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EDITORIAL COMMENT



MISS RICHARDS' REMINISCENCES

WE have received, as we go to press, an unbound copy of the "Reminiscences of Linda Richards, America's First Trained Nurse," published by Whitcomb and Barrows of Boston, in which the author gives a very brief outline of her thirty-nine years of nursing work, a most valuable page of nursing history and an inspiring record of the far-reaching influence of one woman in the pioneer field of nursing.

Our only criticism of the book is its brevity, but as stated in the introduction, "Those who have known Miss Richards best will read between the lines." This book should be in every training school library and be widely read by nurses everywhere.

Those who were privileged to be her pupils or to work with her will recognize in these pages the enthusiasm and sense of humor which were so characteristic of her. She has fought the battle of the path breaker, and her work has been to lay solid foundations on which those of, perhaps, less courage have been able to build successfully and to reap the reward which was properly hers. The photographs that are given do her scant justice, especially that representing her before going to England. She had, as a younger woman, when we knew her best, fine color, beautiful hair and eyes, an erect and commanding carriage, and the whole effect was of a vigorous personality, but like so many others of animated features her photographs did not reproduce her spirit.

Miss Richards' influence has been felt in the training schools of the New England Hospital, first as a pupil, then as a teacher, at Bellevue and the Massachusetts General, as a visitor at St. Thomas' and King's

College Hospitals in London, and the Edinburgh Royal Infirmary,—in the Boston City Hospital, in organizing training school work in Japan, in the Philadelphia Visiting Nurse Society, in Kirkbride's Hospital for the Insane, the Methodist Episcopal, Philadelphia, Brooklyn Homœopathic, Hartford, University of Pennsylvania, Taunton Insane, Worcester Hospital for the Insane, Kalamazoo Insane Asylum. With the great numbers of pupils she has trained her influence for progress has been like that of an endless chain and will continue so long as there are problems to solve and battles to fight in the interest of nursing progress.

COMMENT ON A LETTER FROM A PRIVATE NURSE

WE publish in the letter department a communication from a private nurse who feels that the Associated Alumnae is too much an association of superintendents, to the exclusion of private nurses, who are not sent frequently enough as delegates. We think those who have attended many of the conventions would not agree with the writer. The same women, engaged in private nursing, are to be met at these meetings year after year, many of them having become permanent members and attending at their own expense.

There are certain offices, in both local and national associations, whose holder must have a permanent address and a certain amount of available time, and it seems to be almost impossible for the private duty nurse to fill these simply because of the nature of her work and the uncertainty of her time. Both groups of women are necessary for complete representation of nursing interests, and the minute we set up barriers that separate one from the other, we shall lose strength and interest.

One needs to have been a superintendent to realize the stress and strain and the heart-breaking problems of the teaching body. While the public may recognize individual donors and boards of managers as providing beautiful nurses' homes and improved facilities for the training of nurses, back of these is always to be found the individual teacher who, in addition to the burdens of her daily routine, is using her influence quietly and usually without recognition for the promotion of such advantages.

While there may be an occasional woman who, in her relation to the private nurse, is always the arbitrary superintendent; she is no more representative of the entire teaching body than is the arrogant, dissatisfied graduate representative of the reasonable and helpful women who form the great rank and file of the private duty nurses.

THE CENTRAL NURSING SCHOOL

OF late years, with all the developments in various directions, the idea of a preparatory or central nursing school has been seemingly lost sight of. The suggestion that has been made in England that the memorial to Miss Nightingale should take the form of a nursing college brings the matter freshly to our minds with the hope that it may be taken up by the Society of Superintendents, which would seem the proper body to move, and then some definite steps might be taken for the establishment of such an institution of learning for nurses in this country.

At the graduating exercises of the Massachusetts General Hospital, Miss Goodrich, who now represents the nursing profession in the Education Department at Albany, advanced the idea that as the states are now requiring certain standards and facilities for nursing schools, they should quite properly bear some part of the expense of their maintenance. We know Miss Goodrich is studying along these lines, and we hope she may evolve a plan by which the state may aid in putting such suggestions in practical form.

CONTRIBUTIONS ON SEX HYGIENE

AT this time when so much attention is being paid to sex hygiene and moral prophylaxis, and the education of the young on such topics, we feel that we cannot too frequently present the subject to our readers. The paper on Moral Prophylaxis by Dr. George P. Dale will run through three issues of the *JOURNAL*, and after describing the two principal venereal diseases, he will touch on the subjects of ophthalmia neonatorum, prostitution, educational features, what boys and girls should be taught.

We have, too, the pleasant prospect of a paper written especially for the *JOURNAL* by Elizabeth R. P. Cocke on a kindred theme. Miss Cocke has been making a special study of this subject during the past winter, has been speaking to nurses' and mothers' associations, and can show how a nurse may help in this campaign.

THE SLIDING SCALE

IN connection with Miss Parsons' paper, with which we are in entire sympathy, we want to touch again on the question of the sliding scale of compensation for all classes of nurses.

It has been one of the curious features in the development of nursing, that as a class we have been so willing to follow the dictation of others

in regard to our charges. Who is responsible for the fixed charge which has been so established a custom? Our experience goes back to the third year of trained nursing in this country, at which time \$15 a week was the recognized charge in New England, and this amount seems to have been fixed by the first boards of managers and the physicians associated with them. Our first work after graduation was with Dr. S. Weir Mitchell in Philadelphia, who was just beginning to be famous, where we had two rather easy cases in a private house, for which \$18 a week, nine for each patient, was looked upon as very liberal compensation. Little by little, in different sections of the country, the amount was raised to \$18, \$20, and \$21, but it seems to have stopped with \$25, with but few exceptions.

While undoubtedly our organizations of later years have had much to do with the gradual increase in the charge, we think they are also somewhat responsible for its remaining stationary. It has always seemed to us that for an organization or registry to establish a schedule from which its members may not depart is to curtail the liberty of the individual.

While we are in favor of the slide upward, we want to say a word also in favor of the slide downward. Not all nurses are alike capable, competent, adaptable, well trained. Experience adds great value to a nurse's usefulness in private, social, and institution work up to a certain point, and at that point—unless she exerts herself to keep to the mark, to improve opportunities to advance, to keep her mind open to suggestion and free from cock-suredness—her value grows less, and a later graduate is preferred. Why should a young superintendent, who has had no executive experience, command the same salary as one who has successfully worked out hospital and training-school problems? Why should a private duty nurse, who has not learned how to fit into the home life of her patient, charge the same as one who has established her clientele and is in constant demand? Why should the visiting nurse, who is just learning the A. B. C. of social problems, compete with her whose years have made her a valued social worker? Indeed the visiting nurse associations are solving the problem faster than most other bodies, for most of them provide increasing salaries for increasing years of service, and in this they are followed by the army and navy nurse corps. It is usually the private nurse and the institution worker who expect to begin and end their nursing career with the same rate per day or week.

Circumstances should alter cases, too. It is reasonable that in a rural community where ready money is scarce, but where living expenses

are low for both nurse and patient, salaries should be less than in congested cities where every turn one makes is attended with unavoidable expense.

It seems reasonable, also, that charges made for the very rich, all of whose living is done on a lavish scale, should be different from those for the people of moderate means who are able to take care of themselves under ordinary conditions, but who are to some extent submerged when some member of the family has a long and serious illness.

While in the beginning the fixed charges were easily held to because of the fact that the demand was greater than the supply, as the market became overstocked with nurses, if it were not for this fixed rate prices would adjust themselves, the worthy would get more and the unworthy less. Those nurses who have become so popular that they cannot meet all the demands upon them have a right to increase their rate of charge, while those who, through some failure in their preparation or in themselves have proved less acceptable, should very properly accept a lower rate.

When the law of supply and demand has broken down the fixed charge, the nurse who is inefficient or lazy, but who sits at home waiting for a call at full price, refusing all others, will be forced to keep herself alive or give up nursing altogether, and there will be fewer of this type.

If nurses are privileged to increase their charges, they should feel also an obligation to the community to lower them when occasion demands. The right to increase the rate for people who can pay should carry with it the obligation to lower it for those who cannot.

We are always sorry when we see reports from nurses' meetings that there has been a discussion of charges which has been publicly reported. It helps give the stigma of trades-unionism rather than professionalism, and gives the public the idea that no nurse ever lowers her charges, which we know is false. We venture to say that there has never been a nurse of proper spirit who has not at some time in her career lowered her rate out of consideration for the people she served.

In considering the work of visiting nurses, the error is sometimes made of supposing them philanthropists and therefore not to be considered on the same level as other nurses. It is true that they are employed by philanthropists and that they are part of a great philanthropic and educational movement, but they, themselves, are women earning their livelihood, with a future to provide for, and they should no more be classed with philanthropists than are other nurses, all of whose work is merciful in character, but wearing to soul and body, and worthy a remuneration proportioned to the service rendered.

NATURALIZATION SOMETIMES OF VALUE

WITH the development of all kinds of nursing work which come under civil service and national laws, foreign-born nurses are having forced upon their notice the advantages of becoming naturalized citizens. Canadian-born nurses, especially, form a large proportion of our graduates, and it is a question whether they do not outnumber the Americans, or that they did so in the earlier days, at least. While their field of work was confined to the home or to institutions, they could continue to claim their residence in their native country, and the taking out of naturalization papers was entirely unnecessary for effective work. They have been given full membership in all of our associations, and have been registered by the different states, being only required to claim legal residence in the state, which only means proof that one has lived in a given locality for a certain length of time.

With the coming of positions under civil service, which is so often combined with various forms of social work, conditions have arisen which make naturalization necessary to those who desire to do such nursing. We have recently had our attention called to several instances where nurses, having every intention of making the United States their permanent home, had been turned down in public positions because they had never taken out their papers. Several of these did not understand the necessity for a woman's taking out citizenship papers, as they supposed citizens had no privileges but that of the ballot. They did not appreciate at all the protection of citizenship to a nurse in a foreign country; for instance, that this entitles them to the American passport; nor did they realize that it would open to them civil service nursing positions.

One nurse lost a two years' trip in the Orient because she had come to this country at the age of six, and her father had never taken out his second papers. In another instance, two excellent nurses, experienced and well fitted for the work, lost their positions when the Department of Health employing them went under civil service. In the third instance, a nurse who had always considered herself an American citizen discovered that she was not eligible for its privileges because her father did not take out his papers until after her twenty-first birthday.

To become an American citizen requires five years residence in the United States; the first papers, which cost one dollar, are really the oath of allegiance and may be taken out immediately after arriving in America, but the second papers will not be issued until after at least five years residence. If, however, a person has been three or more years in the country when the first papers are taken out, the second papers

will be issued two years after the date of the first papers. The second papers cost four dollars, and to get them a person must have two witnesses, citizens acceptable to the board issuing the papers and who are not afterwards challenged by the Washington authorities.

A nurse wishing to take out first papers, or to obtain detailed information regarding the requirements, should apply to the clerk of the court in the city or county where she is living.

Superintendents of training schools having a large number of foreign-born pupils should make it a point to instruct them as to the growing importance of this matter.

The Red Cross does not require naturalization for enrolled nurses, but in case of war, those sent to the front would be required to take the oath of allegiance.

AN EXPLANATION

THE news items will be found somewhat disarranged and not in the usual groupings. It was necessary to print them in the order in which they were received, instead of waiting until all were in hand, as usual, in order that this edition of the JOURNAL might be ready for the Boston meetings.