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THE FEDERAL GOVERNMENT NURSING SERVICE

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Introduction

The United States, through its various departments gives nursing service to many people. The several thousand nurses employed serve in public health units and in government controlled hospitals in the United States and its possessions. Their duties are to care for the defenders of our country in peace-time and during war, for the disabled ex-service men and women, for the civilian employees on transports, for the merchant seamen during war, for coast guard and life saving personnel, for light house keepers and other government officers and for the Indians who are wards of the Government. A nursing department has also been created within the Federal Children's Bureau. It functions under the provision of the Social Security Act, aiding with the development of the programs of maternity and child health as well as those for the care of crippled children.

The federal nursing services have many attractive features. The nurse who remains with the service is assured of a regular salary, of retirement pay for age or disability after five years of service, and of medical care when ill. She has many varieties of experience and may nurse among the primitive groups or in the most modern and well-equipped institutions. She may be transferred every few years and thus have a wider field of activity.

The five major Federal Government Nursing Services are: the Army Nurse Corps, the Navy Nurse Corps, and the Nursing Services of the United States Indian Service as well as the United States Public Health Service and the United States Veteran's Administration. Nurses wishing appointment under the last three services must comply with the Civil Service Commission requirements and take Civil Service examinations.

The Army Nurse Corps

Although army nursing has been going on since the beginning of wars, Florence Nightingale, known as the "Angel of the Battlefields",¹ was the first person to systematize a service. Previous to Miss Nightingale's work in the Crimean War of 1854 nursing was poorly organized and done by the women of the household or by some religious order only as an emergency service. During her stay in Crimea, Miss Nightingale established the nursing service, laundries and diet kitchens and brought about the establishment of sanitary engineering. It was not until the latter part of the war that she received an official rank of "General Superintendent of the Nursing Staff",² and that modern army nursing became a reality.

In the United States army nursing is the oldest of the federal services but to better understand it, one must consider the development of the Army Medical Department.

The Medical Department of the Army as such was first organized in 1818 by Surgeon-General Joseph Lovell who was the first person to fill the position now known as Surgeon-General of the Army. However, a medical service with the colonies had existed since 1775. In May 1775, the Second Provisional Congress of the Massachusetts Bay ordered examinations given and appointments made of Regimental Surgeons for the forces near Boston. Of the sixteen applicants, only six passed. This was a poorly organized group and it was not until Washington took command that there was any attempt at organization.

¹Lucy Ridgley Seymer, A General History of Nursing (New York, 1933), p. 108.

²Ibid.

On July 27, 1775 the Colonial Congress created "An Hospital"¹ which was the first medical service for the military forces to be under the direction of a Director General and Chief Physician. As the Revolutionary War progressed each army had its own medical service and because of the lack of organization in the War Department there was little organization in the Medical Department.

Although this lack of organization was due in part of the high mortality during the War, one must also consider the conditions in which the troops lived. There was little knowledge of the necessity of cleanliness and how to prevent the epidemics of contagious diseases and the infection following wounds. The hospitals were overcrowded and only added to the spread of infectious diseases.

Each regiment had a hospital or house, but of these it was said "that the prisoners in the cells were better lodged than the sick men."² Some of the hospitals were built on the plan of Indian tepees with a fire in the center and patients lying all around this. One can easily imagine the filth and smoke.

At this time the doctors received one and one-third dollars in Continental money per day and their chief "duty" was to attend the flogging and watch the suffering of the delinquents. When it became too great the victim was sent away. A "nurse" was taken from the regiment to cook and wash for the hospital. The patients received little care.

Following the Revolutionary War the War Department was organized and Doctor James Craik as Physician-General. This was a rather weak department and it was not until 1813 when James Tilton became the physician and surgeon that the Department became active. Doctor Tilton abolished the distinction between surgeon and physician and considered them "as one or the other as circumstances

²P.M. Ashburn, A History of the Medical Department of the United States Army (New York, 1929), p. 120.

¹"Medical Organization in the United States Army" The Encyclopedia Americana, (New York and Chicago, 1939), 18, pp 548-562.

require."¹

During the War of 1812-1814 the mortality continued to remain high and there were more deaths from camp diseases than from losses in battle.

During the period between 1818 and 1836 when Surgeon General Lovell was in charge, the regulations for administration were revised and reports made to the Secretary of War. Congress passed an act requiring the professional examination for appointment of officers to the Medical Corps and the establishment of the pay and ranks for these officers. In 1847, an Act was passed which gave definite ranks to the officers. In 1856 hospital stewards were appointed to care for the patients.²

At the opening of the Civil War in 1861, the Personnel of the Medical Department was composed of one surgeon-general with the rank of colonel, thirty surgeons with the rank of majors, and eighty-four assistant surgeons. Of this number many resigned to help the South. There were no hospital corps so all the work was done by soldiers who were temporarily detailed to hospital duty. Of course these men were in most cases unqualified and their work unsatisfactory.

An attempt was made to organize the women who volunteered for hospital service. Miss Dorothea Dix already known for her work in the care of the insane, was made Superintendent of Female Nurses. A contemporary writer says, "At that time when she received her appointment it was so unprecedented and the entire service was in such a chaotic state that it was simply impossible to define her duties or her authority."³

¹Ashburn, loc. cit.

²Major E. Munson, M.D., "The Army Surgeon and His Work," Review of Reviews, VII (1911), p.220.

³L.P. Brockett and M.C. Vaughan, Women's Work in the Civil War (Philadelphia, 1867), p. 187.

On August 3, 1861 an act was passed by Congress authorizing the employment in general hospitals "of such a number of female nurses as might be indicated by the surgeon in charge."¹

The regiments were widely scattered and it was necessary for the regimental surgeon to carry most of his equipment in his case, known as the "surgeon's field companion" and the orderly to carry a "hospital knap-sack,"² weighing twenty pounds. There were no antiseptics and few dressings. The only medicines were a few pills, crude opium, and a little chloroform. They had a fairly good assortment of instruments but had no knowledge of how to sterilize them and infections were often carried directly from dirty wounds into clean ones.

Wherever battles were fought hospitals arose. These were transformed from churches, schools, hotels, mansions, and private homes. To these hospitals came the women, wives, sisters and sweethearts of the soldiers to care for them. The Sisters of Charity and members of the Women's Aid Societies often took turns in nursing and in helping with the cooking and linen.

During the Civil War a much better system of transferring the sick to the hospitals was developed. Methods of keeping records were devised and diseases studied. Attempts were made to understand the transmission of disease and ways to improve general conditions.

As usual after a war of general demobilization followed and until the outbreak of the Spanish-American War little was accomplished by the Medical Department other than the establishment of the Army Medical School in 1893. This school was for the training of regular medical officers in military medicine

¹Francis Miller, Photographic History of the Civil War (New York, 1911) VII p. 346.

²Ibid., p. 236.

and surgery and particularly in preventive medicine.

The medical service during the Spanish-American War was inadequate. Typhoid Fever developed in nearly every camp and as many as two thousand deaths occurred. Women were employed under contract to act as nurses with the army and were sent to Cuba, Puerto Rico, Hawaii, the Philippines and on the Hospital Ship Relief. By the end of the war the army had made contracts with no less than 1,563 women and they were formed into a corps under Dr. Anita McGee.

On February 2, 1901, the military medical system was reorganized, the Medical Corps increased and the Army Nurse Corps established. Prior to that time women were employed as nurses with the army under contract. The Nurse Corps developed slowly until 1916 and at no time exceeded 200 nurses. In this act no military rank was given to the nurses. It provided that members should be graduates with a two year training course under a superintendent.

In the period between the Spanish-American and World Wars, the Medical Corps did much in the Philippine Islands to eradicate malaria fever. They were able, by applying the principles of preventive medicine and practical sanitation to control the dysenteries and gastro-intestinal diseases in the troops. One of the outstanding accomplishments was the vaccination of the entire population of the Philippine Islands against small pox.

In 1916 the Mexican Border activities necessitated an increase in the Army Nurse Corps and the reserve nurses of the American Red Cross were assigned active duty.

During the World War the Medical Department and the Nurses Corps were required to expand and organize on a gigantic scale. Problems previously unknown arose, diseases and the infections from gun-shot wounds and the new types of warfare created the demand for a new approach on the part of the medical services.

The experiences of these nurses were new and varied. Ten-thousand were sent overseas and served in England, France, Belgium, Germany and Siberia. They were at base, evacuation and mobile hospitals, on hospital trains and transports and in surgical teams operating with division hospitals. Many were cited in American Army Orders for heroic conduct and valor.

The following are extracts from personal letters written at this time: On the last day of September 1918, twenty of us were chosen for detached service in Mobile Hospital No. 9, which is composed of motor trucks and tents. We went to Paris for two weeks to get our equipment and incidentally had a wonderful time seeing many friends and visiting the old haunts now so horribly changed by the exigencies of war. We left Paris on a train of our own, comprising twenty-seven cars, and made a journey of four days, not that the distance was that great but that the military trains are slow, and waiting for orders at different places is long. It was an experience I would not have taken worlds for, though we did not have our clothes off the entire trip and slept curled up, half lying, half sitting on the seats of the compartment.

On the third morning we woke up in a field of the devastated region from which the Boches had been gone only ten days. Our route lay through this

desolate country of ruined cities and villages when not a living creature of any kind remained, the original "No Man's Land," which has been in contention for four years. About eleven o'clock of the fourth morning we went ashore, so to speak, got the trucks off the train, and rode the distance of a mile, where, by the side of a town formerly of about 15,000 inhabitants but now nothing, our corps boys pitched tents. The nurses have iron beds and real mattresses to sleep on, the officers and patients have cots, and while we are comfortable in that respect, our quarters are cramped as you can imagine. Everything we have we keep either on our beds or under them and envy each other when someone finds a board or box or big stick for a clothes rack. We have suffered, too, a great deal from the cold, -- that awful, damp cold from living in unheated tents with little vivulets between the beds and sometimes no "duck boards" down the middle. We would sit a long time at night, thinking about it before we had courage to undress, and in the daytime we would wear several of every article of clothing we ordinarily wore.

Our little hospital is adorable with eleven tents, each accommodating from twenty-five to thirty patients, a portable operating room of wood, steam heated from the sterilizing auto at the rear, and an x-ray room with its electrical auto wagon at a side door which also supplies all of the tents with lights at night. It is all so marvelous and complete.¹

From the start it was necessary to have two separately conducted Medical Services, one in France and one in the United States. The one at home immediately provided training and supplies for active service. In France the

¹Glenna L. Bigelow, R.N., "Before and After the Armistice," American Journal of Nursing, Vol. 19 No. 10 (1919), p.752.

growth of a Medical Service was slower because of the difference in the situations. It was divided into medical, dental, veterinary, sanitary, ambulance, and an Army Nurse Corps to operate the various activities. At the time of the Armistice, November 11, 1918, the Medical Department had approximately 40,132 officers, 21,480 nurses, 281,341 enlisted men and had cared for approximately 267,000 patients.¹

The Army Nursing School in connection with the Walter Reed Hospital in Washington originated during 1918 with Miss Anna Goodrich as its first Dean. The school owed much to her reports and recommendations.²

In 1931 due to the financial condition this school was suspended by the Secretary of War upon the recommendation by the Surgeon-General of the Army. There were at that time, 61 students, men and women from 27 states.³

After the World War, Julia Stimson and her followers made many appeals to Congress to adopt a system of military ranks for nurses. As a result, the National Defense Act as amended June 4, 1920 conferred relative ranks on members of the Nurse Corps and accorded them with right and privileges of officers with the exception of pay. Thereafter they were authorized to wear the insignia of their grade, from second lieutenant to major. Miss Stimson, then superintendent, was appointed major.⁴

During peace time members of the Army Nurse Corps are assigned to work in Army hospitals. These consist of general and station hospitals, dispensaries,

¹"Medical Organization in the United States Army" The Encyclopedia Americana, 1939 ed. (New York and Chicago, 1939), 18, pp. 548-562.

²Lavinia Dock, R.N., Isabel M. Stewart, A.M., R.N., A Short History of Nursing (New York and London, 1931), p. 182.

³"Suspension of the Army School of Nursing" A.J.N. XXXI (1931) p. 1058, Sept.

⁴Dock, Ibid.

and the Surgeon General's office. There are nurses on duty at thirty-four stations in the United States and eight in Puerto Rico, Hawaii and the Philippine Islands, and China.¹

The services in these hospitals are similar to those performed by nurses in civilian hospitals. They care for members of the military organizations, their families and other patients entitled to care in army hospitals.

The nursing staff consists of a superintendent with the relative rank of major, assistant superintendents who rank, relatively as captains, chief nurses as first lieutenants and all other nurses as second lieutenants. The usual working day is eight hours. The salary begins as \$840 a year with maintenance for the nurse entering the service and is regularly increased to \$1560 per year.

Requirements for appointment to the Army Nurse Corps are: American citizenship, graduation from an accredited high school, graduation from an approved school of nursing. (Preference is given to applicants who have had post-graduate work or two years of successful nursing as graduates.) State registration, membership in the American Nurses Association, enrollment in the American Red Cross Nursing Service, from twenty-two to twenty-eight years of age, good physical condition, single.²

Nurses enter the corps with the rank of second lieutenant. The first station to which they are assigned is in the United States so that they may become acquainted with military usage. After a year they may be appointed to foreign service or to special positions. They must go wherever they are needed.

¹Encyclopedia Americana, loc. cit.

²"Nursing and the Registered Nurse", Nursing Information Bureau of the American Nurses' Association (New York), 1937, p. 38.

The Navy Nurse Corps

By an act of August 31, 1842 a Bureau of Medicine and Surgery was added to the Navy Department. This act also gave the President of the United States the right to appoint from the Surgeons of the Navy a chief of the Bureau of Medicine and Surgery. This appointment was filled by Dr. Barton, a Surgeon of the Navy.

As early as 1811 the Secretary of Navy had asked Dr. Barton to write a paper on "the proper and systematic mode of conducting hospitals and institutions for the sick."¹ In 1814 this paper was published under the title "A Treatise Containing a Plan for the Internal Organization and Government of Marine Hospitals in the United States Together with a Scheme for Amending and Systematizing the Medical Department of the Navy."²

Dr. Barton was very dissatisfied with the conditions and the lack of necessities in the hospitals and ships. He recommended that among the officers nurses should be included. It is interesting to compare his picture of a nurse with our modern nurse. They are in many ways similar.

"The nurses whose number should be proportionate to the extent of the hospital and number of patients, should be women of humane disposition and tender manners, active and healthy. They should be neat and cleanly in their person; and without vices of any description. They should reside in small convenient apartments adjoining the wards they belong to. They are to attend with fidelity and care upon all the sick committed to their charge; should promptly obey their calls, and, if possible, anticipate their reasonable wants. They should administer all medicines and diets prescribed for the sick, in the manner and at the times specified in their directions. They should be watchful of the sick at all times and should, when required sit up with them at night. They should attend the physician and the surgeon in their

LJ. Beatrice Bowman, R.N., "History of Nursing in the Navy," American Journal of Nursing, Vol. 28 No. 9 (1928), pp. 883-889.

²Ibid.

visits to the wards, to give information respecting the patients, and to receive orders and directions.

They should make up all the beds, and keep the wards clean and should report to the assistant-physician and surgeons' mates whenever it is necessary to have them washed; and should not wet them, when they think proper, for the sake of the sick, to omit it at that time. They should report all sudden changes in the disorders of the sick, and all deaths, immediately to the assistant physician or surgeon's mates. They should obey punctually all orders from their superiors; and should exact a ready acquiescence in their commands from the attendants under them."¹

On the early ships of the navy the sick were cared for much as the sick were cared for in the early army. Their "nurses" were men from the crew who had little experience in handling the sick, and could not be expected to give expert care.

Dr. Barton demanded that the patients be cooperative. In his book he recommended that:

Every patient in the hospital shall be obliged to wash his face and hands and comb his hair before breakfast. Those patients who are unable to perform this abolition themselves must be assisted in doing it, or have it done for them by their neighbor patients or nurses in the ward. Such patients must be washed with lukewarm water.

If any convalescents or pensioners neglect or refuse to perform this process, the nurse must deny them their breakfast until it is done.

All patients in the hospital shall be obedient to the proper and legal orders of the nurses, assistant-nurses, ward-nurses, steward, matron, and indeed all persons in authority."²

Although conditions seemed to improve gradually, it was not until 1898 that an organized nursing unit of men was established and called "The Hospital Corps of the United States Navy", the name which it holds today.

¹Bowman, op. cit., p. 884.

²Ibid., p. 885.

The first trained nurses in the Navy were employed in 1898 at a Naval Hospital in Norfolk, Virginia.¹ They were not enrolled or enlisted but had only a verbal agreement that they should be reimbursed for traveling expenses and receive a small salary if some means of paying it could be found. They cared for the sick and wounded of the Spanish American War for about two months.

After the Army Nurse Corps was established in 1901 the importance of an organization of nurses was realized and at once attempts were made to acquire a similar service for the Navy. Bills were introduced before Congress in 1902 and in 1904 but did not pass. They recommended a certain age requirement specified pay but no system of retirement from actual duty.

In his annual report in 1907 the Surgeon General pointed out the special aptitudes women have as nurses, their superiority over male nurses and the results of work they had previously done. He said that in addition to giving more efficient medical and surgical nursing they could train men to assist them, so that there would be some one available at distant points to care for the ill.

In 1908 the Secretary of the Navy in his recommendations to the Committee on Naval Affairs also called attention to the need for nurses. In response a short bill was introduced before Congress asking for establishment of the Nurse Corps. In addition it read, as follows:

That the superintendent chief nurses and nurses shall receive the same pay, allowances, emoluments and privileges as are now or may hereafter be provided by or in pursuance of law for Nurse Corps (female) of the Army.²

This passed Congress and became a law on May 13, 1908.

¹Bowman, op. cit., p. 885.

²Ibid., p. 887.

Candidates for appointment were required to take an oral examination as well as a physical. They had to go to Washington and pay their own transportation and expenses during their visit.

The first Corps was composed of a superintendent, a chief nurse and nineteen nurses and was assigned to duty at the Naval Hospital in Washington D.C. No quarters were provided but an allowance was given so they had to rent a house in which to live. Many of the medical men and officers objected to the nurses because they were afraid that the women would take advantage of their authority. However, the patients welcomed them most gratefully.

In the following year, 1909, the staff was increased and nurses sent to Norfolk and Annapolis. At the same time, the Surgeon General allowed applicants to submit an original essay on nursing subjects rather than take the examination. This saved the applicant traveling expenses.

After the nurses were established in the United States they began to develop field work. In 1911 a Naval Dispensary was established in Samoa and in 1912 a hospital was opened. Two American Navy Nurses began to train natives in nursing, having three men and one girl in their first class. These graduates were to devote themselves to visiting nursing. In 1912 because of the high maternal and infant death rates, the Navy Nurses began training midwives in Guam and the Virgin Islands.¹ The nurses conducted these schools under the direction of medical officers and were interested primarily in health and hygiene. These courses of training did much to educate the primitive people away from their superstitions and to give them confidence in medical care. The schools are still an important activity of the Navy Nurses.

¹Minnie Goodnow, R.N., Outlines of Nursing History (Philadelphia & London, 1929), p. 411.

At the opening of the World War there were but one hundred and sixty nurses. The appointments were rapidly increased until, at the close of the War, there were 1,476 nurses in the Navy Nurse Corps. They served in hospitals in the United States and in Europe and on ships and transports.

Three hundred and twenty-seven nurses served over-seas and on transports. The rest were stationed in fifty-six stations in this country.¹ A colonel of the Army wrote in a letter at the time:

The troops on board this ship are about to complete a journey which was wrought with many dangers, not the least of which is a very serious epidemic of what appears to be Spanish influenza. The sick report of the troops on board, which consists principally of my own regiment, the Engineers, jumped from six to one hundred and sixty inside of forty-eight hours. The chief nurse and her co-workers did not need any request, but seeing the danger, came forward and volunteered their services, with the result that what was a chaos, there being practically no accommodations on board to care for such numbers, was handled in what I consider a most admirable manner under the circumstances. They have worked night and day in the cold and damp, on decks that were being washed by seas, without any lights, whatever, exposed to the dangers of contagion with a deadly malady, and they have rendered these services most cheerfully. The troops of this command can never forget the great assistance and self-sacrifice which this noble body of women has rendered.²

In 1917, legislation establishing the United States Naval Reserve Force was effected so that a definite knowledge would be had of the number of nurses available in case of an emergency, to list them as to their qualifications, and to give them some training in the routine of military establishments.³ They served whenever needed. When on active daily duty, they received the same pay and privileges as the regular nurses but when on the inactive list received no benefits.⁴

¹Bowman, op. cit., p. 889.

²"Navy Nurse Corps," American Journal of Nursing, XVII (1917), May, p. 737.

³Ibid., XIX (1919), November, p. 159.

⁴Bowman, Ibid.

At the end of the war, the number of nurses was reduced until in the years from 1923 to 1926 there was a shortage of navy nurses. The Pay Bill which became a law in 1922 attempted to standardize and did increase the pay of nurses in the Army, the Navy, and the Public Health Service. It also gave a method of provision of living quarters and an allowance when these quarters were not used.¹

When the legislation permitting any ex-service man, nurse or other eligible woman, to receive treatment in Government hospitals if he had been honorably discharged from the Army and Navy the hospitals immediately filled and a plea was made for nurses, both for the Navy and other government services. The many letters of Navy Nurses at this time are full of praise for the service.²

Previously to 1926, the Nurse Corps of the Army and Navy were the only divisions that did not come under the laws providing for retirement. Their pay was such that little could be saved.³ It was felt this was unjust and that they should have equal consideration with the rest. A bill which was supported by the nurses of the entire country was presented to Congress and passed and was signed by President Harding.⁴ It provided that when a nurse of the Army or Navy had served thirty years or reached fifty years of age, having served twenty, she could be retired from active service and placed on the "Nurse Corps Retired List." She would receive an annual pay computed on her previous salary and years of service but not to exceed seventy-five percent of the annual base pay. It provided that these retired nurses could in an emergency be employed on active duty and assume their previous pay and title.⁵

A Disability Bill for Army and Navy Nurses was passed in 1930. It gave the disabled members right to retire and be placed on the retired list.⁶

¹"Navy Nurse Corps," A. J. N., XXII (1922), August, p. 943.

²Ibid., XXIV (1924), December, p. 1221.

³Ibid., XXVI (1926), April, p. 298.

⁴"Retirement Bill Passes," A. J. N., XXVI (1926), June, p. 475.

⁵"Text of Retirement Bill," A. J. N., XXVI (1926), June, p. 497.

⁶"Disability Bill for Army & Navy Nurses," A. J. N., XXX (1930), August, p. 1016.

One of the most important duties of the Nurse Corps is the teaching of the Hospital Corpsmen.¹ These men make up the greatest part of the actual nursing personnel. They must take care of the patients on the ships and in the isolation stations and as there are no Navy Nurses in many of these places it is very important that they be proficient in the care of the sick and well fitted to assume responsibility.

There are two schools for training, one at Norfolk, Virginia and one at More Island, California.² They are connected with large naval hospitals so that the course is well rounded. The Hospital Corpsmen may become qualified at any time in the various other fields connected with hospital work, such as x-ray, bacteriology and hydrotherapy. The course lasts for the four years of enlistment and the men are trained so that if they desire to leave the service at any time they are qualified to take State Board examinations. The course consists of six months at a Hospital Corpsmen School and the remainder of the training is spent in hospital work.³

A spectacular feature of the medical and nursing service is the hospital ship, the U.S.S. Relief. The first Relief of the United States Navy was converted from a warship and was used as a floating hospital during the Spanish American War, the Philippine Insurrection and the Boxer Uprising in China. A cruise around the world with the fleet in 1908 was its last duty.

The World War brought about the realization that a hospital ship was needed by the United States. The present U.S.S. Relief, which was named for the first ship was constructed between 1917 and 1920 at the Navy Yard, Philadelphia. It was launched, December 29, 1919, and commissioned in 1920. It was

¹"Nursing and the Registered Nurse," Nursing Information Bureau, A.N.A. (1937) p. 39.

²"History and Development of Navy Nurse Corps," A. J. N., XXIII (1923), March, p. 511.

³Minnie Goodnow, R.N., Outlines of Nursing History p. 226-27.

the first ship ever to be built entirely for the purpose of being a hospital. The original cost was about four and one-half million dollars.

The duty of the U.S.S. Relief is to "treat the sick and wounded members of the fleet and return them to their ships thus conserving the man power of the fleet."¹ To accomplish this purpose the ship has the complete staff, equipment, and facilities of a general hospital. In addition a complete field hospital is carried and may be set up to care for the sick and wounded of a military expedition on shore. This field hospital has been used in disasters such as the earthquakes in Managua, Nicaragua in March 1931 and at Long Beach, California, in March 1933. The hospital ship accompanies the fleet on all its journeys.

To maintain the ship, over 200 men are employed in deck, engineering and supply department. There are 152 members in the Medical Department which is composed of members of the Navy Medical Corps, Dental Corps, Nurse Corps, and Hospital Corps. In the nursing department there is a chief nurse and her staff of ten. They are assisted by 124 Hospital Corpsmen.² As in any general hospital, that would have a capacity for 360 patients, there are facilities for specialists in internal medicine, general surgery, eye, ear, nose and throat, neuropsychiatry, urology, laboratory, x-ray, physiotherapy, dentistry, pharmacy and other departments necessary.³ Each clinic has an outpatient service.

The ship is very much like a small city. Communication is kept with the outside world through a telephone exchange with 141 stations and a radio station. In the printing shop, the Tonic, a daily paper is published while at

¹ "U.S.S. Relief" Pamphlet "Hospital Ship of the United States Fleet"

² Ibid.

³ Ibid.

sea. Every evening a moving picture is shown. For those interested in reading there is a crew and patients library, and for the medical department a reference library. There are medical supply and store rooms, a linen room, laundry, commissary, mess room, and diet kitchens. In order to keep the men well groomed, a tailor shop and barber shop are maintained. It has everything that is necessary for the happiness and well-being of its personnel and patients.¹

At present the corps consists of a superintendent, assistant superintendent and as many chief nurses and staff nurses as are needed. When a nurse enters the corps she is given the relative rank of an officer and is usually assigned to the station nearest her home for a year. For the next two years she is usually given foreign service. After three years of service, if she seems qualified she may be given special courses in dietetics, anesthesia, instruction, and therapy. As in the Army Nurse Corps the beginners' salary is \$840 a year with maintenance and the maximum to which it may increase is \$1560. Members are entitled to 30 days leave each year.

Requirements for appointment to the Navy Nurse Corps are:

American Citizenship. Graduation from an accredited high school. Graduation from an approved school of nursing followed by one or two years of nursing experience as a graduate nurse, preferably in the institutional nursing field. State registration. From 22 to 28 years of age. Good physical condition. (Definite health requirements must be met.) Single.²

The navy nurses have always seemed enthusiastic about their work. The opportunity to travel appeals to even the earliest members and for this reason hospitals from Haiti to Yokahoma have attracted many. These nurses have been proud of their regular hours, good food, adequate living quarters, and their

¹Nursing and the Registered Nurse, op. cit.

²Ibid.

opportunities for teaching. Most of all they are proud of their service to their country. From the beginning up to the present one meets in all the nurses that same proud and ardent zeal. In a letter Helen S. Wood, U.N.S. Nurse, wrote, "I love my work and the service life and am very glad to the opportunity to say, "Come on in, the waters fine."¹

¹"Letter From a Navy Nurse", American Journal of Nursing XXIII (1923), April, p. 595.

THE INDIAN SERVICE

Since our government first became a government it has been concerned with Indian affairs. In 1806 the Office of Superintendent of Indian Trade was started and this lasted until 1822. Two years later the Secretary of War established a Bureau of Indian Affairs in the War Department. In 1849, this was transformed to the newly formed Department of Interior.¹

Very little was done regarding the health of the Indian while this Bureau was under the jurisdiction of the War Department. The only thing that it seemed concerned about was the sanitary conditions and health of the Indians while they were being moved from country to country. The Army Surgeon furnished any medical attention and this was probably very meager for those near the posts and none at all for those far from white settlements.

It was not until 1873 that an organized effort was made to establish a division of medicine and education. At first the physicians were appointed through political methods but after the Civil Service System came into effect, the positions were filled with men from that source. In "Reminiscences of an Indian Physician" Dr. L. W. White says: "For a long time the physician examination held to secure eligible doctors for the Indian Service was an assembled one; that is, it required the applicants to assemble at given places and stand a written examination based upon the requirements of the states having standard examinations for licensing of physicians to practice medicine."²

In addition to this he had to furnish proof of good moral character and citizenship by supplying proper affidavits. Since 1918 the Civil Service

¹"The Indian Service Health Activities", Office of Indian Affairs, Bulletin 11 (1922) p.1.

²Indians at Work, III (1935), October 1, pp. 32-36.

examination has been non-assembled, but a written examination by the Commission gives proof of education, training, experience and citizenship of the applicant.

Dr. F. W. White says that in the 1900's little was provided with which the physicians could accomplish their work. The living quarters usually consisted of a room or a cottage with only two or three rooms. The furnishings were inadequate and inconvenient. Kerosene lamps supplied the light. The furniture usually consisted of a couple of iron beds, a few blankets, a "cannon ball" stove for heating and an iron range for cooking.

Because the stations were far from towns and the transportation was by a lumber wagon drawn by a team of mules, desirable foods such as fresh fruits and vegetables were often missing for months. The physician's office was usually a small one or two room building. This was his "dispensary, storage space for drugs, medical and surgical supplies, consultation examining room and doctor's office." If there were two rooms one was equipped with shelves for supplies. The other room was the doctor's desk. In one room he sometimes had an old Army type operating table for emergency surgery or for examinations. The usual heating system was the "cannon-ball" stove. The doctor usually had to go to some neighbor's to get water and then had to heat it on the stove.

His transportation was a saddle horse, or a buggy in the summer and a sleigh in the winter.

"It took real courage," states Dr. White, "to get out of bed at one a.m. hitch up a team to an open sleigh and start on a trip to see a patient twenty-five miles away with the temperature thirty degrees below zero, and

more courage yet was required to meet the situation when the physician at last reached his destination and found his patient to be a woman who had been in labor thirty-six hours with a breech presentation and had already developed uremic convulsions; and this too in a little one room hut with no conveniences, filled with non-English speaking women, with a blizzard howling outside and the nearest medical help many miles away.

These were not isolated instances in the experience of the Indian Service physician during the period 1900 to 1905, and when these situations confronted him he knew he was the sole individual standing between that mother and her child and certain death. Only those who have been through these ordeals can appreciate the terror that is presented, but when, after having successfully met a situation like this, which was not always possible to so meet, there was a consciousness of having performed a service to humanity that fully recompensed for all the effort required and the anxiety through which he had gone. The several hours spent on the case appeared to him as so many centuries, and after it was finished he was able to leave two human beings still alive and one of whom could reward him with a feeble smile and more feeble "I thank you," he could travel back over that twenty-five miles of icy roads to his poorly furnished abode with a certain sense of satisfaction and retire to his hard bed for "the sweetest sleep that it is a man's privilege to know."

By patience and kindness, the reticence of the Indian was overcome. The physician, early in his career had to learn "Never deceive an Indian." The progress of the Service from the time when the Indians could not be persuaded to accept any of the health facilities has been great. Now the Indians are showing full appreciation of the modern hospitals and available doctors and nurses.

Under the present organization of the work there are two sections; the administrative which is a section in the education division of the Washington office, and the active or field section. The Commissioner of Indian Affairs, with the assistant commissioner, directs the administration policy of the section which handles the submitting of estimates for funds, their distribution and the various health activities of the entire field. It is in charge of a medical officer who has graduated from a recognized school of training and who advises the Commissioner on technical problems. The active or field section, covers all the activities including the operation of hospitals, sanatoria, health of schools, and reservation health and sanitation.¹

The Medical activities are concerned with the treatment of the Indian wards of the Government in agency and school hospitals, sanatoria and in general field work where relief is furnished to Indians through dispensary service and in their homes. Public health and preventive medicine, sanitation and hygiene are also featured in this work. Specialists in eye, ear, nose and throat work travel from place to place giving care to trachoma, diseased tonsils, and other of these conditions. On the reservations, physicians carry on a general medical practice in the schools and hospitals. Probably no wider field exists for the study of trachoma and tuberculosis.

One or two physicians are stationed on all of the larger reservations. These men are expected to carry on all of the medical work in their fields. The physicians are furnished living quarters, heat, light, medical supplies and a small automobile for transportation. On most of the reservations hospitals are maintained and equipped by the Government. There are about 125 physicians

¹Office of Indian Affairs, loc. cit.

regularly employed in the Indian Service and 65 contract physicians who furnish part-time service. The salaries range from \$2,400 to \$5,000. The physicians are expected to pass a rigid physical examination before being considered for duty.

Since 1924 when Miss Elinor Gregg became supervisor and director of nursing, the nursing has steadily developed under her leadership.¹ The 650 nurse positions opportunities may be considered in three classes, school and agency hospital nurses, field or public health nurses and special nurses. About 15 % of these positions are filled by Indian girls. The hospital nurses do the usual hospital nursing, keep the necessary records, and assist the physician in dispensary work. There are 110 hospitals, including the school infirmaries, in the Indian Service. At the large non-reservation schools, the nurse gives preliminary nursing instruction to classes. At the agency hospitals the nurses occasionally do outpatient work. The general hospital nursing includes all types of illnesses, as in any general hospital. The greater number of nurses are assigned to hospital and school nursing.

The field, or public health nurses as the name implies, work in the field among the homes. There are 150 public health nurses. The duties of these field matrons, as they are sometimes called, are many. After gaining the confidence of the Indians, they give them simple remedies, instruct them in home nursing, care of infants, sanitation, and hygiene, and encourage the Indians to call the physician when ill. Through the teaching of health these nurses help a great deal in the prevention of disease. This work is under the direction

¹"Opportunities in Medical and Hospital Work in the United States Civil Service", U.S. Civil Service Commission, Washington, D.C., (1928) p. 22.

of the Senior Medical Officer.

A small number of nurses assist the special physicians. They travel from place to place in connection with trachoma clinics and other operative work, and carry out the follow-up work.

The work that is being done in health teaching is well described in an article in the October 1, 1935 issue of Indians At Work, a news sheet for Indians and the Indian Service, quoting Health Institute by Sally Lucas Jean.

A large group of Indian girls during the last two summers have had the unique opportunity of studying and playing together at the Santa Fe Indian School. They came because they wanted to know more about health for themselves, their families and their tribe.

Of course, all Indian girls learn about health during their school days, but most of these girls had finished the twelfth grade and wanted to have more specific knowledge than the school course could provide. Thirteen tribes were represented, and to assure the instruction being given under circumstances that could be practiced; houses similar to the girls' homes were provided. ... Proud indeed were the girls in arranging household goods made by themselves in these fresh, clean, beautiful structures. Sheep skins, for sleeping, as well as blankets, were aired each day according to the best Navajo custom.

Babies, real live babies, came with their young mothers to live at the school during the course.

All little girls like to play being mother to a baby, and the Health Institute students, though young women who had passed through the Indian boarding schools, seemed equally to enjoy the privilege of being a temporary mother. Duties for these girls began at seven thirty in the morning and until that same hour the next day, each girl had the entire responsibility of a baby, laughing or crying or hungry, or sleepy or restless, or just a baby cooing because of the comfort created by baby's "mother for a day".

The course was a popular one and each student looked forward to the time when she would have baby, all to herself. Healthier, happier babies can be anticipated in the future homes of these girls.

There too, each girl learned how to give a floor bath to a patient on a sheep skin as well as in a bed; ways to furnish first aid to broken bones, sprained joints, burns; all under circumstances that may be duplicated in the forest, on the desert, or the distant plains.

Flies, the great menace to health among Indians as well as all other people, became an enemy to the Health Institute students, but an enemy that they all learned how to conquer. First, came the study of breeding spots, a corral nearby being used to demonstrate that flies grow in filth, moisture and darkness. Then the unsuccessful attempt to find flies breeding in a clean, well-kept corral gave ample evidence that fly-breeding can be prevented by spreading manure in the sun and by screening from flies until that is possible. Methods of destroying other filth by burying and burning was also demonstrated. Fly creens, fly traps, and window and door screens were made and repaired.

Because by many Indian tribes, water must be conveyed long distances, the students experimented with hand washing in hot sand and also by pouring water over the hands, soaping, rinsing. One cup of water furnishes a satisfactory hand washing when one-half is reserved for the rinsing process. It proved great fun to try thoroughly cleansing the hands with a minimum of water. This became a game, but a most important one as a large majority of the communicable diseases enter the body through the nose and mouth, so the well-washed hands help to prevent this transfer of many illnesses from which Indians suffer.

Much attention was given the prevention of eye diseases as well as ways to carry out eye treatments as ordered by doctors. The students became proficient in securing sterile water for use in making eye solutions from a muddy ditch. This water was boiled over an open fire in a clean tin can and strained through boiled cloths; simple salt added to this in the proper proportions, made a solution acceptable to the critical, careful doctors responsible for the course.

Space does not permit a description of all the subjects studied, but the nature of bacteria, record-keeping, food budgeting, as well as making tin cups and double boilers from tin cans, screened food receptacles from old boxes, and baby cribs from old pieces of lumber were a part of the Health Institute student experiences. An enthusiastic staff of doctors, nurses, teachers, home economists, social workers, health and physical education specialists as well as artists drawn from the Indian Service, has assured the success of two institutes, and the entire course has now been put in a form that will permit such health training centers being established successfully by any qualified health worker.

In Alaska the nursing service has evolved slowly, shortly after the purchase of Alaska the government began to develop an educational system. The medical system was included under this but in 1932 was turned over to the Indian Bureau.

At present in an area one-half the size of the United States there are fifty physicians and twelve hospitals for 30,000 white residents. For the approximately 30,000 natives there are six hospitals, ten doctors and twenty field nurses employed by the Government. There are also other doctors and hospitals under contract.

The problem of transportation is a great one. The Indians and eskimos live in small villages of 200 to 500 people. These are far apart, but almost always on the coast. It is for the field nurse to decide whether to take the patient to the service or to take the service to the patient.¹

Airplanes and gas grigg boats are the most economical modes of travel. In the summer the airplanes use pontoons or wheels and in the winter change to skiis. In the icy weather dog teams take the place of boats.

For two months out of the year; one at "Break up" and one at "Freeze up" there is no travel and everyone has to stay wherever they are. This period is planned for in advance by the nurse and medical service.

In Alaska everyone helps. The pilot of the plane may sometimes have to give the anesthetic or help in caring for the patient. The hospitals have come to be medical centers but the field nurses serve the villages. They

¹"A Federal Nursing Service Above the Arctic," A. J. N., XXXVI (1936), Feb., p. 128.

do physical inspections and give reports to the physicians. At times they may even have to extract teeth. They hold classes for midwives and mothers to teach the simple nursing procedures. Classes are also held so that the older children may learn health education. Although a nurse is never supposed to diagnose or to treat these field nurses must often take this responsibility because they are usually far from a doctor and the patient would never get this care if they couldn't give it.

The hospitals do emergency and elective surgery and care for tuberculosis and other diseases. Most normal obstetrical cases are cared for in the homes by midwives. The hospitals are located at Juneau, Kanakanak, Barrow, Mt. Village, Tanana, Bethel Kotzebne, Unalaska, Akiak and Noorvik. During the period of navigation in the summer, the Bureau of Education operated a boat equipped as a floating hospital. This boat cruises on the Yukon and Tanana Rivers and extends medical aid to thousands of natives.

The salaries of the nurses in the Indian service range from \$1,620 per year for junior graduate to \$2,800 for senior chief nurses. Deductions from these salaries are made according to a definite schedule for maintenance and retirement.

The applicants for positions are selected through the Civil Service examinations. They are rated on education, training and experience. They must have been graduated from high school and from a recognized school of nursing and must be registered in their own state. All but junior graduate nurses must have had two years experience. They must be between 20 and 40 years of age and must be in good physical condition. This age limit is extended to 45 years for the

chief nurse position.

The first hospital for Indians was established in 1882. Since then this number has increased to 91 hospitals and infirmaries. At each of the hospitals there is maintained a dispensary or outpatient service which gives medical assistance to a large number of patients.

These are in convenient locations, sanatorium schools which provide institutional treatment for the Indian children of school age who have tuberculosis but whose physical condition will permit a limited amount of academic education. Amusement for these children is provided in the form of physical exercises, games, motion-picture shows and music. A balanced diet is prepared for these children. For the older Indians and those having the more advanced cases, tuberculosis sanatoria are provided. They are very similar to the schools but have no educational facilities.

The general hospitals sometimes called agency hospitals, are equipped to care for the general illnesses occurring on the reservations. Nearly all of them have obstetrical wards, operating rooms and isolation wards and have a capacity varying from eight to eighty beds.

The school hospitals which supply the necessary facilities for the boarding schools where the sick children are separated give them more attention than they would otherwise receive. The school physician is the general supervisor but there is a nurse in charge who also supervises the diets, the duties of the other employees and instructs the older girls in home nursing. Ambulatory patients are given attention also. The cases of trachoma are required to report

frequently for the regular treatments.

The Indian Service also has a hospital for the nervous and mentally ill patients. It is the Morningside Hospital in Portland, Oregon and has the most modern equipment for treatment. The physician in charge is well trained for his position and has had broad experience. Provisions are made for entertainment and mental diversions of the patients and everything is done to insure their comfort and future welfare.

In addition to the regular physicians, nurses and hospital, special attention is paid to tuberculosis and trachoma, the two most common diseases of Indians. There are specialists in eye, ear, nose and throat work assigned to districts and each has a nurse. They travel throughout these districts. There are also traveling dentists to perform the necessary dental work. That the Indians are cooperative when they understand is expressed in an article recently published in Indians at Work¹: "The dedication of the new Navajo 140-bed hospital at Fort Defiance, Arizona, on June 20, was participated in not only by administrative and medical staff members and by several distinguished visitors, but by a number of Navajos themselves, including outstanding medicine men of the tribe. A colorful feature of the dedication was the recitation by a group of medicine men of healing chants, designed to give protection to the 140-bed "hogan", for which they coined a new word big enough to signify the new institution. Sacred pollen was scattered on each floor of the new building. The medicine men rode up and down in the elevators, many of them for their first ride. "We do not know the white man's medicine, but we, as medicine men of the Navajos,

¹"New Navajo-Hopi Medical Center At Fort Defiance, Arizona, Dedicated", Indians at Work, United States Department of Interior, Office of Indian Affairs, Washington D.C., August 1938, pp. 6,7.

are glad to help dedicate this new building in which the white doctors will help cure our people," was the interpretation of the speech made by a leading medicine man."

As the Indians are becoming educated to the value of medical attention and disease prevention, the cost of the Service is increasing because more and more the Indians avail themselves of the hospital and medical facilities. The Indian Service avoids trying to force the Indians to accept our standards of medical and surgical services except in cases of epidemics where it is necessary. Through education the workers are gradually convincing the Indians of comforts and value of modern methods.

THE UNITED STATES PUBLIC HEALTH SERVICE

The history of Public Health Service dates back to 1798 when Congress passed an act which was signed by the second president of the United States, John Adams, for the relief of the sick and disabled seamen. This service was called The United States Marine Hospital Service. The Marine Service also provided care for members of the United States Navy until the naval hospitals were provided. The money for this service was obtained by taxing each seaman employed on American ships twenty cents per month. This tax was collected by the Collector of Customs and in this way the service came under the jurisdiction of the Treasury Department.¹ If the seamen would not pay this the boat on which they were employed would not be licensed.²

The first marine hospital operated by the Government was opened at Washington Point, Norfolk, in 1800. Within the next few years hospitals were opened in several other seaport towns and, when the Mississippi became popular for transportation, a hospital was opened in New Orleans. Later when the Louisiana Territory was purchased hospitals were established along the upper Mississippi River.

For the first century the officers gave care in the contagious diseases such as cholera, yellow fever, and small pox that were being imported by ships³. They did the best they could but during this period the Marine Service was unorganized and had no definite routine or manner in which hospitals were run or the men cared for. A study of the situation was made in 1851 by two doctors

¹Lucy Minnigerade, R.N., "The United States Public Health Service," A. J. N. XXV (1925), June, p. 454.

²Ibid.

³Laurence F. Schmeckebier, The Public Health Service (Baltimore) (1923), p.2.

who recommended that the system should be placed under a chief surgeon.¹

In 1870 an act of Congress provided a central administrative agency for the Marine Hospital Service and is the foundation for the hospital work of the present Public Health Service. A supervising surgeon was appointed at a salary of \$2,000 and traveling expenses. His duty was to supervise under the direction of the Secretary of the Treasury "all matters connected with the Marine Hospital Service and with the disbursement of the fund for the relief of sick and disabled seamen."² A military plan of organization was set up.

The first national quarantine act was passed in 1878. The Supervising Surgeon General, under the approval of the President was given the power to make rules and regulations governing "the detention of vessels having cases of contagious diseases on board or coming from foreign ports at which contagious diseases exist."³

The only limitation was that the federal regulation could not interfere with the state laws. Consular officers in foreign countries were to advise the Supervising Surgeon General of the appearance of any contagious diseases in any foreign port.

The first Public Health Reports were distributed weekly in 1878 under the title "Bulletin of Public Health."

Prior to 1890, the Marine Service was concerned only with the control of contagious diseases coming into the United States but in this year it became necessary to make regulations to prevent the spread of cholera, small pox, yellow

¹Schmeckebier, op. cit., p. 5.

²Ibid., p. 8.

³Ibid., p. 11.

fever, and plague from one state to another.¹ Inspectors were employed to carry out these regulations.

The medical inspection of immigrants was added to the duties of the service in the early part of 1890, when this work at New York began. In 1891 a law prohibited the admission, among others, of "idiots, insane persons, persons likely to become a public charge, and persons suffering from a loathsome or dangerous contagious disease."²

In 1893 it became the duty of the Suervising Surgeon General of the Marine Hospital Service to perform all service relating to quarantine and quarantine regulations. At this time it was provided that if local authorities refused to carry out quarantine regulations the President could detail officers to enforce them.³ It was necessary for all vessels coming from a foreign port to the United States to have a bill of health before leaving that port.

In 1897 the Civil Service examinations came into effect and only persons passing them could be appointed to the Service.⁴

The first sanitarium for tuberculosis patients was established in 1899 at an abandoned military reservation at Fort Start, New Mexico.⁵ At this time investigational work was begun concerning the contagious diseases, their cause and cure.

The increase in duties of the service resulting from the supervision of quarantine, the medical inspection of immigrants, the prevention of the inter-

¹Minnigerade, loc. cit.

²Schmeckebier, op. cit., p. 18.

³Ibid., p. 20.

⁴Ibid., p. 22.

⁵Ibid., p. 23.

state spread of diseases, and the general investigations in the field of public health made it desirable to change the name of the service and give it more specific powers. In 1902, the name of the service was changed to the Public Health and Marine Hospital Service. The salary of the Surgeon General was increased to \$5,000 a year. A definite organization was provided for in the Hygienic Laboratory for laboratory work¹ in bacteriology, chemistry, pathology and pharmacology. More provision was made for state and national cooperation.

It was felt that scientific work could be furthered if interesting cases who were not entitled to the hospital care would be admitted for study so a provision was made to this effect. A leprosy hospital was established in Hawaii.²

The political parties in 1908 began to use as part of their platforms various plans for the preservation of the health of the country and promoted the idea of a centralized organization. The only result was that Congress passed an act changing the name of the Public Health and Marine Hospital Service to the Public Health Service, and providing that all laws relating to the former should apply to the Public Health Service.³ It extended the field of activity only in that it was to study and investigate the diseases of man and the sanitary conditions and issue information on them.

During the years before the World War investigational work was begun in typhoid fever, trachoma, leprosy, occupational diseases, rural sanitation, and the control of biological products.

When it became evident that the United States would become involved in the war, an executive order was issued, making the Public Health Service a part

¹Minnigerade, op. cit., p. 555.

²Schmeckebier, op. cit., p. 32.

³Ibid., p. 37.

of the military forces as had been provided in the act of 1902. President Wilson also proclaimed that the "sanitary or public health activities carried on by any executive bureau, agency, or office" should be under the supervision and control of the Secretary of Treasury.¹

One of the first things necessary was the control of venereal diseases. With the cooperation of the American Red Cross, clinics were established and the treatment, control and prevention of disease started. A Division of Venereal Disease was created and appropriations made for its upkeep.²

Any person who was discharged from military service as a beneficiary of the Bureau of War Risk Insurance was eligible for care in the Marine hospitals. As the hospital service was not large the capacity was soon exceeded; and as the number of cases increased the type of care became more involved. The plan was not satisfactory to anyone involved. Attempts were made to separate the veterans program and in 1922 this plan became a reality when the Veterans Bureau was established.

The Nursing Service of the Public Health Service was established in March, 1919, with a Superintendent of Nurses in charge and for the purpose of giving nursing care to the disabled veterans of the world war. Prior to that time nurses had been assigned from the American Red Cross but there had been no supervision or standard requirements. The first duty of the Superintendent was to contact the Civil Service and set up similar standards for the Public Health Nurse.³

The aim of the nursing department then was the same as in any

¹Public Health Service, Surgeon General Annual Report (Washington) (1917) p. 10.

²Schmeckebier, op. cit., p. 49.

³"Brief and Specifications for Civilian Nursing Service in the Federal Government," American Nurses Association (New York 1930), p. 29.

nursing department-- to give as efficient care to the patients as possible and to see that the nurses cooperate in every way with those responsible for the care of the patients. One of the greatest difficulties was the lack of nurses trained in the care of the neuro-psychiatric and tuberculosis patients. To meet this need a school of nurses was conducted at Oteen in 1921.¹

The functions of the Public Health service as it stands today may be divided as follows:

- (1) Protection of people of the United States from the introduction of diseases from abroad.
- (2) Prevention of interstate spread of disease and suppression of epidemics.
- (3) Cooperation with state and local boards of health in health matters.
- (4) Investigation of disease of man.
- (5) Supervision and control of biological products.
- (6) Public health education and dissemination of health information.
- (7) Medical care of merchant seamen and other beneficiaries.
- (8) Medical care in federal penal and correctional institutions.²

Under the Surgeon General there are eight Assistant Surgeon Generals each in charge of one of the following divisions³:

1. Scientific Research
2. Foreign and Insular Quarantine
3. Domestic (Interstate) Quarantine
4. Marine Hospitals and Relief
5. Sanitary Reports and Statistics
6. Venereal Diseases
7. Mental Hygiene
8. Personnel and Accounts.

¹Lucy Minnegerode, R.N., "Nursing in Government Services," A. J. N. XXII (1922) April, p. 528.

²Brief and Specifications, op.cit., p. 31

³"Public Health" The Encyclopedia Americana, (New York & Chicago, 1939) 22, p. 759.

The Scientific Research Division conducts one of the most important activities in the service, in the field and research work necessary in the diseases of man and other public health problems. Some phase of almost every major health problem is considered. Among the diseases studied are anthrax, amebiasis, botulism, deer fly fevers, hook worm, influenza, leprosy, malaria, meningitis, pellagra, venereal diseases, trachoma, tuberculosis and typhoid fever. Studies are also made in child health, industrial hygiene and public sanitary conditions. This division also supervises the manufacture and sale of biological products.¹

The Foreign and Insular Quarantine Division has charge of the quarantine administration and inspection of immigrants at port and border towns. There are officers stationed at foreign ports to give reports on the prevalence of disease.² Nurses assist in the examination of women immigrants and accompany contagious or mental cases to hospitals.

The Division of Domestic (Interstate Quarantine directs its work mainly to the control of communicable diseases. Whenever an epidemic breaks out the Division attempts to prevent its spread to other states. A large part of its time is spent in improving state health departments and in directing trachoma hospitals and clinics. The trachoma hospitals are temporary and are set up in the areas where trachoma is most prevalent.

In the Hospital Division where the greatest number of nurses are employed marine hospitals give medical care to American seamen, members of the coast guard, and certain other United States employees who are not eligible for Army, Navy, or Veterans Bureau care. In Carville, Kentucky there is a leprosarium for the care of lepers in the United States. At present there are 325

¹"Opportunities in Medical & Hospital Work in the United States Civil Service" U.S. Government Printing Office (1928), p. 12.

² James Tobey, M.S., LL.B., "The National Government and Public Health" (Baltimore, 1926) pp. 138-140.

patients from many states in the union and from all classes.¹ There are 26 marine hospitals in the United States. The leprosarium is run by members of the Sisters of Charity under the direction of the Hospital Division. The hospital at Fort Stanton for the care of tuberculosis cases still continues and nurses must also serve time there.

The Sanitary Reports and Statistics Division publishes weekly reports, Public Health Reports, which include vital and morbidity statistics from the United States and all over the world. Reprints of special interest to health officers and organizations are available for anyone desiring them. The library, the National Institute of Health, is conducted by this service.

The Venereal Disease Division gives advice concerning state programs for venereal disease control, and stimulates the improvement and standardization of the methods of diagnosis, control and treatment of venereal disease. It publishes educational material in the form of Venereal Disease Information published monthly, and other pamphlets.

The Mental Hygiene Division has charge of the federal prisons and narcotic farms. Nurses are never assigned to this division without at least two years previous experience. It is perhaps the hardest assignment in the Public Health Service and was not instituted until 1930.

"The Public Health Service Nurse in an institution of this kind must have enthusiasm, she must have resourcefulness, and she must be imbued with the idea of "wanting to help," before she can meet the everyday problems and requirements that present themselves."²

¹Sister Martha Lacolor, R.N., "Modern Methods with An Ancient Scourge," Public Health Nursing XXIII (1931), p. 6.

²Lucy Minnigerode, R.N., "Nursing in Federal Prisons", A. J. N. XXXI (1931) September, p. 1058.

The Personnel and Accounts Division is as its name implies, responsible for the personnel and finances of the Service. It has charge of all payments and records and arranges for the appointments and conducts the examinations necessary. The nursing staff consists of junior nurses, staff nurses, head nurses, assistant chief nurses, consultants, research workers, and chief nurses. The majority of them are assigned to the Hospital Division for duty in the Marine Hospitals. A few are assigned to the Mental Hygiene Division after the first two years of service and some are assigned to the Domestic and Foreign Quarantine Divisions.

Salaries are from \$1,620 per year for junior nurses to \$2,800 for senior chief nurses. From this deductions are made for living quarters, food and laundry. The requirements for an appointment are:

Graduation from an accredited high school, graduation from an accredited school of nursing, state registration. Nurses must also qualify with the United States Civil Service Commission and be certified to the United States Public Health Service for appointment. Not over 35 years of age. Good physical condition based on a physical examination.¹

There is no nursing service that offers wider fields of experience than the Public Health Nursing Service. However, there is no nursing service that has a higher standard or demands a better background. Since a nurse has no choice of where she may be sent she must have a well-rounded knowledge of all the phases of nursing.

¹"Nursing and the Registered Nurse," Ibid., p. 43.

On March 3, 1919 by an Act of Congress the Public Health Service was authorized to care for the ex-service men.¹ A Medical Division, under the direction of a Chief Medical Adviser, was organized in the Bureau of War Risk Insurance. The Chief Medical Adviser, as well as the Medical personnel under him, were detailed to the Bureau by the Surgeon General of the United States Public Health Service.

The Medical personnel consisted of physicians who were given commissions in the Reserve Corps of the United States Public Health Service after which they were assigned to duty in hospitals and dispensaries of the service. The United States was divided into fourteen regional districts for this purpose. A medical officer was placed in charge of each one of these districts to organize the personnel and supervise the activities relating to the physical examination of applicants for monetary benefits and provision of hospital and outpatient treatment.

Before August 1921, the administration of the various types of benefits to ex-service men and women was a divided responsibility of several different federal agencies. Under the Act of August 2, 1921, these functions were consolidated into a newly created Veterans' Bureau, headed by a director. A little later, on April 29, 1922, the President issued an executive order transferring the hospitals other than Marine Hospitals, which had been operated under the United States Public Health Service to the Veterans' Bureau.² When this transfer was made, 1442 nurses were also transferred.³

¹Stimson, op. cit., p. 427.

²Griffith, loc. cit.

³Brief and Specifications, loc. cit.

Early in 1922 conferences were held by the medical officers of the United States Veterans' Hospitals in Washington, D.C., before which group, Major Julia C. Stimson, then Superintendent of Army Nurses Corps, gave an address discussing the nursing problems of the government services. She condemned the first hospitals but praised the improvement in the buildings and organization of the groups. Major Stimson considered that the type of patients, neuro-psychiatric, contagious, and tuberculosis cases, needed the highest type of service possible and that their living conditions must be of the best. She stressed the importance of nursing education, especially in teaching the nurses how to help the patient in redirecting his interests and in readjusting to life. She felt that if the nurses and the staff were given "comfortable living quarters, reasonable hours, good food, the right sort of recreation, adequate pay and the opportunity for advancement and improvement, the care of the patient would be greatly improved. Major Stimson also advocated courses of special study and post-graduate work.¹ Courses were arranged for instructions in tuberculosis and neuro-psychiatric nursing. Instruction was also given medical officers. In a later report Mary Hickey, R.N., stated that, "It is believed that the expense of carrying out these courses was justified by results. The stimulus which followed was far-reaching and awakened a deep interest throughout the field in both branches of nursing." As an outgrowth there is the practice of giving a series of lectures yearly to nurses.²

As the result of these conferences, a centralized nursing service was organized under the supervision of a Superintendent of Nurses located in the Medical Service Central Office of the United States Veterans' Bureau, Washington.

¹Stimson, Op. Cit.

²Mary Hickey, "Standards in the Veterans' Bureau" A. J. N. XXVII (1927) p. 451.

The standards of entrance for nurses were that the applicant must qualify under the regulations of the United States Civil Service Commission, must have graduated from a hospital giving two years practical and theoretical training. In addition the Chief Nurse of Veterans' Bureau must have had a rating of 90% in training and experience and have had four years experience as a trained nurse.

The Visiting Duty nurses were required to have a four-months post-graduate training in public health or visiting nursing at a school of recognized standing or one year of experience under nurse supervision. Applicants were required to be graduated from a recognized school of nursing. This fact alone did much toward bringing to the attention of hospital schools the importance of proper instruction.¹

In this same year, Congress approved amendatory acts which provided for a hospital construction program in the Veterans' Bureau. It also authorized the use of all hospital facilities for "veterans of the Spanish-American War, the Philippine Insurrection, and the Boxer Rebellion, who were suffering from neuro-psychiatric and tuberculosis ailments and diseases." This was the first time that the obligation to provide treatment for injuries not service connected was recognized and this not only for veterans of the World War but of previous wars.²

All the chief nurses gathered in Washington in November 1925 for a conference with the medical director. The purpose of this was to discuss the problems of the nurses on duty and to find methods of improving the services.

¹Hickey, op. cit.

²Griffith, op. cit., p. 780.

Much good resulted from the contacts of the nurses and the medical men.

At the present time there are about 85 hospitals throughout the United States, in which care is given to all those who had service in a war and also to those persons who had not served in the war time but who were discharged in a line of duty and are receiving a pension for a service connected condition. Under some conditions care is given for diseases or injuries in no way connected with military or naval service. Besides providing hospital treatment or domiciliary care, the Veterans' Administration furnished outpatient treatment for diseases or injuries from which the disability has been adjusted as attributable to military or naval service.

Nurses, yeomanettes, and marinettes who served in the World War are also eligible for care in these hospitals. They may also be given beneficiary treatment in a civilian hospital for a non-service connected illness. If they are near enough to enter a regular hospital it is expected that they do that, as there are a total of 287 available to them.¹

The organization of the staffs and the facilities of the Veterans Administration and the outpatient department is similar to the organization of civilian institutions. The superintendent or manager of a facility may or may not be a physician. The physician in charge of the medical activities is known as the Chief Medical Officer or in facilities without a regional office, a clinic director. The physician in charge of the outpatient department of the facility is known as the Chief of the Outpatient Service. In addition to these medical administrative officers, there are chiefs of the various special depart-

¹Griffith, *op. cit.* 781.

ments of the institution. There are specialists in nearly every phase of medicine. In addition there are occupational therapy, social service, and library divisions. So that the patients are treated mentally as well as physically. Recreational activities have been developed in the form of radios, movies, and amusement rooms.

More than 3500 nurses are employed throughout the country. Chief nurses, under the supervision of a medical officer have supervision of the nursing service. They instruct the nurses in their duties, supervise and instruct ward attendants, janitors, maids who are assigned to ward duty, as well as plan schedules for and have supervision over all employees engaged in the bedside care of patients, serving of food, cleanliness of wards, etc. They also have charge of the investigation of the conditions of patients after they leave the hospital. The staff nurses do routine hospital work and supervise the ward assistants. There are trained male attendants to assist with some of the work.¹ Many nurses are employed in the follow-up service to do the field work. There is a definite program of staff education with lectures and discussion groups. There are opportunities for post-graduate work and attending scientific meetings. The nurses are encouraged in every way to progress in their nursing education.

The salaries range from \$1,620 to \$2,800 a year. $\frac{3}{8}$ of this is returned to a retirement fund and a deduction is made for room and board. The nurses must purchase their own uniforms, which are made according to regulations. With them are worn standard capes and caps. These are adopted after a six-months probationary period.

¹"Opportunities in Medical & Hospital Work" op. cit. p. 27.

The requirements for this service are: American citizenship, graduation from an accredited high school and from an accredited nursing school, state registration, passage of a written Civil Service Examination. (Examinations are announced when nurses are needed.), age under thirty-five and good physical condition.¹

¹"Nursing and the Registered Nurse," op. cit., p. 44.

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