XVI.

A SURVEY OF INDUSTRIAL NURSING

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HISTORY OF INDUSTRIAL HEALTH

To talk about "improving the health of industrial workers" we have, of necessity to review the past to see if there is any improvement to talk about. I skip over the third century observations of Galen and the Fifteenth century work of the German physician Ellenbogk, to land squarely on Ramazzini. He has been quoted for his excellent treatise on industrial diseases which he released in 1710 with these wores: "chose to publish this treatise for the good of the Republic, or at least for the benefit of the tradesmen. Posibly, even at that time, there were debates about Government ownership versus private enterprise.

Ramazzini, who held the chair of medicine in the University of Padua, was especially interested in the relationship between physics, meterology, and medicine, and probably found industrial workers to be excellent examples of conflict between nature's physical laws and human health. He understood the association between stone butting, minning, and lung disease, as well as between cleanliness and dermatitis.

However, from the time of Ramazzini till the twentieth century there was little progress in industrial health, except for the minor benefits derived in England from th e factory acts, passed during the late 1800's. By this tim e, the United States was conscious of the industrial health problem, and even as early as 1837, literature on the subject was published here. In 1913 the National Safety council was organized.

The recognition of hauman waste in stores by a group of public-spirited merchants led to the organization in 1920 of the Harvard Mercantile Health Work, which has as its object the discovery of the cause of such waste and development of methods for its prevention.

The study was made principally in the following twenty-five stores subscribing to this work.

R. H. White Company----------Boston
The Gilchrist Company----------"
Jordan Marsh Company----------"
R. H. Stearns Company----------"
Continental Clothing House----------"
A. Shuman & Comapny----------"
T. D. Whitney Company----------"
C. F. Hovey Company----------"
Chandler & Company----------"
D. R. Emerson Company----------"
L. P. Hollander & Comapny----------"
L. S. Plaut Company----------Newark
Jos Horne Company----------Pittsburgh
E. T. Slattery----------Boston
Woodward & Lothrop, Inc.----------Washington
W. Filene's Sons Compnay----------Boston
The Shepard Stores----------"
Lord & Taylor----------New York
The Halle Bros. Compnay----------New York
Wm. Taylor Son & Company----------Cleveland
Smith Patterson Company----------Boston
Leopold Morse Company----------"
Chandler & Farquahr----------"
F. P. O'Conner----------"
Houghton & Dutton Company----------"

ORIGIN OF THE STUDY

This group of merchants initiating this survey went to Harvard Medical School for advice in developing health work in stores. As a result, the Division of Industrial Hygiene, now a part of the Harvard School of Public Health

The initial step was a sanitary survey of each of t he twenty-five cooperating stores. As each store survey was completed, a detailed report was made, with recommendations suited to its conditions and standards. To carry out such recommendations a medical staff, consisting of one or more trained nurses under the supervision of a suitably equipped physician, was needed. Records were adapted to aid in intelligently carrying on the medical work and to register results, which might make comparable the experience of one year with another and of one store with another.

The material for this report has been drawn from the experience of industrial physicians, from conferences and special studies as well as from surveys and health department records.

It seems to me that the personnel--doctors, nurses, dentists, phyd cal educators and clerical assistan ts--much credit is due for faithful, accurate, and enthusiastic work.

It is a pleasant duty to acknowledge the large and valuable contributions, especially to the professional medical aspects and for reading the manuscript of Dr. Harold W. Stevens, also of Drs. Derric C. Parmenter, Charles A. Swan, James K. Stoddard, Charles W. Pease, and Herbert A. Schulte, whose records and special studies are freely quoted. The successful operation for a number of years of the health departments under these men's direction is the real proof of the practical working of mercantile hygiene. This particular group of reports attributes

grateful acknowledgment to Hollis Godfrey, President of the Engineering Economics Foundation.

To direct this work and to aid in adapting the intricate and technical medical knowledge of the Medical School of the practical needs of stores, a representative committee was formes. Thiscommittee met monthly, giving its valuable time to the cause. The interest and advice of such a representative committee is acknowledged to be of inestimable value, and it is interesting to know who some of these people were:

Dr. F. C. Shattuck, Chairman

Dr. David L. Edsall, Dean, Harvard School of Public Health

Dr. Arthus B. Emmons, 2d. Director, Harvard Mercantile Health Work.

Mr. E. J. Frost, Vice-Pres., Wm. Filene's Son & Company

Mr. G. B. Johnson, President R. H. White Company

Mr. R. W. Maynard, President, R. H. Stearns Company

Mr. G. W. Mitton, President Jordan Marsh Company

Mrs. Lucinda W. Prince, Director, Prince School

Dr. Milton J. Rosenau, Professor Hygiene and Preventive Medicine

Mr. Henry S. Thompson, Secretary, Harvard School of Public Health

Mr. Felix Voranberg, President, The Gilchrist Company

At the end of five years of intensive study of this field one vital question sprang to the fore--How can an individual merchant justify to himself and to his financial backers expenditures for the care and prevention of illness and injury among the store force? There were four answers correlated.

A. By studying the problem, often through a committee of his stre executives representing employment, education, engineering, and superintend ng, employees' association, etc., determining the exact needs in his store group, evolving a plan and estimating a budget on how to develope economically and effectively a service to meet his store's needs.

B. By convincing himself that such health service can be organized as to meet essential needs and be made acceptable and satisfactory to hispeople, so that it notonly relieves disability, but happily prevents it. Such service is a true protection to the workers, the store, and the customers.

C. By realizing that his responsibility in regard to maintaining healthful and sanitary conditions throughout the establishment can be shared with advantage by such a store committee. This committee will have intimate knowledge of the store. It can use the health service for consultation on medical matters. It is in maintenance of health and safety, which will satisfy the workers and at the same time be consistent with established store policy.

D. Finally, if the mercant concludes from his study that more careful selection of applicants, more intelligent placement, closer supervision, and suitable health education will reduce waste of his force's energy and time, he will develop a h alth service.

How can the sto e worker be helped by medical supervision to attain, to increase and to maintain a store of energy sufficient to yield a high individual earning capacity? The worker's capital is his or her physical and

mental energy and skill.

I By determining his physical fitness, by aiding in suitable assignment and just promotion, by reducing his handicap from physical defect, through supervision, often enabling him safely to continue work, when without it he might have to be dropped with loss to both store and individual.

II By authorizing only just compensation for illness and injury for the mutual aid association, thus preventing misuse of his contribution.

III By giving him protection from communicable diseases and reducing risk of accidents.

IV By insuring favorable working conditions, reducing needless strain and fatigue, and aiding him to do hisppart with ease and precision.

V By teaching him how to take care of his health, increas ng his physical fitness, delaying old age, prolonging his earning period, and yielding greater satifaction in life.

What inducements can mercantile medicine offer the doctor to compensate him for foregoing the possibility of an independent, continuous, and profitable private practice?

I A professional opportunity to pioneer in a new and hopeful field of preventive medicine. No field of medicine at present offers a chance to see illness at an earlier stage. He is assured large numbers and great variety of cases to study.

II. The public is ready and even eager for health leadership and instruction. Popular health education is demanded. It is a satisfaction to supply an evident pop - ular demand where professional knowledge and skill yield mutliple resul s in health, happiness, and productivity in a community. Besides these professional opportunities a number of personal considerations must influence a doctor for or against electing such a career.

IIIThe assurance of moderat e financial compensation, and immediate and continuous salary with the probability of increase as ability is recognized and merit rewarded.

IV. Besides the advantage of financ al assurance, is the convenience of business hours. To the man with executive ability and experie nce such a position wi ll give added opportunity for recognition. He will have the satisfaction of being an important part of a successful busi ness firm.

What does mercantile health work offer the trained nurse?

I The rewards which a nurse may reasonably expent on entering mercantile nursing are moderate compensation, business hours, steady employment in a center of considerable size.

II She will come in contact with members of the management who will enlarge her experience in organization and methods of administration.

III She will have for her patients a varied group of people of industrial age who will offer an opportunity to apply in a practical way her knowledge of public health in teaching preventive medicine.

IV. Depending on her magnetism, her discretion and her stock of worldly wisdom she will be sought not only for the health advice she may give, but also for preventive social service. As an "older sister" she may be made the confidante and counselor for many in the critical age of youth.

What does mercantile hygiene offer of value to the community?

I The state laws and rgulations of the State Board of Labor and Industry form a minimum standard below which sanitary and health conditions may not fall. Mercantile hygiene not only offers the present mans by which these regulations may be met, but also takes the next step in health wrk, test the value of health procedures, rejects the impractical, adopts thse measures which reducee waste, and make for greater health and vigor in working force.

II In a community health program the home and the school are the logical places to teach personal hygiene. The stdent graduating from high school should know his own body, its functions, its needs, and how to care for it. He should feel his physical and mental strength and perhaps recognize his weakness, so that he may be trusted to wisely care for his health and protect that of others.

III At the industrial age the individual enters new environment and new work. Mercantile hygiene should ev elevate his physical equipment, aid in adapting him to a suitable job, and keep him well on that job. It supplements, therefore, home and school hygiene in keeping fit and busy the citizen of industrial age, and thus becomes a useful branch of community hygiene.

EVALUATION OF INDUSTRIAL NURSING

In evaluating medical service in industry we must recogn ise that the function of all industry is based on an economic formula where money is paid out for service rendered and money is received for goods that are manufactured. When industry enlarges the scope of its activity to include medical service for employees, that company has been influenced by an economic motive as well as any humanitarian interest. Wormkan's Compensation law in the United States has placed a definite responsibility on employers for injury and illness arising from the nature o f employment and that responsibility is measured in dollars and cents. There are Aprroximately 50,000,000 persons gainfully employed in the United States, about 30,000,000 are in industry. 62% of all workers are in plants of less than 500 employees. It has been estimated absenteeism due to sickness or accident on the average amounts to ten days per year per employee. The greatest per centage of lost time occurs in the smaller factories which employee from 75 to 300 persons. Furthermore the smaller factories in the great majority of cases--80 to 9 0% do not have adequate meeical service available to their employees. Numerous studies and surveys have shown that medical service resulting in less absenteeism , less labor turnover and more labor security a According to a report of the United States Health Service effective industry medicine saves each worker $6.20 per year and the employer $4.00 per man per year.

Now let us consider the smaller industry where there are only 74 to 300 employees and the compensation liability is carried by an insurance company in a typical instance we find that a designated doctor in the neighborhood is placed on call hours for emergencies only.

He makes his reports direct to the insurance company and has very little contact with the industry or management.

A room in the factory is equipped as a dispensary with a nurse in charge. She is under the supervision of an office manager or a foreman who has very little or no medical knowledge on the limitations of nursing service. Usually the nurse is given the right to order what she needs for the duties expected from her.

Many employers today realize that there is a need of medical service in industry in order to maintain a high degree of efficiency in a working force. Management is sincere in providing this service. When only a nurse is hired it is natural that they expect the nurse to advise them regarding the needs and function of such a department. That advice can only be intelligent when the nurse has an understanding of the problems of industrial medical service and the limitation of her own service. The nurse can recognize a case that is potentially liability to her company and she can advise the management accordingly. She recognized when an employee should not be at work. She develops the full confidence of the management and she is a most worthwhile employee.

Industrial nurses do not read to patients, comb hair and powder their back. The service that they render is vital, necessary and conducive to getting a disabled workman back to normal health and on an earning basis. They render a service that helps to balance an economic formula under which all industry operates. Their services are sincerely appreciated by management and by the most humbel workman.

THE SCOPE OF THE ACTIVITIES OF THE NURSE IN INDUSTRY

The National Organization for Public Health Nursing has stated:

"The basic objective of industrial nursing is to promote the mental and physical health of the employee, through health teaching, so that the time lost for accident and illness may be reduced and prevented"

The industrial health field offers a challenge to the nursing profession. The total economic loss occurring annually in the United States from lost time of gainfully employed workers as a result of illness and accidents amounts up into the millions, we can hardly estimate the amount of suffering that this lost time brings to the average wage earner and his family through the cessation of the family income, not to mention the physical suffering caused by injury and illness.

The functions and duties of the nurse in industry will vary according to the policy of the employer, the need of the industrial community and systems on which the health and welfare actvities are organized. In large establishments where doctors and nurses devote the whole of their time to the supervision of the work and where the work is well organized the duties of the nurse are likely to be specialized. One nurse will be in charge of the first-aid department, another will assist the doctor with the preemployment and periodic check-up examinations, while a third nurse will be responsible for visiting of the homs of the workers.(if that is the type of medical service given and desired by the employees)

It may happen that the industry is the center of the civic life of the community and all their activities are built

around it. In such cases one or more nurses will supervise in the plant lunch rooms, recreation rooms and assist in all recreational activities, such as in the Ford plant.

The nurse who is found in the mercantile and manufacturing establishments with employment of 200 to 1000 workers, working along under the direction of part time medical supervision, is the nurse whose scope of activities will be greatest and who will and must be well qualified to meet the demands madeeupon the service. Her activites may be classified as duties within and outside the industry.

The individual nurse working under part time medical supervision may perform practically all of the following mentiored activities:--

1. First aid and subsequent care under the directionof the physician. (in some business organizations such as banks, hotels, and stores this may include First Aid to patrons, guests and customers).

2. Care to workers under supervision of a prive physician. This care might require daily temperature for diagnostic purposes, hypodermic injection of insulin, or electrotherapy.

3. Assisting physician with pre-employment and periodic examinations--responsible for history file--and call-up for employee for re-examination.

4. Advising and assisting embbyees in securing correction of physical defects and social adjustments.

5. Health education of the individual and group.

6. Compensation adjustments. Qualified nurses are sometimes responsible for correspondence with Compensation Insurance Companies involved in claim cases. The nurse, perforce, must be well informed regarding existing Compensation Laws of the

7. Inspection of rest rooms and lavatories, interpreting plant sanitation to the worker.

8. Integration of service with the industrial relations program by:--

(a) Assisting safety supervisor by serving on safety committee--Submitting brief narrative report, either weekly, or monthly covering the occupational accidents treated in dispensary.

(b) Assisting Employment Manager. Consultations regarding personal problems of individuals concerning physical or emotional conditions.

(c) Supervision of diet for lunch room.

(d) Responsibility for health articles for plant magazine

(e) Prepara ion of statistical and narrative monthly report covering all intra-mural and extra-mural activities of the nursing service.

(f) Analysis of data from nurse's records on morbidity and accident experience by departments--Costs of maintenance of nursing servic e and dispensary equipment.

9. Record Keeping--Morbidity and Compensation statistics.

DUTIES OUTSIDE THE INDUSTRY

1. Cooperation with local Health Department in the control of disease by extending the program of the community to the worker in the plant.

2. Vising ill employees when necessary--Health instruction for family.

3. Provision of Social Service for employee and his family--by cooperation with local agencies.

Cooperation with community Nursing and Health Agencies concerned with specific health programs, such as :

Tuberculosis, cancer, heart disease and social and mental hygiene--insofar as all Medical Director and Management are willing to extend this service to the employee. It is important to arrange with the local nursing organization for bedside nursing care for employee where such service is needed.

Not all of the duties outlined could be performed by any one nurse but all of them are performed by industrial nurses today.

Suffice it to say that the employer must be educated and guided in his selection of a nurse for his medical and nursing department, who will be capable of carrying on a program involving the duties which have been listed in this paper.

FIRST AID AND MEDICAL SERVICE

Just as accident prevention constitutes industry's first line of defense against injuries, first aid and medical service comprises the second line. In other words, the industrial safety program has two braod phases: installation of measures to prevent or reduce accident losses; proper treatment of injuries when accidents do occur. No plant regardless of how small can afford to be without some provision for medical treatment in times of emergency. The extent of medical service and the type of equipment and personnel will, of course, depend to a large extent upon the nature of the industry, its location and the number of employees.

No matter how extensive the plant medical facilities may be, effort should be made to have as many as possible of the employees learn first aid. Even a rudimentary knowledge of first aid measures has often been responsible for the saving of a life. This knowledge may prove as valuable outside the shap as in. In many localities the American Red Cross is prepared to send trained instructors to the plant to teach interested groups.

Large organizations, of course, usually employ a large medical staff on full-time or part-time basis. In specialized industries this staff is selected in part on basis of their familiarity with the hazards peculiar to the industry. Some plants have found it preferable to have several part time physicians rather than a smaller number of full-time ones, so that they may have greater specialization. In such cases, however, one or

two doctors are retained in the dispensary at all times to provide for any contingency.

Normally, the medical equipment and supplies are purchased by or on the recommendation of this staff. In large plant hospitals this may incluse even operating tables, Xray machines and most of the other material to be found in the modern public hospital.

First aid kits in the shop are invaluable in reducig the seriousness of injuries. Quite as important as what is to be included in these kits is how many and how accessible the kits are. In an emergency every minute counts, and it is essential that the kit be located conveniently so that treatment may be begun immediately. Furthermore many minor injuries may very likely be neglected unless first aid materials are esily accessible.

A typical kit may include: an inelastic tourniquet, a dozen or more sterile bandages of different sizes, and adhesive tape, compresses, spirits of ammonia, iodine, boric acid, splints, safety pins, paper drinking cups, scissors, forceps and several yards of adhesive plaster. Kits may, of course, be obtained in various sizes with varous contents. In certain localities for example, crews have found it very important to carry with them a "snake-bite" first aid kit. One of the essentials things, however, is to see that the kit is always filled and complete. This will involve inspection of the contents at regular intervals.

Stretchers are likewise important equipment. Several types of stretchers are available. The ordinary army type is quite satisfactory. However, in cases where it is

necessary to hoist the injured person from an awkward place, specially shaped stretchers to which the patient may be strapped are frequently used.

Another item which must be considered in the well ordered first aid program is vehicular transportation of injured persons. Beside the ordinary ambulance, there are many types of trucks, motorcycles and wagons by which an injured person may be moved for considerable distance without too great discomfort.

Mechanical devices for producing artificial respiration are not approved by the American Red Cross or A. M. A. unless operated by one who is especially trained for it, for example the Doctor or Nurse. It does not attempt to take the place of the Schaefer method. The two are used simultaneously until the patient breathes without assistance. In other words, an inhalator cannot be used until the victim is breathing, either naturally or by artificial respiration.

Possibly the most important single element in first aid training is education in application of the prone pressure method of resuscitation. This method of restoring suspended respiration is both simple and effective, and its value has been proved in thousands of cases of electrical shock, drownings, asphyxiations and other accidents where the patient has stopped breathing. This method of resuscitation is a regular part of the First Aid instruction.

Apart from the special abilities he learns through the course in first aid, the employee develops a greater appreciation of the importance of hygiene and antisepsis. He knows the many sources of bacteriological infection and is constantly on guard against them. The first aider knows also how closely cleanliness is related to health.

First aid is not a substitute for medical care by a competent physician or trained nurse. It is, as its name implies, an emergency measure to fill the gap between the time an accident occurs and the arrival of the doctor. Caution must be shown, therefore, to see that the boundaries between medical attention and first aid are clearly understood and carefully maintained. Unwise and inefficient first aid treatment may easily do more harm than good. Sensible use of first aid measures, however, has many times prevented a minor injury from becoming a more serious one, a temporarily injured employee from becoming permanently disabled.

As for the Nursing equipment, and supplies, the Doctor and Nurse will work out together a set up, and it is up to the nurse to see that the supplies that Doctor needs to cover all emergencies, and other treatments that might be given, are on hand. Also here are the nurses opportunities of arranging a neat pleasant place for the employees to come to.

Texts on such a set up are available through the industrial association. It isthe Nurses duty to have a workable library of reference books on hand.

The number of deaths in industry has been practically parallel to the number of men employed. Additional evidence is that there was a reduction of only about 10 per cent in the severity rate, and practically no change at all in the frequency of accidents, from 1932 to 1937. This would indicate that under the 1932 to 1937 method of prevention, industrial safety was reaching its saturation point. Without some basic change in approach, the 1937 methods of prevention industrial loss of approximately 19,000 industrial workers was well on the way to becoming an annual toll. However, in 1938 the frequency of industrial accidents again declined, and I feel that the improved record may in no small part be due to abroader safety approach--one that includes health.

Obviously the most effective way of continuing the downward trend in industrial accident rates in the future is to concentrate more effort on the health of the workman. This approach is perfectly logical, for it is obvious that a sick workman is more likely to have, or to cause, an accident than is the healthy man. This has been proved by careful analyses showing that 98 per cent of all industrial accidents are preventable, and that only 10 per cent of the injuries are due to mechanical hazards, while 90 per cent are caused in whole or in part by man failure, either supervisory or otherwise.

Along with further accident reduction, a second great need in industry is apparent today. It is an improved employer-employee relationship. Probably at no time in the industrial history of America has there been so much discussion and controversy between the worker and the employer. We all are cognizant of the disturbances that have arisen all over the country, and likewise we have felt that honest assistance and understanding of the other's problem would produce practical

sothat both can prosper and have a successful working employee-employer relationship.

That health is one of the most insistent problems of a laboring man cannot be doubted. Without it, his income drops, or stops althgether, and he and his family lose their independence.

Why then does not every company have a health program in operation?

As per Dr. Heiser, there seems to be a lack of understanding and economics--as applied to the three groups: the employees, the private practitioners, and the employers. In none of these groups is there complete opposition. It is rather a feeling of hesitancy, or inertia, or suspicion--always based on misunderstanding or ignorance of the potential benefits that each group can derive from factory health programs.

Within the first group, the employees, there is considerable interest in health, as hasbeen mentioned, but it is probably colored by a hesitancey or suspicion of participating in a factory health plan for fear of economic loss. Some men feel that preemployment physical examinations will prevent men from getting jobs, and that check-up examinations will cause older workers to lose their jobs. According to statistics under the ideal type of health plan rarely are there more than 5% of the applicants and that even without examinations the physical condition of this 5% would soon cause them to be out of work because of illness, accident, or inability to do the job. It seems to me that an examination in reality is an inventory of the employees ability to work and can frequently show them a way to improve their conditions and consequently their

ability to work and earn.

Practically the same situation is true with the older worker, who through the physical examination and health correction can make his years of earning power last longer. It is only through education that these points of view can be altered.

The second group--The feeling that since the doctor is paid by the company he must be against the men. This attitude, likewise, must be ~~ed~~ by education which honestly demonstrates that a healthy worker is the most valuable to the company and that the doctor's job is to help him be healthy.

Any health program that does discriminate against the men, or that is using the physical examinations to "weed out" men, is poor labor policy and is in its short-sighted way defeating the best interest of the company.

The second group, the private practitioners, who play a part in the development of factory health programs, frequently maintain an attitude of hesitancy or suspicion because of the fear of economic loss. To this is occasionally added a lack of understanding of the ethical arrangement between a company doctor and himself. Becuase of this misunderstanding and hesitance, a factory health program of real merit is sometimees handicapped.

It seems to me that such an educational program could be carried out by such an agency as the Council on Industrial Health of the American Medical Association. One large part of this education consists of enlightenment in industrial health work itself, both to interest more doctors in the field and to have them realize that an "on call for emergencies" arrangement is not a factory health program. Furthermore, they should be shown that a factory health program still may have emergencies and that the two are not necessarily incompatible.

The true picture of the contribution that a factory health program can make to the welfare of the community's private doctors must be presented before their inertia can be overcome.

The thired and final group that can prolong factory health development is the employer. Within this group there are two classes of employers, as we all know; one class has not only developed excellent health programs in its own plants but also actively and willingly supports industrial health and hygiene research and education. The second class has not made any advance in facoty health andfrequently hasno conception of the art that a health program can play in the company's prosperity. This second class is, in general, made up of the smaller sized companies and is in great need of education on the entire subject, expecially on the economic aspects. I will speak of them in more detail laer, as it is with them that the Committee on Healthful Working Conditions is dealing.

To answer my earlier question of why doesn't every company have a health program, we find that these three groups must be educated:--labor, the private practitioners, and the employers. The first--labor seems most approachable through the general public at the present time, prossibly through Government agencies; the second, through national regional, and industrial medical societies; and the third --employersOOby means of trade and manufacturers' association. Until each component fully realizes the value of industrial health to itself and its future, the work will be incomplete.

The work of Dr. Heiser is directed through the manufacturera. The more progressive companies of its 7500 members are trying to assist the small plants to recognize the value of an employee health program and to put such a program to work in their plants.

As quoted by the American College of Surge ns, state industrial hygiene departments, and other, the plant employing over 60 percent of the nation's industrial workers, namely the small plant is the crux of the present factory health problem.

In the past few years may advisory committees of the industiral physicians have been compliling all available information the the subject of small plants, and has endeavored to find just what the "key log" in the jam has been. After setting aside the hindraces that have been mentioned, they found tow such key logs

First--cost; the second is not so readily defined. Primarily, it is lack of education, but it is entangled in a feeling held by manufacturers, as layment that this is a doctor's problem, and that they don't know anything about it. It is probably the converse of the feeling that because a man has a medical degree he can't be a business man or anthing but adoctor.

It seems that they answer to this would be a straight dollar and cents statement of factory health as a business proposition. In this way, we believe, it is closer to the manufacturer's interest and experience and should receive more consideration from him.

HEALTH EDUCATION METHODS USED BY INDUSTRIAL NURSES

Most of the industries today have preemployment examination; the eyes, teeth, gums, throat, heart and lungs, blood pressurre, as well as predisposition to hernia are carefully examined. In many instances minor defects are accepted, but the employee is given a reasom ble lenght of time in which to have these corrected. These findings, when recorded by the examining physician are followed up by the nurse and if necessary a re-examination by the doctor is made.

The employee usually makes his first contact with the nurse and this is perhaps one of the best ways--the nurse will put him at his ease. He learns early where the dispensary is locat ed, and while waiting his turn he sees there preparations to meet emergencies. As he departs she says with a sm le, "Don't forget to bring me your little cuts, scratches, brusis" Therefore the that this is place to come, and she is the person who is going to be his friend.

During dressings thet opic turns to health in general; this seems to be the most popular way of advis ng the employee. He will ask many questions on various s bjects which she can answer. This personal contact gives him information that he passes on t o others Often the employee asks about die ts and wants to know the reason some particular membe r of his family has been advised to use certa n foods by his physcian.

I assure you, this puts the nure on the spot. Her professional ethics comes to her aid when tactfully she replys to the effect the doctore must thing that is the diet most needed. The n by explaining how each food is meant for certa n needs, how it may be prepared and made appealing to the patient at home, she gives that employee a little knowledge of dietetics and

more confidence in his doctor.

Health is the prime asset of the worker. We take him into the plant with a clan bill of health, and through our efforts must help him to maintain it. Today, conditions in our factories are sanitary; washrooms, showers, and toilet facilities are provided; often these are under the supervision of the nurses, particularly where the large numbers are women are employed.

Group insurance provides money for the doctor and drug bills. To obtain this a doctor's certificate of diagnosis is necessary, andif needed one can have the services of the visiting nurse for bedside care, baths treatments and etc. as prescribed by the physician in charge. In some cases, where a total disability occurs, the patient may need further care and medication. Along with this the plant nurse keeps in touch with him and advises him as to clinics, or organizations intended for his particular illness.

Many cases of tuberculosis have been arrested. When an employee has reported often with colds the nurse will question him about night sweats, loss of weight, and general fatigue, as well as any pains, etc. and tactfully advise him to go to the clinic where he can be examined and advised. She herself, makes the appointment for him, which we know, if left alone he probably will not do. The report is returned to the plant nurse for further reference.

It may be only frequent colds due to a run down conditon; and again, it may be an active case of tuberculosis, needing a sanitarium for rest and treatment.

As published on the results of a poll taken by the American Social Hygiene Assocaton, A study revealed an astonishing amount of popular confidence in self-diagnosis, self-treatment and drug store diagnosis. Acting in the role of an infected person, a representativeof the Association put certain questions to individuals encountered on the streets, in pool halls and at railroad stations in 31 cities located in 25 different states. He asked of these individuals where he might go for treatment for syphilis. Only one-third of the 1,023 persons to whom the question was put recommended a physician. Most of them suggested a drug store. No less interesting and significant, two thirds of the druggists approached in 956 drug stores offered to give a diagnosis and sell a remedy for venereal disease.

We know, moreover that at least two out of each 100 of the inhabitants of Illinois, (where the study was made) were infected with syphilis. This has been probed by results obtained from blood tests on the population on several occasions. And as B. K. Richardson, Chief, Division of Public Health Instruction, Illinois, State Department of Health estimated that the yound workers not now infected, especially the younger ones, will become infected with syphilis or gonorrhea, or both, at a later date.

Here is a very real important problem which offers the nurse an opportunity for heath education. Ingenuity will be needed to do a good job. Means can be found however, for disseminating sound and useful advice concerning these diseases. In dealing with first-aid patients, particularly if the injury is a mihor one, the nurse might initiate conversation which

reveal the patient's attitude toward these infections and dis cover perhaps, whether a blood test has ever been made. Mimeographed circulars might be produced and distributed among employees. Meetings might be arranged where motion pictures fould be shown and lectures given by the plant physician or a health officer. Arrangements might be made for routine private consultations on health problems and a place and hour set where employees could visit the nurse.

Probably the greatest bio-physiological sin committed by modern people in almost every social rank related to foods and diets. the sin of error in diet is deep rooted and extremely resistant to change. Food is of course quite fundamental to life and forms the foundation as well as the superstructure on which health must be built. Scientists have discovered for us, moreover, what food substances are essential in promoting and maintaining health.

To date, however, this knowledge has been used but sparingly by the people generally. For one reason or another they have not been profoundly impressed by the importance of a varied as well as an ample dietary.
Many otherwise intelligent persons, however, appear to be extremely prone to go off on tangents with respect to daily food intake. For instance people that get the vitamin bug. As Dr. Manville's story goes, the Mother who succeeded in starving her three children with respect to protein, the tissue builder.

Opportunities of the industrial nurse in disseminating sound information about diet would appear to be great. If she could devise ways and means of reaching the housewives of the workers families with attractive information on diet, she could

accomplish much in health education. Literature on the subject is abundant. It may be had from health departments, life insurance companies and from the large grocery firms.

Strange as it may seem to us. A great many people who are busy making a living do not know, except in a vague and impracticle way, that diphtheria can be prevented. Relatively few know about the up-to-date facilities for controlling pneumonia. A surprisingly large portion of persons neglect vaccination for smallpox. Still less do people generally appreciate the important fact that no disease can be kept at bay without everlasting attention to control measures. Freedom from smallpox or diphtheria for five or ten years, for example, brings a community only so much nearer to s serious epidemic unless the susceptible inhabitants have been protected against these rists. The remarkable effectiveness of serum and drugs in the treatment of pneumonia is of no avial to the moribund patient who delayed too long calling a doctor. It would seem to me that the industrial nurse could render exceptionally valuable service to employees by bringing these matter to their attention at appropriate intervals. Attractive pamphlets on these diseases are available from health departments and from life insurance companies.

Sanitation is always a matter of first magnitude in group health protection. The recent, information onwater supplies, sewage disposal and milk is available from the state health department. Judiciously bringing to the attention of management any needed improvement is actually health education of high order.

Closely related to sanitation is the matter of personal cleanliness. The homely practive of washing hands before

meals is of first importance in preventing the spread of communicable diseases and among certain employees in the prevention of lead poisioning.

These reference suggest the need of extended health education. Health departments, pa ticularly sta e departments of health, have an abundance of literature on a wide range of health topis for free distribution. Motion picture equipment and lecturers are also available free. It would seem, therefore, that an industrial nurse is in a strategic position to take advantage of opportunit es on every hand in this field. Apportunities indeed are abundant. The whole problem isto recognize the opportunities and devise the means and ways of bringing improvements to pass.

To do effective health education work, however, the industrial nurse, like anyone else who attempts to function in this field, must be an opportunist, a diplomat, a promoter, a publicist and a teacher combined. She must at least be able to utilize in some degree the principles involved in these various Opursuits. The technique employed, the means of approach and the way things are done in health education efforts determine the degree of success or failure which follows.

Nearly everyone resent preaching, and very few people will accept graciously and act upon advice which is wished upon them or given under coercion. Nearly everyone is incessantly seeking advice and information, however, and will not only accept but act upon almost any suggestion which seems at al reasonable provided the advice appears to come in response

to a request. In short, a basic principle in health education is to create a desire for advice and information concerning particular matters deemed to be important. This is especially true in reference to healthy persons who see no reason for changing their present habits.

The alert nurse who wished to do good health education work will keep herself well informed about prevailing health conditions in the community and state. If a case of diphtheria or smallpox occurs in the community, for example, she can issue a circular or post a notice or use some other medium for pointing out the potential danger to fellow-workers and to their families. A suggestion of protection by inoculation under such circumstances is apt to be favorably considered. In this connection it is important to give information about available facilities for preventive inoculations.

Statistical records on the prevalence of pneumonia, tuberculosis, syphilis and other diseases may be obtained from the health officer and used in a somewhat similar way. Outbreaks of typhoid fever can be used to call attention to sanitation--the protection of water supplies, the pasteruization of milk, washing the hands. Events occur almost daily in every sizeable community which attract popular interest and lend themselves to the purposes of an alert health education worker.

It would seem to me that as we --the Supervison class saw on a field trip to Jantzen Knitting Mills where the rest room was where the Nurse could observe all the reactions of the employees, a series of health interests could be presented on a bulletin board, and observation taken regarding the interest shown, and adjusting her program accordingly. This would

also tend toward a friendly relationship between the nurse and employees.

It is plainly evident that the opportunites for health education, in industry as well as elsewhere, is abundant. The problem is to recognize and take advantage of the multitude of opportunities, selecting those which promise the greatest returns on effort and expense. Alertness, forethought, enthusiasm and imagination are needed. The results of practical effort along this line although intangible, are valuable and far reaching.

THE INDUSTRIAL NURSE'S RECORDS AND REPORTS

This discussion will cover records and reports of the industrial nurse, who is working without the supervision of a full time medical director, and who is personally responsible forethe organization and administration of her department.

Records and reports form a very important part of the nurse's work, vital to herself aswell as to management. Too often, the nurse fails to realize this and loses a golden opportunity to present a permanent, if incomplete picture of the service rendered. We all know that much of a nurse's efforts and accomplishments cannot be tabulated; but on the other hand, a careful summing up of her activities should lead to wider activity.

While all nursing positions require accurate, intelligent record keeping, the industrial nurse must also compile her records into comprehensive reports, for business is interested in trends and costs. Although she may have her position because her employer knew that her professional training, and ability to handle people and their problems would benefit his organization, and understanding of business aims and practices willenhanceher value to the industry. By keeping records that will provide a basis of comparison for future years, she will soon prove her worth in dollars and cents, even as any other department.

Although records and reports perforce will vary, dependent upon the type and size of the industry, the scope of the nurse's work, and the problems and aims of individual management,

there are certain standards that should remain constant and applicable to all. Records should be accurate, concise and confidential. A simple but eaily accessible filing system is indispensable. The minimum record keeping for efficiency should include an individual record for each employee, daily, monthly and annual reports.

The individual record which will assure constructive nursing service for both the employee and the employer, should contain the following:

A. Pre-employment medical examination report.

B. Morbidity experience:

1. Date

2. Ailment

3. Emergency treatment and advice.

4. An accurate account of the cause of accident, recording the employee's own words.

5. A detailed description of the injury and condition of the surrounding area.

6. Any additional remarkds made by the employee, which may have bearing on the case.

7. Any personal observations, which would tend to present abetter picture of the employee's general condition and attitude.

The daily report, which provides the basis for the monthly and annual reports, should contan the following:

A. Names of employees who visited theclinic.

B. Classification of the visits:

1. Medical aid.

2. Surgical aid.

3. Physical examination.

4. Absence interview.

5. Foolow-up for correction of defects.

6. Others.

The monthly and annual reports, which present a summary of the nurse's activities to management, should contain the following:

A. the number, type and disposition of cases handled.

B. Pertinent facts relative to accident and illness experience.

C. Policies established and recommendation for future procedure.

D. A comparison of the findings of each report with those of corresponding reports of previous years.

(These comparisons will determine the effectiveness of the existing program and enable the nurse to plan improved methods)

The wise nurse will remember that executives are busy people, who prefer to see trends at a glance. A few well planned graphs are far more effective than pages of written explanation. However, abrief narration concerning aid given to a deserving employee, occasionally added to the tabulated report, is of extreme interest. For although the nurse's statistical data may be vaulable to the employer, the nurse's first and most important duty is the welfare of the employees, from both the employer's viewpoint and hers.

Most industrial nurses, whether enganged in a factory or any office, are called upon to give medical and surgical aid, to assist with or arrange for physical examination, to follow up for correction of impairmens, and tot ake a small or large

in personnel management.

The factory nurse's chief problem is accidents, their treatment, their cause and prevention, and getting the injured employee back on the job. Therefore, it is lobical that her employer will be interested in reports that classify injuries by cause, nature, department, and amount of lost time.

This type of analysis will do much to reduce accident incidence and severity, and lost time, for it will point out the location of hazards, and emphasize where lack of cooperation exists. Such information is invaluable to the safety director. Furthermore accurate accident reports will prevent exorbitant costs in cases involving litigation.

The office nurse is mainly occupied with the problem of absenteeism. She should have a daily report of absence from all departments and should interview all employees upon return to work following illness. She should make an analysis of the absence experience of each individual by department, showing the number of absences, the number of days lost and the cause.

This typeof report will increase the knowledge of the general health of the personnel, and point out a lapse in good hygiene in any particular department showing a high incidence of absence due to a common ailment. It will also bringto light chronic malingerers. Therefore, the nurse will be better equipped to help the employee and the department manager with their problems and thus reduce the absence experience. All of which reflects favorably in dollrs and cents to both employee and employer.

Many nurses, as per industrial re orts, have neglected to compile statistical data owing to the many demands of their job and the consequent lack of time during the working day. If, at first, reports must be done on her own time, by all me ans do them . Soon the ma nagement will become interested in the repo rts and may request additional statistics. If the nurse can arouse this interest and demonstrate the value of her reports, she will eventually be able to obtain the necessary clerical assistance.

Experience has proved that the nurse must be certain that her reports reach the person with managerial authority, or much of her effort and work will be wasted. The nurse's reports, in their entirety, should be routed to management's attention and not to abstracted or subordinated to other reports, such as safety and personnel. It is advisable that this matter be clarified at the start of her employment.

Intelligent records and reports will tend to make indust ry realize that the medical department can be run on a business-like basis, without the loss of humane attitude.

A SUGGESTED METHOD OF SELLING HEALTH

This chapter is not a chapter on what as it might seem a subject which probably by on outsider not connected with industrial or public health work would term "as not connection with the health work". In reality it is of utmost importance, because it is the nurses ability to sell her idea that keeps her ball rolling. Business people are on the whol e good salesman, because that is how business thrives, therefore the type of sales talk given has weight.

This is taken from Irving J. Lee!s article. Irving J. Lee is affiliated with the school of sp ech, Northwestern University, Evanston, Illinois.

How to Prepare and Deliver the Safety Speech

The first attack on stage fright is the knowledge of how to put your speech together. We must insist here that though seemingly unimportant, the business of preparation really is something that must be learned thoroughly and immediately. Experience with business and professional men makes quite clear that bad preparation is the reason quite clear that bad preparation is the reason why 75 and 85 per cent of speeches made lack effectiveness.

The m thod of putting a speech together that will be presented here has been tried and tested by some hundreds of people with uniform s ccess. It works better than any other method our author knows of, so he says.

First, the speaker must assemble his m terial, gather his ideas, exp amples, facts, figures etc. Well in advance of the occasion of the occasion of the speech, it is a good idea to carry a card or sheet of paper in your pocket on which you can list one after another ideas that come to you, or that you

pick up from your readings. Pay no attention now to ordering the ideas, simply set them down in a list. There will probably be too many. Even though some may have to be discarded, the assembly process is the first stage.

The second step is to get these collected ideas into some plan which will show the direction your speech will take. Each type of activity has its plans and guideposts, blueprint, the football coach his diagrams--and the speaker, and outline. The outline is the plan of the speech. In it are words, phrases and sentences, which contain the ideas which will grown into the final speech. The outline is the guidepost that directs the course of your ideas. Us it badly and you are certain to get lost. Us it, follow it, and you are sure to know where you are going.

It may be asked: why have an outline? Because this method of preparation involves merely the memorization of the ideas that you are to talk about, not the words. Here, the speaker knows exactly the order of his ideas, while the words he is to use are thse that come at the moment of utterance. Does this sound difficult? Actually, it isn't, because the great problem in normal communication is not inability to find words, but the failure to find the idea that comes next. Given the idea and information about the idea, the words will come. But first, the idea must be known. The outline is the means by which the order of your ideas is determined.

There are two kinds of outlines, the Skeleton and the Full.

The skeleton Outline contains only the bare bones of the speech. There is very little in it. It contains only direction signs. It is very short, easy to memorize, and clear only to the man who made it. It gives merely the clue to what

is to be said. In it are put words and phrases which, when seen hint at more. It is useful for the man who has done a fair amount of speaking.

The Skeleton Outline

INDUSTRY'S PART IN SAVING TRAFFIC LIVES

1. Cost to Industry
   a. 3,300 killed in work

   b. 17,000 killed outside

   c. Expense replacing them.

2. What should industrial management do?

   a. Help cut 35% of traffic fatalities by 1940

3. How to do it.

   a. Organize Safe Driver's Club.

   b. Send letters to employees

   c. Inspection of employee's automobiles.

   d. Vision tests and physical examination for workers.

The Full Outline is made up of complete thoughts instead of clues. It is really a summary of the main and minor points written outin sentences. It takes a bit longer to make this kind of outline, butit is very useful because it contains more of what you are to say. A full outline can be given to a stranger and he will know what you are to talk about. It ca be put away, reread later still making sense to the one who preparedit. Indeed, it could very likely be given again almost as it was the first time with but little preparation.

The third step in preparation is to memorize the outline. It should be known forward and backward. All the various words and phrases should stand out in one's memory with perfect clearness. In short, you must know the outline. Knowing it, words will come easily.

The fourth step is the rehearsing of the speech out loud.

Experience has shown that men do their bestuob of speaking when they have at least a week in which to prepare the speech. No one ought to give a sppech unless he is thoroughly prepared.

In experimenting on time-plans the following has given the best results. It is based on a six day schedule with the speech due on the seventh.

First and Second Days:

Begin to collect and list the topics and ideas to be used. Do whatever reading is necessary. No time limit can here be specified.

Third and Fourth Days:

Keep adding to the list of topics. Begin thingking about their order. Mull the idea over. Make the outline.

Fifth Day:

Read the outline half a dozen times. Begin to memorize it. Rehearse it out loud--the sitting down method. Twenty minutes to half hour is enough to put in on this day.

Sixth Day:

Read the outline over half a dozen times. You should know it by now. Then say it out loud on your feet, the second rehearsalmethod.. Do this for about 20 minutes.

Seventh Day:

Read the outline over a couple a times. Above all do not give it out loud. The best possible advice is never to give a speech without sufficient preparation. Give yourself plenty of time for each step. Get the outline firmly in mind. Rehearse conscientiously.

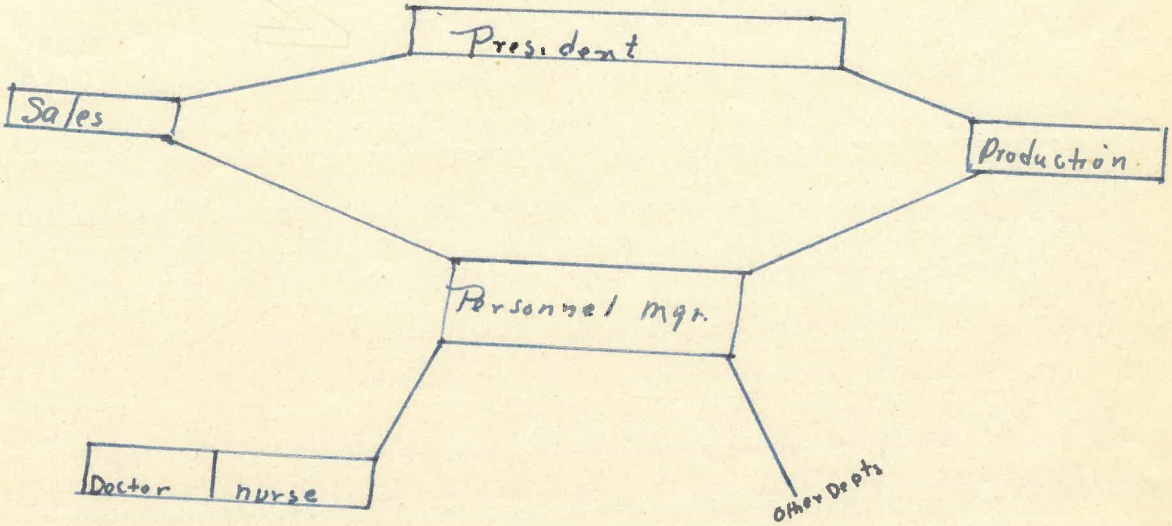
Mary Heaton Vorse once siad the art of writing was writing was the art of keeping the seat of the pants to the seat of the chair. The art of speech preparation involves the same effort.

An Imaginary position

INDUSTRIAL NURSING

Situation-

Wholesale and manufacturing box business--one location.
Employees--900
Covered by Sta e Compensation Insurance.
Predecessor not a r. N. N.
Employs Physician for emergencies only.
Four room Hospital.
Line of authority.



This four room hospital is well equipped with instruments and supplies, as well as furniture. The nurse has the privilege of ordering anything necessary to her work.

The reception room is small, attractive, and comfortable. Adjoining this room is a small room with a desk, and records, also for private interviewww. Adjacent to this room is the emergency surgery. a door leading from the surgery into the ward, with three beds, three bed stands, chairs, and another door leading into the reception room. These rooms are well ventilated, heated, and adequately lighted.

In the eme gency surgery is a supply cabinet, with all sterile supplies such as bandages of various sizes, flats, lap pads, towels, etc. Prep trays, and any other necessary supplies that the circumstances might necessiatate. Here is where improvision, and ingenuity, can save the firm money. This is most important, and The medicine closet should be checked and every standing order as well as emergency orders filled and on hand. The instruments always ready to be used. Details of these supplies and equipment would be very extensive, but I would pattern my set up after our surgery and dressing cart necessities, all as outlined in accompanying book. It is necessary to keep abreast with all periodicals that are available which cover this subject and relative management.

There are many books and supply house literature available outlining such emergency set-ups--study a number of them, then fit what information you have at hand with your particular situation.

Acquaint yourself with the safety and sanitation situation--the personnel man I am thinking of in the company I have chosen to work in, would be cooperative in assisting in matter pertaining to any form of precaution. Have the lunch room and rest room problem well in mind, and if it doesn't check up to the expectations, don't proceed to immediately renovate the whole place, do the best you can without alarming or bothering your superior.

After you have the situation as it is well in mind, make a survey of what has been previously done in the way of records, study them thoroughly, and them attempt to improve upon them. I would want a record set up something like this--patterned after a system one of the successful nurses in this city uses.

A pass is issued from the dept. in which person is employed to leave work and go to the hospital.

Name Date
From--Dept.
Complaint
Sig. of Pt.
Sig. of Nurse

Each office call is recorded in a Daily record book:

No of Pt.	Name	Dept.	Complaint	Trt.	
1					
2					
etc					

At end of month or week depending upon how often the personnel mgr. would like to have a report summerizing these calls, this report

No. of Pt. called.	Medical	Surg.	Emergency	Dept.

I would keep confidential and separate from the records of employment dept, the details of observation for the physicians use, I mean, I would fill out one form for the employer merely for information necessary for statistical purposes, and another for the information for the Doctor. In any event, any contact and treatment should be concisely and accurately recorded, and records set up accordingly.

It is very important that an accurate account of all supplies be kept, and I believe it would be interesting to point out in dollars and cents to a superior, just how much time, and money your services have netted the firm. This would be rather a touchy matter regarding the time lost, but a conservative estimate is always at least given consideration.

If previous records have been kept, attempt to show by graph just how the diseases, and absentee are distributed throughout the plant.

Acquaint yourself with all the people working with you, establish a friendly relationship with your employer, and at thesame time do not lose sight of the employee, who might lose confidence in you. Never take sides one way or another state plain facts, and let the balance of the situation be governored by the other controlling factors of the firm. Don't attempt to be a truant officer.

It is most important that the policy of the company is thoroughly understood before attempting any new ventures, even from the least possible angle, it is most annoying to a man to have a new person forever suggesting or demanding something. Familiarize yourself with the community resources, and make outside contacts interested in the same problems you have, if that is possible, never, never tell another person your troubles, or problems envolving your firm, or any one member of it.

Most important is the First-aid room Management--
Standing orders covering the following of conditions most commonly encountered among adults:
Minor cuts in skin--Apply (disinfectant, if any) and.....dressing
Injuries which do not bleed (Contusions, bruses, sprains
Fractures. (a) Simple
(b) Compound
Acid Burns
Alkaline Burns
Burns from Scalds, Fire, Electricity
Eye Injuries (a) Acid burns
(b) Alkaline burns
(c) Foreign bodies
Unconscious patients
Electric Shock, suffocation, gas poison
Headache
colds
Dysmenorrhea
Nausea, Vomiting
Toothache
Acute symptoms (chills, fever, abdominal pain)
Specific treatment employed in any given situation depends upon the method preferred by the physician.
Skill in bandaging and sugrgical dressing is an indispensable require-m ent in industrial nursing.

Surgical Treatment
The prevention of infections by immediate first-aid treatment
The application of a dressing that offers necessary protection to the wound, and which causes the least possible interference with the use of the injured member
Economy of time in giving care.
Regular follow-up to note progress

If these records are accurately kept, and results shown, it might after a nurse has been in a firm, be a point toward getting preemployment examination results of which over a period to be compared with previous records.

In the same manner teaching of diet, and imminuizations, and other prophylatic ideas could be brought out without letting your people know exactily what you are driving at until you have records to show.

Be thoroughly familiar with the gases, poisons, and dusts common in the plant, as well as the treatment, and details of each. This information can be obtained from the health department of the particular community. The health department will furnish upon request blanks covering all of these details, and should be kept on hand in the plant at all times, thereby correlating the nurse's health program with a campaign to a good effect.

The general health status of the individual is determined in part by the surroundings under which he lives and works, therefore it is important for the nurse to thoroughly understand the state laws covering the control of environment. She should assist in the supervision of plant hygiene, and sanitation, if asked by her superiors, if not invited, perhaps she could bring out points to her employer that would lead him to believe that she did understand the fundamentals, and thereby ask her to sit in on the meetings. The knowledge of the fundamental principles of industrial hygiene, and recognition of health hazards and methods of control to meet the needs of each situation is important. Natural ventilation is preferred, but in some plants atmospheric conditions must be maintained. The nurse should assist in the maintenance of plant safety, and assist in meeting the requirements of the state laws. The familiarity of the adequate lighting pays, therefore, conserve eyesight, it prevents fatigue and eyestrain, fewer accidents and injuries, less spoilage of materials, and indirectly a financial saving of compensation costs for injuries which might otherwise occur. The matter of drinking water is equally important, its source, and manner in which it is taken at hte plant, for example, fountain or paper cups. washing facilities, toilet , and locker situation, posture and seating of the workers.

As situations arise, it is the nurses duty to immediately respond with all available facts, and never in any way try to force her issue upon either the worker or the employer. They will eventually come to the hospital for some sort of a treatment, and then if proper relations are set up, and you have not been too agressive in your health teachings, the dream which you have in the background of your plans will eventually work in to your program--(if it isn't to far set from the present trend) it is important that a nurse is careful, and diplomatic in all negotiations and contacts. Industrial nursing is still in the hands of the hard headed business man, and to him dollars and cents is the factor to take into consideration.

It is foolish for any nurse to believe that she could in a short time revolutionize the industry in which she work, in all probability it would mean her job, therefore learn the methods in which previous nurses have carried on then as you become more acquainted with the new situation you can work in your own ideas, and they will be much more likel y to be accepted.

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