THE TRAINED NURSE

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CINCINNATI, OHIO

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§ 1.

The trained nurse has become such an important factor in every community that the public should be fully enlightened as to what constitutes the preliminary education and high standard of her training in our hospitals.

We of Cincinnati are proud of our hospitals, municipal and denominational, and the excellent schools for nursing which they have and are developing. I feel certain you will all agree with me that it is fitting for us on this occasion to pay a few words of tribute to those who were the pioneers of this work in Cincinnati. Standing out in bold relief, there are two figures to whom we are all glad to do homage, because of the splendid service they performed in our midst; both were unusually well qualified for the pioneer work; both reared enduring monuments to themselves in the development of the schools of nursing over which they presided.

Who does not recognize them? Need I say that I refer to Miss ANNIE MURRAY, who founded the training school of the Cincinnati General Hospital, and to Miss MARY HAMER GREENWOOD, of the Jewish Hospital? And it would seem to me a graceful act to send to each in her retirement, greetings from this Associa-

* Address before the Ohio Nurses' Association at the thirteenth annual meeting, Cincinnati, June 6, 1916.
tion towards whose growth they contributed so much. Neither should we forget the services rendered to the cause of nursing by the enthusiastic women through whose efforts Miss Murray was brought here.

The leaders in the organization that brought about the establishment of the first training school for nurses in Cincinnati were Miss Annie Laws, Mrs. Charles P. Taft, Mrs. A. Howard Hinkle, Mrs. John A. Gano, Mrs. Frederick Huntington, Miss Eva Keys and Miss Alice Neave.

§ 2.

It is only forty years since Florence Nightingale's training system for nurses was brought to this country and introduced in the Nursing Department of Bellevue Hospital in New York.

To-day, there are in this country more than 1,300 training schools, with 40,000 student nurses in training and the number steadily increasing. This demonstrates conclusively the necessity of the nurse as an important factor in our social fabric.

Nursing is the one profession in which women greatly excel men, and it is very desirable that a sufficient number of women of the better classes be attracted to this work.

As long as the nurses came only from the lower and uneducated classes, and the training was really only manual, and not intellectual, nursing could not be raised to the rank of a profession. This, however, is all changed. The requirement to-day of a high school education, now demanded in the leading schools—and we hope it will soon be required in all training schools—is responsible for the fact that several universities are now incorporating training schools for nurses as one of their departments.

I believe the University of Minnesota was the
first to recognize the school for nurses, and I beg to quote from Dr. Beard, professor of physiology in the above institution. He says: "The university education of the nurse and the university control of the training school for nurses, as a department of instruction, is an accomplished fact. The training school for nurses of the University of Minnesota, as well as the university hospital, is in the direct charge of the faculty of the College of Medicine and Surgery. Its preliminary courses of instruction and its undergraduate lectures are given in the laboratories and lecture rooms of that college. Its examinations are conducted by the chiefs of the college departments. Its diplomas are conferred by the Board of Regents of the University upon recommendation of the faculty.

"Its integrity as a teaching department is assured not only by its university control, but by the fact that the university hospital exists in itself as a purely teaching institution. It is the clinical laboratory of the college. It is devoted to the education of medical students and the training of nurses. So conceived and so maintained as a teaching hospital, it must of necessity realize the highest ideals of a hospital service. Its existence is justified by the attainment of nothing less. Entertaining, as it does, free patients from all parts of the State, selected for the clinical contribution they offer, and selected, moreover, from among those who are unable to pay for care and treatment, the realization of these ideals is unembarrassed by any secondary considerations. The best results to the patient and the highest values to the student in the practice and teaching of scientific medicine are its only and its lofty aims."

§ 3.

Having established the fact that nursing demands higher education and that it has become
a calling allied with medicine and theology, and that the rich as well as the poor are vitally concerned in the training of the nurses, there is good reason why the schools of nursing should in the future receive endowments for their higher development and maintenance, as do the schools of theology and medicine.

Dr. Hurd, former superintendent of Johns Hopkins Hospital, says: "Is it not the duty of the public, rather for its own welfare, to see that nurses' training schools are adequately endowed, so that young women of character and ability can be induced to come to them, and so that when they come to such training schools they may be properly instructed for the discharge of duties which take hold of the health and welfare of the entire community?"

But all of our efforts for higher education and standards for nurses are unavailing unless the hospitals with inferior facilities that are now permitted by law to graduate nurses, shall be required to come up at least to the minimum standard.

The violent opposition to this proposition that was displayed by certain members in the convention of the Ohio Hospital Association in this very room a few days ago but demonstrates that, in some instances, pecuniary and selfish interests are placed above the higher standards and purer motives that will eventually prevail in the interests of the sick.

The Committee on Training Schools of the American Hospital Association in 1909, brought in the following report: "It is the sense of the committee that hospitals of less than twenty-five beds which can not affiliate or maintain some association with larger institutions, on account of their isolated or financial condition, should not attempt to maintain training schools for the training of nurses." And the New York State Education Department also states that "the hos-
hitals with which such schools are connected must have not less than fifty beds and a daily average of thirty patients. Each bed must meet the requirements of the State Board of Charities as to air space. The hospital should provide experience in the following departments of nursing: medical, surgical, obstetrical and pediatrics. Training schools connected with the hospitals not providing adequate opportunities for experience in all of the above departments must become affiliated with institutions approved as giving such experience.”

§ 4.

To this I would add, that in every city where a contagious hospital is maintained, the nurses graduated from any training school in that city should, through affiliation, receive a course of instruction in the care of scarlet fever, measles and diphtheria.

That such affiliation is seldom brought about is proven by the statistics given by Miss Nutting in her splendid monograph. She says that “of 172 small hospitals averaging twenty-five patients daily or under, to which letters of inquiry were sent, training schools were maintained in 167. To the question whether they affiliated with larger hospitals, the answer from thirty-one was that they had some such arrangement; 115 reported that they had no affiliation, and twenty-six failed to answer the question, which means that they did not affiliate, making 146 institutions with but a few beds, and who graduated nurses whose diplomas permitted them to rank with the highest institutions in the land.”

This is about as unjust as were a country school to issue diplomas that by law should be recognized the equal of those granted by the leading universities.

I wonder how long this farce will be countenanced? This brings me to the fact that for the relief of the smaller hospitals and that large class of the population who are either not poor enough, or too proud, to obtain a charity bed in our large hospitals, nor rich enough to pay $25.00 or $30.00 per week and maintenance for a high class nurse—especially through an uneventful but prolonged convalescence—there should be developed another class of women whose qualifications and course of study and training shall be much below that of the nurse, who shall not have the privilege of using the name "nurse," who shall wear a distinctive uniform and badge so the laity can not be deceived, who for purposes of control shall be registered, and perhaps be known as "convalescent attendants," and whose compensation shall be half or less than that received by the trained nurse.

§ 5.

I am aware that this subject is not new to you. I also know that some of your leaders in this country are opposed to this movement, fearing that it might do an injustice to the properly qualified nurse, but with the restrictions, enumerated above, I believe such fears to be groundless, and would strongly advise you, as an organization, to approach this question with an open mind, and endeavor to solve it in such a manner that there shall be justice and benefit to all and injury to none.