulture."

The enthusiasm and genuine devotion of these people is an outstanding feature, especially in the young men. They seem to hunger for knowledge. After graduation they go far into the interior, nursing and teaching the principles of sanitation. As it is impossible for women to go many places on the Islands the future health of this country really depends largely upon these mission-spirited youths.

#### RUSSIA

Russia, as a nation, has always believed in intellectual equality for men and women, but their progress in nursing has been very slow. In fact, until recently there had been no essential change in five hundred years. The Sisters of Mercy cared for the sick and wounded during the Crimean War and it was this same order of nuns who assisted during the World War.

When Russia was under the Empire, she had fine large hospital buildings in the cities, but it was usually unskilled, untrained attendants who cared for the patients. The Red Cross Sisters were aristocrats, women of culture well trained in two year hospital courses in the German and Scandinavian Red Cross plan. Then there were Orders of Orthodox Church Sisters in some towns, who gave the best hospital care to be found in Russia. They were kind gentle women and their patients were clean and well attended.

Midwives had a thorough training and medical women were always respected. The felscher and felscheritza were a sub-medical rather than a nursing class.

In 1897 there were four hospitals put at the disposal of the Red Cross by the government and in them a three year course was given. From 1914 to 1918 there were sixty-four such military hospitals and over 17,000 nurses at the governments command. The Red Cross has been the only nursing force with any standared in Russia. However, under the new leadership there is no place for nursing organization so the remnant of these Russian nurses have formed a society with headquarters at Paris, called "Union of Russian Nurses Abroad."

Since the Revolution a new spirit is stirring in Soviet Russia. The latest conception of State medicine, free medical treatment for everyone at his earliest need, comes nearest to fulfilment here. The government is a government of the workers and the health of the workers is the responsibility of the workers. Medical institutions and the treatment of disease were at once made a state function under the "Peoples Commissariat for the Protection of Health"; therefore, all private hospitals and private practice have disappeared. All doctors and nurses have become civil servants; all hospitals and sanatoria become state institutions. Nation-wide programs of child welfare, venereal disease and tuberculosis<sup>control</sup> were applied. Medical instruction for the doctors was provided, and nurses, under medical direction

have learned as they worked. It is intended to make free medical help accessible to all citizens. Everyone, to the poorest peasant, holds health insurance.

Every possible device is used for the purpose of selling health to the people. For those who cannot view the city health exhibits, traveling exhibitions are maintained. These go in railway cars, automobiles, or vehicles drawn by horses, reindeer or camels, carrying moving pictures, lectures, little plays, posters and literature to the very doors of the people. The radio is used extensively for health education.

Although nursing does not seem to hold a place of its own in Russia, the Republic does seem to be working out a modern system of nursing education.

#### CONCLUSION

There are many more countries making progress in the field of nursing, and much more to be said for the countries mentioned, but time will <sup>permit</sup> not/me to give a full report.

To-day this humane enterprise of nursing is not left to the impulse of voluntary sympathetic groups, active only in moments of urgent local and national crisis. It is a steady, persistent and organized crusade in behalf of cleaner homes, better food, more hygienic habits and not only a more careful and intelligent attendance upon the needs of the sick and suffering, but also, the organized

## CONCLUSION

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efforts to teach all members of the community how better to take care of themselves. The awakening interest is evident in most every country.

There is but one foundation upon which the nursing of the future with all of its inspiring possibilities can be safely built; that is the educated minds and spirits of those whose work it will be. It seems safe to predict that in a few years there will be a complete reorganization of the present inadequate method of dealing with the patients needs. A reorganization which will attempt to centralize all the nursing force in a community and make for better group understanding.

To learn to interpret intelligently the principles of mental hygiene, a new type of teaching, a new group of subjects, and a new point of view must be woven into the basic curriculum of all schools of nursing and every nurse should have this point of view so as to understand the emotional reactions of patients to daily life and the inevitable situations with which every human being is confronted. All nursing of the future, regardless of country or creed will be vitally concerned with the prevention of illness and with the teaching of the elements of health. Nursing will be interpreted as the care of the patient in his mental, physical, and social relations in sickness and in health.



