

recent period—excluding France and Spain, for which countries no later figures are obtainable—the relative status of the United States service is found to be as follows:

Country.	Year.	Admissions to hospital or infirmary per 1,000 strength.	Death rate per 1,000 strength.	Discharges for disability per 1,000 strength.	Total losses per 1,000 strength.
Germany	1895	819.0	2.6	9.0	11.6
Belgium	1897	429.3	2.0	12.4	14.4
United States	1897	1,186.61	5.11	9.61	14.72
Great Britain (home stations)	1897	640.6	3.42	19.87	23.29
Italy	1897	684.0	4.2	21.2	25.4
Russia	1896	314.6	5.40	24.9	30.30
Austria	1897	332.7	4.0	37.5	41.5

It is evident from the above that much has been accomplished during the past decade toward improving the sanitary condition and effectiveness of our army, and it is safe to assume that at the present time the United States soldier is better cared for than is the man-at-arms of nearly every other military service.

Although, as stated, attempts at the comparison of statistics of different armies are at best necessarily inaccurate and unsatisfactory, within the limits of the same service such action is both feasible and desirable; the standard for the health of an army, as expressed by Smart, being its own best annual record. Outside of unusual vicissitudes, exposure, and epidemics, and of the unsanitary conditions which bring disease and death into the ranks of a military command during campaign, the sanitary surroundings of the soldier do not vary much from year to year except as they are modified by intelligent efforts for their improvement. What has been accomplished in the past should therefore be effected in the present; or satisfactory explanation should be given of the cause of failure, which would thus be converted into a source of protection for the future.

As to military rates as affected by the geographical distribution of troops, the following table shows the relative sickness among the forces stationed in the various military departments within the limits of the United States during the year 1897:

Department.	Annual death rate per 1,000 strength.	Annual discharge rate per 1,000 strength.	Duration of treatment among patients who died.	Duration of treatment among patients who were discharged for disability.	Average number of sick daily.	Average duration of treatment.	Total losses by death and discharge for disability.	Admission rate per 1,000 strength.	Constantly non-effective per 1,000 strength.
East	5.61	5.85	17.80	83.40	287.28	10.38	11.46	1,260.04	35.83
Missouri	5.30	6.91	16.78	86.06	157.36	11.13	12.21	1,188.89	36.25
Dakota	4.77	9.55	28.17	109.54	85.28	12.70	14.32	975.33	33.93
Platte	4.27	4.59	22.37	119.67	96.61	10.43	11.86	1,294.41	36.99
Texas	6.24	7.38	5.27	100.38	69.88	9.51	13.62	1,522.14	39.65
Colorado	3.56	13.93	73.45	115.81	110.07	10.21	17.49	1,274.05	35.66
California	3.15	6.30	24.40	66.40	41.81	11.81	9.45	813.90	25.33
Columbia	6.20	10.33	36.56	75.47	37.25	11.94	16.53	788.44	25.65

From the above it is seen that the Department of California is the most healthful, with the Department of the Columbia and Dakota closely following. The Department of Texas has long been recognized as the most unhealthful military division.

The statistics for the entire British army in time of peace are of particular importance, covering as they do a large number of geographical divisions under diverse climatic conditions and enabling the making of accurate comparisons through the similar sanitary, military, and administrative conditions prevailing throughout the whole. The figures for that service, for the ten years 1887 to 1896, are given below.

RATIO PER 1,000 STRENGTH.

European Troops.	Admitted.	Died.	Sent home as invalids.	Discharged as invalids.	Constantly non-effective from sickness.	Average sick each soldier.	Average duration of each case of sickness.
Troops at home and abroad	997.4	8.81	23.65	14.52	58.57	21.38	21.47
United Kingdom	735.9	4.68	16.27	42.51	15.32	21.04	21.04
Gibraltar	708.8	4.01	15.23	8.25	46.65	17.02	24.01
Malta	666.9	7.53	19.20	10.53	44.29	16.17	24.25
Egypt and Cyprus	968.8	11.08	19.04	12.09	65.48	23.90	23.93
Canada	499.1	4.37	14.54	11.90	25.54	9.32	18.68
Bermuda	532.2	10.07	12.65	8.14	29.58	10.80	19.31
West Indies	1,119.3	8.43	20.23	13.40	64.48	23.54	21.08
West Africa*	2,652.7	45.02	237.94	12.86	84.89	30.98	11.68
South Africa and St. Helena	868.3	6.63	23.97	14.54	55.85	20.39	23.48
Mauritius	1,364.4	15.04	35.94	17.42	73.76	29.32	19.37
Ceylon	1,028.0	11.10	20.35	11.42	58.29	21.37	20.69
China	1,324.7	11.31	33.34	14.28	64.97	23.71	17.91
Straits Settlements	1,072.1	6.73	18.14	9.27	72.48	26.46	24.68
India	1,443.9	15.50	25.17	13.24	84.87	30.98	21.45
On board ship	1,132.8	6.41					

* For eight years only, 1889 to 1896.

It is readily seen that the total losses vary from the minimum of 12.26 per thousand at Gibraltar to the maximum of 57.88 on the west coast of Africa; while the death rate of troops at home is only about half that of the entire army. The discharges for disability in the latter instance are slightly higher, the constant non-effective considerably lower, as is also the number of days lost by each soldier.

The mortality among the European troops of the French army on foreign service per thousand strength is, according to Gayet, thus proportioned among the following stations:

Algeria	11 to 12
Antilles	18 to 22
Senegal	about 73
Réunion before the Madagascar expedition	28 to 30
Réunion after the Madagascar expedition	80 to 90
New Caledonia	9 to 10
Cochin China	22 to 24
Tonkin	about 75

While statistics with regard to our own troops on foreign service are not as yet available, it is probable that they will not greatly differ from the rates of the British

troops at the nearest of the tropical stations noted above.
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ARMY NURSE CORPS.—In the days of peace, between the civil and the Spanish wars, nursing in the army was done entirely by men. At the end of March, 1898, there was a body of 520 hospital corps men in all degrees of training as nurses for army work, as well as 203 hospital stewards and acting stewards who may be considered the equivalents of graduate nurses in civil hospitals. This number, barely adequate for an army of 25,000 men in time of peace, was, of course, wholly inadequate in time of war for an army of ten times that size, and although it was planned greatly to increase the hospital corps, it was evident that the raw material obtainable could not do the work of trained nurses. Therefore, to supply the approaching necessities of the army, the United States Congress, in April, 1898, at the request of the surgeon-general, authorized him to employ nurses under contract and made an appropriation for their payment. No restriction was made as to sex, but at that time it was the opinion of the War Department that but few women nurses would be needed and that their services would be limited to the general hospitals. Several hundred women, largely untrained, had already applied, but the force of the surgeon-general's office was too limited to permit of any examination of their qualifications.

Knowing these facts, the writer suggested to the National Society of the Daughters of the American Revolution (of which she was a vice-president-general) that that organization should act as an examining board on women nurses for the Government. The surgeon-general of both the army and navy promptly accepted this offer of the Daughters, and in April the "D. A. R. Hospital Corps" was organized, with the writer as director.

The standard adopted for appointment to army service was that of graduation from a training school, combined with suitable indorsements, the chief reliance being placed on a recommendation from the superintendent of nurses under whom the applicant had graduated. Women physicians were also considered eligible, although but few were appointed.

The first nurses were appointed on the 10th of May, 1898, and ordered to the general hospital at Key West, and before the 15th of July, forty-seven nurses had been asked for by surgeons at different general hospitals and had been selected by the "Daughters" for appointment by the surgeon-general. About this time yellow fever appeared among the Santiago troops, and nurses were urgently needed there. The surgeon-general, therefore, employed the wife of the superintendent of a Washington hospital and sent her to New Orleans to secure the services of immunes, both male and female. The majority of the nurses so appointed were colored women without hospital training, a considerable number of whom were sent to Santiago in July and August. The "Daughters" also supplied a few trained immune nurses for this service.

During the month of August an epidemic of typhoid fever broke out in the camps which had been established as temporary places of instruction for the volunteer troops. It also became evident at that time that these camp hospitals had lost their original character and become practically stationary, and consequently the objection to the employment of women nurses in them had disappeared. During that month, therefore, and especially in its latter half, the demands for women nurses grew to an entirely unexpected amount, and the roll of army nurses reached about a thousand names. Not only did they go to general and field hospitals, but whenever the surgeon in charge of a division or post hospital so requested, trained nurses were assigned to duty under him. During the

fall it became not uncommon for regiments or larger divisions of troops, when they moved to Southern camps or to Cuba, to take with them the trained nurses attached to their hospitals, and no inconvenience or difficulty has been reported as having ensued.

It is needless to refer to the great value of the work rendered by these trained assistants to the medical department of the army, since surgeons, patients, and the public at large have been most enthusiastic in their expressions of appreciation. There was scarcely a training school in the United States which did not send some of its best representatives for this work, and the women adapted themselves to camp conditions and to many sorts of discomfort in a manner that quite altered many preconceived opinions.

During the greatest stress of the work valuable assistance in securing the services of nurses was rendered to the government, through the "Daughters," by a number of organizations. The Sisters of Charity merit prominent mention in this connection, as they furnished from their order two hundred Sisters, many of whom had much hospital experience. A few of the Sisters from four other Catholic organizations and from one Protestant Episcopal Sisterhood also served for a time. The Society for the Maintenance of Trained Nurses, which was Auxiliary No. 3 to the American National Red Cross Relief Committee of New York, in August, and for a month or two thereafter, examined the credentials of a large number of applicants, and certified to their having conformed to the standard established by the "Daughters." This society was unique in its work of furnishing money for the transportation of many nurses and for their comfort while waiting orders in New York City and while serving at certain army hospitals. Much valuable aid was rendered by the superintendents of training schools, although it is an interesting fact that no organization of trained nurses has rendered any noteworthy assistance. In spite of the overcrowding which had previously been complained of in the nursing profession, there was much difficulty at the time of greatest stress and need in securing enough suitable applicants to fill the demands from the camps. The chief surgeons at Montauk, Jacksonville, Lexington, and San Francisco were therefore authorized to secure women nurses without regard to training, and in this way a few undesirable appointees unavoidably crept in.

In addition to the army nurses temporary help was accepted at a few hospitals from women who were not connected with the medical department. That such should have been the case is much to be regretted, as irregular nurses are not subject to control and discipline and do not hold the same honorable position as do women who have governmental authority for their presence with the army.

As the women who were assisting the government on behalf of the Daughters of the American Revolution, and of the societies which were co-operating with them, held no official positions, their work was necessarily limited to the selection of nurses for appointment. By the end of August, 1898, it became necessary to establish an army nurse corps division of the surgeon-general's office, and Mrs. Anita Newcomb McGee, M.D., was therefore appointed an acting assistant surgeon and assigned to duty in charge of that division.

After the middle of September, at which time about twelve hundred nurses were in service, there was a gradual decrease resulting from the control of the typhoid fever, and later from the mustering out of the volunteer army. At the close of 1898 there were nearly seven hundred women nurses in the army, the largest number at any one place being one hundred with the Seventh Army Corps, near Havana, Cuba. A large number had also been taken to Matanzas and a few to Puerto Principe, Cuba, and many others were scattered through the camps in the Southern States in preparation for possible transfer to that island. About thirty nurses were in the province of Santiago, including the remnant of the untrained immunes sent there in July and August, 1898.

The work of substituting graduate nurses for such of these as were untrained had, however, been well begun. The beginning of the year also found seventy nurses scattered through Porto Rico.

On the first of July, 1899, there were 202 women nurses in service, since which time the number has ranged between 200 and 225. The total number of women who served as army nurses prior to July 1, 1899, was 1,563, and the number of applications at that date had almost reached 6,000.

The mortality among the trained nurses has been extremely small, the deaths numbering only 5. Five of the 250 Catholic Sisters also died, as did 3 of the untrained (immune) nurses. All except two deaths were from typhoid fever.

Side by side with the general improvement of the standard of army nurses, made possible by the reduction in numbers, has gone the organization of the "Army Nurse Corps" as a whole. Under date of November 7, 1898, the first rules governing this body were issued by the surgeon-general. This circular contained barely three pages, and was practically a preliminary draft of rules, which grew and underwent modification with wider experience. The constant changes in the organization of the army itself rendered it impossible to organize at one step its nursing department, but during the winter and spring of 1899 every fact was fitted into its appropriate place as a precedent and guide for rules which were to be of permanent value.

The complete organization circular, after several months of consideration, was finally approved by the Acting Secretary of War on July 20, 1899, and issued as Circular No. 1 from the surgeon-general's office. In this the term "Nurse Corps" was first made official. These rules were reissued, after slight modification, as Circular No. 1, Surgeon-General's Office, March 9, 1900, which reads as follows:

Circular No. 1, Surgeon-General's Office, June 20, 1899, promulgating regulations governing the Army Nurse Corps (female), is amended to read as follows, and is republished for the information and guidance of all concerned:

The nurse corps shall consist of chief nurses, nurses, and reserve nurses.

The surgeon-general may assign female nurses to duty at all army hospitals where the cases treated are of such character as to require the care of trained nurses. Under ordinary conditions not more than two will be assigned to a hospital having less than twenty beds.

A medical officer requiring the services of female nurses at a hospital will make application to the surgeon-general through the chief surgeon (see paragraph on "Transfers").

At each hospital to which nurses are assigned one of them shall be a chief nurse, appointed by the surgeon-general.

Women not under army contract will not be permitted to serve as nurses in army hospitals unless in an unforeseen emergency, and in such case the medical officer in charge of the hospital will immediately report the fact to the surgeon-general for his action.

Appointment.—To be appointed in the army a nurse must be qualified therefor physically, mentally, and morally, as hereinafter provided:

1. She must present a physician's certificate of health on a blank form which will be furnished by the surgeon-general.
2. She must be a graduate from a training school for nurses which gives a thorough professional education, both theoretical and practical, and requires at least two years' residence in a hospital.
3. She must be indorsed by the present superintendent of nurses at the hospital from which she graduated and also by the one under whom she was trained. Blanks for these indorsements will be furnished by the surgeon-general and are to be returned directly to him.
4. She must be a citizen of the United States.

These provisions may be waived in part in the cases of dietists, of immunes to yellow fever, and of nurses who have rendered satisfactory army service during the Spanish-American war.

[Note.—Nurses are not appointed under the age of twenty-five, but in order to receive correct information, it has been found necessary not to publish this rule in the circular. The application card blank, which is furnished all trained applicants, asks the name, address, date and place of birth, color, height, weight, whether single, married, or widow, and other questions, the principal ones being: Are you a graduate of a training school for nurses? If so, what school and what year? What other hospital experience have you had? Have you nursed continuously since graduation? If not, what has been your occupation? What experience have you had in invalid cookery, and have you had yellow fever?]

Term of Service and Annulment of Contract.—When a nurse on the eligible list is appointed for active service, she signs a contract to serve for at least one year, unless sooner discharged.

When appointed, a nurse is considered as on probation regarding her fitness for army duty, and if not found acceptable will be recommended for annulment of contract by the chief nurse. Such recommendation, approved or disapproved by the medical officer in charge of the hospital, will be forwarded to the surgeon-general.

The contract of a nurse will not be annulled at her own request except for good reason, presented in writing and forwarded to the surgeon-general through the chief surgeon.

When a medical officer has more nurses than are needed at his hospital he will report the fact to the surgeon-general, if the hospital is in the United States; otherwise he will report it to the chief surgeon of the department. If the surgeon-general or chief surgeon does not transfer the surplus nurses to another hospital, they will not be granted a leave of absence, but will be ordered to their homes to report to the surgeon-general for annulment of contract. The medical officer requesting or issuing such orders will immediately forward a copy to the surgeon-general, stating in full the reason for his action, and he will also forward the special efficiency report prepared by the chief nurse.

He will indorse on the nurse's contract the date of her departure from the hospital and the date to which she was last paid, and direct her, on arrival home, to forward it to the surgeon-general and report for annulment of contract or orders. All contracts will be annulled by the surgeon-general (or by his order), who will fix the date thereof. A nurse will not be entitled to commutation of rations while awaiting annulment of contract.

If a nurse prefers to have her contract annulled without returning home, no orders will be issued in her case and no transportation will be furnished, as she cannot receive or use transportation orders after annulment.

Pay.—For service in the United States a nurse will be paid \$40 a month, and in Cuba, Porto Rico, the Hawaiian Islands, or Philippine Islands, \$50 a month.

All chief nurses receive the same allowances as nurses, and where less than five nurses are constantly serving at a hospital, the chief nurse does not receive increased pay. Where five or more, and less than ten, are constantly serving, the chief nurse receives \$10 a month more than the nurses. Where ten or more are constantly serving, she receives \$25 a month more than the nurses.

Accounts for the pay of nurses under contract will be prepared by the officer under whose direction they may be serving, upon vouchers (Form 4) in duplicate, properly certified by the officer in charge and signed by the nurse and forwarded to a disbursing officer for settlement. No payments to nurses will be made on pay rolls.

Vouchers will be prepared and forwarded at the end of each month, upon the annulment of contract, upon transfer to another station and upon departure on leave of absence or by order; the date of last payment and by whom paid will be stated on each voucher, and upon final voucher the date of annulment of contract.

In preparing vouchers the officer will certify only as

to time of service and amount due the nurse while said nurse has been on duty at the hospital under his charge; except, that upon the presentation of an order for transfer to said hospital, or a leave of absence from which a nurse has returned (if said leave of absence is with pay), the officer will take up on the voucher and credit the nurse with the amount due for the period covered by said order or leave of absence.

The nurse's copy of her contract will in all cases accompany vouchers when presented for payment, and will be returned to her with the check when received from the disbursing officer.

Disbursing officers will note all payments on the contracts of nurses, and will forward to this office, on information slip, the name and amount paid to each, and for what period paid.

Disbursing officers must be careful not to make payments in advance.

New contracts (in quadruplicate) will be made with each nurse when for any reason the rate of pay is changed, two copies to be forwarded to this office, with the oath, one copy to be given to the nurse, and one to be retained by the officer making the contract. The Christian names and surname of the nurses must be given in the contract, and her signature must correspond therewith. The new contracts will be exact copies of the old contracts, with the exception of the change in the rate of pay.

Transportation.—A nurse cannot leave her station except when ordered to do so, or when granted a leave of absence.

Before starting on a journey at public expense she must receive a written order from the proper authority, together with an order for her railway ticket and sleeper (or accommodations on a transport or other vessel). She must also have the date of her departure and the time to which she was last paid indorsed on her contract.

When travelling under orders no delay in starting and no stop-over privileges are allowed.

A nurse returning from service outside of the United States will usually be furnished transportation to New York or San Francisco. On arrival in either city she will proceed to the Army Building, where, on presentation of her travel order, she will be furnished transportation to her destination.

Transportation will not be furnished, nor will travelling expenses be allowed, for any journey which a nurse may take while on leave of absence, except that if she goes to and from the United States she may, if practicable, be authorized to travel on a Government transport.

Nurses, whether still in the service or not, will be reimbursed either by the Quartermaster's Department or by the auditor for the War Department for incidental expenses incurred in any journeys under orders. An itemized account, not to exceed \$2 for each day of travel, must be prepared in duplicate and certified to before a notary. Blank No. 13, Quartermaster-General's Office, may be used for this. When possible, receipts for expenditures are to be appended, and the whole is to be forwarded to the Quartermaster-General, War Department, Washington, D. C., or to the nearest quartermaster, for settlement. In all cases the nurse must furnish her copy of the order in obedience to which she travelled, and if she was not given such copy (or has mislaid it), she must obtain it by application to the officer who directed her return home. This application may be enclosed in an envelope addressed to the surgeon-general of the army, who will forward it to the officer for compliance with her request.

Leave of Absence.—The total duration of leave of absence with pay granted a nurse shall not exceed thirty days in each calendar year, regardless of length of service. The surgeon-general or chief surgeon of a military department or of an army corps, or the commanding officer of a general hospital, or surgeon in charge of a hospital, may grant leaves of absence to a nurse when it can be done without detriment to the service. No leave of absence will be granted unless requested by the nurse in

writing. The nurse must furnish her copy of contract, on which the length of leave of absence, if granted, and whether with or without pay, will in all cases be indorsed. The officer will give to the nurse the paper granting the leave of absence, but will not furnish her orders on which she may secure transportation. The facts will be reported to the surgeon-general on information slip.

When a leave of absence is granted to a nurse on insular service, the time which may be spent in travelling to and from the United States will not be counted.

A nurse on leave of absence in the United States will report the fact, in writing, to the surgeon-general at least one week prior to the expiration of said leave.

At the close of her leave of absence a nurse must report in person at her station, if in the United States, otherwise to the Army Building at the port from which she is to embark for her station.

Special leaves of absence without pay may be granted under exceptional conditions, but shall not exceed thirty days at any one time, unless by authority of the surgeon-general. At places where the services of trained nurses are not otherwise obtainable a nurse may, if she so desires, and with the approval of the medical officer in charge of the hospital, be granted leave of absence without pay in order to take a private case.

An extension of leave of absence may be granted by the same officer and under the same conditions as the original leave of absence, or it may be extended by the surgeon-general.

Illness.—A nurse is entitled to receive medical attendance and medicines when ill. So far as possible this will be provided for at each hospital where she may be serving, but when it is reported as desirable the surgeon-general (or chief surgeon within his department) may give orders for a nurse's transfer to and treatment in some other army hospital. Bills contracted by a nurse for medical attendance cannot be allowed, nor will extra leave of absence with pay be granted because of illness.

The contract of a nurse who becomes ill while in the service will not be annulled during such illness, unless at her own request, but if she so desires she may be ordered to her home to await annulment of contract.

Transfers.—When the necessities of the service require it, nurses will be transferred from one hospital to another. A nurse ordered to duty outside of the United States will usually be expected to remain at least a year. Orders for transfers will be issued by the surgeon-general, except that where a chief surgeon has jurisdiction over more than one hospital he may order transfers between them, reporting the fact immediately to the surgeon-general.

Quarters.—Nurses will be furnished rooms or tents for sleeping, according to the accommodations available at each hospital, and where there are several nurses, one room or tent will be provided as a common sitting-room. Sheets, towels, pillow-cases, table linen, and other washable articles furnished by the hospital for the nurses' use will be washed as part of the hospital laundry.

Rations.—A nurse is entitled to one ration in kind or commutation therefor, as stipulated in the contract.

Nurses will be served in a separate dining-room, if possible, and if their number warrants it; otherwise at different hours from men using the same room. They are entitled to the use of table linen which is supplied to hospitals.

A nurse while on leave of absence will be allowed commutation of rations at the rate of twenty-five cents a day. To obtain this she must apply to the Commissary General of Subsistence, U. S. Army, War Department, Washington, D. C., or to any commissary officer. In any case she must furnish her official leave of absence, which is to be retained by the officer making the payment.

Reports and Returns.—If the nurses assigned to any hospital are too few or too many, the medical officer in charge thereof will report that fact to the surgeon-general.

Every change in the status of nurses, such as arrival,

departure, leaves of absence granted, orders given, death, etc., will, on the day of its occurrence, be reported to the surgeon general by the medical officer in charge of a hospital. Information slips will be used for this purpose, giving Christian names and surname in each instance.

On the last day of each month the medical officer in charge will forward a return of female nurses under contract to the surgeon-general, through the chief surgeon, on blank form furnished by this office.

He will forward directly to the surgeon-general the efficiency reports prepared by the chief nurse, and will indorse thereon his remarks stating whether or not he concurs in the grading reported by her. He will also indorse on it his report of the efficiency of the chief nurse, specifying in detail the character of the services rendered by her.

Uniform.—The uniform of the army nurse corps (female) consists of a white linen shirt waist and apron, with skirt, necktie, and, if needed, a short jacket of army blue galatea. A nurse provides for the laundry of her uniforms. A chief nurse shall wear a red silk sash knotted around the waist, with or without the apron.

The badge of the corps is the cross of the medical department in red enamel, with gilt edge. This is pinned on the left side of the collar of the uniform or on a corresponding part of her dress when she is not in uniform.

When a nurse is appointed she will be supplied with detailed instructions on this subject, and will immediately procure her uniform. It will invariably be worn during her hours of duty.

Exceptions to the rules regarding uniform may be made by the surgeon general when deemed desirable.

Duties of a Nurse.—A nurse will study and conform to the rules of military discipline and obey strictly and without delay any order which may be given her by her superior officers or her chief nurse. A nurse will familiarize herself with the details of this circular, of which she will retain a copy, and will study such portions of the "Army Regulations" and "Manual for the Medical Department" (which are in the custody of the chief nurse) as relate to the performance of her duties.

When required by the climate the chief nurse may, with the approval of the medical officer in charge, substitute the eight-hour day for the usual ten or twelve hours of ward duty.

If a hospital is large enough to require it, one or more nurses may be assigned to duty as assistants to the chief nurse, and if several nurses are on night duty, one will act as chief night nurse.

A nurse will not receive presents from patients or from the relatives or friends of patients.

A nurse must carefully preserve her copy of contract and present it to the proper officer for indorsement whenever she is paid, or given orders, or granted leave of absence, or her contract is annulled.

Dietist.—When assigned to duty as a dietist, a nurse will have the supervision, under the direction of the medical officer, of the preparation of food intended for patients unable to eat the usual ration. She may also be required herself to prepare such food, or to instruct enlisted men in its preparation, or to attend to the drawing of rations or preparation of food for the nurses, or to perform such duties as may be assigned to her by the chief nurse, with the approval of the medical officer in charge; the whole to be regulated by the size and requirements of each hospital.

Chief Nurse.—The surgeon-general will appoint as many chief nurses as may be necessary, by promotion from the grade of nurse; such appointees to be reduced if unsatisfactory or if a less number of chief nurses are required.

If at any hospital one (or more) of the nurses proves herself possessed of marked executive ability, good judgment, and tact, she should be recommended for promotion by the chief nurse and medical officer in charge.

When a vacancy occurs, an eligible nurse will be appointed chief nurse by the surgeon-general.

Duties.—The position of chief nurse is, so far as army

conditions permit, equivalent to that of a superintendent of nurses in a civil hospital. It is her duty to supervise the ward work of the nurses and see that it is kept up to the highest standard; to regulate the nurses' hours and assign each to her specific duty. She will attend to their comfort and welfare, and see that they receive proper attention when ill, and will be responsible for their dignified and discreet conduct. She may make such rules for them as are approved by the medical officer in charge, and will see that the provisions of this circular and the directions of the medical officer are faithfully carried out.

The chief nurse will render efficiency reports of the nurses serving under her on the last day of March, June, September, and December of each year. A similar report will be made when she is about to leave a hospital, and whenever she may consider it desirable or it may be ordered by the surgeon-general. Special efficiency reports of an individual nurse will be made whenever one is ordered away from the hospital, or one whenever the chief nurse deems it desirable. Blanks for efficiency reports will be furnished by the surgeon-general.

In smaller hospitals, according to the circumstances in each, the surgeon may assign her additional duty, either in the wards or in charge of the linen room, or as dietist.

She will familiarize herself with the "Army Regulations" and the "Manual for the Medical Department," so far as they affect her duties, and will keep copies of these books for consultation by the nurses.

All reports will be addressed to the surgeon general and forwarded through the medical officer in charge. Any communication requesting or involving the issuing of orders is official and will follow the same channel.

Reserve Nurses.—A certain number of nurses who have rendered at least four months' satisfactory service in the army will be appointed reserve nurses.

Each reserve nurse will sign an agreement to enter active service wherever required and to report by letter to the surgeon-general on the 1st of January and the 1st of July of each year, and at other times if required. Reserve nurses wear the badge of the army nurses, but are not paid except when on duty.

When assigned to active duty, they will be subject to all established rules and regulations and will receive the pay and allowances of nurses on the active list. On returning to her home from active duty, a reserve nurse will be granted eight (8) days' leave of absence with pay, in addition to that to which she may otherwise be entitled.

A nurse will be dropped from the reserve list upon reaching the age of forty-five years, or if she ceases for five years to practise her profession, or if she becomes incapacitated from ill health, or for any other good and sufficient reason. But a nurse shall not be dropped from the reserve list without information being furnished her of the cause for such action and an opportunity being given her to reply to any charges which may have been made against her.

The official section regarding reserve nurses is considered one of the most important in the circular. For practical purposes reserves may express their preference as to whether they desire early assignment to active duty or whether they wish to be called upon only in time of war or national emergency.

Practical experience during and since the Spanish war has demonstrated the necessity of having a competent chief nurse at each hospital, the existence of a head being as important among the nurses as it is in other parts of the military organization.

One of the most useful duties to which nurses have been assigned is that of instructing hospital corps men in practical nursing and in cooking. This is being done in some of the army hospitals, and notably also in the two schools for hospital corps men at Washington Barracks, Washington, D. C., and at Angel Island, California. Since the summer of 1899 a trained nurse has been on duty at each of these schools as instructor in the preparation of diet for the sick. Fifteen lessons are given, of an

hour each, and the whole work is adapted to army use, including not only the preparation of liquid and light diets from hospital stores, but the utilization of the ordinary and the travel rations for the sick. A pamphlet entitled "Emergency Diet for the Sick in the Military Service," containing recipes which are taught practically at these schools, has been published and issued to army hospitals.

In the spring of 1900 one of the chief nurses was for the first time assigned to temporary duty as inspector of nursing at certain hospitals where women are stationed. This plan will probably be adopted whenever need therefor arises.

The spring of 1900 finds a few nurses still on duty in Cuba and a few at post and general hospitals in the United States, the largest number being forty on duty at San Francisco. About one hundred and forty nurses are serving at the various hospitals in the Philippine Islands, on the hospital ship *Relief*, and on transports in the Pacific ocean. It has been found desirable, whenever patients are returned from the Philippines, to place at least two women nurses on the transport which carries them.

It is desirable to compare the above history of the army nurse corps during and since the Spanish-American war with conditions which prevail elsewhere. In Europe, as a general rule, a limited number of women nurses are employed in army hospitals in time of peace, and provision is made through religious and secular channels for a large increase in case of war. In England, the regular nurses and also the reserve nurses belonging to the "Army Nursing Service" are secular, but on the Continent the women so employed are members of the religious sisterhoods. In our country the Catholic orders have but a comparatively small surplus beyond their own needs. The Red Cross societies of foreign countries are great organizations under government control, through which all civil aid to the army must come; but we have nothing similar to them in the United States, nor are they indeed altogether compatible with the liberal instincts of our people.

In our civil war Miss Dorothea Lynde Dix held the position of superintendent of women nurses, although that appointment carried with it no definite official status and no salary. The profession of the trained nurse did not exist at that time, and nurses were selected by Miss Dix for army contracts largely on account of their matronly age and manners. A notable proportion of the nursing during the civil war was done by women who were never officially appointed or paid.

When the United States again finds itself on the eve of war it is most desirable that admission to army hospitals should be absolutely limited to graduate nurses holding official appointments. If at that time we should have reverted to conditions similar to those existing at the beginning of the Spanish-American war, it would be necessary promptly to appoint a woman as superintendent of the army nurse corps. It is eminently desirable that this appointee should hold a commission as an officer of the army, and in order to do this she would, under present laws, necessarily be a physician. Her principal assistant should be a trained nurse, who would remain in the surgeon-general's office and have charge of the details regarding the selection of nurses. The superintendent herself should have direction of the organization of the service, subject to instructions given her by the surgeon-general, and should have authority to travel as much as might be necessary to secure the establishment of the service on a thoroughly satisfactory foundation. It is, however, unquestionably better for the army to maintain in time of peace the nucleus of what it will need in time of war, and it is hoped that the existing army nurse corps, organized as above outlined, may serve as such a nucleus.

Anita Newcomb McGee.

ARMY TRANSPORT SERVICE.—"The Quartermaster's Department of the United States Army is charged with the duty of providing means of transportation of

every character, either under contract or in kind, which may be needed in the movement of troops and material of war. It furnishes all public animals employed in the service of the army, the forage consumed by them, wagons and all necessary articles for their use except the equipment of cavalry and artillery. It furnishes clothing, camp and garrison equipage, barracks, storehouses, and other buildings, constructs and repairs roads, railways, and bridges, builds and charters ships, boats, docks, and wharves needed for military purposes, and attends to all matters connected with military operations which are not expressly assigned to some other bureau of the War Department. Subsistence, ordnance, signal, medical, and hospital stores are procured and issued by other bureaus of the War Department, but the Quartermaster's Department transports them to the place of issue and provides storage for their preservation until consumed. When troops are moved suitable transportation is provided by this department. On railways the accommodation afforded by tourists' sleeping cars (a seat by day and a berth by night for each soldier) is furnished whenever practicable. On transports cabin passage is furnished to officers and reasonable and proper accommodations for the troops, and when practicable a separate apartment for the sick. Provision is also made by Army Regulations for the transportation by land and sea of the authorized allowance of baggage of troops and for the animals employed in the public service. These regulations, general in their nature, established by order of the President through the Secretary of War, are in their details extended by the quartermaster general acting under the authority of the Secretary.

The Army Transport Service under the foregoing Regulations existed only as a subdivision of the multifarious duties performed by officers of the Quartermaster's Department, having no special and separate organization. It now operates as a division of that department under special regulations, having assigned to it officers and men of other branches of the service associated with civilian employees of various grades. It is an outgrowth of the Spanish war, and is yet in some of its features and details in process of development for adaptation to the war now in progress in the Philippines.

At the outbreak of the war with Spain the only transports available for moving troops overseas were ships of the merchant marine (save an occasional loan by the navy) hastily and temporarily refitted for the accommodation of soldiers and such of the converted navy cruisers as might be spared by the navy for their service. During the progress of the war, and especially in view of extensive and protracted military operations in the Philippines, it became apparent that for long voyages a special organization and equipment was requisite to insure the health and consequent efficiency of the troops on arrival in overseas ports in tropical waters. A board of officers was accordingly convened by the War Department in the month of September, 1898, for the purpose of formulating Regulations for this service. The board submitted its report, which received the approval of the Secretary and was published in the month of November following. Operations under the new Regulations began without delay. A number of steel steamships formerly chartered became the property of the Government. The work of refitting for overseas troop ships those of the fleet having the greater power and tonnage began in several shipyards on plans prepared or accepted by the department. The smaller vessels acquired and intended for the West India and coastwise service also received additions and alterations on less extensive plans adapted to the shorter voyages.

The new regulations established two home ports or headquarters for the Army Transport Service: one at New York for the Atlantic traffic, and one in San Francisco for the Pacific traffic. Each home port is to have its equipment of officers and employees and to be provided with proper terminal facilities. The general organization of both divisions is as follows, the personnel being duplicated in the two home ports: