

nurses were selected by us, the great majority being secured through the services of Mrs. Curtis, wife of the Superintendent of Freedman's Hospital, Washington, D. C., who was sent to New Orleans and other southern points for the purpose.

It was in August that the terrible epidemic of typhoid fever, which raged through the army, caused ever-increasing demands for nurses. Our eligible list, by reason of these large calls, became seriously reduced. August 15th there were about 326 nurses in the army; August 31st there were almost 1,000. We begged our committees of Daughters to secure new applicants, and we sent repeated appeals to the superintendents of training schools. The situation was critical, and for some time we were confronted with the possibility of not being able to secure enough trained nurses. At this same time many soldiers were being sent to civil hospitals, and to their own homes, and the services of nurses were urgently in demand to care for them. Although the profession had seemed overcrowded in some parts of the country, it became manifest that in time of such great emergency, the demand still exceeded the supply. We would not send even graduate nurses whose superintendents had written us that they were undesirable, nor would we send nurses without training. We did then accept, however, graduates from small special schools, graduates from insane asylums, and even some graduates from training schools which did not require hospital residence. But even with these concessions, the appeals from some of the camps could not be met, and surgeons at some of the hospitals, notably Jacksonville and Lexington, were authorized by the Surgeon-General to make contracts with any women who offered services. Those were trying times in Jacksonville, and it is no wonder that some of the women who volunteered and were accepted by the surgeons without inquiry, proved not to be of the same class as their companions in the service. At Montauk, also, the Chief Surgeon had authority to contract with volunteers who went there, and at the Detention Hospital a number of these were not trained nurses.

In August the services of several Catholic orders were accepted, the principal one being the Sisters of Charity of Emmitsburg, Md. They, individually, filled our Daughters' application blanks, showing their qualifications, and were appointed and paid on exactly the same terms as the other nurses. Under the pressure of urgent need, however, we called for every Sister that could be spared, and, consequently the Mother Superior sent 200 to the camps, although but 100 had been originally offered. Naturally many of those later sent were not so thoroughly qualified as were the Sisters in the early parties. No Sisters of Charity are in the service now, but their help in the emergency was indeed a God-send.

After my appointment as Acting Assistant Surgeon, and assignment to duty in the Surgeon-General's office, under his immediate direction, in charge of matters pertaining to women nurses in the army, the rules of eligibility previously framed were continued, excepting that the assistance of my fellow-officers of the D. A. R. Hospital Corps and our committees throughout the country was at an end. Since high-water mark about the middle of September, the nurses have been reduced from over 1,200 to the present number of about 350—probably the fewest that will supply army needs for a long time to come.

The success of the woman nurse in the army is undoubtedly a matter of deep interest to every American, and of vital interest to the nursing profession. And the first requisite for that success is that the women accepted for army work should be qualified therefore—physically, mentally and morally.

There appears to be no better way to provide against the admission of physically unsuitable women than by requiring a certificate from a physician as to the applicant's health and strength. I should judge 25 to be the lowest age acceptable for army nurses, but as applicants over the age of 40 years are rare, it is unnecessary to make a higher limit.

Mentally, a nurse must have had a proper and sufficient training. The critical question is, What constitutes such training? and it is this question which I wish the trained nurses of the country to decide. The principle is clear, namely: No nurse who is competent to properly care for sick and wounded men should be excluded from the army on artificial grounds. Practically it is necessary to designate the specific training schools who uniformly graduate competent nurses. It may be conceded at once that training schools which do not require hospital residence and even, probably, those which require hospital residence for a period of less than two years, do not give a sufficient training. The same may be said of schools where the class of patients is so limited as to give the pupil nurse insufficient knowledge of disease, as in the case of sanitarium for convalescents and in insane asylums. But does, for instance, a training in a hospital for women and children give the nurse such a training in the principles of her profession as would enable her to apply them successfully to male patients? Do graduates from very small general, or from special, hospitals fully compensate for what they lack by taking a course at a post-graduate school, such as the Cancer Hospital in New York, or the Emergency Hospital in Washington?

And again, do not hospitals sometimes graduate a nurse whom they would not be willing to have appear as their representative? Are the hospitals

[previous page](#)

[next page](#)