Eleventh Annual Report
of
American Society of Superintendents
of
Training Schools for Nurses

INCLUDING

Report of the First Meeting
of the
American Federation of Nurses

1905
LIBRARY
OF THE
JOHNS HOPKINS UNIVERSITY

WILLIAM H. WELCH MEDICAL LIBRARY

Nursing Historical Collection
PROCEEDINGS

OF THE

ELEVENTH ANNUAL CONVENTION

National League of Nursing Education

The American Society of Superintendents of Training Schools for Nurses

HELD AT

WASHINGTON

MAY 1, 2, and 3, 1905

Baltimore:

J. H. Furst Company,

1905.
OFFICERS OF SOCIETY.

President.—MISS ANNIE W. GOODRICH,
New York Hospital, New York.

First Vice-President.—MISS GEORGIA M. NEVINS,
Garfield Hospital, Washington, D. C.

Second Vice-President.—MISS HELENA McMILLAN,
Presbyterian Hospital, Chicago, Ill.

Secretary.—MISS M. A. NUTTING,
Johns Hopkins Hospital, Baltimore, Md.

Treasurer.—MISS ANNA L. ALLINE,
Teachers' College, New York.

Auditors.—1. MISS HALL,
Seattle General Hospital, Seattle, Wash.

2. MRS. D. H. KINNEY,
Superintendent Army Nurses,
War Department, Washington, D. C.

Councillors.—Third Year.—MISS MARY GILMOUR,
Training School, Blackwell's Island.

MISS MARTHA M. RUSSELL,
The Sloane Maternity Hospital, New York.

Second Year.—MISS SOPHIA PALMER,
247 Brunswick Street, Rochester, N. Y.

MISS ISABEL McISAAC,
304 Honore Street, Chicago, Ill.

First Year.—MISS JANE DELANO,
Bellevue Hospital, N. Y.

MISS LUCY WALKER,
Pennsylvania Hospital, Philadelphia, Pa.
COMMITTEES.

STANDING COMMITTEE ON PUBLICATION.

Miss Annie W. Goodrich, Miss M. A. Nutting, Miss Anna L. Alline.

COMMITTEE ON HOSPITAL ECONOMICS.

Miss Annie W. Goodrich, Chairman.

Mrs. Hunter Robb, Miss Anna Maxwell,
Miss Maud Banfield, Miss Isabel McIsaac,
Miss Mary H. Riddle, Miss M. A. Nutting.

COMMITTEE ON EDUCATION.

Miss M. A. Nutting, Chairman.

Miss Annie W. Goodrich, Miss Anna L. Alline,
Miss Mary Riddle, Miss Clara D. Noyes,
Miss Mary Gilmour, Mrs. E. M. Simpson.

COMMITTEE ON LEGISLATION.

Miss Sophia F. Palmer, Chairman.

To be appointed.

COMMITTEE ON CONSTITUTION.

Miss Mary W. McKechnie, Chairman.

Miss Isabel McIsaac, Miss Eugenia Ayres.

COMMITTEE ON INCORPORATION.

Miss Jane Delano, Chairman.

Miss Georgia M. Nevins, Miss Jane Pindell.

COMMITTEE ON RED CROSS AFFAIRS.

Miss M. A. Nutting, Chairman.

Miss Isabel McIsaac, Miss Georgia M. Nevins.
# TABLE OF CONTENTS

THE AMERICAN SOCIETY OF SUPERINTENDENTS OF TRAINING SCHOOLS FOR NURSES.—ELEVENTH ANNUAL CONVENTION.

<table>
<thead>
<tr>
<th>Section</th>
<th>Page</th>
</tr>
</thead>
<tbody>
<tr>
<td>LIST OF OFFICERS</td>
<td>3</td>
</tr>
<tr>
<td>LIST OF COMMITTEES</td>
<td>5</td>
</tr>
<tr>
<td>PRESIDENT'S ADDRESS—MISS GEORGIA M. NEVINS</td>
<td>10</td>
</tr>
<tr>
<td>REPORT OF TREASURER</td>
<td>13</td>
</tr>
<tr>
<td>REPORT OF COMMITTEE ON HOSPITAL ECONOMICS</td>
<td>17</td>
</tr>
<tr>
<td>PAPERS—</td>
<td></td>
</tr>
<tr>
<td>Nurses' Homes and School Buildings. Miss MARY S. GILMOUR, R. N.</td>
<td>21</td>
</tr>
<tr>
<td>Economy in Hospital Work. Miss MARY A. SAMUEL</td>
<td>31</td>
</tr>
<tr>
<td>Training School Libraries—Scholarships, Loan Funds, Tuition Fees. Miss ANNA L. ALLINE</td>
<td>43, 52</td>
</tr>
<tr>
<td>The Introduction of Salaried Instruction in the Training Schools. Miss ANNIE W. GOODRICH</td>
<td>58</td>
</tr>
<tr>
<td>Some Results of Preparatory Instruction. Miss M. ADELAIDE NUTTING</td>
<td>63</td>
</tr>
<tr>
<td>ELECTION OF NEW MEMBERS</td>
<td>81</td>
</tr>
<tr>
<td>REPORT OF COMMITTEE ON CONSTITUTION</td>
<td>84</td>
</tr>
<tr>
<td>PAPERS—</td>
<td></td>
</tr>
<tr>
<td>The Introduction of District Nursing into the Training School Curriculum. Miss MARY L. KEITH</td>
<td>104</td>
</tr>
<tr>
<td>The Present Status of Educational Methods. Miss MARY M. RIDDLE</td>
<td>111</td>
</tr>
<tr>
<td>Post-Graduate Study for Nurses. Miss CLARA D. NOYES</td>
<td>121</td>
</tr>
</tbody>
</table>

AMERICAN FEDERATION OF NURSES—FIRST MEETING.

<table>
<thead>
<tr>
<th>Section</th>
<th>Page</th>
</tr>
</thead>
<tbody>
<tr>
<td>LIST OF OFFICERS</td>
<td>132</td>
</tr>
<tr>
<td>PRESIDENT'S ADDRESS—MISS M. ADELAIDE NUTTING</td>
<td>136</td>
</tr>
<tr>
<td>PAPERS—</td>
<td></td>
</tr>
<tr>
<td>The Effect of State Registration upon Training Schools. Miss SOPHIA F. PALMER</td>
<td>140</td>
</tr>
<tr>
<td>The Affiliation of Training Schools for Nurses for Educational Purposes. MRS. HUNTER ROBB</td>
<td>152</td>
</tr>
<tr>
<td>International Relationships. Miss L. L. DOCK</td>
<td>169</td>
</tr>
<tr>
<td>LIST OF MEMBERS</td>
<td>183</td>
</tr>
</tbody>
</table>
ELEVENTH ANNUAL CONVENTION

OF

The American Society of Superintendents of Training Schools for Nurses.

The Eleventh Annual Convention of this Society was held in the Assembly Room of the Shoreham Hotel, Washington, D. C., on Monday, Tuesday and Wednesday, May 1st, 2nd and 3rd, 1905.

The meeting was called to order by the President, Miss Georgia M. Nevins at 10 A. M. on Monday, May 1st. The Reverend U. G. B. Pierce opened the meeting with prayer.

President Needham of the George Washington University, made a brief address of welcome in which he spoke of nursing as one of the oldest professions. He showed how it had been affected by the advances in medicine of recent years, and how in turn medicine had been far more profoundly affected by the reforms and improvement in nursing until, indeed in many ways, its work was almost helplessly dependent upon that of the nurse. He called attention in an interesting way to the rapidly growing tendency to return to natural forces as an aid to nature when stricken with disease, to preach hard work, temperance, abstinence, and commented upon the vast importance of the work of the nurse in this direction, showing that her work supports that of the physician, enlarges his possibilities and is often the foundation upon which all treatment rests. It is therefore necessary for her to understand the workings of nature and the needs of nature.

He spoke with much approval of the careful study which is now being given in our best schools to the subjects of domestic science, particularly of the properties and preparation of food.
He then alluded to the truly great opportunities for assisting in the prevention of disease which are afforded the nurse, saying in conclusion that nursing was indeed a glorious profession, in which one might look for no material advantage, no great reputation, no wealth, nothing but the chance of doing well what one can do for others, and of letting the spiritual quality within oneself grow and strengthen by such service.

The response to his address was made by Miss Lucy Drown, Superintendent of Nurses, Boston City Hospital.

The President, Miss Georgia M. Nevins, after expressing a most cordial welcome to the members and guests, spoke briefly as follows:

"I am tempted to give a very brief résumé of the society's history. In 1893, at the World's Fair in Chicago, at the suggestion of Mrs. Bedford Fenwick, of London, whom we remember so pleasantly in connection with the International Congress at Buffalo, a Nursing Section was formed, and Miss Isabel Hampton, then superintendent of nurses at the Johns Hopkins Hospital, was appointed chairman.

"For the first time in this country papers were read and discussed upon topics of interest to nurses and there were present a number of superintendents of training-schools, most of whom were from the United States and Canada. The chair took the opportunity of suggesting the formation of an association, with the result that a meeting was held at which eighteen superintendents were present. I am glad to say that some of them are with us to-day.

"The objects and advantages of association were outlined, rules and regulations formed, and officers of the preliminary organization were chosen. The object was as follows: To further the best interests of the nursing profession by establishing and maintaining a universal standard of training and by promoting fellowship among its members, by meetings, papers, and discussion on nursing subjects, and by interchange of opinions. The results have surpassed their highest expectations.

"The importance of this step can be appreciated only by those
who remember the curious spirit of jealousy and lack of friendly feeling which existed between schools in those days. There is temptation to dwell upon some of the numerous subjects which seemed clamoring for consideration in this society, all of which may be found in our annual reports, but I shall only mention a few of them, that we may better realize the results of cooperation, and be encouraged to work faithfully toward the solution of those difficulties which still beset us. A longer course of training, shorter hours of practical work for nurses, and a uniform curriculum have been momentous questions from the very beginning.

"At our last convention in Pittsburgh a Committee on Education was formed, and the reports at this meeting are expected to give an excellent idea of what has been accomplished along educational lines in schools for nurses.

"Through the efforts of this society the Nurses' Associated Alumnae was formed in 1896, now representing seven thousand graduate nurses. In 1900 the two societies were affiliated, and under the title of the American Federation of Nurses were admitted to the National Council of Women of the United States. 'To provide opportunities for nurses to meet together from all parts of the world to confer on questions relating to the welfare of their patients and their profession,' the International Council of Nurses was founded in London in 1899, and since then there have been two very interesting international meetings, one at Buffalo, during the Pan-American Exposition, and the other in Berlin last year.

"At this meeting of American nurses our sisters across the seas are with us in spirit, and we in turn extend our hearty good-will to them in their efforts towards improved conditions.

"One of the most important steps taken by this society was the establishment of the Hospital Economics Course at the Teachers' College, Columbia University.

"Recalling that lack of opportunity for special training in administrative work in our schools, so distinctly felt by most of us when we assumed those responsibilities, the importance of which, fortunately, we but half realized, only serves to fill us with envy of those women who are profiting by systematic work in those
subjects which not only make them better teachers, but also fit
them for so much of that reform and preventive work with which
trained nurses are allying themselves.

"Would that a Carnegie or Rockefeller might be made to see
the true value of this work, that the chair of hospital economics
might be suitably endowed!

"Registration is a burning question with us, and we shall listen
with much interest to the reports from those States which have been
so fortunate as to have secured legislation. We are told that the
effect upon the standard in schools for nurses is already pro-
nounced, and future benefits to the public and to the nurse cannot
be overestimated.

"Not least of all that has been inspired by this society is our
Journal of Nursing, the success of which is so near to our hearts.
The fact that its editor organized the Garfield School and set it
firmly on its feet should cause her Washington friends especial
pride in her later work.

"Among many subjects for consideration at this meeting is a
revision of the constitution, and ought we not to begin with its
formidable title? Apart from its inconvenient length, does it
longer answer our purpose?

"Do we not want among our number women who, though not
heads of schools for pupil nurses, are governing nursing bodies,
like those of the instructive visiting nursing, and of the public
schools, and in the army hospitals? I sincerely hope that this
wider opening of our doors may be agreed upon at this time."

The report of the Council followed showing a busy and pros-
perous year in the work of the Society. Several meetings were
held, and there had been a marked increase in the work of the
officers and committees. The latter, several in number, both
standing and special, had carried on their duties with much
industry and efficiency. Eighty-three applications for membership
were received during the year, of which seventy-one were approved
by the Council and would be presented for election. On motion
the report was approved.

Letters of resignation were read and accepted from Miss Annie
McDowell, Miss Ida Sutcliffe, Miss Ada Taylor and Miss C. Louise Burdett (now Mrs. H. M. Taylor).

Letters were read from the Chamber of Commerce in Buffalo, and from the Cincinnati League in Cincinnati, asking the Society to hold its next meeting in those cities.

The Treasurer made the following report of the finances of the Society.

**REPORT OF THE TREASURER.**

*The American Society of Superintendents of Training Schools for Nurses, in account with Anna L. Alline, Treasurer.*

From September 1, 1903 to September 1, 1904:

<table>
<thead>
<tr>
<th>Cr.</th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>By cash on hand,</td>
<td>-</td>
<td>- $ 9 82</td>
</tr>
<tr>
<td>By annual dues, 113 members,</td>
<td>-</td>
<td>389 45</td>
</tr>
<tr>
<td>By initiation fee, 22 members,</td>
<td>-</td>
<td>110 00</td>
</tr>
<tr>
<td>By sale of Annual Reports,</td>
<td>-</td>
<td>4 70</td>
</tr>
<tr>
<td>By sale of Buffalo Congress Transactions,</td>
<td>-</td>
<td>18 33</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td>-</td>
<td><strong>$482 30</strong></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Dr.</th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>To exchange on out-of-town checks,</td>
<td>-</td>
<td>$ 40</td>
</tr>
<tr>
<td>To last payment of bill for Buffalo Reports,</td>
<td>-</td>
<td>25 00</td>
</tr>
<tr>
<td>To reporting the Proceedings, Tenth Annual Convention,</td>
<td>-</td>
<td>30 00</td>
</tr>
<tr>
<td>To expense, President American Federation of Nurses,</td>
<td>-</td>
<td>10 25</td>
</tr>
<tr>
<td>To expense of Educational Committee,</td>
<td>-</td>
<td>4 00</td>
</tr>
<tr>
<td>To printing Constitution and By-Laws,</td>
<td>-</td>
<td>15 00</td>
</tr>
<tr>
<td>To annual dues, American Federation of Nurses,</td>
<td>-</td>
<td>16 67</td>
</tr>
<tr>
<td>To printing for Tenth Annual Convention,</td>
<td>-</td>
<td>16 75</td>
</tr>
<tr>
<td>To letter heads, stationery, typewriting and postage,</td>
<td>-</td>
<td>97 16</td>
</tr>
<tr>
<td>To telegrams and express,</td>
<td>-</td>
<td>2 75</td>
</tr>
<tr>
<td>To expense to Council Meeting,</td>
<td>-</td>
<td>4 00</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td>-</td>
<td><strong>222 48</strong></td>
</tr>
</tbody>
</table>

Deposited in Nassau National Bank, 259 82

**$482 30**
From September 1, 1904 to date (May 1, 1905):

<table>
<thead>
<tr>
<th>Description</th>
<th>Cr.</th>
<th>Dr.</th>
</tr>
</thead>
<tbody>
<tr>
<td>By cash on hand</td>
<td>$259.82</td>
<td></td>
</tr>
<tr>
<td>By annual dues, 138 members</td>
<td>414.27</td>
<td></td>
</tr>
<tr>
<td>By initiation fee, 1 member</td>
<td>5.00</td>
<td></td>
</tr>
<tr>
<td>By Buffalo Congress Transactions</td>
<td>1.00</td>
<td></td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>$680.00</strong></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Description</th>
<th>Cr.</th>
<th>Dr.</th>
</tr>
</thead>
<tbody>
<tr>
<td>To printing Tenth Annual Report</td>
<td>$244.47</td>
<td></td>
</tr>
<tr>
<td>To dues to American Federation of Nurses</td>
<td>16.67</td>
<td></td>
</tr>
<tr>
<td>To letter heads, stationery, postage and typing</td>
<td>37.82</td>
<td></td>
</tr>
<tr>
<td>To expense of Council Meetings</td>
<td>31.50</td>
<td></td>
</tr>
<tr>
<td>To expense of Educational Committee</td>
<td>85.50</td>
<td></td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>415.96</strong></td>
<td></td>
</tr>
<tr>
<td>Deposited in Nassau National Bank</td>
<td>264.13</td>
<td></td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>$680.00</strong></td>
<td></td>
</tr>
</tbody>
</table>

*Teachers' College Course,*

*in account with Anna L. Alline, Treasurer.*

From June 1, 1903 to June 1, 1904:

<table>
<thead>
<tr>
<th>Description</th>
<th>Cr.</th>
<th>Dr.</th>
</tr>
</thead>
<tbody>
<tr>
<td>By cash on hand</td>
<td>$58.73</td>
<td></td>
</tr>
<tr>
<td>By Individual Subcription</td>
<td>208.10</td>
<td></td>
</tr>
<tr>
<td>By Alumnae Association</td>
<td>63.80</td>
<td></td>
</tr>
<tr>
<td>By Associated Alumnae Convention in Boston</td>
<td>113.11</td>
<td></td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>$443.74</strong></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Description</th>
<th>Cr.</th>
<th>Dr.</th>
</tr>
</thead>
<tbody>
<tr>
<td>To lecturing staff, lodging, meals and railroad fare</td>
<td>73.00</td>
<td></td>
</tr>
<tr>
<td>To cash, out-of-town check</td>
<td>10.00</td>
<td></td>
</tr>
<tr>
<td>To salary</td>
<td>366.67</td>
<td></td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>439.77</strong></td>
<td></td>
</tr>
<tr>
<td>Balance on hand</td>
<td></td>
<td>3.97</td>
</tr>
<tr>
<td><strong>Balance on hand</strong></td>
<td></td>
<td><strong>$443.74</strong></td>
</tr>
</tbody>
</table>

Cash on hand for Endowment Fund, June 1, 1904, $133.00.

Audited and found correct,

**MARY A. SAMUEL,**

**ANNIE W. GOODRICH.**
The Secretary then read the report of the Committee on Publication, which showed a considerable increase in the expense of publishing reports. The growth of the Society called for a much larger number, and its sentiment for something better in the way of printing, binding and general make up. There had been quite a large number of requests from Public Libraries for copies of our "Transactions," and it was felt to be desirable to place our records in these institutions. Many of the younger members desired to obtain complete files of the reports, but all the early numbers had been out of print for some years, and there were very few left of the last report.

Referring to the reports of the Buffalo Congress the Committee stated that pursuant to the instructions of the Society at its last meeting the Secretary had a large number of postal cards printed and sent broadcast announcing the reduction in the price of the Report from $1.25 to $1.00. As a result the Treasurer sold $28.00 worth. The Committee called attention to the statement of the publisher that of the 2,000 copies of the Buffalo Congress in paper covers, all were still on hand; that of the 1,000 copies in cloth covers, 413 copies had been sold, and reminded the members of the obligation which rested upon them to reimburse the Society in some measure for the very large sum of money spent by the Treasury in assuming the share of one-half the cost of publishing the Reports.

On motion the report was approved.

The Chairman of the Committee on Education, Miss Nutting, reported as follows:

This Committee was appointed at the last meeting of this Society to investigate as far as practicable, the methods employed in teaching and training nurses in the various schools of the country, to note any important changes or advances that were taking place, and to report at each annual meeting the general progress of education during the year. The Committee met in New York early in the year and outlined its plan of work. The subject was divided into several branches, and one definite branch was assigned
to each member to study and report upon. The following divisions of the subject naturally suggested themselves.

1. The Training School.
2. Requirements for admission and Preliminary Instruction.
3. The General Course of Study or Instruction.
4. Scholarships, Loan Funds and Tuition Fees.
5. Salaried Instructors.
6. Post-Graduate Work.

Each of these branches formed an important subject in itself and required a great deal of careful study. Under the head of the Training School for instance was included, new school buildings, endowments and improvements in existing institutions, students rooms, class and lecture rooms, dining room space, dietaries and the general health of students, etc.

Under the head of General Instruction would come the length of the course, subjects, theoretical and practical, and time devoted to each—grading, methods of teaching, of marking, examinations, etc. Under libraries would be considered general literature as well as reference or technical, periodicals and publications, library or reading room, how established and maintained, regulations for government.

Forms asking for accurate and specific details on all these subjects were sent out by the committee to nearly five hundred schools. Answers, more or less full and complete, were received from about three hundred of these. The work involved in tabulating and summarizing these statistics was so great that it has not been possible to do more than make a beginning at the report this year. Each member of the committee has prepared a paper or report concerning that part of the subject assigned to her, and these papers will be presented at this meeting as part of the programme. It is expected to continue the work during the coming year, but meanwhile an excellent foundation for future records is being laid.

On motion of Miss Palmer, this report was approved.
The President. We will next hear from Miss Palmer, the chairman of the Committee on Legislation.

Miss Palmer. I regret to say that the Committee has no report to make.

The President. We will then hear from the Committee on Hospital Economics.

REPORT TO AMERICAN SOCIETY OF TRAINING SCHOOL SUPERINTENDENTS.

M. Banfield,

Chairman of Committee on Hospital Economics at Teachers’ College.

Madam President and Ladies:

It is now eighteen months since the last meeting of this Association and therefore since I had the honor of presenting to you the customary annual report. It is four years since I was appointed chairman of this undertaking which had then existed for three years under the fostering care of Mrs. Robb as first chairman. It is perhaps not necessary to enter into the careful thought devoted to making the course as successful as is possible with the facilities at our command, as well as the amount of correspondence involved. Sufficient reward for all labors undertaken by your committee is, I think, found by them in the fact that we have succeeded in establishing a valuable course of study for those who seek executive positions in hospitals, while the students have been of such a high level that they have made for themselves a distinct place in the College. Since the students have generally to earn the money which this year of study costs them, we are likely, I think, to find in them genuine critics. But, however doubtful they may be of its direct utility whilst they are still at college, they have invariably testified to its practical value to them when once their studies have been completed. For several years it was not easy to convince the College authorities that it was thoroughly worth their while to continue the work, or to provide any special facilities for our students. This has, however, now been recognized by the Dean and by the several instructors, and although the course is
very far indeed from being all that we could wish, either practically or theoretically, it has nevertheless steadily improved.

A careful study of the students' work will show readjustments and improvements in the curriculum. The services of Miss Alline, instructor in charge of the class, have proved absolutely invaluable in arranging and adjusting their course of study, getting just what is most valuable for our students out of each of the departments. Since the work in many classes is changed from year to year, the adjustment of requirements and rosters is not always easy. Many of the college instructors have also given our students special lectures, receiving therefor no reward but that of feeling the work was better done.

One of the principal difficulties has always been, and still is, the satisfactory arrangement of the course in practice teaching. Several times we have thought the problem solved, but each time it has not proved to be just the solution we needed.

The classes for teaching at Teachers' College consist of the teaching of children or the teaching how to teach children. Our students need to learn how to teach nursing to nurses. The subject has therefore, of course, to be presented in a manner which is quite different to that required by children. Even this difficulty might be overcome if our students remained two years instead of one. This for the very practical reason that during the first half year, preferably during the first whole year, they are themselves occupied in learning, and cannot teach until they themselves learned. If when they come to us, they had all received a definite and uniform amount of instruction in anatomy, physiology, materia medica, etc., then again would the problem be comparatively easy of solution. But their knowledge on these points must be ascertained, and that in no perfunctory way, before they can be set to teach them. One or two training schools which have been approached and asked to allow these students to teach their classes of nurses, have replied that they could not spare their nurses to be experimented upon, and since we could not but be uncertain of what we had to offer, we could hardly blame them for this candid reply. Negotiations are, however, under way, by which in the second half year it is hoped we may
be able to offer something like consistent and valuable instruction for at least three to four months, to a class of nurses at present lacking such instruction. This is the best hope we have had for a long time, both for benefitting others and ourselves, and I trust may be brought to a successful conclusion.

The sincere interest manifested in the class by the various instructors as well as by the Dean of the College is exceedingly gratifying. To them all I feel we owe our warmest thanks.

The principal difficulty we have had to contend with all these years has been lack of funds. This committee has recently issued an appeal asking for pledges for a certain number of years. So far Miss Grace H. Dodge, Treasurer of the College, has been the only one to respond; but I think that if the various members of the Association, and also the Associate Alumnae now meeting in Washington, would take up the matter, that additional funds will soon be raised.

This class should now have the services of one instructor entirely, or almost entirely, devoted to their teaching and general direction. The salary should not be less than $2,000 or $2,500 a year, as living in New York is expensive, and a woman able to conduct such a course as it should be conducted could earn a far larger salary as hospital administrator, when these expenses are taken into account. The salaries of other instructors and contingent expenses must also be considered. I should like to emphatically draw to your attention, however, the fact that this Society is not incorporated and cannot hold property. This fact has up to the present time deterred many of us from approaching large financiers, or making any very decided efforts in issuing an appeal for the endowment of a chair. If we were so fortunate as to have any property given to us in whatever shape, to whom could it be turned over? This association is merely a voluntary one and has no legal existence. Whilst with the present Dean and other College authorities we might be willing to connect ourselves with Teachers’ College, at the same time the spirit as well as the facilities of colleges change, and a time might come when it either could or would not be the one place which would be best for our students. This is to be considered, and if this Special
Course in Hospital Economics is to be continued, I would most emphatically urge that the Society become incorporated, and that very promptly.

Our contributions for the past year have exceeded those of any previous year. Our Treasurer, Miss Alline, reporting cash received from the first of last June, $1,050.97, expenditures from same date, $576.66, balance remaining, $474.31. There remain, however, some bills to be paid, and I hope that as usual we shall about clear expenses. As you all know, during the whole of the seven years of its existence, most of the expenses have been met by subscriptions from nurses themselves.

Seven students are taking the course this year. Last year, namely, for the teaching year of 1903–04, the class consisted of 15 members, the largest we have had. They all did well and were a credit to us as well as to the schools which sent them forth.

Experience shows that too great care can hardly be exercised in selecting the students. By the advice of the Dean, the age qualification as judged in years has not been rigorously enforced, as it was found that some women of 40 were far more adaptable and quick and make better students than others at 25. Age is an undoubted factor to be considered, but it should not be the main issue. Nor can it be too strongly impressed upon women who have proved incompetent and more or less unsatisfactory from their birth, that taking this course of eight months' study will not render them suitable for either a hospital or training school superintendent. They were not born that way, and it won't make them so.

At the meeting in Detroit in 1902 this Association decided to appoint its chairman and the members of the committee constituting the committee, an advisory one to the chairman, giving that officer full authority to decide upon applicants. This was done because during the previous summer when the papers had to be sent round by mail to each member of the committee, many of those members were absent in the woods or wilds for their summer holidays, and the delay and loss were so great that it very nearly proved fatal to that year's class. I have endeavored whenever possible to consult the various members of the committee, but the
difficulty I have had in doing so has proved the necessity of this ruling of the Society.

I think in order to distribute the interest in the work, that as I have served as chairman for four years, it would be wise for another chairman to be appointed. Should the Society wish me to serve as a less active member of the committee, I should be happy to be of use, since it has been my business to be so thoroughly informed regarding the work. Therefore you will see that it is not waning interest on my part which causes me to suggest the appointment of another chairman, but rather the reverse. I feel that the work has developed out of a thing which may be needed and may succeed, into a definite course of instruction which it is proved is needed and must succeed.

In conclusion, I should like to thank the Society for the confidence it has shown in me, the members of the committee and especially the hospital lecturers, for their kind interest and the way in which they have supported the work, often at great personal inconvenience; and to thank especially Miss Maxwell, who during my four months' absence abroad last summer was good enough to take over my work just when there was most to do. Our thanks are also gratefully tendered to Miss Goodrich, for the time and trouble she has taken to interest and help our students. To those who have contributed of their means I feel that not only our thanks, but those of the whole community are due.

On motion this report was accepted.

The President. The programme for the day begins with a paper on Nurses' Homes and Training School Buildings, by Miss Mary Gilmour of the New York City Hospital.

NURSES' HOMES AND SCHOOL BUILDINGS.

Mary S. Gilmour, R. N.,
Superintendent New York City Hospital Training School.

This branch of the work of the Committee on Education has a very interesting history, which I am sure would be much more so if the records were more complete. However, there is enough to serve as a foundation for future reference.
On looking over some of the incorporation dates of hospitals one’s feelings cannot fail to be stirred to the depths as the imagination pictures the surroundings and the equipment of 1656. Were there annual reports read then? Did women read them? What were their trials and what their needs? Who were the patients, who the nurses? What were the ambulances? How was it possible to save human lives without the marble, the glass, and the silver accessories of the operating-room of to-day? And yet there was good work done then—work that not only saved lives, but developed brain and intellect and laid a solid foundation for the magnificent, glittering structures of to-day, which seem to defy death itself by the amazing scientific skill with which disease is met and overcome within their portals.

There were sent out 450 circulars for information, which it was thought would cover all hospitals and training-schools of note in the United States and Canada; 247 were returned, with very few exceptions, fully filled out. They have been grouped under three divisions:

1. Hospitals of 100 beds and over.
2. Hospitals of 50 to 100 beds.
3. Hospitals of 25 to 50 beds.

There were 117 of the first, 83 of the second, and 48 of the third. All have training schools for nurses, numbering from 5 to 145 pupils and covering a field ranging from Maine to California and from Texas to Winnipeg, Canada.

Prior to 1870 there were only hospitals to consider; training schools, as such, did not exist. Of the 247 records here, we find 49 hospitals were in existence at that date, running back through the centuries to 1656, the founding of Bellevue, New York. The next date furnished is 1700, from Savannah, Ga.; then, thirty years later, 1732 and 1751, from Philadelphia; then 1771 records the New York Hospital of New York. The next record, 1811, marks Boston, and close upon this Montreal and Toronto, Canada.

The inward trend begins here, and Detroit comes out in the thirties, with Albany and Rochester following in the forties.
A record comes from Ottawa, Canada, in 1851; St. Paul, Minneapolis, and Chicago in 1855; San Francisco in 1854, and St. Louis in 1859. Baltimore comes in 1858 and Winnipeg in 1872. The remaining thirty-two were in the vicinity of these points mentioned. Others sprang up thick and fast all over the country, so that now every settlement of any pretension holds its hospital, and I've no doubt, its training school.

Between 1870 and the present time the records show 198 hospitals and 247 training schools established. There are, of course, others, but this report is based only on the records in hand. Between 1870 and 1880 there were eight training schools started. Their location is interesting: New York City, 3; New Haven, 1; Hartford, 1; Boston, 1; Philadelphia, 1; Buffalo, 1. A school in Boston claims a date of 1863, while one in Philadelphia acknowledges 1828. To-day, twenty-five years later, we find an aggregate of 6,315 pupils in training, caring for hospitals containing a total of 32,196 beds (or a little over five patients to a nurse if all beds were full), with daily average of 25,753 patients, which excludes all dispensary patients, and a weekly average of 2,380 major operations.

These beds are classified as follows: 11,301 medical, 9,075 surgical, 2,601 gynaecological, 1,418 obstetrical, and 2,380 children. This leaves a balance of 5,421 beds unclassified. As one weary superintendent puts it: "What I have given is not a fair classification. Owing to our dreadful epidemic of typhoid, our surgical patients are almost crowded out."

Of the total beds mentioned, 7,678 are for private patients and 20,039 free; the balance of about 2,000 are used as required for private or free patients.

How are they supported? Reports show that 33 are endowed, 52 partially endowed, 70 are government institutions, and 67 depend on donations and patients' fees; 6 of those depend to some extent on nurses' earnings, — at private duty, I presume, — to help support the school. The remaining twenty-five do not state source of support.

What is done for the care of these pupil nurses, who do this work? Of the schools connected with the 116 hospitals of 100
beds and over, 19 have no separate homes for the nurses. Several pathetically state, "We have no home," and that means a great deal. The remaining 98 have homes of various kinds. In the large cities most have a wing, attached to the hospital, with the food cooked and served from a general kitchen in the hospital. All have lecture and class-rooms, the largest number being 4; all have parlors or reception-rooms; 6 have gymnasiums, 3 physical culture in lecture-rooms. Balconies and roof-gardens are mentioned in the crowded cities while piazzas and lawns are the accompaniment of homes on the outskirts.

Of the 83 schools connected with hospitals of 50 to 100 beds 24 have no homes, but 6 are building or have plans drawn. The remaining 59 are in the majority of cases private houses rented and remodeled for the nurses. Some of the others are almost models in their equipment. One in Boulder, Col., has its gymnasium, reception-room, class-rooms, kitchen and dining-room. One in Cleveland has a physical culture class in the lecture-room, and another superintendent mentions her tennis court for exercise.

Of the 48 schools connected with hospitals of 25 to 50 beds, 29 have no homes, the remaining 19 have homes either rented or recently built for them; 4 of those without homes are having them built; 3 of these schools have gymnasiums in their hospitals, to which they have access. One superintendent in Jamestown, N. Y., "compels her nurses to spend three-quarters of an hour in open air each day." Since this rule has been enforced there is practically no sickness.

All superintendents realize the necessity of single sleeping-rooms for nurses, and the majority have single rooms, but there are a great many double rooms, and several from the West seem to emphasize the fact that the double rooms have single beds, and several are obscure in their statements, so that one wonders if the night nurses occupy the day nurses' beds.

Of the kitchen and dining-rooms only 27 of the 247 have home kitchens. In asking which was considered preferable, the home or the general kitchen service, opinions varied. The majority, 88, were in favor of the home; 79 expressed no opinion, and 29 others, having tried only the general kitchen, could not express
an opinion; 51 were in favor of the general kitchen. The majority of the small hospital superintendents were in favor of the general kitchen on the ground of economy. One training-school of 10 had the food cooked by the students in their own diet kitchen at their home.

The health of the nurses averages very well indeed, the chief troubles being tonsilitis, colds, and influenza. One superintendent attributes the fact that her nurses go through the open air to the hospital from the home as a cause of colds, etc. Perhaps the young ladies forget wraps, storm-coats, rubbers, etc., and this may be the cause of the trouble instead of the fresh air.

All sick nurses are cared for gratuitously, either in small infirmaries attached to the home or in private rooms in the hospitals to which they belong. All lost time must be made up, except in a few cases where illness is due to contagious diseases contracted in the hospital the time is allowed.

One other question regarding separate quarters for night nurses has been answered, with very few exceptions, negatively. Night nurses occupy their own rooms with a card stating their service on the door, so as to ensure quiet and no admittance during sleeping hours.

The answers to questions regarding recent improvements give very meagre information, and no special descriptive literature was sent with the circular. The new homes recently built are merely mentioned as being built and containing certain rooms, etc. Four of these homes deserve special mention: the "Vose" Home, of the Boston City Training-School; the "Margaret Fahnstock" Home, of the Post-Graduate Training-School, New York; the "Florence Nightingale" Home, of the Presbyterian Hospital, New York, and the "New York City" Home, of the Department of Public Charities of New York City. These are all separate from their hospitals and are made as far as possible homes in the best sense of the word.

This ends the information gleaned from the records, but there is quite enough to form a valuable foundation for future reference and to throw considerable light on our problems of to-day. Many wise people have said, "Show us your home, and we will prophesy
the future of its inmates," and they are more often correct than otherwise. May not this be said of our nurses and their homes? One of the first questions asked by an architect in building a house is, "What is the character of the inmates?" And nurses are always marked *High Grade*.

Look at these nurses as a class. They are nearly all home girls just at their majority. They have been educated to look upon marriage and home as woman's highest vocation, and they take up the profession of nursing either to fit themselves to be better wives and mothers or to support themselves in what is essentially a womanly profession and ranks next to the wife and mother in caring for the helpless and suffering members of our race. They come to us bringing at our command unquestionable credentials as to their fitness. We aim at the highest character, perfect health, and the best education, and we select applicants as near the standard as possible, and so they enter their training. It is an understood fact that we expect these young women to finish their training developed and strengthened mentally, morally, and physically. A great responsibility rests, therefore, on those who accept these pupils, much greater now that the course is lengthened to three years, and in order to obtain the best results in the care of our patients the pupils must have sufficient care to enable them to do this work without undue strain.

Every training school should have a home for its pupils outside of the hospital, away from the nervous strain caused by the sights and sounds of the hospital. Each nurse should have a single room (no matter if it is a little crowded) with fresh air and sunlight and simple furnishings, a place where she can dress without going into the halls for her clothing, where she can shut herself up to study when she wishes, and where she can retire for the good, old-fashioned cry that every strained nerve needs, and which we are often ashamed to own we ever need. That single room does more to stiffen the moral backbone than all the precepts of the three-years' course.

Separate night nurses' quarters in a Nurses' Home are not always necessary. Generally familiar sounds are not so disturbing as a strange bed and new surroundings, and if day nurses are on
duty during the day there ought to be very little noise in the home. A nurse in private practice must accustom herself to home sounds and she should begin it in her course of training.

The home should have sufficient bathing facilities—a bath for every eight inmates is not too many; six would be a better number. The dining-room should be sunny and fresh, and the nurses should have ample time for meals; one hour at midday, giving time for a short walk in the fresh air, laying aside the ward apron and cap, proper brushing of hair and cleansing of hands, gives an opportunity to prepare to assimilate food instead of laying the foundation for future dyspepsia. The home should have its own supplies, kitchen, and dining-room.

The lecture and class-rooms should be well ventilated and bright and have a business-like air, which compels attention and work. A class-room comes to my mind, a corner of a drawing-room, which was very cosey and homelike, and the pupils were correspondingly frivolous and inattentive.

Every school should have a library for reference and for general reading, with the newest fiction predominating. A nurse does so much hard study and sees so much of the hard facts of life that the lighter reading is a mental relief to her, and it also keeps her in touch with the current literature of the day, which her patients generally read. There should be a parlor in every home; and if the parlor, library, and lecture-rooms could be arranged so as to be thrown together for nurses' gatherings, such as commencements, musicales, or dances, so much the better. The nurses should be allowed to receive their male friends in the parlor. I remember a gentleman being obliged to wait for a nurse, his cousin, on a windy corner in early winter. She was delayed half an hour and he was afraid to leave the corner for fear of missing her. I did not hear if he contracted pneumonia from exposure. It was providential if he didn't. What right have we to force superior young women into meetings on the street corners?

There should be ample facilities for exercise of the kind that sends the blood coursing through the veins and renovates the whole system. A gymnasium with a swimming-pool attached is ideal; apart from this, calisthenics, physical culture, and tennis
courts are all helpful. In many cases nurses have come off duty, tired and sore-footed, who could not resist the spirited strains of our recent waltzes and two-steps, and an hour's dancing works wonders. It should be encouraged and a piano should be in every home.

The pupils must have fresh air and sunshine, and this, it seems, is the hardest problem to face. Walking is good exercise, but after a nurse has walked all night she has little energy left for an hour's stroll on the hard pavements of a city street, and, besides, when three years are spent in one place, the walks grow rather monotonous if there is no special object in taking them except exercise. There should be a Recreation Committee in connection with every school, which would furnish carriages, boats, or horses, so that footsore nurses might be able to drive or sail when fresh air is needed if they cannot get it otherwise; also, this committee could occasionally furnish complimentary tickets to a class for some amusement which would be enjoyed all the more because unexpected and because of the personal element in it. If a committee does not care to be responsible for so much work, an amusement fund should be created and the spending of it left to the discretion of the superintendent. She knows what her charges need, and should be willing to take a little trouble in meeting these needs. Where there are no lawns surrounding the home there should be piazzas or balconies, or, if these are not feasible, a roof garden.

Nurses when off duty should have as bright and cheerful an atmosphere as possible to live in, and it should not be too difficult a thing to find. Nurses should not only be allowed to attend some place of amusement at least monthly, but they should be encouraged to arrange entertainments in their own home. It does much to hold them to conventional lines.

This condition may be considered ideal, but it is attainable, and results would more than pay for the time and energy expended. In striving for our ideals, we may be accused of hitching our wagon to a star; still, it is well to aim high, and if we don't attain the star, at least we can be reasonably sure our wheels will not become clogged by the mud of the gutter.
There is a tendency to require pupil nurses to pay for their education. Many pupils "work their way" through our colleges. Do not our nurses do so? If we arrive at the goal where pupils are required to pay, let us see to it that the education is made one worth paying for from every point of view.

The President. Now if you have any questions to ask or anything in the way of criticism we should be glad to hear it; discussion is encouraged for all of these papers.

Miss Brown. The construction of homes and schools for nurses should be based on the requirements of mental and physical hygiene for the pupils of the school. These requirements may be classed under two limitations—namely, the essential and the accessory.

The essential includes an abiding-place on the one hand and a refectory on the other. The nurses' room should be a unit for herself—small, it may be, but a place where she can rest and think. A single room also fixes the responsibility upon the occupant in regard to the neatness, order, ventilation, and general care. The construction of the room will depend on the size of the building and the space that can be allowed for each pupil. A closet rather than a wardrobe is to be preferred, and if this can be so located that the doors of the room and the closet can be brought together at an angle, they will serve as a screen at night and aid in ventilation, it being understood that the halls and stairways are always supplied with fresh air. The transom over the door is a necessity, an additional one over the window being an advantage. It is not always possible to have each room connected with a ventilating shaft. The room should be supplied with an arrangement for heating in cold weather. It is poor policy to have cold rooms for nurses when off duty. The lighting apparatus should be sufficient, and there should be some central station where the light can be turned off and on simultaneously in all the rooms at stated hours.

The bathrooms should be carefully planned, allowing ample opportunity for each pupil, and the lavatories and closets should be provided for. The furniture of the nurse's room should consist of an iron bedstead with woven-wire mattress wide enough for comfort, a bureau with mirror, small table, commode, clothes-tree, rocking-chair, ordinary chair, desk and bookcase combined and a screen. The mattress and pillows should be as comfortable as they can be made, the linen and blankets marked with the number of the room. As a rule, nurses are expected to furnish their own covers for bureau, stand, and commode,
but it would add to the uniformity and in some instances to the good
taste of the room to have suitable linen covers provided for the room,
as well as the rugs on the floor.

The refectory or dining-room should be spacious enough for all de-
mands and as light, sunny, and attractive as possible. When possible,
it is better for the health of the pupils to have the dining-room in
connection with the home, apart from the hospital. The opportunity of
getting out into the pure air is an incentive to appetite, and the
letter-rack and bulletin-board are inducements that tend to remove the
cast-iron effect of institutional regulations in regard to meal hours. A
dining-room for nurses apart from a large institution has the decided
advantage of having a greater variety of food and many pleasant sur-
prises in having home-like dishes prepared that cannot be provided for
the whole family. This arrangement includes a separate kitchen with
the necessary attachments of refrigerator and storeroom.

The accessory requirements are difficult to enumerate. The nurses
should have a place to receive their callers when they are off duty, and
the reception-room can be of sufficient size to use for social functions
and club meetings, or it can be enlarged to meet the need by commu-
nicating with the library or music-room by means of sliding-doors.
An additional room fitted up with all necessary appliances for class
instruction and lectures is very desirable. The experience of more
than one school has been that sitting-rooms on all the floors of the
home are used sparingly. As the preliminary comes into vogue more
and more, these rooms can be utilized for study- and class-rooms.
The addition of one or more balconies to the building for the purpose
of encouraging the pupils to get out into the open air is a marked
factor in preserving the health of the nurses. A gymnasium has been
considered a valuable adjunct in the same direction. The hospitals
requiring such treatment for patients are provided with the proper
facilities and the nurses receive their physical training in the depart-
ment already prepared. The lower floor of a nurses’ home may afford
space for a trunk-room, a tea-kitchen for the preparation of light
refreshments, a laundry with a set tub and gas or electric stove for
irons, a sewing-room with a machine, a clothes-room for laundry bags,
and a parcel-room for the reception of the purchases dear to a woman’s
heart. An elevator is most desirable if the building is of sufficient
size to demand much stair-climbing.

Having considered the modern nurses’ home, the mind naturally
reverts to the accommodations provided for the pioneers in the work of
nursing. We do not need to be told that they were inured to the stern reality included within the four walls of a hospital. The question will arise in the minds of all interested in the education of nurses if there is not danger in the pendulum swinging too far in the direction of personal ease, comfort, and almost luxurious surroundings for women who are later to take part in the battle involving the suffering and the calamity of the world.

The President. The next paper is on Economy in Hospital Work by Miss Samuel of the Roosevelt Hospital.

ECONOMY IN HOSPITAL WORK.

MARY A. SAMUEL,

Graduate New York Hospital, Superintendent of the Training-School of Roosevelt Hospital, New York.

In view of the fact that there exists at the present time in many of our hospitals the urgent need of a larger income with which to meet the constantly increasing cost of their maintenance, the question of economy becomes an all-important one—economy in its highest sense, what it means and how it may be observed most advantageously in hospital work.

Ruskin says, "Economy no more means saving than it means spending money; it means the administration of a house; its stewardship, spending or saving, whether money or time or anything else, to the best possible advantage." Let us add, it is also the result of education and intelligence.

In the exercise of economy two important facts may be taken into consideration: first, the tendency to extravagance, seen everywhere and among all classes, and ever characteristic of city life. In the subject particularly in question, this extravagance is most apparent in the profuse expenditure of money on costly construction, elaborate interiors, with lavish and expensive equipment. Little thought, it would seem, is given to ways and means of maintaining these institutions and for future provision to carry on their constantly increasing work.

The second consideration is, the prevention of waste, as a duty. This tendency to extravagance when pertaining to hospital work,
how easily the habit may be formed, how unconsciously one may drift into unnecessary use of supplies of every description and in every department, and how surprised when statistics, carefully kept, show the decrease that may be brought about through investigation and supervision; and this without any change in the activity of the service or less care and comfort for the patients.

There are so many channels for waste, so many sources of leaks, so many ignorant of the cost of equipment and of supplies, and, not infrequently, we regret to say, so many indifferent to the wise observance of a true economic spirit, that, not unnaturally, the question of economy and efficiency will fail to go hand-in-hand.

For obvious reasons it is very difficult to make comparisons; as yet there exists no uniform method of keeping hospital accounts or of compiling annual statistics. We find one institution itemizing in its report on annual expenditure even to pins and needles; while another includes these and a score of other necessaries under the heading "dry goods," and giving the total cost in thousands of dollars. In a well-known hospital, whose expenditure recently underwent thorough investigation and reorganization, it was found that in safety-pins alone two hundred dollars had been saved in one year. This result was, however, not altogether a matter for congratulation when it became known that another institution of about the same capacity and doing similar work had never spent this amount for the articles in question.

Economy, however, as practised in one institution might be considered parsimony in another, and nowhere, perhaps, is the virtue more difficult to inculcate than in a hospital ward, where exists such a constant demand for so much that goes towards making or marring the comfort and well-being of the patient, the pleasure of the work and the need for criticism, be it favorable or otherwise, on the part of those in authority.

Three general divisions can be made in considering hospital economy—viz., the purchase, distribution, and use of equipment and supplies. The first responsibility is generally—and, we will say, rightly—placed with the superintendent of the hospital, who will either purchase directly, or, in large institutions, authorize competent heads of departments to select material or equipment
as may seem to their experienced judgment to best meet the requirements. Some corporations delegate the duty to a comptroller, purchasing agent, or steward, and in smaller institutions there may be a Purchasing Committee. As it has so often been proved that the best is the cheapest (ultimately), the importance of much experience and foresight, with a knowledge of quantities as well as quality, or of the particular use of the article specified, goes without saying. Full information should always be had, if possible, as to market conditions, and there must always be borne in mind the two-fold duty of keeping down current expenses while doing good work in supplying legitimate needs.

While provision must always be made for emergencies, it is sometimes a wise policy that necessitates, occasionally, a cutting down in quantities issued, thereby compelling more careful handling of the same until the stock be renewed.

We find various systems in regard to the distributing and issuing of supplies and responsibility divided much more in some institutions than in others. The steward’s store-room in one large hospital is not unlike a country store, minus, perhaps, the soothing syrup or the pain-killer, but supplying all other needs of a large institution. Generally, the store-room issues all household supplies, utensils, dishes, while the linen-room is the head-quarters for bedding, blankets, towels, gowns, etc., as well as the making of special garments for household, ward, or operating-room use. Sometimes we find rubber goods, such as sheeting, hot-water bags, ice-caps, given out and accounted for by the head of this same department, and, again, such articles are considered as medical or surgical supplies, and together with gauze and cotton, issued by the drug department.

It matters little, however, in what part of the building or under whose special control these various supplies are held; the main object should be a systematic issuing of and an accurate accounting for the same, these accounts being kept so correctly that monthly or yearly comparisons may be made and an intimate knowledge thus obtained of their wise and careful distribution.

Many hospitals have a system of exchange, whereby household articles, linen, rubber goods, etc., are, when worn out or unfit for
use, repaired or replaced by new, thus keeping up the stock and at the same time accounting for previous issues. This system seems a very satisfactory one; it should, however, be strictly adhered to, and not known better in the breach than in the observance.

Breakages are sometimes provided for, at least in the nursing department, by a deposit of money, made on entrance, to cover loss or damage incurred in this manner, and it would seem a very practical way of handling the question of "carelessness" and at the same time impressing on the pupils a fact, of which they so frequently appear woefully ignorant—viz., that hospital property costs money.

And this brings us to what may be, possibly, one of the most important points in the question under consideration, because offering the most frequent opportunities for the observance of economy, as well as indifference to waste—viz., the utilization of hospital material in the broadest meaning of the term, from the daily or weekly consumption of coal or potatoes to the annual supply of matches.

One of the most common channels for waste and opportunities for economy is in the matter of food. The frequent ignorance displayed in its providing and preparation is astonishing. To quote from the National Hospital Record: "The first place in which all the best scientific knowledge of food as a remedial agent should be applied is in the hospital kitchen. However fully he may be sustained for a time by the products of the chemist, it is of the utmost importance to the final recovery of the patient that he desire and receive natural food, properly prepared and in sufficient quantity to regain his strength. The neglect of the heart of the whole hospital, the kitchen, is hard to understand, until we realize that this same neglect permeates the community in regard to individual homes, and that the medical schools treat of food only in relation to disease, and not in relation to healthful living."

Too great importance cannot be placed in an intelligent knowledge of the comparative values of foods, the selection in sickness of the most nutritious, while most easily digested, and, at all times, of the best known methods in their preparation. Food cooked and served in large quantities, with no discrimination as to char-
acter and amount, with little or no desire that it should be palatable, nourishing, and of sufficient variety, is most undoubtedly one great source of waste in our hospitals. It is not always necessary to spend more money for, but to devote more intelligent thought to this very important department.

The recent introduction in several institutions of women specially trained in dietetics and household economics, and who control and supervise the catering and cooking for the entire household, has already proved most successful. In one large hospital, I am told, the saving in cost of food and other supplies, and the benefits derived generally by the addition to the staff of a graduate in domestic science, has much more than covered the additional outlay in salary. In one of our largest and most progressive schools for nurses the decrease in the cost of food per capita has been five per cent. since the culinary department has been placed under the supervision of skilled teachers and included as a branch of preliminary training for nurses. Very gratifying results have also been shown in the high standard of health among the pupils.

In the serving of food much can be done to prevent unnecessary waste, and here must come the results of preparatory instruction in training schools. Who should know better the requirements and tastes of the patient than the nurse? Diet is, and always will be, an important part of her duty in private work, and where should the great importance of its proper selection, preparation, and serving be impressed upon her, if not when in training? And yet how difficult it so often is to practise what we preach—to carry out in the daily work of the ward what has been theoretically expounded in the class-room. Many of us must have seen, at some time or other, the least experienced assistant, with, perhaps, a convalescent to help, hurrying through the serving of dinner, that eighteen or twenty trays may be carried in and out in as many minutes. Little or no attention is given to the returned trays, and no note made of untasted food, which the ward maid daily empties into the garbage-pail.

What remedy can be suggested in this matter of waste of food? Better selection and preparation, with some variety; closer supervision in serving, with more time in which to do it, and, lastly,
intelligent interest in and knowledge of the patients' needs, while recognizing, in this wilful waste of food, a direct abuse of a public charity, as well as an inexcusable ignorance of the wise economic spirit.

How far economy should be practised in the use of linen is always a doubtful question. Even when not absolutely necessary, the frequent changing of sheets and pillow-cases will add greatly to the comfort of a bed patient. There is, however, so much room here for the exercise of common-sense and good judgment, that it would seem better teaching to develop these qualities than to establish rules for daily changes or allowances.

Occasionally one hears of private patients criticising what appears to them needless extravagance in this respect, such as the entire change of bed linen every day of a patient who had undergone a very minor operation and was able to be out of bed, or, in another instance, where even more recklessness was shown, not only in an entire change after the morning bath, but again, incredible as it may appear, when the patient sat out of bed during the afternoon.

Then, again, we find in the misappropriation of articles for other than their legitimate use another source of waste. Dish-towels and tray-napkins found in the garbage-pail testify to their misuse as dusters or floor-cloths, while a systematic inspection of the refuse-cans occasionally reveals great carelessness on someone's part in the discovery there of instruments, spoons, or dishes, and even rubber gloves and towels.

Where gas is used for lighting and heating only continual daily or hourly supervision can control its unnecessary use.

The system of a daily exchange in laundry or linen-room of soiled for clean dressing-towels, pantry-towels, rollers, and dinner-napkins promotes economy to some extent, as it necessitates closer supervision in the laundry of smaller articles which so mysteriously disappear. In fact, the laundry in some institutions would seem to represent a hidden monster with an insatiable appetite for binders, caps, towels, and even larger articles of every-day requirement, so often do we find the blame placed there for constant reduction in the ward stock of linen.
The washing of new blankets, while not impossible in a hospital laundry, so often proves the reverse of a success that it would seem "penny wise and pound foolish" to expect the best results where the time and intelligence necessary to the proper performance of this task cannot always be given.

When new blankets are returned, shrunken to almost half their size, hard, rough, unpliable, and scarcely fit for further use, the small amount charged by the cleaner, who sends them back practically as good as new, seems, in the end, an outlay giving the best economical results.

An increased expenditure in the drug department has developed with the more extensive use of expensive proprietary preparations, and a close watch must be kept over prescriptions and requisitions in order that this tendency be kept under control. Much can be saved when supervision is given by someone authorized to refuse the dispensing of costly drugs unless under legitimate conditions.

Many preparations in common use can be made in the drug laboratory at much less cost than they can be bought for; take, for example, a preparation similar to listerine for use as a mouthwash; this can be made for about eight cents a pint, while the cost of listerine is something like sixty-seven cents. Cleaning and polishing preparations can also be made at a great reduction. The consumption of alcohol, generally speaking, is enormous, and in spite of the fact that used under certain conditions it is tax free, it nevertheless forms an expensive item in hospital outlay. At a public meeting held recently in New York City to consider the present financial crisis in many of the hospitals, it was stated, as the result of investigation and comparison, that in the wards of one of the largest city institutions the quantity of alcohol used varied greatly under different attending physicians.

That equally good results can be obtained with a twenty-five per cent. as with a ninety-five per cent. in the care of patients' backs, and with even less in the sponge-bath as an antipyretic, has been our personal experience. This would indicate a point in economy justly advocated.

In the matter of surgical supplies, all must agree that the possi-
bilities for extravagance are very great and continually on the increase.

A superintendent of large experience recently remarked that "the surgeons are running away with our hospitals;" and, judging from the yearly increasing number of operations, the shorter average number of days' stay in hospital, and the continually increasing demand for supplies in wards and operating-rooms, such might be the case. Much, however, depends on the habits of the individual surgeon, be he a member of the visiting or house staff. Many details could be enumerated, seemingly unimportant, yet collectively illustrating ways of economy or the reverse, well worth consideration. Take, as an instance, the preparation of an operating-room; the number of towels requisite, the gowns, caps, and gloves, the solutions, instruments, ligatures, etc., and the time necessary to observe careful technic. This may all be for one minor operation lasting fifteen or twenty minutes, and not infrequently for none at all.

Here economy might often be promoted by deferring other than emergency operations until several could be performed consecutively.

Gallons of salt solution are often used where quarts would answer. Binders, and even sleeves, are cut quite unnecessarily by impatient house doctors, and not infrequently, after cutting off the small portion required, quite large strips of plain or medicated gauze packing will be discarded and thrown away with soiled dressings.

Details, unimportant, perhaps, but costing time and trouble in their preparation.

It has been demonstrated in private duty, and hospitals as well, that the very best work can be accomplished with few assistants and a small outfit. In one hospital recently excellent results were obtained in two major operations where something less than thirty-six towels were used, while in another one hundred and forty were required to do the same work. The use of rubber gloves for everything under the sun is now, apparently, quite an established custom. In the larger hospitals eighty to ninety pairs is not an unusual number for an operating-room stock, while in a surgical
ward ten and twelve pairs will be used for daily dressings. The repair of these now indispensable articles of operating-room and ward equipment is part of the daily routine and takes much time. Goodyear’s rubber cement is used and many and various patches applied.

Adhesive plaster is another commodity requiring close watching, to avoid not only extravagance, but many illegal uses. The most inexcusable misappropriation of this article that ever came to my notice was in seeing the doors of a ward that had been prepared for fumigation closed from floor to ceiling with broad strips of adhesive plaster!

The daily issuing, by requisition, of sterilized gauze and cotton from a general supply-room, with a limit as to amount, does keep a check on extravagance and lessens the chance of waste. Laparotomy dressings, sterilized for final preparations, and which can be used repeatedly; abdominal pads, rinsed, soaked in Labarraque’s sol., and boiled, serve their purpose several times; and many yards of gauze can be saved by washing what has been used in the preparation for operations.

One might go on indefinitely in this matter of the use and abuse of hospital material, and many times ask the question, How and where may economy be practised? When should we save, and when best spend? Someone has said that economy is not a natural instinct, but the growth of experience, example, and forethought. If such be the case, much has been left undone in the training of those most directly concerned in hospital work. A knowledge of the underlying principles of true economy is often conspicuously absent, and a sense of responsibility and feeling of proprietorship the exception rather than the rule.

How best may we impart this knowledge, how best inculcate the right spirit? Not by constantly nagging or withholding or refusing necessaries as though the request were a personal one and the person making it guilty of unheard-of extravagance or grave misdemeanor, but by better preparation for the duties and responsibilities of hospital work. And this instruction should be begun the day the pupil enters, given under close supervision and by experienced teachers.
And as we know that in spite of all our efforts there will be people who are careless or extravagant, wasteful or indifferent, once again must eternal vigilance be emphasized as the keynote to a wise and legitimate economy.

Mrs. ROBB opened the discussion by stating that extravagance generally was the order of the day, and that until the young women who applied for admission to our training schools were given a more careful and conscientious home training, we could hardly expect satisfactory results from their work in institutions. She called attention to the fact that young women enter training schools usually after they have attained years of discretion, with character and habits fairly well formed, and it is doubly difficult to teach them a profession and at the same time supply the training in these fundamental matters which they should have received from their own mothers in their own homes. The speaker referred to her own work some years ago as a nurse in Bellevue Hospital where among her duties was that of preparing for, and assisting at the operations of an eminent surgeon, and where with very meagre supplies and facilities, the most excellent results were obtained, and she drew the inference that the demands for certain supplies in operating rooms to-day are out of all proportion to the real needs. She concluded by saying: "If one of the best surgeons in New York could do such work as has been described with nine towels, I think thirty-six, which has been suggested by some one as reasonable for an operation, a very large number."

Miss MAXWELL. A certain doctor said to me once that twelve towels were more than should be used in any operation.

Mrs. ROBB. Well I did know of one operation in which 180 towels were used.

Miss BANFIELD. I should like to move that a very full report of all these proceedings and discussions be taken and that sufficient copies be printed in paper covers, if necessary, to enable us to distribute them to members of our staff and board of trustees.

Miss PALMER. I think I am justified in saying for the Journal management that if this discussion is printed in the Journal it can be distributed in that way with very little expense to the Association.

The meeting adjourned for luncheon.
The afternoon session opened at 2 p. m. The President in the Chair.

The President. We intend to proceed this afternoon with the discussion of the extremely interesting paper, the last read this morning, by Miss Mary Samuel on Economy in Hospitals.

Miss O'Neill. If it is now in order I would like to extend to this Society of Superintendents of Training Schools an invitation to hold their next annual meeting in Brooklyn, New York.

The President. You have heard the invitation. The matter will be turned over to the Council who will be glad to consider this among the other invitations in arranging for the next annual meeting.

Miss Walker. Not long since, I was present when a somewhat severe criticism was made on the defects of character exhibited by so many trained nurses. The reply was made that, in three years the art of nursing may be taught, but character cannot be made over. The previous twenty-one, twenty-two or twenty-three years, must count for something. Mrs. Robb has gone even farther back, and has most truly said that the formation of character begins with the grandmothers. I should like to add one more word: Our mothers teach what might be called "common" honesty. There is, perhaps, no worker on a hospital nursing staff who, being entrusted with any amount of untold wealth, would not be true to her trust. It is the "uncommon" honesty that is rare. The honesty that never weary in the constant, careful use, and avoidance of abuse, of supplies, which have been purchased with money given for the sole purpose of caring for the sick and injured. Hospital work demands that supplies shall be generously provided and easily obtained, so that when, on entering the ward, the new pupil-nurse sees around her supplies unlimited, she rarely, of herself, considers their cost, nor the source of the income by which they were provided. If, in the early ethical talks, this danger be not emphasized, she will, in all probability, acquire the habit of using these supplies too freely, as a matter of course, and without any consciousness of wrong-doing. After all, the heads of departments: wards, kitchens, store-rooms, etc., etc., generally are the determining powers. They have such constant and direct supervision, that they can easily detect and check any tendency to extravagance; and they can also, just as easily, by indifference, or lack of tact, cause needless waste. There are to be found in such positions, those who, careful in the expenditure and saving of their own money, careful in the use
of their own property, have not realized the responsibility of their stewardship. And, all honor to them, there are those also who, careful, or not careful, saving, over generous, or wasteful of their own, will spare neither time nor work in using to the best advantage every cent’s worth of supplies entrusted to their care.

Miss Giles. It has been my experience that education in hospital economy should begin with the physician as well as the nurse. I have had much trouble with physicians in regard to extravagances, and while the nurses have such examples before them it is exceedingly difficult to make them careful.

The President. Miss Giles is undoubtedly right in the main, but there are notable exceptions.

Miss Maxwell. The house staff, coming as they do direct from the school of medicine, naturally have no intimate knowledge of the cost of food, instruments or supplies, or the amount necessary for use. The orders are usually left to them by the attendants, and if economy is to be practised in hospitals there should be some definite means of enlightening the house staff on these points. They should be taught the cost and how to care for expensive apparatus.

Miss Davis. I ran quite a large hospital for a number of years, but I did not run it on that plan, because our staff were the judges, and jury and managers; it was run as they desired and was not at all on economical lines. I would say to this assembly here that I do not think that we can put it all on the nurses in the way of extravagance. In some hospitals the management might economize, but they are in a manner entirely helpless; it is not the nurses at all, as I look at it, who are the greatest defaulters in this want of economy because they have to do as they are desired to do. We can pick out little instances here and there of nurses’ extravagance, but as a rule they are under military discipline and it does not rest with the nurse whether the hospital is run extravagantly or economically.

Miss Sniveley. Personally I am much interested in this discussion. I think all superintendents of training schools experience difficulty in leading nurses to consider the importance of economy in the use of hospital linen, especially in the care of patients, when such economy is quite compatible with the comfort and cleanliness, so essential in the care of the sick.

This is particularly manifest in the case of new blankets which, in many instances are sent to the laundry scarcely soiled, and are often returned hopelessly ruined.
Miss Davis. I would like to ask the last speaker if the nurses are responsible for putting blankets into the laundry.

Miss Sniveley. The superintendent certainly seeks to inculcate in her nurses both the spirit and the habit of cleanliness, therefore in this sense is responsible, but the thought I had in mind was that if there is any better way of dealing with new blankets than sending them to the laundry, I should be very glad to know of it.

Miss Maxwell. Perhaps you would like to know how we take care of the blanket question at the Presbyterian Hospital. The nurses are required to remove spots from the slightly soiled blankets before they leave the wards. Those not infected are kept for inspection by the superintendent or her assistant, who decide whether they shall go to the laundry or to the dry cleaners. We have a small closet in which we fumigate with formaldehyde all blankets that the physicians or surgeons have determined necessary for fumigation. These blankets are all inspected when removed from the closet, and it is then determined which ones shall go to the dry cleaners and which to the laundry.

The President. We will now proceed with the program for the afternoon and listen to the papers by Miss Anna L. Alline on Training School Libraries, Scholarships, Loan Funds, and Tuition Fees.

TRAINING SCHOOL LIBRARIES.

Anna L. Alline,
Instructor in Hospital Economics, Teachers College, Columbia University.

The question of the Training School Libraries seemed at first thought to be one of the few subjects that could speak for itself, having its recognized place, being an important part of the equipment of every educational institution. All there would be to do to make a report would be to gather in the schedules of questions which would be fully and comprehensively answered by a few hundred of our schools. This would not then be a paper for discussion, but as a statistical report would find a quiet lodging place in the printed report of the transactions of this Society.

The first glance through the papers sent in, changes this aspect of it somewhat, as the majority of them present some problem which can only be solved by open discussion.
I wish to call your attention to a few statistics gathered from the reports under the same general classification used in all the reports of the Educational Committee, the basis being the number of beds. In each class there were one or more which could not be classified:

First Class, 25 to 50 beds:

47 papers were returned.  
22 of these reported no libraries but 10 had professional periodicals.  
14 have libraries.  
8 returned blank papers.  
3 stated that they were about to establish the library.  
Of the 14 having libraries, 1 had no general library and 2 had no reference library.

Number of volumes in the libraries of general literature:

4 have from 100 to 250,  
9 have from 10 to 100.

Number of volumes in reference library:

1 has 92,  
1 has 50,  
4 have 25 to 50,  
5 have 3 to 25.

1 simply answers 'yes' to the question of how many, but it has a daily paper and that lets them in for a little credit.

6 of the 14 have monthly magazines. Those named most frequently were: Harper's, Outlook and Ladies' Home Journal.

4 have daily papers.  
9 have American Journal of Nursing.  
6 have Medical Journals.  
5 have other Nursing Journals.  
3 have a special room for the library.  
All but one have been established since 1900.  
1 was established by the superintendent and nurses.  
Others were established by a physician or by physicians and by friends.  
1 is maintained by the institution, others by contributions.
Regulations most irregular, only one or two require books to be used in the library only.

Second Class, 50 to 100 beds:
- 83 papers received.
- 33 have no library, but 11 of these have professional journals.
- 34 have libraries.
- 7 returned blank papers.
- 5 are about to establish libraries.
- 1 asks for suggestions.

Number of volumes in general literature:
- 13 have 100 to 300,
- 9 have 50 to 100,
- 7 have 6 to 50,
- 5 have none.

Number of volumes in reference library:
- 2 have 100,
- 9 have 50 to 100,
- 12 have 25 to 50,
- 9 have 8 to 25,
- 2 have none.

19 have periodicals of general nature. Those mentioned most frequently: Harper’s, Century.
26 have professional journals.

2 have daily papers.
8 have special room.
6 were established before 1900.
14 were established since 1900.
They were established by staff and by donations.
1 raised money by giving a fair.
1 is maintained by a fund, 2 by the hospital, 2 by nurses. The others seem to have no definite means.
8 have regulations for controlling their use. All have the same general plan of allowing the books to be taken out and name of nurse registered.
Third Class, over 100 beds:
114 papers received.
85 have libraries.
11 have no libraries, but all have periodicals.
13 returned blank papers.
5 are about to establish libraries.
Number of volumes of general literature:
  3 have 1000 or over,
  7 have 500 to 1000,
  41 have 100 to 500,
  15 have 50 to 100,
  3 have under 50,
  12 have none.
Number of volumes in reference library:
  5 have 200 or over,
  17 have 100 to 200,
  21 have 50 to 100,
  12 have 25 to 50,
  19 have under 25,
  7 have none.
47 have periodicals of general nature. Those mentioned most frequently: Harper's, Scribner's, Century, Munsey, Ladies' Home Journal.
Charities mentioned but once, Studio mentioned once.
Daily papers in 8, Domestic Science, 3.
Professional journals, 64.
American Journal of Nursing, 48. This represents the number of schools having subscriptions, but not the number of journals.
Others mentioned:
  Pacific Coast Journal,
  British Journal of Nursing,
  Australian Journal of Nursing,
  Medical Journals,
  Training Nurse.
45 have special room.
16 established before 1895.
17 established 1895 to 1900.
19 since 1900.
7 established by nurses.
7 maintained by nurses.

Library fee, 10 cents to $1.00.
1 has the interest on a fund of $4,000.
24 have regulations. In one instance the Matron of the home is Librarian. For the most part the books are freely used throughout the building.

With a most generous calculation, there are not more than 132 libraries. A little trimming down seems necessary. If we cut off those claiming to have not more than ten or twelve technical books, we will still have a margin if we place the number at one hundred.

When we think of the constant struggle to raise the standard of our profession, and realize so keenly the great dependence on the education of the nurse, is not this the greatest handicap we have? With little or no library facilities, one of the corner-stones of the organization is certainly lacking.

It must be emphatically stated, and I doubt not this audience would approve as a body, that the reference library is one of the essentials in providing equipment for a training school. The unlimited number of the professional books published makes it all the more necessary that the standard books be placed within reach of the pupils. The maintenance of the library is quite as important as the establishment, due entirely to the rapid strides of science.

The textbook stage is rapidly passing out of use. The study of subjects directly from reference books has come in its place. As a result we have a much broader field, a greatest interest and the greater activity which develops the thinking nurse and she is alive and alert for the problems daily before her.

I have laid the greatest stress on the reference library, but we practically have a natural division of the question into three parts:
1. Text books for the individual pupil.
2. Reference books.
3. General literature.

As previously stated, the text book is not the most necessary
consideration of class instruction. We may place it as an adjunct only, as a general guide and then, too, being always at hand it has its value. A few text books to begin with and added to from time to time in passing through the grades, together with some of the more general and historical professional books as a part of her stock in trade which every nurse should possess. The following list is suggested:

Life of Florence Nightingale. Tooley. (N. Y., Macmillan Co.) .......... $1.58
Nursing Ethics. Hampton. (J. B. Savage Co., Cleveland, O.) .......... 1.50
Notes on Nursing. Nightingale. (D. Appleton & Co.) ................. 0.75
Practical Points in Nursing. Stoney. (Saunders, Phila.) ............... 1.50
   American,—Dorland. (Saunders, Phila.) ................................ 1.00
   or Gould. (Blakiston Publishing Co.) .................................. 1.00
Anatomy and Physiology. Kimber. (Macmillan Co.) ..................... 2.25
Materia Medica used in the School.
   American Journal of Nursing. (Lippincott Co.) ...................... 2.00

On completion of her course she should also have:

The Care of the Baby. Griffith. (W. B. Saunders & Co.) .............. 1.50
Theory and Practice of Infant Feeding. Chapin. (Wm. Wood & Co.) ... 2.25
Obstetrical and Gynecological Nursing. Davis. (W. B. Saunders) .... 1.75
Personal Hygiene. Pyle. (Saunders) ..................................... 1.50

Should the nurse at any time take up a special line of work her list of books would of necessity be increased to meet that need.

The Reference Library should contain the entire list named above with the following in addition:

The American Illustrated Medical Dictionary, with Index. Dorland.
   (Saunders) ........................................................................... $4.50

or

The Illustrated Medical Dictionary, with Index. Gould. (Blakiston)... 5.00
Bacteriology. Newman. (Putnam's Sons) ................................... 1.50
Bacteria Yeasts and Molds in the Home. Conn. (Ginn & Co., Boston) . 0.93
Agricultural Bacteriology. Conn. (Ginn & Co., Boston) ............... 1.25
Materia Medica. Dock. (Putnam's Sons) .................................... 1.55
Materia Medica. Stoney. (Saunders, Phila.) ................................ 1.25
Materia Medica. Groff. (Blakiston) ......................................... 1.25
Materia Medica. Homeopathic. Dewey. (Boericke & Tafel) .......... 1.75
Urine Analysis. Long. (Chemical Pub. Co., Easton, Pa.) .............. 1.50
Anatomy. Gray ................................................................. Cloth, $5.50 ; Sheep ....... 6.50
Human Body. Martin. (H. Holt & Co.) .................................... 2.29
Elementary Physiology. Huxley. (Macmillan) ......................... 1.26
Home Science Cook Book. Lincoln Barnes. (Whitecomb & Barrows).... $ .90
Diet and Relation to Age and Activity. Sir H. Thompson. (Warne)... .75
Practical Dietetics. W. Gilman Thompson. (D. Appleton & Co.)........ 5.00
Diet—Health and Disease. Julius Friedewald and John Rührah.
(Saunders & Co., Phila.)........................................ 4.00
Principles of Sanitary Science. Sedgwick. (Macmillan).................. 2.70
Care of the Home. Clark. (Macmillan)................................ 1.85
Practical Hygiene. Parkes. (Wm. Wood & Co.).......................... 4.00
Ventilation and Heating. Billings.................................... 6.00
Home Sanitation. Sanitary Science Club. (Home Science Pub. Co., Bos-
ton)....................................................................... .25
Nursing—Its Principles and Practice. Hampton. (Saunders)............ 2.00
Text Book of Nursing. Clara Weeks Shaw. (D. Appleton & Co.)....... 1.32
Familiar Forms of Nervous Diseases. M. Allen Starr. (Wm. Wood & Co.) 2.50
Mental Medicine. Dr. E. Regis. (Blakiston)............................... 2.00
Diseases of the Nervous System. Pearce. (Appleton).................... 3.00
Fat and Blood. S. Weir Mitchell. (J. B. C.)............................... 1.50
Principles and Practice of Medicine. Wm. Osler. (Appleton)........... 5.00
Vertebrate Embryology. Marshall. (Putnam's Sons)...................... 5.10
Diseases of Infancy and Childhood. Emmet Holt.......................... 6.00
Practical Hints on District Nursing. Amy Hughes. (Scientific Press,
London)........................................................................ .30
Notes for Visiting Nurse. Rose Gilette Shawe. (Blackston, Phila.).... 1.00
Practice of Massage. A. S. Eccles. (Wm. Wood & Co.)................ 2.50
The Care of the Teeth. S. A. Hopkins. (Appleton)....................... .75
Chemistry, Elementary Course. Renssen. (H. Holt & Co.)................. 1.04
Physiological Chemistry. Halliburton. (Longmans, Green & Co.).... 1.36
Conversations on Chemistry. Ostwald. (John Wiley & Sons)............. 1.13
A Handbook on the Prevention of Tuberculosis. First Annual Report of
the Committee on Prevention of Tuberculosis. (Charity Organiza-
tion Society, N. Y.).............................................. 1.00
Pulmonary Tuberculosis. Dr. S. A. Knopf................................ 3.00
Tuberculosis. Diagnosis, Prognosis, Prophylaxis and Treatment. (Twen-
tieth Century Practice of Medicine. Vols. XX and XXI).............. —
Transactions of the Medical Convention of Chicago. J. S. Billings, H.
M. Hurd, (Johns Hopkins Press, Balt.)............................... 5.00
Transactions of the Third International Congress of Nurses. To be ob-
tained through the Treasurers of the Societies........................ 1.00
Transactions of the American Society. Through the Secretary of the
Society of Superintendents. Annually.................................. 1.00
Transactions of the Associated Alumnae of the U. S........................ —
Friendly Visiting among the Poor. Richmond................................ .75
Principles of Relief. Devine. (Charity Organization Society, 22nd St.
and 4th Ave., N. Y.)............................................. 1.00
Practice of Charity. Devine. (Charity Organization Society, 22nd St.
and 4th Ave., N. Y.)............................................. .60
The library of general literature is of no small moment; it is the source of healthful recreation and culture. Not even a hint of its limitations will be attempted, but a few special recommendations only will be made.

A daily paper or papers, clean and wholesome, is quite necessary.

Standard periodicals, two or more of a general nature, with two or more of a special character on religion, art, music, or nature study.

Some nurses in private practice need guidance in selecting literature to read to their patients, especially to children. This could in a measure be done by the proper selection for the school library. The books should be catalogued in both the general and reference libraries by the card system. Books of reference should be so placed and rules governing their use so made as to result in the greatest possible use to the entire student body.

Quite the ideal way would be to have a room for this section of the library by itself. Two rules should be unalterable: first, the books should never be taken from the room; second, no conversation whatsoever should be carried on at any time.

The books should be covered for protection, and plainly marked with the title and the name of the author. A librarian might be appointed from the senior class to take an inventory at least monthly to learn if any books were missing or in need of repair. She should have special charge of the library to know if the books are properly placed and general rules carried out. This would take but little of her time and could usually be attended to in connection with her own study hours.

If there is but one room for general literature and reference books, the two important rules should still be enforced for the benefit of those who study. The books of general nature should be governed less arbitrarily and could be taken from the room by
the use of the ordinary card, thus leaving a record of time taken and the name of the person who took it. A fine should be paid for keeping a book out over time or destroying it in any way.

For the more free use of these books there should be a librarian having an office hour once or twice a week for the exchange and renewal of books. She might be appointed from the intermediate class with an assistant from the junior class to take her place in case of necessary absence.

Magazines and newspapers should never be taken from the library until they can be replaced by those of later date.

Again, if it is necessary to have the books in the social room for the nurses, there must be certain hours of the day when the regular rules in the interest of uninterrupted study should be recognized.

It is interesting to note the rapid increase in the establishment of libraries in the last five years,—forty-seven of the estimated total of one hundred, have been established since 1900. The questions as to how they were established and how they are maintained were not answered definitely enough to allow of any classification. But some interesting features were noted, as the superintendent allowing her personal library for the use of the school. This does not seem a wise step to take for many reasons and should not be advised. When the people in connection with the school do not realize what the proper equipment should consist of, the various points of view might be presented, and it does seem that this is a particularly good field for the Ladies' Board. It will be necessary to have a committee on library work to guard against donations of large numbers of books of questionable value. Storage room is usually scarce and only desirable books should be placed on the shelves of the library.

Two schools are fortunate enough to have funds for maintenance. The nurses of Johns Hopkins are to be congratulated for having a fund of $4,000 with which to replenish their stock and keep it up to date.

The next subject which was assigned me for study was that of
SCHOLARSHIPS, LOAN FUNDS, TUITION FEES.

This short report gives but a glimpse of a rapidly moving picture, but this one look makes a deep impression; more significant of progress along educational lines, than any other single subject before us. The statistics are as follows:

Of the schools of the first class—25 to 50 beds.

- Papers returned, .................................. 47
- Papers returned blank, .............................. 16
- Monthly allowances are given, .................... 28
- Uniforms provided in, .............................. 4
- Text-books provided in, ........................... 2
- Charge for breakage in, ............................ 7

Maintenance reports give a range of $144 to $312.

A prize is offered in one school at the end of the course, awarded to the student having the best recitations—amount is $25. One loan fund is mentioned, the amount not stated, the loan to be paid in one year with six per cent. interest. A personal note is required with security.

Tuition fee of $8.50 a month is charged in the Tuskegee school. This, as stated in the report, is worked out and is, of course, in line with their other departments of industrial training.

Of the schools of the second class—50 to 100 beds:

- Papers returned, .................................. 82
- Papers returned blank, .............................. 19
- Monthly allowances are given in, ................ 55
- Uniforms supplied in, .............................. 11
  (Four of these do not have allowances.)
- Text books supplied in, ........................... 5
- Charge for breakage in, ............................ 18

Maintenance stated in 11 reports range from $150 to $365.

Tuition fee charged for massage in one case. No prizes and no loan funds reported. One reports no allowances, but uniforms are supplied and a certain per cent. of funds received from outside cases.
Third class—Over 100 beds:

Papers returned, . . . . . . . . . 114
Papers returned blank, . . . . . . . 14
Monthly allowances in, . . . . . . . 70
Uniforms supplied in, . . . . . . . 14
(Six also have an allowance.)
Uniform and Text books without allowance in 8
Charge for breakage in, . . . . . . . 18

Maintenance stated in 19 reports range from $100 to $750.

A number of schools have given such valuable points, I wish to quote them quite fully later on. It is quite the custom to have some arrangement by which broken articles can be replaced or paid for. It seems a most business-like way to have a certain fee deposited, and statement made of breakage; should there be a surplus, the balance to be returned to the student. The sums for allowances vary from $2 to $15, but the general average is about eight dollars. They are graduated for the three years, the lowest made in the first year. They are still called salaries by some and are even so stated in their circulars of information sent out to applicants.

The question of yearly maintenance of the pupil proved to be quite a problem from the varied responses made to it. They range from $100 to $75. From $400 to $500 would be a fair average of yearly expense, including allowances. It is a question well worth raising in this transition period of standards, for cause and effect must be carefully studied in all these questions of salaried instructors—eight hour schedule, non-payment system, preparatory schools, tuition fees, and scholarships. The yearly maintenance is certainly a part of it if we make for good business principles.

No allowances, uniforms or text-books reported in four schools. They are:

King’s County, Brooklyn.
Illinois Training School, Chicago, Ill.
John Sealy Hospital, Galveston, Tex.
Presbyterian, N. Y., non-payment in 1904, with uniforms and text-books to the preliminary class.
Fee of $15 deposited for breakage.
Maintenance, $480.
I do not know whether this includes allowances or not, but believe this was calculated before the non-payment plan was established. Loans are made by the Superintendent of the School in case of sickness. No note is required.

Lakeside Training School, Cleveland, Ohio, makes no allowances, charges a tuition fee for preliminary course and has offered six $50 prizes annually, since 1898, awarded to best scholarship. It provides loan funds of $50 each to be paid one year after graduation with 4 per cent. interest. A personal note is required, but no security.

Presbyterian Training School, Chicago, Ill., requires a tuition fee ($25) for the preliminary course. It makes no allowances, supplies no uniforms or text-books.

Buffalo General Training School charges a tuition fee for the three months' preliminary course. Gives an allowance of $100 the third year and charges a $5 fee for breakage.

Children's Hospital, Boston, Mass., charges a tuition fee for the preliminary course to be paid on entrance. No allowance is made and no uniforms or text-books supplied.

Massachusetts General asks a tuition fee of $50 in advance for the preliminary course. No allowances are given, no uniforms and no text-books supplied. A fee of $10 is charged for breakage. They also offer scholarships for those who need financial aid. I understand that as yet no application has been made for this assistance.

Polyclinic Training School, Philadelphia, Pa. Two prizes of $50 each are awarded to the second and third year classes respectively for highest rank in scholarship and practical work. Monthly allowances are made, but uniforms and text-books are not supplied.

New York Training School, New York City. No allowances are made, but uniforms, text books and stationery are supplied. No tuition required and no fee charged for breakage. The Announcement offers the following:

Five competitive scholarships, of the value of $75 each, may
be awarded in the Junior Year; five of $100 each in the Intermediate year; and three of $100 each in the Senior Year. The scholarships are established primarily for those pupils who are unable from their own resources to meet their personal expenses during the course and whose general record of scholarship and practical work is creditable. Application for these scholarships should be made to the Superintendent of the Training School. Two scholarships of $500 each have been established for approved candidates for the Superintendent's Course in Hospital Economics at Teachers' College, Columbia University. As this course is intended to prepare graduates for institutional positions, these scholarships will be awarded to those pupils who have expressed their intention of entering this field, and have attained a high degree of excellence in their work.

Johns Hopkins Training School, Baltimore, Md. The Superintendent of the Training School has a fund at her disposal for loans in case of necessity. $50 tuition fee is charged in advance for the preparatory course. Uniforms and text books are supplied and a fee of $10 is charged for breakage. Their Announcement offers: Eight scholarships, of the value of $100 each have been established. These scholarships will be awarded in the month of June each year by the authorities of the Hospital at their discretion to such members of the Junior and Intermediate classes as have shown exceptional merit and are in need of pecuniary assistance to enable them to continue their studies.

A single scholarship of the value of $480 has been established to be awarded at the graduating exercises at the close of the third year, to the student whose work has been of the highest excellence and who desires to pursue post-graduate study and special work in the School.

Our first consideration is the comparison of the situation as a whole to-day with that of a few years ago. The tendency is on the sliding scale up grade. The allowances have grown smaller all along the line until they have in many instances disappeared altogether, while the uniforms and text books have been supplied in some, but not all. It is with satisfaction I note the few instances of loan funds. Twenty-five dollars a week looks so
much larger to a pupil nurse than it does to a graduate. The accumulation of wealth after graduation is one of the pupil nurse's day dreams, but in stern reality the first year of private duty in the majority of cases has not been an opportunity to start a bank account. A pupil nurse, handicapped with a debt, I believe cannot do as well as one free from such responsibility, and the first year out of school certainly will have its share of troubles. One loan fund mentioned asks for 6 per cent. interest-note and security. I think that rate of interest would not appeal very strongly to anyone as being an inducement. Loan funds for such purposes are usually of remarkably low rate of interest. In the eastern states I believe 2 per cent. is customary, and a note is all that is required. The Lakeside comes nearer to the customary practice. One report states that the Superintendent makes a loan in case of sickness. That makes it a personal matter which sometimes is the only solution of a problem. The fourth is a fund in the hands of the Superintendent to be used when necessary; this is another humane way of getting over a difficulty without making it too general. Loan funds may sometimes be necessary, but must be used with the greatest discretion. It is quite the regular thing to ask tuition fee for the preliminary course, and this surely will soon be the universal rule as the development of the course extends it from the short period it now has in too many, to the course of from three to six months. Another promising feature of the upward tendency is the provision for scholarships. The old question of shutting out good material for financial reasons is overcome. It is a common practice in old established institutions of learning and a most commendable one. The ground principle of it is to assist students of promise who would otherwise be obliged to give up their work.

The awarding of scholarships should be at the discretion of the Superintendent of the Training School, in conjunction with a committee appointed by the Board, to applicants who give evidence of special fitness. A blank form is furnished the applicant containing the following questions:

1. Name in full.
2. Place and date of birth.
3. Residence—present address, if other than above.
4. Date of making this application.
5. High School attended, with period of attendance.
6. Normal School or Preparatory School attended, with period of attendance.
7. College attended, with period of attendance.
8. State the amount of work done and time occupied by you in the following subjects:

Mathematics,  Physical Geography,
History,  Physics,
Geography,  Chemistry, Inorganic,
Anatomy,  Chemistry, Organic,
Physiology,  English Composition,
Biology,  English Literature,
Bacteriology,

This list may be changed to meet the requirements as the standards of the schools are raised.
9. State whether you are able to read and write German or French.
10. State your purpose in applying for a scholarship.
11. Give an itemized list of the letters of recommendation you submit in support of your application.
12. Do you pledge yourself to repay to the (name of school) any sum already paid to you on account of your scholarship, should you for any purpose withdraw from the school before the end of your course.

They need not necessarily be awarded to the highest rank of scholarship, should that student not be in need of financial aid, but to the highest grade student who does need the assistance, providing a certain standard of theoretical and practical work satisfactory to the committee is obtained. I believe this has been settled in quite a practical way at the Johns Hopkins. Where scholarships awarded the highest grade of efficiency were not needed, the money was refunded and again awarded. I think, however, the practice is for only such applicants to compete, as
are in need. Another means for reward for greatest efficiency is that of prizes. The Lakeside, Cleveland, and the Polyclinic, Philadelphia, have followed this plan for some time. It certainly is an incentive oftentimes, and that not so much for the value of the prize, as the pride in being the successful competitor. The closer the competition, the greater the honor. But the feature which is the crown, the final point, of this movement, are the Fellowships founded in the Johns Hopkins and the New York Hospitals, to be awarded to those applicants who have attained the highest degree of excellence and show a decided fitness for undertaking advanced work.

When the other institutions fall in line with the leaders, the proper educational basis will be established and the history being made to-day will be a chapter in the record of the good fight for our profession.

The President. Owing to the brief time at our disposal to-day we will not attempt to discuss these papers, but will defer that until to-morrow. The next paper on the program is concerning Salaried Instruction, by Miss Annie Goodrich.

THE INTRODUCTION OF SALARIED INSTRUCTION IN THE TRAINING SCHOOLS.

Annie W. Goodrich,
Superintendent of the Training School, New York Hospital.

Phenomenal numerical increase would be a brief but comprehensive summary of the statistics concerning the schools of nursing issued by the Board of Education during the last twenty years. In 1882, 16 schools; in 1892, 45; in 1902 (the last report published), 545 (this includes 50 schools of nursing connected with insane hospitals), the total number of other schools being 472, and an increase over the preceding year of 100.

Convincing as these statistics are of the need of the public for such schools, it is due not only to the public but to ourselves, in whose hands these schools have been placed, to give statistical evidence of a greater progress than mere growth in numbers repre-
sents. The compilation of such evidence was, we believe, the purpose of the schedules recently issued by the Committee on Education and with which we are all undoubtedly familiar.

Valuable as each one of these schedules is, we question whether any could be of greater importance than the one which treats of the administrative and teaching staff, for we cannot fail to recognize that only when we have placed our hands on these records have we reached the heart of the matter. Not less inaccurate than is usual with statistics, and full of omissions as these papers are, they have, nevertheless, left on our minds a very clear conception of past progress, of existing conditions, and of results to be desired. As I fear the questions on this particular schedule (No. V.) may have slipped your memory, may I beg briefly to enumerate them?

They are as follows:

Title of chief administrative officer.

Staff of assistants in administration and instruction, and salaries.

Order of the introduction of paid instruction.

Especial preparation of instructors for their work.

Concerning gratuitous and non-gratuitous lectures, etc.

When we note that the title of "superintendent," or in some cases "principal," of the school has almost altogether superseded that of "directress" in the larger institutions, and in the smaller schools the superintendent of the school is also superintendent of the hospital, and that in two-thirds of these institutions the head of the school is responsible to a committee of the Governing Board or to the board directly, we cannot but feel it to be an indication of an increasing desire on the part of these boards to give their administrative officer the freedom and power of authority, and the support and interest that can only be awakened by a personal knowledge concerning the work. But the value of these items is slight compared to those which directly concern the instruction of the pupils, and which, accurate or inaccurate, are of too much importance to be altogether omitted.

Twenty hospitals having over one hundred beds report no assistants (for the sake of brevity we include under this term head nurses and resident instructors who are nurses), eighteen report one, and eighteen two. The largest number of assistants reported
is twenty, one hospital only having that number. Of eighty-two hospitals having from fifty to one hundred beds thirty-four report no assistants and twenty-four one, the largest number being five, three hospitals reporting that number. Of forty-seven schools connected with hospitals having from twenty-five to fifty beds twenty report no assistants; nine, one; two, three, this latter being the highest number. Fifty-seven schools of the first group report instructors in dietetics, all but four being salaried; and forty-one instructors in massage, all but five being salaried.

In seven schools the general instructors and lecturers are salaried. In schools of the second group, twenty-nine salaried instructors in dietetics, four non-salaried; three general instructors and lecturers salaried. In the last group, nine salaried instructors in dietetics, three in massage, and one in anatomy. In all but seven schools of the two hundred and forty-four the lectures are gratuitous.

Conversant as we are with the conditions and requirements of the modern hospital and school, the picture that confronts us is a very vivid and impressive one. In the small hospitals, with probably no resident staff, in some cases with one assistant, and more frequently none, every detail of arrangement, from the engaging of the servants to the admission of patients, and even the day and night responsibility of the very ill cases. In the larger institutions, with a corps of assistants not proportionately large, the arranging of classes and hours of recreation, the planning for the experience which is each pupil's due in a manner conducive to the smooth running of all departments, the keeping of the necessary records, and the heavy correspondence. Days so full, whether in the large or small institutions, that they scarce allow for the hour for instruction, rarely a moment for preparation. Yet scarcely a schedule fails to report lectures and class-work. School after school has adopted the three-years' course, and in many preliminary instruction of some sort has been established. But is the class instruction that is dependent on one overworked woman, and lectures at such hours and on such subjects as very busy men can best arrange, likely to provide the theory that the pupils require to make their work intelligent?
Appreciative as we must be of the assistance so ungrudgingly given by those whose every spare moment should be spent in much needed recreation, and though we could mention innumerable doctors who have not only given lectures week after week and spent much time in their preparation, but have insisted on and carefully corrected written examinations that must have taken hours, yet we must maintain that the greatest need of our schools will not have been met until in some way qualified instructors in every subject have been obtained, and qualified instruction demands a salary. And what does such instruction mean?

It means at the head of all departments to give instruction in every detail of those departments, graduate nurses, who, having shown an ability to teach, have taken additional and necessary courses in teaching methods. It means instruction in anatomy, physiology, and other required subjects, either by young men fresh from the medical schools, or, better still, by nurses who have taken a degree in medicine. It means instruction of the classes in medical and surgical conditions, in groups of eight or ten, at the bedsides of the patients, by selected men. It means classes at such hours and in such numbers as will not interfere with the hospital routine; and above all it means earnest, interested pupils, with minds fresh and alert to absorb the theory and adapt it to the practical work, conditions of mind not likely to be found if, as has been and is still generally the case (for this is what gratuitous lectures mean), the theory be presented at the end of ten or twelve hours of incessant activity, and, may we not truthfully add, anxiety.

Surely, if our country finds it necessary to appropriate vast sums of money to provide qualified teachers in our public schools, in the Philippines, in Porto Rico, demanding that they shall be normal school or college graduates with one or two years' experience, we are not unreasonable in asserting that no schools exist that have greater need of the freedom in selecting instructors, and the arrangement of courses that salaried service allows, or of experienced teachers that the essential theory may be given with a minimum waste of time.

To confront institutions hardly able to meet their present expenses,
and in many instances carrying a heavy debt, with a proposition for salaried instruction seems futile, but the first and most important step towards the attainment of any object is an appreciation of its need. If only forty per cent. of the schools have courses in dietetics and only thirty-two per cent. in massage, the fact remains that such courses, in nearly all cases, have been introduced within the last five years, that they require a special appropriation, and in some way the necessary sum has been obtained.

The provision by the hospital of the uniforms and text-books, instead of the monthly sum for that purpose, permits of a surplus sufficiently large to be of great assistance. A number of schools, as we know, have adopted this method, some even for years. Its universal adoption would do away with the difficulties now attending it. It is the need that the nurses have felt of theoretical instruction that forced the instruction; it is their appreciation of the value of thorough preparation for the many branches of the profession that will lead them to prefer the school that offers it, let the other conditions be what they may.

That problems very difficult of solution await us in the future we are only too well aware, but the introduction of salaried instruction into our schools is one that we feel confident will be solved. Not only is its need too apparent, but the interest in all educational advance is too widespread not to touch schools whose importance the public cannot fail eventually, and are indeed already beginning, to appreciate. Surely, members of the community whose need is felt in the homes of the wealthy, in our city tenements, in our country districts, in the inspection of our schools, in our army, and as administrators and instructors in our institutions, are a power and an influence, whose education, both general and professional, should be of the broadest order that they may be ready to meet the demands made upon them.

What is our experience but a height from which we should be able to discern more clearly what the requirements of the future will be? Is it not, therefore, for us, into whose hands their guidance has been placed, to make unceasing efforts to obtain for our pupils such thorough and systematized instruction that they may enter the many fields that await them, demonstrating that every
detail of nursing is an art, and that not only is the profession a noble calling, but in every sense a science.

The President. We will proceed at once with the next paper which gives us some results of Preparatory Instruction and will be presented by Miss Nutting.

SOME RESULTS OF PREPARATORY INSTRUCTION.

M. Adelaide Nutting,
Johns Hopkins Hospital, Baltimore.

In a paper upon the "Preliminary Education of Nurses" written a few years ago attention was called to the curious fact that although the status of a profession was claimed for nursing, yet our methods of teaching nurses and conducting the work of training schools in this country were strikingly unlike the methods of teaching in other professions. It was shown that the custom was universal of placing pupils on entering a training school at once at the practical duties of their work in the hospital ward, leaving instruction in the principles upon which such practice was based to come at any convenient period at a later stage in their career.

An attempt was made to show that in other professions instruction in fundamental general principles always, in all instances, preceded any practical experience; that in medicine, law, theology, or in the applied sciences it was recognized that work was governed by certain principles, and in these principles it was necessary that each student should be carefully instructed; that he should, in fact, master them before he could with benefit handle actual conditions of work or life—in other words, he must have certain knowledge before he could apply it.

It was stated that these various professions of law, medicine, or the applied sciences were no one whit more important to the community nor to the individual than nursing, and not more unlike nursing than unlike each other, and that if it had been found necessary to adopt in them certain general methods of teaching, which had been accepted in all of them and were looked
upon as essential in order to obtain effective results, then our methods were clearly wrong, and we ought at least to consider carefully whether or not theirs were applicable to our own particular work.

It was further shown that while such views of the subject might be new to us, they were not new elsewhere, but had been a matter not only of consideration, but of actual experiment, in other countries; that in Glasgow, London, and Dublin the methods above outlined had to some extent been introduced into the most important training schools, where a brief preliminary course of instruction in principles of certain work was made to precede its practice; that these experiments had in all instances produced satisfactory results, and were looked upon as a marked advance upon previous methods.

The introduction of some similar but more extended instruction into the schools of our own country was urged, and it was also urged that the education of nurses generally be brought into some sort of conformity with education for other professions. At the date of the publication of this paper a preparatory course of instruction had just been established in one of our American schools, and a class of sixteen pupils were entering for a six-months’ course of instruction in the principles of their work before taking up its practice in the hospital wards. It is interesting to be able now to state that within a bare four years we can point to such preparatory courses of study established in one form or another in twenty-four schools as a part of their regular system of training; we find eleven schools either sending their probationers to technical institutes for instruction in many of these preliminary subjects, or giving preference to candidates who have taken a prescribed course in such a technical school; and we have assurances from other training schools that such a preparatory course is under consideration and likely to become an actual fact within a short period. It is further interesting to note that this reconstruction of methods of teaching has taken place in schools which are not only representative, but are, and have been, distinguished by a liberal and progressive spirit.

It is safe to say that no one measure of improvement or reform
in the education of nurses has aroused a more general interest in
the training schools of this country than the establishment of such
preparatory instruction for nurses, and it is probably safe to add
that with one exception no other measure has received a more
immediate recognition of its importance or has been more rapidly
adopted into our training schools. We have been making history
fast during the past ten years. Along with a startlingly rapid
growth of schools have come many changes of a really radical
nature. The two years of work and study have given place to
three, the payment of money to pupils has been quite abolished in
some schools for a number of years, and has dwindled almost to
the vanishing-point in a good many others. Paid instructors are
quite a common feature of the best schools, hours of duty are
almost universally shortened, and practice and theory to some
extent regulated. Scholarships have been awarded in certain
schools for some years, and tuition fees are in several a require-
ment; but, with the exception of the lengthened course of study,
no one of these measures has so quickly commended itself, not
only to training school and hospital authorities, but to the laity
as well, as the establishment of preparatory instruction for nurses.

In view of this somewhat surprising and quite gratifying fact, it
has seemed advisable this year to look into the matter a little and
see what is going on in this new development of training school
work. I call it surprising, because under the easiest and most
favorable circumstances the introduction of such a course of study
is fraught with many difficulties; and gratifying, in that it reveals
a wide appreciation of the need which has long existed for more
rational methods of education for our nurses, and shows a readi-
ness, if not a desire, on the part of training school workers to get
out of the old, comfortable path of least resistance, and to readjust
ourselves to changed or changing conditions.

In looking over the reports and statistics which have recently
been obtained from the various schools where preparatory instruc-
tion has some place in the plan of work, one's first thought is that
even within this comparatively limited field the methods as out-
lined are distinguished as much by diversity as by uniformity.
The former attribute shows itself first in a very marked way in
the period of time set apart to be devoted to this course of study. In several schools, six in all, a full six months is required for this preparation. In a good many others four months suffices, while three months is a very popular period and that which has so far been chosen by the majority of schools. Some others have presumably resorted to the "thin edge of the wedge" and are accomplishing in this direction as much as it is possible to accomplish in a few weeks. In all but one or two instances this term, of whatever length it may be, is included in the three years. In a very great number of instances lengthening of the course has been one of the ways suggested for its improvement and development, and a full year is considered by some not too long a period in which to give this preparation satisfactorily. Recognition of the need of this instruction has been met in an interesting way. After a regular, definite course of work and study absolutely preparatory to the training of nurses in hospital wards was first established in one of our representative schools of nursing, the opening up of similar courses of study in other schools soon followed, and with them came a good deal of discussion as to where this preparatory teaching could best be carried on. It was evidently a much needed improvement in methods, but it seemed to make demands upon the resources of most hospitals rather beyond their power to meet. The idea that a good deal of the desired instruction might be found in the regular courses offered at certain technical schools was advanced, resulting in the announcement at about the same time, September, 1903, of such preparatory courses of instruction in two of our great technical schools, the Drexel Institute, at Philadelphia, and the Pratt, at Brooklyn. Soon after a similar course was offered at the Toronto Technical School, and a little later at Simmons College, Boston. In Topeka, Kan., a brief course of somewhat the same nature is given at the Kansas State Agricultural College, to which we are told the nurses of Christ's Hospital Training School are sent, their expenses paid by the hospital. The work has been established in each of these technical schools on a different basis, which may be briefly outlined here. At the Drexel Institute the course of instruction covers a school year, during which time the pupil lives at her own expense,
paying tuition of sixty dollars per year. At the close of that period she receives the certificate of the institute, and in applying for admission to the training schools of Philadelphia is given preference above other candidates, and in some training schools one-half year's credit in the full course. At the Pratt Institute, in Brooklyn, the conditions are somewhat similar, the length of course about the same, the subjects, methods, and expenses differing slightly. The course at the Toronto Technical School is of six months' duration, the student paying for tuition, board, and lodging. It, or its equivalent in instruction, is apparently made a requirement for admission to the Toronto General Training School for Nurses. The preliminary course at Simmons College is offered to the students of two training schools—those of the Massachusetts General Hospital and of the Children's. It consists of one term of four months' duration, and during this period the students live in the hospital training schools and are provided with board, lodging, and transportation to the college. They pay a tuition fee to the hospital.

This covers preliminary instruction in technical schools in so far as we have been able to get information.

To proceed with preliminary work as a part of the regular course within the training school, one finds that tuition fees are required in seven schools out of twenty-four recorded, and the fee may be twenty-five, thirty, fifty, or one hundred dollars for the course of study of apparently the same length and scope.

Uniforms are in some instances supplied by the hospital; in others the pupil supplies them herself in accordance with certain regulations; in other schools she wears no distinctive uniform.

Text-books are in some schools provided, and in others they are not.

Uniformity has been attained to a marked degree in the following essential points—viz., the hours of practical and theoretical work and the subjects selected for preparatory teaching. No matter whether the field for practical work has been the ward or the Nurses' Home, the hours for such duty have been almost unvaryingly set at six hours daily, while the theoretical instruction has averaged two to three hours. The subjects selected are practically the same in all schools.
Practically the students are taught the care of the household, the preparation of foods, the handling of drugs, the construction and uses of ordinary hospital apparatus and supplies and nursing appliances.

Theoretically they have instruction in such principles as underlie the practical application of the above subjects, and in anatomy, physiology, and hygiene.

It will be seen at once that an important and far-reaching step towards uniformity has been made when subjects which have hitherto been so distributed that they have been found upon the curricula of some schools in the first year, upon others in the second, and upon still others in the third, are now brought finally into the first year, and into the first part of that year. It is remembered that a few years ago even so fundamental a subject as anatomy and physiology, concerning which one would suppose there could not be two opinions as to its place in the course of study, was found taught in several schools in the third year. The properties and uses or effects of drugs—also one of the subjects which is fundamental, and about which a student certainly needs to know before administering them to her patients, if ever she is to know them—came almost anywhere in the course of study. The teaching of the preparation and values of foods also came along in a haphazard sort of way in many of our schools (frequently within a few months of the time before the pupil graduated). I can remember seeing somewhere lecture schedules in which the junior year led off with instruction in the nursing of diseases of eye and ear, and have heard of another in which obstetrics was one of the earliest subjects taught. When it is clearly acknowledged by thirty or more among our best schools that there are certain subjects which have an undisputed place in the scheme of instruction, in which it is absolutely necessary for the pupil to be prepared before she can understand either the subsequent processes of her work or perform them with benefit to herself or her patient, we have made a good stride towards obtaining that degree of uniformity which is so greatly desired for our schools. I am not a worshipper at the shrine of uniformity, nor a believer in any system which is directed solely towards aver-
aging up the capacities and powers of human beings, but in our education of nurses we have gone so far in the other direction, have had and still have so many and such wide diversities of opinion and method, that it has not only been difficult to say what our common standards really are, but in certain matters the only conclusion we could logically reach was that we had no standards at all.

Where uniformity should be found is in the selection of subjects, allotment of time to each and method of teaching, and in suitable tests of the student's knowledge.

Now, so far as preparatory work is concerned, it is evident that there is much harmony of view as to the subjects which must be pursued. Such slight variations as are found take the form of a course in chemistry in some schools, of biology in another, of physical culture elsewhere, and, if I mistake not, of vocal expression in still others. These, however, do not apparently in any school exclude or affect those subjects of real, fundamental importance, except by the indirect way of taking time and energy for the handling of one subject which might with greater profit at the particular stage be devoted to others. Where the most striking diversity is found is in the allotment of time which is given to the same subject by different schools. Why, for instance, anatomy and physiology should take up four hours a week for one year in one school, five hours a week for four months in another, seven hours a week for ten weeks in another, two hours a week for ten weeks elsewhere, and finally be completed as a subject in a series of ten classes is beyond ordinary comprehension. There must be some right number of hours each week, covering a certain definite period of time in which such a knowledge of anatomy and physiology as is needed in a nurse's education can be obtained. It may be that a course of one hundred and twenty-eight classes is too long and that of ten classes too short, but it ought not to be beyond the limits of our wisdom to reach some conclusion in regard to this subject which can be accepted by all good schools as suitable and sufficient.

What has been said of the teaching of anatomy and physiology is true of most other topics so far as the question of time allot-
ment is concerned. This has its bearing upon our subject in that a course is not truly preparatory unless it takes the pupil in one stage, and definitely and by certain processes prepares her for that which is to follow. There can be no just way of determining what the total length of the full preparatory course should be until we can have some clear ideas as to the proper length of time to devote to each of the particular studies which must be included in such a course.

The foregoing sums up in a general way the conditions under which the preliminary education of nurses has been established in or in connection with the training schools of this country. It is seen that in one form or another it has been adopted in a good many schools. It is under consideration by many others. In New York State it is recommended by the Board of Regents in defining standards as a most desirable development in nurses' education. At this moment movements are on foot in the South to establish such a course in a State Normal and Industrial College, and in the West, in the University of California. In nearly all quarters the plan is looked upon with favor. As an idea it is attractive; it makes an almost unanswerable appeal to reason.

Having presented the main facts connected with this work so far as its growth, conditions, and methods are concerned, the question of its effects upon the schools and hospitals naturally follows. It probably has not taken any one of those who have introduced this method into their schools long to realize that they are grappling with rather a large problem, that the machinery and means of the average hospital do not readily adjust themselves to radical changes of method. It is the most unanimous opinion that there is an increase of expense, and in all instances a very considerable increase in work and responsibility. The expense is, first, that of maintaining a group of students for three, four, or six months in addition to the number required to carry on the actual work of the hospital. The larger the school the greater the expense. If the preparatory term is of six months' duration, and the course is three years, precisely one-sixth of the entire school is always under training and instruction in the preparatory department, and the total number of students must be increased accordingly. The
next expense is that of instruction and supervision. This group of students form a class by themselves and are, and are required to be, under the routine supervision and teaching of one or more persons, according to the number of students and the plan of work carried out in the course. The instruction being in most instances in subjects which were already included in the general course, though given at a much later period and perhaps in a different way, it probably does not add appreciably to the expense. The actual expense depends greatly upon how and where this instruction is carried on. If, as in England, a separate building is provided and maintained only for the purpose of receiving and instructing probationers, there is a definite cost which it is easy to estimate. Tredegar House, the Preliminary Department of the London Hospital Training School, where twenty-seven probationers are always being prepared for the hospital, costs just one thousand pounds a year to keep up. If such instruction is given in technical schools, while the pupils board and lodge in the hospital, there is the cost of maintenance for the hospital, while that of instruction is met by the technical school. If the practical part of the preparatory instruction is carried on in departments other than the wards, in which the students can perform under instruction some portion of the work which must be done daily, the expense may be to a considerable extent lessened. If the teaching of cookery and dietetics can be done either in the kitchens of nurses' homes or of private wards, if the making and sterilizing of surgical dressings and handling of surgical supplies can be taught in the surgical-supply room or in any department where such work is concentrated, if the care, cost, and distribution of linen and clothing and domestic supplies can be taught in the linen-rooms, a certain number of salaried workers can undoubtedly be released in these departments, but it must be borne in mind that in all places, under all circumstances where teaching is properly done, there must be a larger number of students than would be necessary simply to do the actual work. The students' hours of practical duty are also shorter than those of a salaried worker in such departments. On the other hand, it is claimed that students working under expert supervision in such departments are
much more economical in the use of materials, and that a considerable saving is effected thereby. Economy is made generally a strong feature of the teaching, and it is known that the cost per capita for food has been lessened in a marked way when its preparation has been placed in the hands of students.

All things considered, there seems to be little reason to doubt that the establishment of preparatory courses of instruction within the hospital, but outside of the wards, does mean a definite increase in expense varying with the work of different institutions and the manner in which the instruction is carried on. The idea that it shall cost anybody anything to give nurses a proper education has been for so many years unthinkable that we cannot wonder if it stands for some time in the way of better development for training school work. It is not so many years since in most hospitals the entire teaching of all classes as well as the really great executive work of such institutions was placed upon the shoulders of one woman. The idea that a regular, definite system of instruction had any place in a training school for nurses has taken form and substance quite within the memory of the youngest member present. As for paying for lectures when they can be had for nothing—perish the thought! So I think we need not shiver on the brink unduly, but make the plunge and say, yes, the education of nurses if properly done does cost, and it should. All good education anywhere costs, and it is a bad day for our schools, for our nurses, for physicians, and for sick people everywhere, when the first question is always, "How little can we do it for?" rather than, "How well can we do it?" In a medical school which comes under my observation, where the students number less than three hundred, their instruction is carried on by a staff of over eighty professors, associate professors, clinical professors, assistants, and instructors, and the services which have been rendered in instruction by about fifteen other men are duly acknowledged (to say nothing of the teaching constantly given to the medical students by the nurses in the wards), yet in a training school of about one hundred and thirty students the actual instruction may be in the hands of a bare one-half dozen people, all of whom are occupied many hours daily in executive duties. Comparisons are
odious, I admit it. They are made in this instance not with the view of claiming great similarity of needs, but to point my moral, which is, that a good education always costs. The question is, who shall pay, the hospital or the student? There seems to be a tendency to settle this in a measure, so far as preparatory instruction goes, by calling upon the student for a tuition fee, which, while at present in no instance large, probably well covers the actual cost of additional instruction. Where the practical teaching of these probationers is partly carried on in the hospital wards, and bedmaking, dusting, sorting of linen, care of bathrooms, etc., are the duties assigned them, there cannot be any question of appreciable expense, for the preparatory course then becomes not unlike an extended period of probation,—somewhat modified in respect to hours and the character of duties assigned,—but not requiring any considerable increase in actual numbers.

The additional work and responsibility are worthy of careful thought. Practically, a new department is created requiring the selection of suitable fields for practical work, a well-arranged system of classes, lectures, and demonstrations, a wise adjustment in its relation to other departments, and the most constant and rigid supervision. It means additional work and care in many other ways, from correspondence and the keeping of records to the training and selection of supervisors and teachers. The responsibility of watching, developing, and placing upon a secure and stable basis such a new department, under the difficulties, doubts, and criticisms which new measures may confidently expect and generally get, is large and should not be underestimated, but in my opinion it is not greater than that which a conscientious and high-minded woman must feel when twice a year she is called upon to replace outgoing senior nurses in busy hospital wards with a class of raw, untaught probationers, with a certain knowledge that they will be pushed into acts for and over the sick which they do not understand and are not able to perform in a satisfactory way. To my thinking, the responsibility is not so much increased as altered. It is more in one place but far less in another. Admitting, then, the increased expense and much additional work and care, what are the results in other directions?
What are the advantages and the benefits to the student and to the hospital? If one can imagine a medical student being permitted to enter the wards of a hospital and begin his work over the patients without any previous preparation, and can further imagine the profit he and the patient would derive from such exercise, it should be equally easy for us to realize the advantage which suitable preliminary instruction gives to a pupil nurse. In teaching her first the principles upon which all nursing work is based it provides the only good and safe foundation upon which to build her further training. It thus enables her to profit from the very beginning by her practical work and opportunities in the wards. It makes her an intelligent instead of a confused and bewildered performer of acts; it prepares her gradually, mentally, physically, and morally, for a right appreciation of the gravity and responsibility of her work. If she is of those who adapt themselves slowly to new conditions, it gives her a chance to develop. It seems clear the prolonged period of preparation proves most valuable in giving a further insight into the character and ability of our pupils. The qualities on which judgment has sometimes been based have not always been those which stand well the test of time, nor can one always trust to the sound judgment and unbiased vision of young assistants or head nurses, whose reports must be considered in reaching a decision. Probably every superintendent here will admit that many a superficially clever, diplomatic young person has passed a reasonably satisfactory period of probation. Her quickness, activity, and ready adaptability to conditions about her, being qualities desired and needed in hospital wards, have been noted and commended, and other less desirable qualities have been overlooked to appear at a later stage, when the termination of her connection with the school has become from every point of view a more difficult matter. It is almost out of the question for such a pupil to go through the six months of preparation under the same instructors daily and be passed on into the wards.

On the other hand, who has not sent away in doubt an extremely good woman, simply because she developed too slowly to satisfy the minds of her instructors, impatient at what seemed
dulness and lack of progress. Some of the best and most efficient nurses we have ever graduated have been those about whom the gravest doubts were entertained in their first few weeks, owing to disabilities which placed them at a disadvantage in such unfamiliar surroundings.

When we come to summing up the advantages to the hospital of the new method over the old, the opinions which have come from every source place the odds overwhelmingly in its favor. There is not one dissenting voice. There is, on the contrary, a keen appreciation of its benefits expressed from every quarter where it has been given a fair trial. "I consider it an unqualified success," writes one whose opinion carries much weight; "the results fully justify a considerable increase in work and expenditures." From three schools where it has been established but little over a year, one finds it of "almost unlimited benefit already;" the other says, "We already find the students much more valuable to the hospital than under the old method;" while the third writes that "There can be no possible doubt as to the advantage to the patients." "We are amply repaid for our efforts by the greater efficiency of our pupils," writes one who has been watching the work carefully in her own school for over two years. "It is most satisfactory," writes another; "the results compensate fully for our outlay;" while the last one writes frankly, "We simply could not do without it."

It is affirmed that the work over the patients is done from the beginning with some skill and intelligence, and that every act in the work of the ward is done with a due appreciation of its importance or possible consequences, that the pupils are observant and attentive, that they are careful and cautious. It is considered that the whole character of the pupils' work is different and better—so much better than that of the average pupil at the same period of instruction under the old system, that in one school it was suggested that the next effort should be to bring the character of the work and teaching of the wards up to the thorough and careful standards of that done in the preparatory department. My own observation is that there is some tendency to expect too much of the preparatory department. A pupil who has just passed out
from there into the hospital ward is an instructed, informed, intelligent probationer, but she is not a senior nurse and is, as an actual fact, just taking the rank of junior. It should be noted also that the very best standards of work are a little difficult sometimes for a beginner to apply to the needs of a busy hospital ward. She has been taught good methods, but to use them well under pressure of time and a diversity of seemingly urgent duties is one of the lessons which only experience teaches.

If from the standpoint of those who have been making the experiment and are responsible for its results, the outcome of establishing preliminary instruction in training-schools is benefit to the pupil and benefit to the patient, and if this is so great as to fully justify any reasonable increase of expenses, there is no apparent reason why this step should not be urged upon all schools without delay. Pleased, however, as one may be with this interesting record, I cannot feel that we have yet passed the stage of experiment, and even though we may have fully and unreservedly accepted the idea, I hardly think we can be satisfied with its present development or outlook. Those who have approved of it, but felt that its introduction into the hospital training-school as a part of the course was too great a tax upon the capacity and resources of the institution, have urged its establishment in technical schools. In the regular courses of instruction offered in good technical schools there is much that covers the identical ground which has been marked out for preparatory instruction, and one must admit that it saves the hospital training school much trouble and some expense if this important matter can be satisfactorily handled by them.

The results of this method can only be obtained through the hospital training schools into which the students pass on completion of the preparatory course in the technical. As no training school has so far made this an absolute requirement, one may find in the same training school pupils who have been so prepared and those who entered in the ordinary way. It should be easy to institute a comparison between a nurse at the end of a year of the usual hospital training, and the nurse who has had six months in the technical schools and six months in the hospital following.
It is hardly possible to make a just estimate of the comparative merits of the two systems at a much earlier stage; and the observations should extend over a considerable period in order to make allowances for individual differences. The results of their work and its value as a means of preparation compared with that which may be given within the hospital training school should be a matter of continuous and careful study and comparison.

The disadvantages so far recognized in this course in a technical school are that there is little opportunity to judge of the fitness of the candidate for the special requirements of the work of nursing, and a further probation is a necessity. The personality and certain other characteristics which count so greatly for or against a candidate and come out in the daily life of a student in residence under constant supervision cannot readily be discovered in a few hours of school work, especially when the instructors are not accustomed to looking for them, unfamiliar as they are with the needs of hospital and nursing work. This necessity of having young pupils under personal care and observation during the preparatory period is evidently very keenly felt. It is referred to by almost everyone who has given either study or experiment to this subject, and the statement is repeatedly made that it is a disadvantage to a pupil not to have her where she is under the influences which will shape her directly for her further work. Everything which she is taught in a preparatory school has a bearing upon the next stage of her career, and she is better carried forward if those who are teaching her are familiar with the practical application of most, at least, of those principles in which she is being grounded. I think I am right in saying as the result of close observation of the tendencies in this important work that, while the hospital training school lacks means and facilities for giving some of this instruction satisfactorily, the technical school is equally lacking in ability to handle in any way a very important part of it, and I am not sure that it would not be easier for the hospital to provide suitable instruction in the subjects taken over by the technical school than for the latter to bring itself into direct line with subsequent training school work.

Economy is one of the shining virtues. Its value, its necessity,
had never greater need of being taught—proclaimed, in fact, from
the housetops—than in this country at the present moment. I
recognize to the fullest degree its importance to the individual, to
the institution, to the nation. It is the text of my most frequent
sermons and the subject of unceasing anxiety, but in institutions I
would not have it begin and end with the education of nurses.
The lavish expenditure which we daily see in many of our great
and some of our lesser hospitals for costly and elaborate buildings,
for finishings, furnishings, and equipment of the most expensive
kind possible to obtain, and often quite unnecessary, is not a salu-
tary lesson nor calculated to bring forth the best efforts of those
who in these same institutions are often struggling to obtain the
services of a sorely needed additional teacher or assistant, a few
books for the training school library, or certain appliances for
teaching which would be recognized as essential features of any
system of instruction anywhere else. Those hospitals in the stage
of transition from the early system of paying an allowance of ten
or twelve dollars per month, to what is called the non-payment,
system, will have no difficulty from the standpoint of expense in
giving good preliminary instruction if the money released in this
way can be applied for the benefit of the pupil in other ways. It
seems altogether inconceivable that there should be any real dif-
culty in appropriating for suitable instruction for nurses what
has been willingly paid them for personal uses. It should be
very clearly recognized that the abolition of the non-payment
system in any school turns back into the hospital treasury a sum
of money which has hitherto been appropriated for the maintenance
of the training school. Every penny of it and more is needed for
those training schools as a rule. In large schools, say of one hun-
dred or more pupils, a very large sum of money—indeed, from
twelve thousand dollars a year up—would be released for other
purposes. It may be said, "But we receive in place of this allow-
ance another assistant, scholarships, uniforms." Those who have
good reason to know from experience about this will tell you that
all of these may be supplied and still leave a good half of the
appropriation untouched. Can it be better utilized than in im-
proved methods of instruction, such, for instance, as a preliminary
course? Just let us face here the question which has been asked before and may not unlikely be asked again, as to whether or not such a course can or should be introduced generally into training schools. Let me here state my opinion with emphasis. I do not think it can. But that is no reason why it should not be adopted by those schools which regard it as a good measure tending in the right direction, are willing to do the work, and able, even with effort, to meet the expense. To take any other view of this and similar improvements, to say that because all schools cannot now adopt this method none of them should, is putting a premium upon mediocrity. Logically carried out, it would place our schools at the level of the lowest, prevent all progress, make useless every ideal. This same destructive spirit has met at different periods of history some of the most valuable and important reforms ever undertaken. A school should do what it can, the very best that it is able. If preparatory teaching is to become a recognized permanent feature of our system of instruction, the way will open by which it may be provided for those smaller schools of much excellence of work and ideals, but of limited means and opportunity, or for those groups of affiliated schools which are clearly the next development in nursing. And it will come when it does because of the pioneer work of the larger schools willing to go through the periods of doubt and difficulty, which are the inevitable accompaniment of “enterprises of great pith and moment.”

It is my hope that as many hospital training schools as can see their way to preparatory teaching will adopt it; that others not able or not desiring to do this will cooperate to the fullest degree with such technical schools or other institutions as may be available; that every possible test will be made of the value and efficacy of this method; that finally, groups of affiliating schools will try the experiment of establishing central preparatory schools of their own, ultimately, in every State. By that date we shall have ceased to call them preparatory schools and shall call them what they will be, schools of nursing, where the fundamental sciences are taught practically and theoretically, where the theory and principles of nursing are taught, but where practical training and
experience in nursing in all its branches may be supplied to the pupils through those hospitals, one or many, which are now struggling with such inadequate means to carry on the educational work of training schools. Preparatory instruction points the way and has thus performed its mission. We should realize this, however; if the preparatory work that has been done stopped in every school at this moment, it still would have been well worth all the effort that has been made in the effect it has had upon the education of nurses, and particularly upon the standards and requirements for admission to training schools. In the constructive stage of our work we can well take heed of the means by which improvements have been effected in other branches of education, remembering that the objects of educational reform are from beginning to end quite the same everywhere, to prepare the individual for better service, and for a better life.

The President. It is a very great pity that we have not time to stop after each one of these interesting papers to discuss them, but the time for adjournment has already arrived. Before adjournment I would like to announce to you the Nominating Committee, which is as follows:

Mrs. Robb, Miss Snively,
Miss Goodrich.

The meeting adjourned.
SECOND SESSION.

On the second day of the Convention, Tuesday, May 2nd, the meeting was called to order by the President at 10 a.m.

The President. As this is purely a business meeting only members and prospective members are to be present this morning. We will open our session by listening to the report of the Council.

Miss Nutting. There is no regular report of the Council to be made, but a brief statement concerning one item in yesterday morning's report, and that is concerning the resignations; it was reported that there were five resignations; four of those were accepted with regrets; to the fifth, Miss Irene Sutcliffe, a letter was written asking if any way it would be possible for her to reconsider her resignation or if any means could be brought about to retain her membership. We are very anxious to keep her among us, and hope she may be prevailed upon to stay.

The President. And now we come to the election of new members; there are a large number, as you have heard, and the Secretary will read the names.

Miss Nutting read the names of the applicants for membership to the society, as follows:

Anderson, Victoria ..................... Methodist Episcopal Hospital, Brooklyn, N. Y.
Carr, Ada M. ..................... 16 W. Preston St., Baltimore, Md.
Catton, Jessie E. ..................... Springfield Hospital, Springfield, Mass.
Chambers, L. Alice ..................... Grace Hospital, Detroit, Mich.
Clauson, Jessie Leonard ..................... The Memorial Hospital, New London, Conn.
Crossland, Nellie F. ..................... St. Mark's Hospital, Salt Lake City, Utah.
Curtis, Constance V. ..................... Phoenixville Hospital, Phoenixville, Pa.
Daly, Georgina ..................... Columbia Hospital for Women, Washington, D. C.
Donahoe, Margaret Francis ............. Philadelphia Hospital, Philadelphia, Pa.
Dyering, Clara W. ..................... Hackley Hospital, Hackley, Mich.
Fay, Margaret G. ..................... Germantown Hospital and Dispensary, Germantown, Pa.
Fitch, Katharine ..................... Fabiola Hospital, Oakland, Cal.
Flanagan, Nettie ..................... University of Maryland Hospital, Baltimore, Md.
FRANCIS, S. C. ...........................................Washington Asylum Hospital, Washing-
ton, D. C.
FREISE, FRANCINA ....................................Western Maryland Hospital, Cumberland, Md.
GARRETT, ALICE M. ...................................Methodist Episcopal Hospital, Philadel-
phia, Pa.
GILMOUR, NELLIE .....................................Royal Victoria Hospital, Montreal, Canada.
GLADWIN, MARY E. ....................................Beverley Hospital, Beverley, Mass.
GOODHUE, NELLIE .....................................Lakeside Hospital, Cleveland, Ohio.
GORMAN, ALICE A. ....................................Bridgeport Hospital, Bridgeport, Pa.
GORTER, MARY ALIDA ...................................Maryland Cambridge Hospital, Cambridge,
Md.
GRANT, JANET GORDON .................................Moses Taylor Hospital, Scranton, Pa.
GREEN, MINDIE A. .....................................Passavant Memorial Hospital, Jackson-
ville, Ill.
HANSON, ELIZABETH ...................................Western Pennsylvania Hospital, Pittsburg,
Pa.
HARING, CLARA V. ....................................Allentown Hospital, Allentown, Pa.
HARTSOCK, ELIZABETH MASON ......................Presbyterian Hospital, Cincinnati, Ohio.
HENDERSON, FLORENCE W. .............................Royal Victoria Hospital, Montreal, Can.
HILL, CAROLINE ......................................Hospital of the Good Shepherd, Syracuse,
N. Y.
JENNINGS, PERON E. ..................................The Children’s Hospital, Washington, D. C.
JOHNSTONE, M. E. .....................................St. Luke’s Hospital, Chicago.
KING, JULIA ...........................................Chester County Hospital, West Chester, Pa.
KNUDSON, MATHILD H. ..................................La Crosse Lutheran Hospital, La Crosse,
Wis.
KURTZ, ELLA B. ........................................German Hospital, Brooklyn, N. Y.
LENIG, IRENE B. .......................................Emergency Hospital, Washington, D. C.
LEWIS, HELEN LOUISE ..................................Albany Hospital Training School, Albany,
N. Y.
LILLY, KATHERINE ....................................Lakeside Hospital, Cleveland, Ohio.
LITTLE, MARIAN ......................................National Homeopathic Hospital, Washing-
ton, D. C.
MACKENZIE, MARYARD ..................................1329 11th Street, Northwest, Washington,
D. C.
MANDAVILLE, EDITH ...................................Garfield Memorial Hospital, Washington,
D. C.
MARTIN, SARAH F. .....................................Robert Garrett Hospital for Children,
Baltimore, Md.
MASON, MARY F. ......................................Newark Hospital, Newark, N. J.
MILLER, HANNAH NELSON ............................1806 Race Street, Philadelphia, Pa.
MOORE, LOUISE ADAMS ...............................East Bay Sanatorium, California (Oak-
land).
PACKARD, MARY CARY ..................................The Robert Garrett Hospital for Children,
Baltimore, Md.
PARSONS, SARA E. ....................................Sheppard and Enoch Pratt Hospital, Balti-
more, Md.
PATRICK, MARY HELEN.................Newton Hospital, Newton Lower Falls, Mass.
PAYNE, EMILY ADA.....................Episcopal Hospital, Philadelphia, Pa.
PERRY, CHARLOTTE MANDEVILLE...The Paxton Hospital, Utica, N. Y.
PETERSON, JANETTE F..................665 Marengo Ave., Pasadena, Cal.
PICKHAULT, LILLA........................Augustana Hospital, Chicago, Ill.
ROSE, IDORA..................................304 Honore St., Chicago, Ill.
RYAN, ELEANOR...........................Noble Hospital, Westfield, Mass.
SANDERS, GEORGIANA JANE..............Polyclinic Hospital, Philadelphia, Pa.
SHAW, FLORA MADELINE.................Presbyterian Hospital, New York, N. Y.
SHRIVE, SUSAN............................Union Protestant Infirmary, Baltimore, Md.
SILVER, J. AMANDA.......New York City Training School, Blackwell's Island, N. Y.
SIMPSON, E. M............................Massachusetts Homeopathic Hospital, Boston, Mass.
STEWART, MARY C........................Marion Sims Hospital, Chicago, Ill.
STRUBLE, MARY BELLE..................George Washington University Hospital, Philadelphia, Pa.
TAYLOR, CAROLINE A...................Church Home and Infirmary, Baltimore, Md.
TAYLOR, MARGORIE M....................John Sealy Hospital, Galveston, Texas.
UNDERHILL, ELLA.......................Ellis Hospital, Schenectady, N. Y.
VAN KIRK, ANNA D.......................Long Island College Hospital, Brooklyn, N. Y.
VAN VOIT, R. Z..............Memorial Hospital, Richmond, Va.
WARD, AGNES S........................Metropolitan Hospital, Blackwell's Island, N. Y.
WATSON, GRACE G.......................Children's Memorial Hospital, Chicago, Ill.
WILSON, MARY BLYTHE..................Savannah Hospital, Savannah, Ga.
WISE, HELEN VAN DEVANTER............Peninsula General Hospital, Salisbury, Md.
WOOD, ELEANOR WHARTON..............The Bryn Mawr Hospital, Bryn Mawr, Pa.

There were altogether 83 applications; 12 were held over for further information or were ineligible; and 71, whose names you have heard, were approved by the Council at their last meeting.

Miss RIDDLE. I move that these applicants be admitted into the Society; seconded by Miss Keating; motion carried.

The President. Miss Banfield, as you were told yesterday, has now been chairman of the committee on Hospital Economics for four years and all of us who know thoroughly appreciate her untiring labors.
She has requested to be relieved of them, not only, as she told us yesterday, on account of the work attached to it, but because she felt that the interest should be disseminated. What action will you take in regard to the Chairmanship of the Hospital Economics Committee?

Miss Nutting. I move that Miss Banfield’s resignation be accepted with extreme regret. Seconded by Miss Drown.

Miss Drown. In view of the appreciation that we have of Miss Banfield’s untiring labors in connection with this course, I move that a vote of thanks be extended to her for her valuable services in the past four years and also to all the other instructors in this course of hospital economics.

Miss Walker. I move that Miss Goodrich be made the Chairman of this Committee with power to select her associates. Seconded by Miss Alline, and carried.

The President. We will now listen to the report of the Committee on Constitution which was delayed from yesterday.

Miss Goodrich. The Committee on the Constitution presents the following report upon revision:

**Article I.—Name.**

(Amend by striking out “American Society of Superintendents of Training Schools” to read as follows:)

“This organization shall be known as the American Nurses’ Educational Association.”

**Article II.—Object.**

(Complete revision to read as follows:)

“The object of this association shall be to consider all questions relating to nursing education; to define and maintain in schools of nursing throughout the country minimum standards for admission and graduation; to assist in furthering all matters pertaining to public health; to aid in all measures for public good by cooperation with other educational bodies, philanthropic and social; to promote by meetings, papers, and discussions cordial professional relations and fellowship; and in all ways to develop and maintain the highest ideals in the nursing profession.”

**Article III.—Members.**

(Amend by inserting “Associate” to read as follows:)

“There shall be three classes of members:
"(1) Active.
"(2) Associate.
"(3) Honorary."

ARTICLE IV.—CLASSES OF MEMBERS.

(Revision of first paragraph to include active and associate members, to read as follows:)
"Active members of the association shall include members of the preliminary organization, all past superintendents who were members while holding that position, all present superintendents of schools of nursing, superintendents of hospitals, superintendents of special educational departments of nursing, and associate members if qualified as specified in the by-laws and acceptable to the association.
"Associate members shall include all school instructors and heads of special departments of nursing work, if qualified as specified in the by-laws and acceptable to the association. They shall be eligible for such membership during the time they are holding such appointments.
"Honorary members shall be of those of whom the association wishes to signify its appreciation and hold in grateful remembrance for signal service to the profession or to humanity."

BY-LAWS.

ARTICLE II.—MEMBERSHIP QUALIFICATIONS.

(Paragraphs 1, 2, and 3 completely revised.)
"Active members shall be graduates of training schools connected with general hospitals giving not less than a two-years’ course of training in the wards of the hospital, or whose experience gained by postgraduate or other additional school work might justly be considered its equivalent. They must be endorsed by two members.
"Associate members who have held office for not less than three consecutive years and been members of the association for the same length of time may become active members by the unanimous vote of the members present at any regular meeting, their names having been duly considered by the council and proposed in writing by three active members. Associate members shall have the same qualifications and endorsements as active members, and shall be entitled to the same privileges in vote and debate."
(Paragraph 4 amended to include candidates for associate membership.)

"Every candidate for admission to membership, both active and associate, shall make application to the president for a blank form which she shall fill out and return, to be sent by the president to the council for consideration. Final action by the council shall be taken at the council meeting immediately previous to the annual meeting, and the names of all candidates with recommendation of the council thereon shall be presented to the association for action at the annual meeting."

(Paragraph 6 amended to read as follows :)

"Proposals for honorary membership shall be signed by three active members and shall be presented at an annual meeting. The election shall be unanimous."

**ARTICLE III. — FEES AND ASSESSMENTS.**

(Amended to read as follows :)

"The initiation fees for both active and associate members shall be two dollars and the annual dues three dollars, payable on January 1 of each year. Any member who shall fail to pay her annual dues by April 1 shall receive special notice from the treasurer, and if the dues are not paid within three months from that date she shall be regarded as having resigned her membership unless such dues shall have been remitted by the council for good and sufficient reasons."

**ARTICLE IV. — WITHDRAWAL.**

(Amended by striking out paragraph 2, this having been embodied in the previous article.)

**ARTICLE V. — ELECTION OF OFFICERS.**

(Amended to read as follows :)

"A Nominating Committee of three shall be appointed by the president before the close of the first session of the annual meeting. This committee shall select at least two names for each office to be filled and shall present them to the association at the first session on the following day, the election to take place before the close of the last session. The person who shall receive a two-thirds vote shall be declared to be elected to the office for which she has been nominated."
ARTICLE VI.

(Amended by striking out paragraph 1 and inserting "president," at the beginning of paragraph 2, to read as follows:)

"The president, secretary, and treasurer are eligible for reelection."

(And the insertion of the following paragraph:)

"Two councillors shall be elected for three years and one auditor for two years."

(Paragraph 3 amended by striking out "and councillors," to read:)

"All officers shall enter upon their duties upon the ending of the present convention. When any vacancies occur in any of the offices of the society they shall be filled by the council until the next annual meeting."

ARTICLE VIII.—DUTIES OF OFFICERS.

(Amended by striking out the last three paragraphs concerning the duties of the Council.)

ARTICLE IX.—THE COUNCIL.

(The duties of the council to read as follows:)

"The council is empowered to manage all the affairs of the association, subject to the constitution and by-laws; to appoint committees from the membership of the association, and spend money out of its surplus funds for special investigations in matters pertaining to the objects of the association, and to publish reports of such investigations. The council may also engage in the regular publication of reports, papers, transactions, and other matters in an annual volume, or in such manner and at such time as it may determine, with the approval of the association.

"The council shall keep a careful record of its proceedings and make an annual report. All arrangements for the annual meetings shall be made by the council; it shall also determine the order of business for each annual meeting and have the same printed for the use of the members during the sessions."

Miss Nutting. I move that the report of the Committee on Constitution be accepted and ordered printed and distributed to the members.

Miss Davis. I move that these amendments be discussed before we accept them; I do not remember what the law says, but I think
that notices should be sent out regarding these amendments, and there are some things which I think should be discussed before we accept them.

Miss Nevins. There is absolutely no action to be taken upon this report this year; the only thing that could possibly be done at this meeting is to order them printed and sent to every member of the society; all that we are asked to do is to accept the report of the committee and we have one whole year to discuss it before it is brought before the association.

Miss Davis. Do you not think it would be a good thing to discuss these matters before they are printed and sent out.

Miss Nevins. Personally, I quite agree with Miss Davis, but I do not see how we can possibly get through; we have the discussion of other papers, for which I have been told a number are waiting and our time is limited; it seems to me that if we would take up the discussion of the amendments of the constitution and the many changes to be made that we would never get through.

Miss Davis. The name that we have selected bears very close resemblance to the name of a society which has been formed in Massachusetts by the lay members and outsiders of our society.

Miss Nutting. It is not supposed, as the President has said, that any article which has been amended must be accepted in that way; it simply gives us a year for every member to consider it. I think it is customary to have a report of the Committee on Constitution simply presented and ordered printed,—the discussion deferred until a time when it comes to be voted upon.

Miss Nevins. Just as soon as the report is printed it will be sent to every individual member and that will give us an abundance of time for consideration. Not one word need be accepted unless you all wish it. The report is before you; what do you desire to do with it?

On motion of Miss Banfield, seconded by Miss Delano, the report of the Committee on Constitution was accepted.

Miss Nevins. We will now hear the report of the Committee on Incorporation.

The Secretary. Miss Delano, the chairman of this committee, is unable to be present owing to illness in her family; she sends the following report, however, which should be prefaced with a brief word of explanation. The subject of incorporation came forward necessarily as soon as the question was raised of seeking an endowment fund for our course of study at Teachers' College. Not only are several of our
members Canadians, but some hold positions in Canadian hospitals, and we feared that it might be difficult to incorporate under those circumstances. Miss Delano reports that she has consulted a lawyer in New York, and presents the memorandum which follows:

MEMORANDUM ON INCORPORATION OF AMERICAN SOCIETY OF SUPERINTENDENTS.

Two-thirds of the persons signing the certificate of incorporation must be citizens of the United States and one a citizen of New York State. There is no restriction regarding the nationality of the one-third of the persons signing the certificate of incorporation, and no restriction at all regarding members.

An unincorporated club, society or organization may by the unanimous vote of all its members present and voting at a regular or regularly called meeting thereof, authorize its directors to incorporate for the same purpose, if notice of the intention to incorporate be given at least thirty days before such meeting, personally or by mail to each member of such association whose residence or post-office address is known.

Miss Delano adds that there will be no difficulty in incorporating the Society in New York unless we wish to incorporate Canadian Schools. It was suggested that by applying for incorporation in the District of Columbia this difficulty might perhaps be avoided.

As notice of the intention to incorporate was given at last year's meeting, it is in order for the Society to direct the Council to secure incorporation without delay. Attention is now called, however, to the Amended Constitution which has been presented to-day, by which a change of title may come about. If we incorporate now under our present title, it might be somewhat expensive to reincorporate under a new title next year.

Miss Davis. What would be the advantages of incorporating in the District of Columbia.

Miss Nevins. We found that an attempt to get incorporation of any society through Congress would be quite beyond the efforts of any ordinary individual or people; it is a most difficult thing to do, and in the District of Columbia it would be no easier than it would be in any other State because the laws here are very similar.

Miss McMillan. I move that the Council be instructed to take out incorporation papers at once.
Miss Davis. I do not think or do not see how very well we could take out incorporation papers without this society having a settled name; that is one of the first things we have to do.

The Secretary. Would it not be advisable to instruct the Committee to find out how this possible change of title might affect the question of incorporation at this present date.

Miss Davis. If we may accept this report without proceeding at once to incorporate I think all would go very well until we start to revise our constitution and then I think we will have to revise it again and take the constitution which the law allows.

The Secretary. I move to amend the previous motion. That the Committee on Incorporation be instructed to find out how best to incorporate, when a change of title is in view, and delay undesirable, and that the council be authorized to act upon this report.

Seconded by Miss Palmer and carried.

The President. I will now call for the report of the Nominating Committee.

Mrs. Robb, Chairman of the Nominating Committee reports the following nominations:

- President, Miss Goodrich and Miss O'Neill.
- 1st Vice-President, Miss Nevins and Miss Rose.
- 2nd Vice-President, Miss McMillan and Miss Greenwood.
- Secretary, Miss Nutting and Miss McKechnie.
- Treasurer, Miss Alline and Miss Rykert.
- Auditors, Miss Hall, Miss Ebersole, Miss Erlicker and Mrs. D. Kinney.
- Councillors, Miss Ellis, Miss Delano, Miss Bonike and Miss Walker.

Miss Drown. It has been customary in the meetings of this convention at a time when the election came whenever it was possible to have the names of the Secretary and Treasurer continued, and I would therefore move that the Secretary, Miss Nutting and the Treasurer, Miss Alline be nominated and elected from the floor.

Seconded by Miss Delano, and motion carried.

Miss Walker. I would like to move that Miss Nevins be nominated and elected from the floor as First Vice-President.

Seconded by Miss Riddle, and carried.

On motion of Miss Davis, Miss Nutting took the chair.

Miss Nevins. I feel wonderfully flattered by being placed with
the Secretary and Treasurer, in being thus elected from the floor. In view of the enormous work they have done for the society it is an unmerited distinction which nevertheless I highly appreciate.

Miss Neville. We will proceed now with the business of the morning and that is the discussion of the papers which we had yesterday afternoon. The first was the paper on Training School Libraries, Scholarships, Loan Funds, Tuition Fees. We would be very glad to hear from anyone on this question, which is a very new one in the Training Schools, as Miss Alline's report showed.

Miss Down. I would like to say that the Boston City Hospital Training School has a fund of $2,000 which was presented by the Misses Carter in memory of their mother, and as this $2,000 is invested in 4 per cent. bonds, we have an income of $80 per year for the purposes of the library.

Miss Palmer. I would like to state that the Rochester City Hospital has a fund of $2,500 which was left as a memorial to be used in some way for the benefit of the nurses, and during my administration I was consulted as to what way that money could be used to the best advantage, that is, for the nurses of the hospital, and I proposed that it should be given as a fund for a library, and the interest on that money is used each year to add to the books.

Miss Nutting. I was just thinking as Miss Palmer was speaking that the moment that people know that there is anything to give to they will often give, and after you have struggled for a few years and got together a pathetic little library to which you call attention, you are apt to arouse interest and sympathy. The $4,000 which has been spoken of was given by a patient of one of our nurses with the request that this sum go in some way for their benefit. I then asked to have it appropriated for the library and this was done. But about ten years ago we had no library, little in fact but an encyclopedia. We called our pupils together and asked them if they would not subscribe one dollar a year for magazines and books and they very cheerfully said they would. We averaged eighty or ninety pupils then and we started out on this system of small annual subscriptions; then someone gave $25 and someone gave $100, and another gave $5, and every time that anyone wanted to express gratitude or interest there was always this convenient and much needed library. In this way we got a good deal so that we now have about 1000 books; we always have 12 or 15 good periodicals in the reading room. I believe in getting some little fund from the pupils, if necessary, for a start; if you
have a school of 80 or 90 or 100 pupils a small sum from each goes a long way if judiciously expended. If those matters are very carefully studied out by a Library Committee it will produce very good results.

Miss Greenwood. I have known of so many instances of the books disappearing.

Miss Ross. The books in the Johns Hopkins Nurses Library are catalogued according to the card system. The library is open three evenings each week after 5 p.m. The nurses are at liberty to take any book out they wish, but must leave the card with their name and date on it in the drawer. When the book is returned the name is crossed off and the card placed in the book before being put on the shelf. This method has proved most satisfactory, for at the annual count of the books this year none were missing.

Miss Dolliver. The Massachusetts General Training School has a library of several hundred volumes. Books are taken out for two weeks and simply entered in a register. When returned the date is entered also. Occasionally a book more or less does disappear, but as a general thing the pupils are very careful. In the reference library, the books are used there only in the room and not allowed to be taken out of it.

Mrs. Fournier. For the benefit of those who have no libraries and who have to start from no beginnings, I simply want to say that I went to my board and told them that they could not expect to educate nurses without some such thing and that I could not undertake to train them without such advantages and that I must have some support, so the board gave me the privilege of a start. They said, make a list of what you feel you must have in this way; I, however, did not make any list until I found out what I could do among my friends. I went to each lecturer and told them I believed the school would be much benefited by getting some assistance in the way of text-books; could they suggest some books on that subject, and they, in every instance, said we will see that you get them; I went to every one of our lecturing staff and simply told them that the other doctors who were lecturing were giving us the benefit of their text-books; my reference library was started in that way and when a book is worn out I take particular pains to let the doctor know that it is going to pieces; for the reading matter of the day, I went to the city papers and talked to the managing editor myself, and simply told him what we were and what we were trying to do, and immediately I had three daily papers sent to my hospital, and that is six years ago; at the annual meetings
I always have the board sent them a vote of thanks; then I went to the largest book stores of the city and told them my needs and they promised that I would have copies of the general magazines, and we have from ten to twenty magazines coming in each month. Then for supplying the library itself, each Christmas we have had a liberal number of money donations; not large,—the largest, I think, was $25, given for the benefit of the nurses. I would simply say in my talks to my nurses, there has been such and such an amount given; what is your pleasure, to spend this in our library so that the books will be here for your use, and so I have had a good deal of help given to me in that way and our library is growing daily and is being replenished just on account of my watching to gather in the fragments as they come in from various sources. I began with absolutely nothing in the way of reference books or a general library; we had no funds, or no bequests or nothing of that kind, and now we have a good sized library.

Miss Ayers. I would like to ask if the graduates are allowed to take books from the library.

Miss Dolliver. Our graduates have not the privilege of taking books from the library, except the resident graduates, of course, and magazines are never allowed to be taken to the students' rooms; we have the standard magazines bound each year, and those of course are left in the rooms.

The President. I think we have received quite a good bit of inspiration as to the methods of getting libraries together, and it ought not now be difficult for any of us to get libraries. If there is no more discussion on this paper we will come to the discussion of the paper on Salaried Instruction in Training Schools,—Miss Goodrich's paper of yesterday; it is now open for discussion.

Miss Riddle. You have heard how the larger hospitals have done this work, and it would be a great benefit, I think, to many members present to know how this is accomplished in the so-called smaller hospitals; therefore I would ask Miss Hogle to speak to you on this subject.

Miss Hogle. One year ago we extended the course from two years and a half to three years. We then wished to give our pupils a better theoretical and practical course of instruction, and to point out to them that a higher standard of proficiency, more nurse-like qualities, and greater ethical responsibility would be required. These efforts met with varying degrees of success.
What subjects to be taught, how extensively to cover them, whether to engage paid instructors, and how to do so on a moderate income were the questions to be considered.

Finally, we concluded to take up more thoroughly the subjects of anatomy and physiology, to introduce one new subject psychology, and to engage instructors on a salary.

It was more or less of an experiment, and in trying to accomplish our purpose we found ourselves confronting a problem. Among other suggestions was one that some young doctor who had recently graduated might be engaged for a nominal sum, or some student who was putting himself through college by tutoring. This seemed too experimental. We finally appealed to the president of Tufts College, with which we are more or less connected, because of an agreement by which the hospital takes care of the college students when they are ill. This appeal resulted in the engagement of two instructors from the faculty of the college. They have proved most satisfactory.

From November until April we have had one lecture each week of three-quarters of an hour, with a fifteen minutes quiz. In addition, the class was given a number of questions to write upon each week, the nurses being put upon their honor to do this without the aid of textbooks or lecture notes. This worked admirably.

We were fortunate in having a most excellent teacher, who not only held the interest of his class, but inspired it with an increased zeal in study which has been most gratifying.

We had six lectures on the subject of psychology which were of necessity elementary. We feel, however, that the pupils must have a better understanding of the mental attitude of the patient towards the nurse and of the tremendous bearing of psychology on physiology.

We paid for the course $25, and for the one on anatomy and physiology $50. We realize, however, that these two instructors came partly in the spirit of philanthropy.

We have had the customary instruction in massage and invalid cookery, paying $50 for each course of ten lessons. I may add that we tried to give the nurses their study hour in the morning in so far as it was possible without interfering with work in the wards."

Miss Dolliver. The Massachusetts General Hospital Training School has had paid instructors for four years. They are young men who are also instructors in the Harvard Medical School. The salary paid them by the Training School is three hundred dollars each per year. The course of instruction given covers two years and includes
the subjects of anatomy, physiology, hygiene, materia medica, bacteriology, and the clinical study of medical and surgical diseases in the wards. In the third year fourteen lectures on special subjects are given through the courtesy of the physicians and surgeons who are recognized authorities on those subjects. The benefit of the present course to the pupil and to the school, as well as to the hospital, more than compensates for the money expended.

Miss Goodrich. The question has been asked: Does the non-payment system affect the number of applicants? It is stated that there has been a decrease in this way in a good many of our schools, and while this may be true, I don't think the non-payment system has anything to do with it. There are so many other openings and opportunities for women in these days that it is not surprising to find fewer who turn to nursing as the one thing open to them.

Miss Ellis. I should like to say that I fully agree with Miss Goodrich in her remarks about the non-payment system not having anything to do with the number of applicants for admission to training schools in small hospitals. In my work in Cleveland, I come in contact with a great many women who are anxious to enter training schools, and I must say, that so far I have not found that the fee we charge is keeping out of the school any woman who is really anxious to take up the work, but I do find that young women, who have only a very ordinary education, are anxious to get into the best schools—schools that educate their nurses and give them standing in the work. I have received letters from competent nurses in charge of small hospitals asking me to send them my surplus applicants, but during my three years' experience in Cleveland, I have been able to influence only one to enter a small school, although I assured them that the Superintendent in charge would give them a careful training. I feel quite sure that it is the education that the young women are anxious to have, and I think in time they will solve the small hospital problem. We will have to educate them.

I should like to say just a few words about fees. We, of course, only charge a small fee of $25.00 and we require a deposit of $10.00 for text-books. The text-books have been very carefully selected and we know that they are the best to be had, and so that, rather than increase our fee, we require this deposit for text-books; then we are sure that each member of the Training School has a small nursing library, not only when she is in the Training School but after she leaves it. During one year's experience, I have found that this fee has
brought about a very decided change. It has changed the tone of the school; it has placed the pupil on a very different footing; it has had upon the pupil, what I call, a steadying effect. Applicants to a training school that charges a fee, find it necessary to do a little thinking and planning before they decide upon the necessary expense. They are more apt to think it over carefully, and to enter the school with the real idea of studying nursing. I think that a fee has an excellent effect and will not lessen the number of applicants.

Miss Nevins. That is a most encouraging experience for those who are having difficulty in getting the right kind of applicants. Is there anything else to be said in regard to salaried instruction in training schools?

Miss Ellis. I would like to say just a few words about paid instructors. I think that the method cannot be compared with the old method, but it has been quite evident to me within a very short time, that we must have nurses to do the teaching, even the clinical instruction at the bedside, and if I had known of any nurses who were prepared to take up that branch of the work, I think that I should have asked for their appointment.

Miss Nutting. With reference to tuition fees, it is so short a time since we established a fee in the Johns Hopkins that I am hardly ready to give opinions yet. One thing, however, seems to be certain, and that is that it has not made a particle of difference in the number of our applicants. There is another thing which a tuition fee is pretty sure to do. It puts a power into the hands of the superintendent. When suitable instructors, or facilities for teaching are needed, she can say at once: These pupils pay us a tuition fee, we are in honor bound to give them the teaching they pay for. Boards of Trustees or Governors may not feel particularly interested in the matter, but they must appreciate the obligation. The next question is that of payment for instruction. We have been paying for instruction of various kinds for a good many years and are gradually bringing subject after subject into line. Now, when I compare the quality of the instruction and the way it is carried on in those departments where we pay, and those where we cannot, there is no comparison. For instance, we have a salaried instructor in anatomy and physiology, and concerning that subject I know this: The instructor will meet her students in the class room at the appointed time. She will not forget the hour, nor postpone the class for some pleasant engagement. She not only takes an interest in her work, but looks upon it as a regular duty and performs
it as such. In connection with this course of study, and others similarly provided for, we have no trouble whatever. On the other hand, with one or two notable exceptions, the gratuitous teaching is subject to delays, postponements and irregularities, which would be enough to swamp any school. Pupils cannot fail to respond in kind to such indifference in their teachers. I repeat, there is no general comparison to be made between the teaching for which we can and do pay and that for which we do not.

Miss Nevin. If there is nothing further to be said in connection with this subject, we shall proceed to the discussion on the results of establishing preparatory instruction in training schools; we should be very glad to hear from anyone on this subject of their experience in preliminary work.

Miss Ellis. Two years ago, we established our preliminary course at Lakeside Hospital, therefore, we are now instructing our fifth class of probationers, so that what I am going to say this morning, I feel that I can say from actual practical experience. First of all, I would not under any circumstances go back to the old system, and as I have had charge of small hospitals, I feel quite sure that I could adopt this preliminary course to some extent in small hospitals. I could at least make it a six months' course, and I could give them daily instruction, perhaps, five days in a week. I do not know what I could do about shortening the hours of work, but I know I could adopt it to some extent in the majority of small or medium hospitals. Of course, at Lakeside, I must acknowledge we have everything to do with, except a generous nurses' home. Our nurses' home at Lakeside is too small, but excepting that, we have everything else. I must first of all speak of the benefits of this course to the nurse herself. They enter in a body, wearing a simple uniform, that they have provided themselves with by means of enclosing a sample of the material to be used in the catalogue of our school, and directions for making. It is surprising to us to see how exceedingly well they carry out the instructions. The gingham used for the probationers is a pattern that can be found anywhere, even in a small country store, so then the probationers enter as a neatly-clad body, which is immediately recognized by the hospital and school as a student body. They are received and immediately taken charge of by the supervisor of the probationers. The supervisor, of course, is responsible for the class as a body, and looks after their welfare in every direction. One of her first duties is to take them and have them properly fitted for a pair of Lakeside
boots. The Lakeside boots are not strictly orthopedic, but are made along very good lines and seem to do much or a great deal to prevent sore feet. We have a physician for the school, and we find that it is a great advantage to the probationers to be well looked after medically, until she becomes accustomed to the change of climate and to the hospital life. We find that if she is well looked after for the first few weeks she is more likely to go successfully through her training. The supervisor is constantly on the alert to see that she does not do unwise things, by that I mean, that her conduct is not foolish or giddy, or does not make mistakes that are due only to the ignorance of hospital requirements. We find that the majority of our probationers do not break down physically; in fact they do the very opposite, and they seem to gain from five to twenty-five or thirty pounds, and improve so much that the families of these young ladies are delighted. Then, of course, you may remember that the probationer used to be at every one's beck and call. Now we have the work so systematically arranged and so directly under our care, that everything that she has to do is very important, and as it is directly supervised, it is so well done that it cannot possibly be left undone. Most important is the fact that the pupil is satisfied; she feels that she is being educated. I think, possibly, that the majority have just a little more education than they care to have. The course of instruction given at Lakeside is not easy by any means, although our probationers are only on duty 6½ hours a day. The course, on the whole, is strenuous, and calls for a great deal of hard work on the part of the pupil. Now, as to the benefits that the hospital derives from the preliminary course. Perhaps I had better give you a list. Since we have established our course and have taught the nurses hospital etiquette and nursing ethics, the discipline and dignity on the wards has naturally been improved. The wards are neater, cleaner, and the destruction of hospital equipment is decreased to a great extent. Care of the linen has been given more attention. The linen closets are in better condition. The probationers are taught to make saline solutions and they are taught to put up the various sterile dressings, so that when they go into the wards, they know something about the careful work it requires to do these things. In consequence, they are more careful and economical, in other words, they have a better understanding. You can imagine just what it means to the Superintendent of the training school to know that all her nurses have been educated up to a certain point. Many times you must have been in my position, when it was necessary to put a nurse on night duty, especially when you are in a small
hospital, and you the only teacher, you had to stop and wonder; has this nurse ever given a hypodermic; does she know anything about it; has she ever given any medicine; does she know anything about materia medica; or if some other form of treatment has to be carried out; you wonder if she has ever seen the things to be used, etc., yet circumstances compel you to put this nurse on night duty, and all night you had to carry the anxiety of not knowing just what mistakes the nurse would make. Now when we give the preliminary course, the supervisor of the school knows just exactly how much that nurse is familiar with before she is placed on the wards as a nurse. She knows that she is familiar with every appliance that will have to be adjusted in any part of the hospital. She has some knowledge of anatomy, of materia medica, hospital economics, cooking for the sick, etc., etc. The results, I must say, have been so satisfactory and so gratifying and of such great value, that I really cannot say too much in its favor. I would like to say that Miss Nellie Goodhue, graduate of the Royal Victoria Hospital, Montreal, Supervisor of our probationers, turned over to me, a few weeks ago, 22 probationers who had just completed the preliminary course of training, and I think I can say without hesitation, that I can put these pupils on duty in any part of the hospital, even on the private wards, and have no anxiety regarding their practical work. Before coming to Washington, I had placed two or three of these young women on night duty, and the night superintendent had nothing but words of praise to say for their good work and their understanding of their duties.

Miss NEVINS. My personal experience is not worth very much in that respect, because it is not a year since we established that course. but I have nothing but words of praise so far; the results of the first class has been beyond my highest expectations and I see no reason why there should be anything worth noting in the way of extra expense, and I wanted to ask Miss Ellis as to whether the expense was very much greater for preliminary work.

Miss ELLIS. I intended to say something about expense. Beginning two years ago, from the first day of April, 1903, we have during that time established this preliminary course of nursing and we have employed three paid instructors, those three instructors being paid $1,200 per year, and we find that we have not only improved the training school in every direction, but we have decreased the running expenses of our training school to a marked extent.

Miss NEVINS. That is an encouraging report. My own expe-
rience is simply this, that I cannot see how it takes any more nurses to do the work in carrying on the preliminary course. It is simply a question of rearrangement, and I think there is absolutely no comparison in the results. May we hear from Miss Gross.

Miss Gross. We have been hearing glowing accounts of the success of the Preliminary Course. My feeling is one of encouragement on the whole, yet, we have found some difficulties during the present year in securing a sufficient number of probationers. In January, 1904, we raised our standard of admission to a minimum of two years in High School, or its equivalent, and withdrew the monthly allowance, promising a scholarship of one hundred dollars to each pupil upon the completion of her course.

In January, 1905, encouraged by the success of some of the other schools, we decided to ask a fee of $25.00 for the Preliminary Course—thus raising a triple barrier within a short time. Fewer formal applications were received from January to April than during the same period of the previous year—so that our Training School Committee decided to withdraw the fee for the present, concluding that we are not yet ready for this step. We have added an instructor in practical nursing and an instructor in Domestic Science. Our probationers are on duty in the wards, in the nurses' home, or in the hospital diet kitchen during forenoons—and the afternoon hours are devoted to class-work, study and recreation.

I should not willingly return to the old method of sending probationers into the wards without some preliminary preparation.

Miss Nevins. It all goes to show that we must proceed slowly and must feel our way and that we cannot jump into these things.

Miss Sanders. No one has said how much theoretical instruction is required in this course.

Miss Nutting. That was one of the points mentioned in the report. The schedules from the 30 or 40 schools heard from show that the hours of practical duty average six and the hours of theoretical work average from two to three; the practical work is invariably in the morning and the theoretical work in the afternoon usually between 2 and 5 o'clock.

Miss Nevins. The time is passing rapidly, and while this subject is very interesting I am sure that I shall have to draw it to a close and hear our report from the Nominating Committee.

The Secretary read a letter asking for a resolution from the Society urging the establishment of Pure Food Laws.
Mrs. Robb. I move that a committee be appointed by the Chair
to draw up such a resolution for the benefit of the Pure Food Law to be
presented at this evening's meeting for the action of the Society.
Seconded by Miss Maxwell, and motion carried.

Mrs. Robb, Chairman of the Nominating Committee, announced the
election of the following officers:—

President, Miss Annie W. Goodrich.
1st Vice-President, Miss Nevins, elected by acclamation.
2nd Vice-President, Miss McMillan.
Secretary, Miss Nutting, elected by acclamation.
Treasurer, Miss Alline, elected by acclamation.
Auditors, Miss Hall and Mrs. Kinney.
Councillors, Miss Delano and Miss Walker.

The meeting adjourned until 8 o'clock p.m. and was called to order
at that hour, the President in the chair.

Miss Nevins. At this morning's session the Chairman promised
time to Mrs. Kinney, who is in charge of the Army Nurse Corps, to say
a few words to you, and I am sorry to say, forgot it. Consequently,
to make up for that we will give her the first moments of the evening
to present something to the Superintendents which seems to be of
importance to all.

Mrs. Kinney. The subject upon which I wish to speak—The
Eligible List of Volunteer Nurses—has already been called to your
attention by personal letters and communications to the Journal. The
object of such a list is twofold—primarily to have ready for service in
time of war or national calamity a body of properly trained and
qualified nurses—and secondarily to avoid sending at such a time any
who by professional or personal unfitness might bring discredit upon us
as women and upon our work. You will recall no doubt that during
the Spanish-American War some women went as nurses who never had
had any training, and who, to put it mildly, might far better have
stayed at home. Fortunately there were not many such, but the
memory of the few who were incompetent and indiscreet remains
longer in the public mind than that of the hundreds whose services
were beyond price, and whose conduct was irreproachable.

It was to avoid the possibility of a recurrence of these humiliating
experiences that the Eligible Volunteer List was proposed. The com-
parative leisure of my department at the present time offered ample
opportunity for the necessary investigations, and it was confidently expected that so reasonable a plan would immediately appeal to all whom it concerned and to whom it might be presented, and that its success would be at once assured. I am sure your astonishment will equal my own when I report its utter and absolute failure. Out of 70 sets of necessary blanks sent out only twelve have been returned. Besides these twelve names, fifteen others have been transferred from the Reserve List of the Army Nurses, making at the end of fifteen months an eligible list of 27 nurses!

When the plan was promulgated it was clearly set forth that nurses whose names appeared upon the list assumed no obligations beyond filing the required papers and to report address and condition of health twice a year.

That some attention has been attracted by the editorials in the Journal, and the appeals to the Alumnae by their superintendents is evidenced by the communications in the Journal's "Letter-box." In one of these a nurse asks "Why should we? (join in making such a list). What appreciation has Uncle Sam shown for the nurses' work in the Spanish-American war? What inducements does he offer us to leave our lucrative positions or private practice—to pay our own laundry and mess bills—but let no one question our patriotism!"

There are two reasons why I wish to put this matter before the superintendents. I hope by so doing to revive their interest sufficiently to induce them to again present the subject to their Alumnae Associations, and further, that some one or all of those, who have here addressed our meetings so convincingly on various subjects—Miss Nutting, Miss Palmer, Miss Nevins or Mrs. Robb, might feel moved to appeal to the National Alumnae, soon to assemble in this city, to tell this Association how vitally this matter affects every training school and every nurse in this broad land.

There should be a list of at least 500 names in the office of the Surgeon-General. With these to start with—time could be taken, if necessary, to investigate the credentials of those who might apply when the need arose. I do not doubt that at that moment the Office of the Surgeon-General would be deluged with applicants. But this list is proposed not alone for war, but for any great need like the Johnstown Flood, the Galveston horror, or the Butler epidemic. What would happen if a sudden call should come when, as in July, 1898, 1,280 nurses were needed for our sick and wounded. Could we with no list hope for aught but a repetition of our South American
War experiences? God forbid that such a cry should go up from our stricken country, and we, as a profession, should be found unprepared to respond. Such a situation would be inexcusable. If the graduate nurses could be made to appreciate the vital necessity for this preparation it is not possible to believe that they would not come forward and give us an eligible volunteer list of which we might well be proud.

I should also like to take this opportunity to express my indebtedness to the Superintendents, and when I say I I mean the Surgeon-General's Office, of course, I wish to acknowledge my absolute dependence upon them. If they should fail me my work would come to a stand-still. I never recommend for appointment a nurse whom her superintendant does not endorse, and if the Army Nurse Corps is not a success, the fault cannot be entirely mine. But the Nurse Corps is not a failure. It is a body of one hundred as fine women as you could assemble. They are yours; they are the living and tangible result of the work of your heads, your hearts and your hands, and I congratulate you and thank you for them.

If the Corps is in any sense a failure, it is the failure of success—anomalous as this may appear. Its affairs are running very smoothly, so smoothly in fact that the authorities think that no change is needed. There are still three important changes which I would like to get for the nurses, i. e., cumulative leave (with certain restrictions), percentage of increased pay for length of service, and a more generous allowance for their subsistence. General O'Reilly has tried to show these needs to our legislators, but they reply: "Isn't the Nurse Corps on a very satisfactory basis now?" and there the matter rests. But we shall try—try again and again—continual dropping wears away a stone.

All this is but an aside—the real object in taking your valuable time was to bring this Eligible Volunteer list to your attention, and to urge its proper and importunate presentation to the assembled nurses at their coming meetings. Any one who will undertake to do this will to my mind render a valuable service to our whole profession.

The President. There is no question in the world that were disaster to befall us to-morrow hundreds and probably thousands of nurses would be running to Mrs. Kinney's assistance or to that of the Surgeon-General; we are simply indifferent because the occasion does not arise. Now, we are in no position to criticise anything that may be done, any methods that may be followed or any choice that may be made for nurses in the case of disaster if we do not meet this wish and demand
on the part of the Surgeon-General's office. It is only a question of
giving a little individual interest to it; it means a very small thing,—
placing your name in the Surgeon-General's office, and it seems to me
that the nurses should be very proud of doing this. I hope that it will
be brought up again in the Journal and before the Associated Alumnae
and that we shall respond so that Mrs. Kinney may be gratified in her
position as head of the Army Nurse Corps and the trained nurses of
America be proud that they are on such an honored list. Let each
one put herself upon record as being ready to come to the country's
assistance in time of emergency or disaster. There is nothing which
pledges you to do this if you are unable, but the least that you can do
is to say that you are willing to do it. There is a committee to be
appointed for the resolution on the subject of Pure Food. That com-
mittee I shall announce now, as Miss Alline, chairman, Miss Palmer
and Miss Drown. We will now proceed with the programme for this
evening and hear the first paper, "The Introduction of District
Nursing into the Training School Curriculum" by Miss Mary L.
Keith, of the Rochester City Hospital, Rochester, New York.

THE INTRODUCTION OF DISTRICT NURSING INTO
THE TRAINING SCHOOL CURRICULUM.

MARY L. KEITH,
Superintendent, City Hospital, Rochester, N. Y.

Two training schools with which I am acquainted are doing
district nursing in a small way. Perhaps a brief account of their
distinctive methods may serve to open for discussion the question
of district nursing as part of the training school curriculum. One
of these schools is connected with a lying-in hospital which, in
addition to its ward service, maintains an out-patient department.
Here each year nearly two thousand poor women at time of child-
birth are furnished medical attendance in their homes under the
direction and supervision of the hospital staff.

For many years the training school nursed only hospital patients.
Recently, by a system of coöperation, the lines have been extended
to include nursing in the out-patient department, where five gradu-
ates of the hospital training school are already at work.

The Instructive District Nursing Association of the city has a
superintendent, an assistant superintendent, and a corps of graduate nurses. It now receives two hospital pupils at a time, for a two-months' service each, to assist in nursing the out-patients of the hospital under the association's direction. These pupils sleep at the hospital, breakfast there, and return in time for dinner at night. The association provides the bags with the necessary articles, furnishes luncheon at noon and allows money for car fare.

When the hospital pupils report for district duty one of the graduate obstetric nurses makes rounds with each pupil, shows her the methods, and explains the various situations that are liable to arise. After a few days the pupil goes by herself, but the obstetric nurse follows later in the day to see that the work has been properly done. The work is also inspected by the superintendent or her assistant at different times, so that throughout the two months there is constant supervision and instruction. Weekly reports are filed at the secretary's office.

The obstetric nursing is only one branch of the association work. Pupils from general hospitals are received to assist in the work at large, but pupils from the lying-in hospital go only to the out-patients of that hospital. As this institution furnishes medical attendance in the homes, it appears a natural and progressive step to furnish nursing also, and cooperation with the district nursing association is of mutual benefit.

The other hospital with which I am acquainted has no such ideal conditions for district work. It is one of several hospitals in a city that has no district nursing organization, and the custom is to send a pupil nurse in response to calls to visit the sick poor in their homes. Many calls come from a certain charitable society that makes the welfare of the poor its object, and others from physicians who are giving their services in destitute cases. Hence it is that a pupil makes daily visits to a varying number of cases, and after a month of such work returns to her hospital duties with increased self-reliance. This self-reliance has been acquired at considerable cost.

A few from each class show qualifications for district work, enter it with the right spirit, and carry an atmosphere into the homes they visit, and they are sorry, the hospital is sorry, and the
patients are sorry when the service rotates to another. The larger number are unpromising workers in this field of social service. They are not particularly anxious to come in close contact with filth and poverty, and they are not prepared to take a personal interest in those conditions. Hence they are not adapted for this branch of nursing, and when it is to them only a prescribed part of their training, their unfitness becomes a source of anxiety to the management, and the situations they create drain off energy that might be diverted into other channels of training school work.

The first question to be adjusted is often that of raiment. Tip-tilted picture hats, yards of green and blue veiling, and ultra-fashionable coats must be eliminated. Daily lessons with the map and street car lines must be sandwiched in with the morning work. The pupil goes to her cases. Perhaps she sees the doctor in attendance, but oftener she does not. Her work will not be inspected by anyone in position to criticise, and there is no one to instruct. Her judgment has not matured, and questions are constantly coming up that call for the best judgment, not only in the sphere of nursing, but in that of sociology. She reports each day to the superintendent, who from her report advises as best she can, but it is so unsatisfactory that it is a relief when patients can be persuaded to enter the hospital. The use of a free bed for an indefinite length of time is preferable to the assumption of responsibility in a territory which the hospital neither controls nor supervises.

Pupils older in the school do better than those younger, but when third-year pupils act as head nurses, drawing from this group every month cripples the work at home. Each pupil costs the hospital about three hundred dollars a year, and, viewed from the training school standpoint only, it often seems that this money and energy might be so invested as to bring larger returns to the pupils.

We all want the sick poor well cared for when they cannot leave home, and the other side of the question is, How can it be done if pupils are not sent? Unfortunately, as I have said, there is no visiting nurse organization in the city to which I have
referred. There is one paid nurse for tuberculosis work, and there is some volunteer nursing in connection with a settlement. The registered nurses of the city realize the gravity of the situation, and they are considering the advisability of supporting one of their number for district work. There is in another city a nurses' club, whose members are required to do some charity work each year. Physicians who use this club registry for their paying patients may obtain nurses for their charity patients also, those whose names are at the foot of the list being sent in response to calls. One of the distinctive features of a profession is thus emphasized, a calling in which money is not the first consideration.

Miss Palmer. I am not quite prepared to speak on this subject; my experience has been in sending pupils out to district work, and it has always seemed to me that it accomplished a great deal for the nurse and that it does good to the greatest number. I am inclined to think and I am sure that many of our older nurses will say that there is such a thing as too much discipline, too much hospital for pupils, and too rigid a life. My experience has been that taking a woman that you are going to put in charge of a large public hospital and let her have two or three months of going out on her own responsibility under all kinds and conditions, that when you do put her in charge of a ward you have a woman of a keener appreciation of her surroundings and a keener sympathy than you have when you select a woman who has had nothing but hospital preparation. That of course is only looking at one side of the question, but I think that stands for a great deal. It always did to me, and I believe that towards the end of the third year of training that even with all the complications that Miss Keith has referred to, that it does do a woman a great deal of good, even if she does it without supervision, just to be sent out in that way upon her own responsibility to do what she can in the homes of the poor, wherever she is sent; there is a great deal, of course, to be said, and a great many superintendents disapprove of it; a great many have not had the experience of trying to, but as I have said, there are advantages from the social side and the humanitarian side that I have always thought balanced the unfavorable features.

Miss Nevins. There is nothing better than getting at both sides of a question, and I hope we will have several other expressions of opinion. Miss Riddle, we would like to hear from you.
Miss Riddle. We are planning to try district nursing in what may be known as a country city, if you can conceive of such a place. It has not been tried, but one of the chief objects of the hospital is precisely as Miss Palmer has mentioned. We hoped thereby to make our pupil nurses better acquainted with the homes and the conditions from which the patients have come to us. We hoped also to work a good among the patients and we hope also that some good will re-act upon the hospitals, but it has not yet been put into practice, therefore we have no experimental knowledge at all on the subject.

Miss Nevins. I should like to hear a word from Miss Damer on this subject.

Miss Damer. I think more and more that the district nurse is becoming a very important factor in the sphere of social economics, and more and more she is demonstrating she is a very valuable factor, and to become so she requires sufficient training and special adaptability. I do not want to say very much on the subject; I am not a superintendent, but I have had a little experience in district work. You ladies all come to the conclusion that it is not advisable to send your pupils out into the homes of the rich; it may be for many reasons, from pressure from without or the needs within. But the conclusions you have all come to are that probably the nurse must become schooled in the art of nursing or in the technique of her work before she begins to practice it outside, and why then should you begin to send your nurses out to practice in the homes of the poor when you are unwilling to do it in the homes of the rich. The nurse's time is all required; two years was not enough to train her to become a competent nurse, three years now are required and it is all needed in the hospital. In the hospital a nurse cannot be trained for district work; it is entirely different; she needs particularly a training which she cannot get in a hospital; she needs there of course to be schooled and trained and be made a competent nurse ready to go out and practice her profession wherever she is called to do it, but going into the homes of the poor there is another training which is required, and there is a special adaptability needed. All women are not capable of doing that work; as Miss Keith has said, you will find a very large proportion of the nurses who are sent out to do that work are not fitted for it at all, they cannot adapt themselves to it and there should be, I think if it is at all possible, be added to the curriculum a course of lectures on at least the special work that is being undertaken by philanthropists and sociologists in the world at large and of which our nurses are entirely
ignorant, of all the work which is being done in the world for the poor and the needy and the destitute in our cities, and this would be a very helpful thing. It has been begun in one of our schools in New York City and the Committee of District Nurses there in New York are planning to co-operate with the School of Philanthropy whose work has been very much enlarged by an endowment which was recently given, and instead of having the lecturers going to the different schools it is hoped to combine the schools in some way and have all the pupils come together for these special lectures. I find that the nurses who come to do the district work, many of whom have spent three years in New York City, do not know anything about the city at all or where the poor live that they are meeting every day in the hospital; they know nothing of the kinds of homes they live in, and they know nothing of the great needs there are, outside of nursing, and which a nurse as a social worker has to understand. The broadening of our experience in all lines is very helpful to us, but the nurse goes there entirely ignorant and unaware of what is required of her. I have known superintendents to say to a graduate nurse undertaking district nursing, "Why—you are a graduate; you can do anything." Perhaps she can, but when she comes into the district nursing work she finds out that she is not fitted for it. I have had letters from nurses saying, "I would just love to do that work," but if they love to do it they would be doing it in some capacity, and not waiting for an opportunity with a salary.

In New York City we have a summer school in philanthropy, many nurses have taken the course who have later on become district nurses; some in this room now began district nursing in that way; they have to be adapted and they have to have that special training which may take them years after they leave the training school to acquire. There is another objection, and that is in the time that the pupil nurse can give to that work; no woman can learn it in one or two months; she had better have two years and then she thinks she knows less than when she began; in two months' time she is only beginning to get the ground work of it and to have a little knowledge of the home. I feel especially for the patients. Do not begin to think your hospitals and training schools are only a clinic for the nurses; we have doctors getting their experience outside; do not let the nurses begin that too. The need of the nurse giving plenty of time to this work is that she must know her districts and know the people she is working among, and so that the people get to know her. We work in the large cities.
among so many ignorant, poor foreigners who are suspicious of every man and woman who comes into their neighborhood; but they get to know the nurse; they know her bag which she carries around with her, and they have the utmost confidence in her and they tell her all their troubles. When a pupil nurse goes in there they cannot know her as they would the nurse who is there continually. In our large hospitals we often find patients come in who are poor and dirty and people wonder why they come in that condition; go into some of these poor little tenements and see how the people are crowded and how they live, and when sickness comes they cannot be as we would want them to be; and the nurse then learns and she can the better sympathize with them. But do consider the patient when you are thinking of undertaking and training nurses for district nursing in the homes of the poor.

Miss Nutting. The two speakers to whom we have just listened with such interest have brought out the vital points of this matter. Miss Keith calls attention to the great addition made to the work of that always over-burdened executive, the Superintendent of Nurses, by calling upon her to care for the sick in their homes, as well as the sick in the hospitals, and rightly deprecates the assumption of responsibility in a territory which the hospital neither controls nor supervises. Miss Damer brings forward the importance of the work of District Nursing, showing that it requires special training and preparation, and that young pupil-nurses are not fitted to do it properly—or even to understand the needs of the people.

It seems to me that in trying to bring District Nursing into our schools we are unwisely enlarging our province and making it quite beyond the ability of any one human being to handle properly. We are not doing our work within the hospital so perfectly that we can wisely take over another distinct—and important—branch of work, and moreover we have but three short years in which to supply the kind of teaching and training which can be obtained only in the hospital, while opportunities to do District Nursing under very competent heads can be obtained at almost any time during the entire period of professional life. From every standpoint in which this matter has been presented, there would seem to be strong objections to the introduction of District Nursing into already crowded training school curriculums.

Miss Nevins. If there is nothing further to be said upon this subject, we will proceed with our programme and listen to a paper by Miss Mary M. Riddle on the present status of educational methods.
THE PRESENT STATUS OF EDUCATIONAL METHODS.

MARY M. RIDDLE,
Superintendent Newton Hospital, Mass.

In presenting to you this meagre report of the status of nursing education in our country to-day, it may be well to say that these facts are gleaned from the reports of one hundred and fifteen schools in hospitals having one hundred beds or over, and relate to matters dealing with the instruction department.

This can be but the faintest abstract of what these schools are doing, but at the outset we gather some encouragement, as must all our members who have worked long and faithfully to secure more and better instruction in both the theoretical and technical work. While we have not yet by any means attained the much-desired uniformity, the prospect is, nevertheless, brightened by certain improved conditions under which instruction is given as well as by the fact that, evidently from these reports, more thought and attention is directed to it than when my predecessors here began their crusade for more and better educational advantages as well as for more uniform methods. No doubt the nurses' own clamorings have been heard by training school boards and have been heeded by reason of their importance to the effect that curricula have been extended and in many cases additional time for study allowed. An adequate survey of the field as we find it contained in these reports, as well as in our knowledge of what has transpired, compels us to award great praise to those schools which were the pioneers in causing a reform.

Courage was given them for experiment and results amply repaid their efforts. No doubt State registration has also played an important part in the matter of course extension. To be sure, in some States it has been but the shadow of a coming event, but it has, nevertheless, set instructors and managing boards to thinking and in very many instances to acting also. We know for a certainty that registration has had a wonderful influence upon the schools in those States where it has already become a law.
Possibly in no particular is there more nearly uniformity than in the length of the course, for of these one hundred and fifteen schools we find that ninety-nine have a straight three years’ course. Of the remaining sixteen two did not give the length of time in training, eight have two years, while all the others have two years with some additional months which are apparently intended to cover the probationary period, until the end of which the course is not really supposed to begin.

Hours of duty are not quite so uniform, as they vary from twelve hours for each day and night to eight hours each day and night. Just how in the latter case the remaining eight of the twenty-four hours are disposed of does not appear.

Of the one hundred and fifteen schools forty-nine have twelve hours each day and night, twenty-seven have ten hours for day and twelve hours for night. All others scatter by ones or twos in days or nights of nine, nine and a half to eleven and a half, and twelve or thirteen hours for either day or night.

All the schools give some vacations, the average length being two weeks, but, like the other arrangements for nurses’ time, there is a tendency to increased liberality, for we find many schools giving three weeks and others saying they hope to increase to three weeks after a certain date. In some instances, however, vacations are decreased because of nurses’ illnesses or time lost for other reasons. Possibly in no particular are vagaries more evident than in time allowed for illness. We find that in some schools from two weeks to thirty days are allowed; in others no time is allowed; in others all time lost on account of contagious diseases contracted in the line of duty is allowed.

To those of us who have given the matter much thought there seems to be two distinctly different points of view in this latter plan. It certainly seems liberal of the school to allow so much time, but is it best in all cases for the nurse? Might it not be very well to be thus generous if these nurses were paid employés, as, for instance, if they were graduate head nurses on a good, fair salary. But in these times when there are so many different branches of the work in which nurses should be drilled is it really fair to allow them to miss any considerable part of it, as must be
the case if they are out for two, three, or more months? Is it really professional thus to do? Does not that very so-called liberality savor of the old-time relation between hospital and nurse—viz., that of employer and employé?

May it not have been a relic of that antiquated idea which influenced a prominent citizen to express to the writer his unbounded surprise that nurses do not belong to the labor unions?

Verily there remains much opportunity for education.

In consideration of the question, "Is instruction all given in your own hospital?" we arrive at what is apparently a more definite regard for the needs of the school, and we find something approaching uniformity, for seventy promptly answer "yes," forty-one answer "no," and four do not state.

Of the forty-one which send their pupils out we find that the time varies from six weeks to three years, and the reasons for thus sending them out are in the nature of the following—"for training," for the accommodation of the community, for pay; but in so far as it was possible to understand, neither training nor the accommodation of the public was wholly divorced from the latter or "for pay" reason, though it was not the design of either question or answer to make that particular point prominent.

We find an increasing number of schools are sending their pupils to other institutions for supplementary training, for out of our one hundred and fifteen schools under consideration thirty are doing so, which is something more than one quarter of the whole.

One is constrained to remark right here that it would be interesting to be able to look ten years into the future and see whether the proportion increases or decreases.

The system is so comparatively new that its intrinsic worth has not yet been wholly proved to the satisfaction of all those superintendents who are giving it a practical test. There seemed to be a disposition to refrain from answering the question as to whether private duty was considered a part of the course in training, but there can be no doubt of the two schools whose pupils spend three years thus, for, evidently, if that is not training, they have nothing, or comparatively little, which is.
We find but nine schools giving any attention to that much-needed and much to be desired work—viz., district nursing. Even this, however, we believe to be an increase over what prevailed ten years ago.

The smallest amount of time thus devoted is two days and the greatest three months. All the district work is done under the supervision and for the most part under the direction of charitable associations organized for the purpose.

Special work is required in sixteen schools, and ranges from private nursing in families to a five-months' course in obstetrics, either in another institution or with the Sisters of Charity, for the sick poor of the city. The respective places occupied by theoretical and practical instruction present a most interesting topic for thought and study.

Of the one hundred and fifteen schools we note that thirteen do not definitely state whether theory or practice receives first attention, but of the others nineteen give instruction first in theory, thirty-six first in practice, and forty-seven give the two together. A closer and more critical examination of the answers reveals the fact that in the list of nineteen schools giving instruction in theory before practice we find most of those that have won distinction for thoroughness and breadth of training as well as for originality and progress in methods—in short, we find them to be the schools we should most wish to emulate.

Doubtless many of the forty-seven giving theory and practice together would prefer the other plan but are deterred from various causes, notably that of being unable to meet the financial strain thus imposed, for certainly the cost of maintaining such schools must be greater, at least at the outset.

It is most encouraging to read the various expressions of opinion from superintendents of nursing schools and find so many hoping to advance along that line within a given time.

One school gives to the nurses clinical instruction in the hospital wards for three months during each of the first two years, the nurses being taken in classes by their instructor, a physician, to the bedside of the patients and there taught how and what to observe in much the same way as medical students are taught.
This is an accompaniment of the theoretical teaching or lecturing on diseases and seems a long step in educational advancement. The nurses are thus made somewhat familiar with diseases, their symptoms and nursing management, and are aided when undertaking the actual nursing care. By the same means the work of the hospital is greatly facilitated.

In the schools studied the practical work varies, as it must, of necessity, according to the exigencies of the hospital and the character of the cases treated therein.

The greatest length of time spent in the care of medical patients is seventeen months; of surgical patients, eighteen months; of gynaecological, twelve months; obstetrical, ten months; of children, six months; a goodly number include gynaecology with either medical or surgical work, as others also include the care of eye, ear, skin, etc., with either of the two main divisions of nursing, and thirty either give no time to obstetrics or fail to state their plans.

We find that one school requires that its pupils shall have not less than three hundred cases in the general surgical operating-room, another not less than twenty-five, another not less than two hundred gynaecological operative cases, and another not less than fifteen. Twelve require one month's service in the general operating-room, seven require none. A careful study of the time spent in surgical and gynaecological operating-rooms proves that three months is the average length of time thus spent, by far the largest number of schools requiring that.

Apparently the care of mental diseases is considered a specialty, and they are, as a rule, treated in institutions apart from those devoted to the so-called general diseases.

Eighty-five schools do not mention the subject; two were indefinite in statements; one gives the care of twenty-five cases; seven give this instruction with general medical cases; two include the care of eye, ear, throat, nose, skin, and mental diseases in one class, while all others vary from one month to four in the time to be thus spent. Other practical instruction is given in a variety of subjects, the principal ones being diet-kitchen work, domestic science, and special nursing.
one to six months and includes the preparation of the extra diets, such as broths, gruels, chops, steaks, and all small portions of any special article that may be ordered for one patient or a small number of patients.

One school gives each pupil nurse the opportunity of acting as the housekeeper's assistant in a hospital that has but one general kitchen; here she prepares in so far as is practicable those articles of diet that would ordinarily be prepared in a special diet-kitchen. She also has the opportunity of going to market with the housekeeper and is encouraged to know the price of subsistence supplies. To this end she is questioned as to the cost of butter, eggs, etc., and is expected to know when the last supply was purchased, of how much it consisted, and how many patients the hospital averaged during this time. If possible, all this is compared with the corresponding time last year. It is evidently expected to serve several purposes by this practice: the nurse is given a little insight into the domestic arrangements; she is taught the actual preparation of food, and is given some knowledge of the expense of food supplies with the hope that economical principles shall be instilled from which the hospital and eventually the public shall benefit.

Other special work, such as nursing of contagious diseases, nursing in private work, dispensary work, massage, laboratory work, treatment by hydrotherapy, care of accidents, etc., all receive more or less attention.

By far the greatest part of practical instruction is given by the superintendent of nurses and her assistants or by head nurses under her direction. In a few instances members of the attending staff of the hospital teach the practical work.

The outlines of the courses of theoretical instruction show some departures from methods pursued in years ago, for we find that anatomy and physiology are begun during the first year in almost all instances. This agrees with the principle of theoretical instruction before practical, for, naturally, it seems almost absurd to require a nurse to care for a human body of whose construction and functions she is often absolutely ignorant. It has seemed that just at this point lies some cause for encouragement; here is
possibly the nearest approach to that uniformity to secure which much time and energy has been spent.

The amount of time spent weekly upon these subjects varies from one to eight hours, though the greater number of the schools reported spend but one hour. The number of lectures given ranges from one to one hundred and seventeen; forty-five schools give twelve or more, while fourteen schools give twenty-four or more; all others range from one to twelve or from twenty-four to forty-eight. The number of recitations varies from one to eighty—only twenty-four schools give less than twelve recitations, while ten give fifty or more.

Seventy-one schools give no demonstrations in the subjects of anatomy and physiology while two give forty. The time spent varies widely—one school spends three weeks while four spend some time during the whole three years, seven during two years, four during one and one-half years, several during one year. All others range from two to ten months. The amount of time spent weekly upon materia medica varies also; forty-six give one hour, one gives eight hours, and one reports giving twenty-four hours weekly.

All other branches in the course of theoretical instruction receive consideration in proportion to those named, but time does not permit a more detailed account of them here.

Although we may lament not having reached our goal,—uniformity of instruction in theoretical and practical work,—we yet see much to reconcile us to the present status of nursing education.

Surely these courses, as outlined by the one hundred and fifteen schools, prove that nursing, if not now entitled to be called a profession, must be very soon placed with what are commonly known as the learned professions.

With the courses of one or two of these training-schools spread before me, I am compelled to exclaim, here are schools giving technical courses—as indicated by the practical nursing here taught; here are schools of philanthropy—as indicated by the preparation of pupils for cooperation with charitable organizations; here are schools for social workers—as evidenced by the
number willing to do district nursing, settlement, and kindred work; yes, and it would seem that here also are given some of the scientific branches of an academic course.

Here are schools that no longer depend largely for their instruction upon the charity of their medical and surgical staffs, but, like those of any other kind, are receiving for money consideration a great part of it from men and women whose time and talents have enabled them to become proficient in their lines.

The instruction in practical work also is given by a specialist in each particular department. The same system of class examination and class ranking is found in these schools that prevails elsewhere for the benefit of the students. Indeed, they go a step or two farther, for we find that nurses are instructed in civic duty, as they must know their relations to Boards of Health and their laws.

Nurses are made to know, also, their moral obligations to the communities in which they dwell; their duties in times of epidemics and other perils; their responsibilities, privileges, and duties in connection with those measures tending to elevate the profession as well as concerning their loyalty to it.

Miss Nevins. This paper is now open for discussion and we should be glad to hear from any one who has any questions to ask, any experience to give or anything to say. Miss Riddle's paper, as you see, represents an immense amount of work, the looking over the reports from 115 schools. It is quite possible that she has covered the subject so fully that there is nothing left to say.

Miss Palmee. I should like to ask a question and perhaps Miss Riddle can answer it, and that is, I should like to ask specially of the superintendents of less than 100 beds what they are doing with that extra year that has been added. Of course, in the large schools with a great variety of experience I can readily understand how that extra year can be used to very great advantage to the pupil, but I do not think we have in the smaller schools discovered how they are utilizing that extra year in a way that it is of advantage to the pupil.

Miss Riddle. I am not able to answer that question, because as a member of the Education Committee I have tackled first the largest number of papers which consisted of those having 100 beds or over;
the others have not yet been looked at; perhaps next year or the year after we may be able to tell you that.

Miss Nevins. At the same time, in spite of what Miss Riddle says, I am sure there are a great many of the superintendents of the smaller hospitals here to-night who have thought about that extra year and may we not hear from one of those superintendents who has at least attempted to solve the problem.

Miss McMillan. It seems to me that the third year would offer an opportunity to give some district nursing. We owe it to our pupils and I would think that a nurse in her final year, just a month or two before graduation, should be given work of that nature; if we cannot trust our pupils just before they graduate to go into the homes of the poor, I do not think they ought to graduate; it would seem also that we owe it to the district nursing associations of the country to teach our pupils something about district work; we realize that we can teach them very little in a month's time, but we can at least encourage them in that direction; I know of at least one district nurses' association in this country which is unable to accomplish its own work and is unable to get enough graduate nurses to apply for the vacant positions. This organization is very anxious to have pupil-nurses trained to take up that work. I cannot feel that we are injuring our schools or assuming too much responsibility by giving our pupils some training in district work and I think that should come up in the third year.

Miss Curtis. We give our nurses massage, dietetics, the care of children and obstetrics in the third year, and we send our nurses out at the suggestion of the doctor in care of an obstetric case, and we are making arrangements to supply nurses for a smaller hospital in our district who has not sufficient beds to warrant a training school and we would like to give the nurses some district work if they could be under the care of the supervising nurse.

Miss Greenwood. I should like to say as superintendent of a small hospital that we found the third year of a very great advantage to our nurses and found that we have plenty of work for them to do. We teach them as much as possible of the executive work of the hospital and I have found as they enter the third year they are very much better fitted for executive positions. The question of district nursing is now before us; we have a hospital of presumably 60 beds, sometimes we have 70 patients, but we rarely have less than 60 patients, and I have also found that I can utilize these nurses as head nurses in the ward; I find their interest does not abate at all in the third year.
Miss Nevins. It will probably be found true that in many of the smaller hospitals the pupils are made head nurses and are taught some of the executive work and the office work of the hospital and are fitted in some measure, so far as the pupils are able to do so, for positions in hospitals after they leave the school.

If there is nothing further to be said in regard to this paper and before we proceed to the next, I would like to bring up a subject which has undoubtedly been called to the attention of most of you. We have certainly been given the impression that there was or is to be a school of nursing connected with Harvard College; some one of us upon asking that to-day found that we have one with us who has looked up the subject, and it will be of interest to hear from Miss Davis of Boston.

Miss Davis. I am very glad it has devolved on me to set you all right with Harvard, A little over a year ago, perhaps a year and a half ago, you might have read and must have read in the papers that Harvard was about to establish a chair of nursing. So far as that goes it is quite correct; the establishing of that chair was conditional, and until those conditions are filled Harvard will not establish a chair. They went so far as to choose a man to put at the head of that chair of nursing, and he has filled the chair; he is quite a large man and I dare say he will fill it, but how well he will fill it will be for the nurses of the country to judge. However, he is preparing for that; he went to Europe for that purpose and is preparing to fill it, I suppose honorably. I wrote to the man who will fill that chair to inquire about this; I thought it the best thing to go to the fountain head for any information I might want. His answer was: "We have taken not one step towards establishing the school of nursing in Harvard during the year, the reports in the newspapers to the contrary notwithstanding. I have done what I could to prevent the reporters from mixing up a scheme which I have on hand with the Harvard School." The scheme which he had on hand was the school of nursing in Cambridge, which he has already floated and incorporated, and Harvard remains, as far as the school of nursing is concerned, the same to-day as it was a year and a half ago.

Mrs. Robb. It is very interesting that Miss Davis does announce that there is such a thing.

Miss Davis. I do not know very much about that school, but I know it has been established on exactly the same lines and on the same principles as the school in Waltham, but that he has moved a little nearer to Boston. Miss Riddle suggests that I shall say that it is not
quite as good a school as Waltham because it has no hospital at all where pupils can receive any instruction.

Miss Nevins. Miss Davis will you tell us what is the financial basis of those schools; how are they maintained?

Miss Davis. I do not know very much about the finances of the Waltham School and how it is maintained, but I will tell you what I do know, however. We were very anxious during our late campaign to find out how this school was run, what was the basis on which it was run, where the finances came from, etc., etc., and we were not able to find out anything about it, until, in defending this system, one of the doctors let "the cat out of the bag" and told us that it was not a school in which the poor were exploited, because in one single year $17,326.11 was turned into the treasury of this training school from the nurses' earnings to support it; besides that they pay $150 the first year for their tuition. This is all I know about the finances.

Miss Nevins. We will now listen to a paper on Post-Graduate Instruction by Miss Clara D. Noyes.

POST-GRADUATE STUDY FOR NURSES.

CLARA D. NOYES,

When asked by the chairman of the Committee on Education of this society to prepare a schedule on this subject to be sent to the hospitals throughout America it was with something like the feelings of a probationer that I consented. To sort, arrange and tabulate, and put the material into comprehensive shape was easily anticipated with all the attending difficulties of a very difficult subject.

Nevertheless, these schedules were prepared in two forms, one to be sent to the general hospitals and the other to the "special" or post-graduate hospitals. Over four hundred of these schedules were sent; none were sent to hospitals containing less than twenty-five beds. Two hundred and sixty-three were returned, with five letters pertaining to the work. This means that nearly two hundred schedules were not returned, although many had a second notice sent to them.
One's first impression upon being confronted with this pile of literature was, "What an enormous piece of work to sort, arrange, and tabulate," but, alas! the greater number were blanks; and the next feeling was, "Is there any graduate nursing instruction given in America?"

Upon closer inspection one finds there is some "regular" work done in the postgraduate hospitals and a very little "irregular" work in the general hospitals. Before considering the question from any of its many points of view, let us see what is being done, as far as we are able, from the schedules returned and subsequent letters written. It was unfortunate that such a large number of the schedules were not returned, as it prevented making a complete report.

**POST-GRADUATE WORK IN THE GENERAL HOSPITALS.**

From the general hospitals of one hundred beds or more to which schedules were sent one hundred and fourteen were returned. Of these twenty-six only give a supplementary "irregular" post-graduate course, while four conduct a regular course. Ten of these schools admit only their own graduates. Sixteen admit graduates from any recognized school.

Of these twenty-six schools only three make any provision for a regular course of lectures and class work. The others permit the graduates to attend the lectures and classes of the pupil nurses, but as many of the schools admit the graduate nurses only during the vacation season there are no lectures and classes to attend. The length of the course varies from six weeks to one year; the number of applicants from three or four yearly to as many as one hundred and fifty; the number of graduate nurses admitted from two yearly to one hundred and ten. In one a fee is charged of one dollar per day, while in others we find allowances given of varying amounts to as much as twenty dollars per month.

In some instances the graduate nurses live outside of the hospital buildings, board only being furnished, in others they are permitted to live in the Nurses' Home and allowed board and laundry privileges.
From the general hospitals of fifty to one hundred beds eighty-two schedules were returned; of these only three give irregular post-graduate instruction, two to their own graduates and one to graduates from other schools, the course varying in length from six months to one year. No provision is made for special instruction in any of them.

From the general hospitals of twenty-five to fifty beds forty-seven papers were returned; of these two give a supplementary post-graduate course, one in obstetrics and one in massage, both arranging for special instruction in these branches.

**POST-GRADUATE WORK IN THE SPECIAL HOSPITALS.**

The second schedule was prepared with special reference to the post-graduate hospitals or the so-called "special" hospitals. From these twenty schedules were returned, with five letters pertaining to this work. Of these only one, the Presbyterian of Chicago, conducts a course in general work. This has already been included in the summary of general hospitals. In eight of these hospitals all the nursing is done by graduate nurses, in the remaining twelve it is done by a combination of graduates and pupils secured in some instances by means of the "exchange" system, in others there are organized training schools to which pupils are admitted for a regular course of training.

Lectures and classes are provided in fourteen of these schools. The majority give no allowance, while others give from six dollars to fifteen dollars per month.

The length of the course varies from ten weeks to nine months; the hours for duty vary from eight hours daily in one to twelve hours in six.

Nine conduct examinations and twelve give either a certificate or diploma at the end of the course.

Twelve have permanent graduate nurses in charge of the wards. These hospitals specialize usually in one branch of work, such as obstetrics, eye and ear diseases, surgery, orthopedics, gynecology, and summer diseases of infants and children.

We find certain unique features in connection with some of
these hospitals, such as the training of nursery-maids, classes for
mothers in the care of their children and preparation of food, as
conducted in the Infants' and Floating Hospitals of Boston and
the Thomas Wilson Sanitarium, Maryland.

It will be seen, after listening to these somewhat wearisome
statistics, that very little is being done in the general hospital
towards establishing a systematic course of study for the graduate
nurse.

In the so-called special hospital we find some well-arranged
courses, and these are certainly of great value to nurses who feel
the necessity of additional training in special branches, but they
only meet the demand in a limited way.

There seems to be a conspicuous lack of uniformity in details
of the courses in both kinds of hospitals. This may be necessary,
as the work must be done in different places in different ways.
Yet it seems that in a special hospital conducting a post-graduate
school that certain salient features could be made more uniform,
such as the questions of allowances, lectures, classes, demonstra-
tions, examinations, system of marking, granting of certificates or
diplomas, and the hours for duty.

We find in one no allowance, in another as much as twenty
dollars per month; in one no provision for class work, no lectures,
and no examinations, yet a certificate is given; in one, eight hours
daily duty and in the large majority twelve hours.

In the general hospital where no claim is made towards con-
ducting a graduate course of study and where the nurse is
allowed unsolicited to return for a general "freshening," it could
hardly be expected to be otherwise than shown in many of the
hospitals reported.

It is not the object of this paper to underrate or criticise the
work being done in the general hospital giving irregular post-
graduate work or the special hospital giving an organized course.
Much good work has been done in both places, and many nurses
have been benefited by taking advantage of these post-graduate
opportunities, but after careful study of these returned schedules
we feel that much too little is being done, and that it does not
meet the greatest need in the nursing world.
IS THERE A REAL NEED FOR POST-GRADUATE STUDY?

By the individual who is interested in nurses and their various kinds of work, the management of registries, the organization of alumnae and State associations, the answer would certainly be in the affirmative.

If we are a profession, then surely there is an absolute necessity for advanced study. If we wish to see this profession placed on a strong basis, then we must be strong as a body in the fundamental principles underlying our work. If we attempt to take a position in the front ranks of the progressive movements of the age and, what is more important, stay there, we must as individuals be thoroughly prepared, and this can only be done by courses of study which have been organized on a permanent educational basis. To those of us who manage registries we find a great demand for the "recent" graduate by the physician and the public. Indeed, it is frequently difficult to obtain work for the graduate of ten or fifteen years ago. The criticism is usually that she is "old-fashioned," "slow," and "behind the times," whereas the recent graduate is "up-to-date" and understands all the principles of modern surgery, is quick and not so "set" as the older graduate; these and many others are the criticisms made and reasons given for desiring the recent graduate. We too often, alas! see the older graduate standing still, perfectly satisfied with her own ways, unwilling to join the alumnae association or the State societies, taking no interest in State registration, and even refusing to subscribe for The American Journal of Nursing. She complains that the registry treats her unjustly and that the recent graduate is given the preference. Call her attention to the advances made in medicine and nursing in recent years, and suggest that she could take her place with the recent graduate if she were to pursue a course of study in some of the post-graduate schools, and you have offered her the deepest injury.

Compare this condition with that existing in the medical profession and we find the situation reversed; it is not the recent graduate who is preferred, it is the man of years of experience and mature judgment. Contrast the average physician with her. He
haunts the operating-rooms and wards of accessible hospitals, he grasps every opportunity to visit the great centres of his profession, the local and State medical meetings are well attended, and his office and library table are well filled with medical journals and periodicals. To be able to keep up in this age of competition, the physician must grasp every opportunity for a wider knowledge. The nurse needs to do the same. The fact that she graduated fifteen years ago should not stand in her way of taking first place in whatever line of nurses' work she elects to pursue.

Those of us, as the heads of hospitals or training schools, who are struggling to secure competent assistants and head nurses feel, perhaps more than anyone else, the need of a post-graduate course of work where the graduate can secure an "all-around" training in practical hospital housekeeping, which should include the various housekeeping departments, such as kitchen and laundry, storerooms, linen-rooms, even such practical details as the cutting and making of hospital garments, the ordering of all kinds of supplies, domestic, surgical, and pharmacy, and something of the business management of such an institution. Such training will not only fill the need now felt by the graduate herself, but would secure to hospitals an opportunity to fill their positions with prepared women. These reasons alone, without considering any others, are sufficient to show the pressing need of well-arranged, systematic courses of post-graduate study.

The next point to consider is the demand for such work.

It is noticeable in these general and special hospitals that the number of applicants for such work and study is constantly increasing. It is an exceedingly gratifying indication and goes to prove that many graduate nurses of to-day are alive to the necessity for action in this direction. This is unquestionably the result of the progressive movements in the nursing world, the advances in scientific medicine, and the demand for only the best by physicians and an exacting public.

The motives which prompt a nurse to undertake a post-graduate course of work are manifold. It may be because her practical training, even in the largest and best schools, has been limited to two branches, medical and surgical nursing, or she may be a
graduate from a very small school with few opportunities or chances for experience, or she may have spent the larger part of her time doing private nursing for the hospital. She may wish to push her investigations further and add to her fund of knowledge simply for the love of it. It is possible that she desires to fit herself for institutional work and has tried the position of head nurse in her own hospital, and that this experience has developed a wish for a broader knowledge, and she tries some of the postgraduate courses open to her, hoping to find what she wants. Given the desire for advanced post-graduate study on the part of a nurse, no matter what the motive may be which started the impulse,—we will infer that it is of the highest order,—is she going to find in any general hospital in America which offers a postgraduate course of study and practical work one which will answer her purpose? Is she going to find a clearly defined course of practical work, with corresponding lectures and classes under careful supervision and capable instructors in the special branches she desires, or in practical hospital housekeeping and administration, such as outlined earlier in this paper, or is she going to a hospital to go on duty at seven A.M. to stay on till seven P.M., doing the ward scrubbing in addition to the actual care of the patient? Is this the kind of work the graduate nurse needs? It is certainly not what she desires. We see her being used too often for the benefit of the hospital to fill in gaps or help out during vacations. Even if the motives and ideals of the graduates are not always of the highest, or she is unbusinesslike in her methods, objects to criticism, and is lacking in many other directions, is there not something to be said on her side as well.

The principal criticism made by those who are attempting the management of such courses of study is the great lack of uniformity in the applicants. This will always exist as long as the country is filled with small hospitals conducting training schools, using the nurse frequently as a means of revenue, and often compelled to admit women of inferior education from necessity, sending them out at the end of two years untrained, untaught, and undisciplined. The adoption of a uniform curriculum, the inauguration of State board examinations and registration, the
exchange system and affiliations of schools, and the preparatory course may in time correct this condition, but for the present it exists and must be met.

We find established in all the leading colleges (and many of the smaller ones) and professional schools well arranged courses for post-graduate study. These are generally conducted at great expense, instructors being constantly employed whether there are many students or only one. For this reason it is generally conceded that the larger and richer university is in a better position for such work than the smaller college. It has also been found where the graduate work has been in connection with undergraduate work, or instructors are called upon to duplicate their teaching, that sooner or later the effect is felt and shown, either in the work of the graduate or that of the pupil. We find matriculation, tuition, laboratory, and graduating fees charged with living expenses additional. In the majority scholarships and fellowships are provided for and large libraries are accessible.

Judging from the experiences gained in the smaller college relative to conducting post-graduate courses of study, it certainly does not seem wise to undertake such a course in our smaller general hospitals under the present existing conditions.

The object of these investigations was to secure all the existing information relative to post-graduate study in America in training schools for nurses and put it into such form as to be of value to those who might wish to pursue advanced work or study, and not to suggest means by which a course could be satisfactorily arranged. It is also far beyond the ability of the writer to solve this knotty problem.

Owing to the small amount of information obtained it has been impossible to arrange a table that would be of the slightest assistance to anyone.

An effort has been made to show the necessity for post-graduate work, also the demand on the part of the graduate nurses for such instruction. If this demand is sufficiently pressing to encourage some of our largest and best general hospitals and training schools to arrange special courses of post-graduate work with corresponding theory to meet the several needs, previously mentioned, it seems
the only practical solution to the problem, the applicant to pay a
fee and living expenses, possibly live outside the hospital, and not
to be included in the nursing force.

Such a course would necessarily mean expense, which would be
partially or perhaps entirely covered by the fees, as additional
instructors and material would be necessary.

Unless such a course was endowed, it would not be practical for
a hospital to undertake such a responsibility without an assured
number of post-graduates yearly.

The teachers' course at Columbia College fills one long-felt want,
but it is decidedly limited, as it does not prepare a nurse for the
practical management of a hospital or a training school, and al-
though it may make a better teacher of her and prepare her theo-
retically, it cannot give her the technical training. Therefore it
does not seem unreasonable to presume that its scope could not be
enlarged to include practical training and act as a "feeder" for
hospitals willing to arrange the post-graduate courses herein sug-
gested. There is nothing new or original in these meagre sugges-
tions, and it is with considerable modesty that they are advanced
at all, but it is hoped that the question will be taken up seriously
by those better able to manage such important questions. It
might be possible to appoint a special committee to investigate
ways and means and finally arrange for a post-graduate course of
study that would satisfy the most critical and fill this long-felt
desire of the graduate nurse.

The President. I regret that the lateness of the hour prevents us
from discussing this unusually interesting and important paper. It is
one of the subjects to which we must soon as a body give careful con-
sideration, and at the next meeting it should receive the attention we
are unable to give to-night. I would like to say that the papers and
at least a part of the discussions will probably appear in the next
month's Journal of Nursing and all the proceedings of the Associated
Alumnae meetings beginning to-morrow and continuing Thursday and
Friday will also appear in the following month's issue of the Journal.

The next meeting of the Society will be held in New York City
either the last week of April or the first week in May, and now I have
the greatest possible pleasure in introducing the President for the coming year, Miss Annie Goodrich; will she please come forward.

Miss Goodrich. I beg to extend to you all a most hearty welcome both in the name of my own hospital and also in the name of the City of New York. Esteeming as I do the great privilege of belonging to your Society I find it very difficult to express my appreciation of the honor you have conferred upon me; I ask your forbearance and I beg your assistance that I may promote all the interests of your Society and fill the chair which my predecessor's grace and wisdom has made very difficult to fill. I cannot think that any one who has been here this week can help but feel proud of the women who are guiding the nurses or feel that the difficult problems of the future cannot be met in the beautiful way in which the problems of the past have been, and I am sure the inspiration of the week will help us through the coming year. I most earnestly beg that you will lend New York City the inspiration of your presence next year, for we need you very much. If there is no more business I would like to declare the meeting adjourned.

The meeting adjourned.
THE AMERICAN

FEDERATION OF NURSES

AFFILIATING SOCIETIES

THE AMERICAN SOCIETY OF
SUPERINTENDENTS OF TRAINING SCHOOLS
FOR NURSES

AND

THE NURSES' ASSOCIATED ALUMNAE
OF THE UNITED STATES

FIRST MEETING
Held in the George Washington University
WASHINGTON, D. C.
MAY 3rd, 1905
OFFICERS.

THE ACTIVE OFFICERS OF THE TWO AFFILIATING SOCIETIES

President.—MISS M. ADELAIDE NUTTING,
Johns Hopkins Hospital, Baltimore, Md.

Secretary.—MISS L. L. DOCK,
265 Henry Street, New York.

Treasurer.—MISS ANNA L. ALLINE,
402 West 124th Street, New York.

HISTORICAL.

The American Federation of Nurses was formed in the year 1901 by the affiliation of the American Society of Superintendents of Training Schools for Nurses, organized in 1893, and the Nurses' Associated Alumnae of the United States in 1897. The purpose of the affiliation was the opportunity it afforded for membership in the National Council of Women, and through that body a share in the proceedings of the International Council. The Federation has been represented at three of the annual meetings of the National Council,—in Buffalo, 1901, Washington, 1902, and in Indianapolis, 1904. It was also represented at the International Congress of Women held in Berlin in 1905. Its first regular meeting as a Federation was held in Washington in May, 1905, during the week when the two affiliating societies were holding their annual conventions. At this meeting the Federation adopted a constitution, withdrew from membership in the National Council of Women, and joined the International Council of Nurses.

THE EDITOR.
PROCEEDINGS OF THE FIRST MEETING

— OF THE —

AMERICAN FEDERATION OF NURSES

The first meeting of the American Federation of Nurses was held at the George Washington University, Washington, D. C., on Wednesday, May 3, 1905. The meeting was called to order at ten-thirty a. m. by the president, Miss M. A. Nutting, and the opening prayer was made by the Rev. Wallace Radeliffe, D. D.

The Hon. Henry B. F. MacFarland, President of the Board of Commissioners of the District of Columbia, delivered the following

ADDRESS OF WELCOME.

Madam President and Ladies, and Dr. Radeliffe:

The doctor and I feel very lonely on this occasion. It has been my pleasant office for several years to have the opportunity of welcoming to the Capital City many conventions, but usually they are conventions of men, and that is a comparatively easy task. Even though I have passed the first Osler period and am no more capable of creative work, I am able to create an address for mere men, but when it comes to the superior sex I confess that I stand, as usual, in awe and trepidation. However, back of every man there is, of course, a woman making or marring him, and back of me, fortunately, stands my wife, who, after all, contributes all that is best in my speeches, and naturally I turned to her. I said, "This is a very serious emergency that confronts me," and she reminded me of the girl who, when she was asked what she would do if the young man offered to kiss her, said, "I should meet the emergency face to face."

133
She also has contributed a clipping which she cut from yesterday's New York Tribune, and which reads: "Miss Death was brought to the German Hospital in Philadelphia to be operated upon for appendicitis; she was the daughter, she said, of an undertaker; the name of the surgeon who was chosen to perform the operation was Dye—Frank Hackett Dye. When the operation was over Miss Death was placed in charge of two nurses, Miss Payne and Miss Grone; Miss Payne was the day nurse and Miss Grone the night nurse. The patient recovered rapidly (and that was one of the occasions when not only the operation was successful but when the patient recovered) and in a short period bade good-by to the two faithful nurses, Miss Payne and Miss Grone and to Dr. Dye." I think she was very fortunate to escape.

We take particular pleasure on behalf of the government and the people of the District of Columbia in welcoming you to Washington, first, because you are women, and second, because you are doing some of the noblest work in the world. You can truthfully say that your profession is a calling, and a calling of God in the good old phrase. In the great army of those who are marching ever over against the army of those who kill, you have a most valuable place. You have won it as a profession in a very short time comparatively by honest, intelligent, high-minded self-sacrifice and great effort. We find it impossible to give our highest admiration to mere material achievement or to selfish aggrandizement, however splendid it may seem. We feel instinctively and rightfully that there must be unselfishness in success and in the service of others—indeed, sacrifice and denial of self—to draw out the homage of our hearts. Captains of industry, of science, and of skill may command and do command our head, but not our heart, by their achievements, and the best of them after they have won their kind of success crave the higher kind and try to do something to win it. Your sisters who have given their lives in saving others have ennobled you all. Hence, we desire to serve you and to honor your profession, and for this reason, as well as to protect the public, we here are endeavoring to secure for the District of Columbia a law which will give the trained nurse the highest status and protection in her profession and in her work,
given her by the best laws in the world, and I am gratified to say that I believe there is good hope of its enactment at the next session of Congress. It was a personal pleasure for me to handle the measure, so far as the Commissioners were concerned; of course, I had the advice of your representatives here, and especially of our friend, Miss Nevins, whom we all honor, but for the legal side of it and for the official side of it I was very glad to have my opportunity, and I am very pleased to believe, as I have already said, that it is likely to be looked favorably upon at the next session of Congress.

We are very sure that we will have your sympathy and support in whatever may be done, and I want once more to say that I trust you may have a most profitable and pleasant visit here. I cannot say in words what is in the hearts of all of us who have placed ourselves at times, or, far more important, those whom we love, in the hands of the representatives of your profession. It would be impossible for me to say in any public gathering what we owe to you through them, but I have already said, and I desire to repeat, that I represent, I am sure, the sentiment of our whole people when I bid you a hearty welcome.

Miss Nutting. I will call upon Miss Isabel Mcisaac, of the Illinois Training School, to respond to this address.

Miss Mcisaac responded as follows:

Madam President, Ladies:

I feel that it is a distinctive honor as well as a pleasure to be asked to respond in behalf of the American Federation of Nurses to the cordial greetings that we have received from Washington, both from the nurses and the citizens. I think I may say without danger of giving offence to our hosts of previous occasions that in no city has there been such a lively interest and pleasure exhibited in anticipation as there has been for this meeting in Washington, and certainly our anticipations have been fully realized if the members present are any evidence. We feel very glad to enroll ourselves among that long list of organizations which so many years ago gave this delightful city the name of "The Convention
City," and I trust that this first meeting of the American Federation of Nurses, which has so fittingly taken place at the seat of the government of the nation, shall be an omen for its future, because the American Federation of Nurses up to this time has simply been a name, and we need that it shall be something besides a name. The two great associations, the Superintendent's and the Alumnae, have widely diversified aims, but we have many aims in common, and if the old saying that the boy is the father of the man is a true one, then I think that the pupil nurse is the mother of the superintendent of nurses. Again I would voice the sentiment of the Federation of Nurses, in giving thanks to the graduate nurses and to their friends and to Washington for this very cordial greeting and warm hospitality.

Miss M. A. Nutting addressed the Federation as follows:

My Fellow-Workers:

This meeting is one of much significance. It is the first formal gathering together of our two important nursing societies to consider the purposes for which we are federated, and to determine our powers and responsibilities in that relationship.

This Federation, entered into some years ago, unites the great body of graduate nurses, known as the Associated Alumnae, in whom we see represented by delegates here to-day nearly one hundred of the alumnae associations of the best schools of our country, and behind them standing an army of over seven thousand nurses, and the older and smaller body, the superintendents and the teachers.

There is a peculiar interest about this gathering to one who, at a convention of superintendents held in Philadelphia in 1896, listened to the story of how such a national association of nurses as this might be formed, and of what useful service to the profession and to the community it might render. I was that listener, and the story was told by one whom you all know well, Miss Dock, and though I admit at the time the founding of such a national society seemed to me rather a far-away vision, I had the pleasure
of moving the appointment of the committee which took the first steps towards your organization. In the following year the constitution of this society was framed and adopted, and your first president was elected in the training school of the hospital to which I belong, and I have a further peculiar interest because that first president, to whom you so wisely entrusted the difficult and delicate task of early organization, was my teacher, the former superintendent of our school, Isabel Hampton Robb. It is fitting here at this moment to say, in recognition of Mrs. Robb's work, that she has been a powerful, guiding, shaping influence in the nursing profession from the day she entered it—that both of these societies here united to-day owe an eternal debt of gratitude for the splendid labor which she has given and still gives to nursing affairs and interests.

So it is not to-day as if two strange, unrelated societies were trying to find ground on which to unite, for the younger and larger society is the direct outcome of the interest and effort of the older, and, still more, it is composed of the graduates of the schools which are under their direction. Its growth and tendencies are as anxiously watched as are those of the daughters of any great household. The Society of Superintendents of Training Schools for Nurses has just completed its eleventh year with a roll of two hundred and fifty members. It has an honorable record of work undertaken and accomplished for the benefit of training schools and of the profession, and it has here before it many problems which will take all the combined wisdom and experience of its members to solve. The educational system of training schools for nurses is undergoing a complete transformation, and never did any profession need more leaders who are not carried about by every new wind of doctrine, but women of judgment, stability, and foresight, or, rather, of that prophetic insight into further possibilities which marks those greater than their fellows. To the younger body I would say, we have much to consider; we are not yet adjusted to the needs of the public. The criticisms of us as members of a profession are constant, severe, and searching. We claim, and I think justly, the status of a profession; we have schools and teachers, tuition fees and scholarships, systems of
instruction from preparatory to post-graduate; we are allied with technical schools on the one hand, and here and there a university on the other; we have libraries, a literature, and fast-growing numbers of periodicals owned, edited, and published by nurses; we have societies and laws. If, therefore, we claim to receive the appurtenances, privileges, and standing of a profession, we must recognize professional responsibilities and obligations which we are in honor bound to respect and uphold. We cannot proceed comfortably to adjust our lives according to our own petty personal views; we have to think of ourselves each as one of a vast body, and know that we each contribute to the credit or discredit of that body. There are many of our affairs in which the public are most directly and vitally concerned which need our earnest and thoughtful attention. We need to apply unsparing self-scrutiny. With the deepest possible affection and sympathy, let me say that the discontent with trained nurses in private households is wide and deep and constant, and that we have a work before us to hold the confidence of the public, to find out what that trouble is and how to remedy it? No profession ever rose to a high position more rapidly than nursing. Much of the admiration which we have received has been deserved, and it would be a calamity indeed if we have through the weaknesses or selfishness of any one of us injured its fair fame. We need to keep in constant use our professional ethics, or, I should say, the ethics of Christianity. When the public says plainly that we fail to guard sacredly the private matters of the households we enter, but discuss them among ourselves and pass them on to subsequent patients; when it says that our system of payments makes practically a labor union, and that no human distress or need is sufficient to make us ready either to alter our charges or give freely something of our skill and knowledge; when it says loudly and repeatedly that we are wasteful in people's households to the verge of dishonesty of every article in common use,—there is something wrong, and the sooner we get it right the better. No one of us stands alone; we are related to others in every action of our lives, and in that relationship the power of things, good or evil, lies in our hands. We can help to make the world better or worse. Every one of
us leaves the world definitely altered because of our acts. The
one thing we cannot do is to do nothing. When Florence Night-
ingale entered a little school at Kaiserswerth sixty years ago it
was an act which profoundly affected every one of us here to-day,
many thousands of women before us, and many thousands who
will follow. Training schools are in existence because of her
work, and the alumnae follow the school. When Mr. Rathbone
supplied the first district nurse to a poor section of the city of
Liverpool he affected the lives of many, many nurses, and set in
motion a system of work which is fast becoming one of the
greatest and best humanitarian agencies. When some years ago
Horror Morten got permission with difficulty to place a nurse in
the public schools of London, do you think she had any imagin-
ings that the impulse of her efforts would in a few years extend
into the public schools of the city of New York? There is
nothing more eternally true than that no man liveth to himself.

I congratulate you, fellow-workers, on all that has been
accomplished for and by nurses, and I welcome you to a con-
sideration of the matters which will come before you to-day and
in the following days, praying that we may bring to them the
spirit of justice, truth, and humility. We are blessed beyond
many other women in being given the chance to work, and I
would say here that of all the evils that I know to-day, idleness
is one of those most to be feared and dreaded in its effects upon
human character. Burton gives it credit as the great cause of
melancholy and other diseases, "As ferns grow in an untilled
ground, and all manner of weeds, so do gross humours in an idle
body." He adds, "An idle dog will be mangy, and how can an
idle person think to escape?" We have not only work, but work
of a noble and uplifting kind. In a very beautiful address given
to the Society of Superintendents on Monday President Needham
concluded by saying, "I welcome you to the aristocracy of labor,
to the nobility of knowledge." This morning we will be asked
to extend our fellowship and join hands in some permanent way
with our struggling sisters across the water, and remembering
what has just been shown, what we owe English nurses for
inspiration and example, any help which we of larger liberties
can give will be freely and gladly extended. As a Federation we shall meet together seldom, but these meetings should always be of much moment, and as the presiding officer of this organization let me, in welcoming you, wish you God-speed. I declare this meeting open for work.

THE EFFECT OF STATE REGISTRATION UPON TRAINING SCHOOLS.

Sophia F. Palmer,
Graduate Massachusetts General Hospital, Editor American Journal of Nursing, President Nurse Board of Examiners, New York State.

It has been somewhat difficult in preparing this paper upon the subject of the "Effect of State Registration Upon Training Schools" to obtain definite facts. The time is too soon for great results, and I have not been able to give the time to the investigation that the subject needed, nor have I received that cordial cooperation from all of the superintendents to whom I have appealed for assistance that I hoped for, but such statements as I make are based upon knowledge that has been gained either through my experience as a member of the Board of Examiners of New York State, or from information received from women who are actively engaged in State work.

On broad general principles the effect of the State registration movement has been to stimulate training schools almost universally, reaching out over the borders of our own country into Canada, as I shall show you in connection with the practical working of the New York statute, and at closer range acting as a direct means of elevating the standards of theoretical and practical teaching, and forming a basis for that uniform curriculum which for so many years it has been one of the aims of the Superintendents' Society to perfect.

Holding New York until the last, I shall give the reports from the other States in the order that the laws went into effect.

The North Carolina "Bill for the State Registration of Nurses" went into effect March 2, 1903. This bill makes no special pro-
vision for regulating the standards of training schools, but in its practical effect it is having a decided influence upon the methods of training of the schools within the State, insuring better instruction in all branches, and a general move for preliminary training and cooperation among the superintendents of the training schools of North Carolina for higher standards.

The New Jersey law, passed in April, 1903, is said to have affected training schools but very little if any, but the New York registration requirements have had a decided influence in this State owing to its close proximity to New York City, where so many of New Jersey's graduates are employed.

From Virginia, where the law was passed in May, 1903, I am unable to give a report, though one was promised me.

The Maryland law, passed in April, 1904, begins to show its influence upon training school standards, but reports are only very general in character. The feeling among the schools is cordial and cooperation between general and special hospitals is beginning. The large schools are opening their doors for one year's experience to graduates of special schools, so that they may qualify under the law.

From Indiana I have no report, though their bill was passed and became a law February 27, 1905.

Since the agitation in California began there have been instances of reorganization in a number of schools, but it is said that the authorities of some of these schools seem somewhat inclined to deny that they have been in any way influenced by the prospect of legal requirements. The passage of the law in this State, as in Indiana and Colorado, is of too recent date to show results. The effect of the agitation in the two last mentioned States I do not know, the fault being mine in not taking more active measures to obtain the facts.

This brings me to the Registration Act of New York State, which became a law April 27, 1903, and which contains in its first clause this proviso:

"Any resident of the State of New York, being over the age of twenty-one years and of good moral character, holding a diploma from a training school for nurses connected with a hospital or
sanitarium giving a course of at least two years, and registered by
the Regents of the University of the State of New York as main-
taining in this and other respects proper standards, all of which
shall be determined by the said Regents, and who shall have
received from the said Regents a certificate of his or her qualifica-
tions to practise as a registered nurse, shall be styled and known
as a registered nurse, and no other person shall assume such title,
or use the abbreviation R. N. or any other words, letters, or figures
to indicate that the person using the same is such a registered
nurse."

There has been for many years in the Regent's Office, or the
Education Department, as it is now called, a system of registration,
and there may be found in the archives of the State the standards
maintained by all the great educational institutions of the world,
to which have now been added, by the passage of the New York
Registration act, training schools for nurses.

The Board of Nurse Examiners were appointed according to the
conditions of the statute and called together for organization and
business at the Regents' Office in Albany September 15, following
the passage of the bill.

It would occupy more time than is legitimately mine to go into
the detail of the preliminary and organization work of the New
York Board more than to state that we had only to adapt the
peculiar conditions of nursing education to the machinery of the
registration laws that were already in operation in the Regent's
Office in connection with the registration of the other professions.

For instance, the forms used for the registration of training
schools were a modification of those used for medical colleges and
other institutions of learning that had been registered with the
Regents for years. The forms for individual registration of nurses
were, with some additions and modifications, the same as those
used for physicians, and the board profited greatly by the experience
of the gentlemen having charge of the registry department at
Albany.

On the other hand we have had some difficulties to overcome in
adjusting the peculiar requirements of nursing education to a
system that deals with the theoretical side of educational affairs
only, while so much of the important side of nursing is based upon the practical. However, the cooperation from the Regent's Office has been of such a cordial and intelligent character that the board is beginning to feel exceedingly gratified with the results.

In the beginning all questions regarding the eligibility of schools were referred to the Board of Examiners. We had just gotten into smooth working order and were beginning to feel somewhat familiar with our very new kind of business when the Unification Bill became a law, which brought about a complete reorganization of the Education Departments of the State, resulting in changes of officers in all departments from the Commissioner down, and not only checking our work for four months, but changing it somewhat and making it necessary to begin all over again with a new set of people in the Education Department, so that during the two years that have passed since the New York law went into effect, the work of the Board of Examiners has been in active operation less than sixteen months, and during that time many weeks have been lost through unavoidable causes of delay.

I have made this explanation because at first hand the figures that I shall give you may seem small for the length of time that has elapsed since the passage of the New York Registration Act. These figures are not supposed to show all of the work that has been done, but simply to show in what way the law has affected the limited number of schools that it has been possible for me to reach.

The United States Bureau of Education gives the total number of training schools in the United States at the close of the year 1903 as five hundred and fifty-two, eighty-four of these being accredited to New York State.

Large numbers of nurses trained in schools in all parts of the other States and Canada are engaged in nursing and claim their residence in the State of New York, and in order that these women may be registered the schools from which they have graduated, no matter at how great a distance, are required to comply with the standards fixed by the Regents in exactly the same way that the schools of the State are required to do. The official papers in connection with the registration of training schools are
filed in the Education Department at Albany. Since the reorganization previously referred to the eligibility of training schools is decided in that department, based upon conditions and requirements recommended by the Board of Examiners, and adopted by the Regents as being the proper standards referred to in Section 1 of the statute. These requirements are very simple in character, that no hospital in the beginning should be unjustly demoralized by demands that it could not be legitimately asked to meet. These requirements read as follows:

Requirements for Registration in Force January 1, 1904–6.

Incorporation.—The training school for nurses or the institution of which it is a department must be incorporated.

Preliminary Education.—All training schools registered by the Regents of the University of the State of New York shall require of pupils applying for admission a certificate of graduation from a grammar school or its equivalent, preference being given to applicants who have had one year or more in a high school and to those who have taken a full course in domestic science in a recognized technical school.

Subjects of State Examination.—Training schools for nurses registered by the Regents shall provide both practical and theoretical instruction in the following branches of nursing: (1) medical nursing (including materia medica), (2) surgical nursing, with operative technic including gynecological, (3) obstetrical nursing (each pupil to have had the care of not less than six cases), (4) nursing of sick children, (5) diet cooking for the sick, including (a) twelve lessons in cooking in a good technical school, or with a competent diet teacher, (b) food values, and feeding in special cases, to be taught in classes, not by lectures, (6) a thorough course of theoretical instruction in contagious nursing where practical experience is impossible.

Training schools for male nurses shall provide instruction in genito-urinary branches in place of gynecological and obstetrical nursing.

Professional Education.—The period of instruction in the training school shall not be less than two full years, during which time the students shall not be utilized to care for patients outside of a hospital. Training schools giving a three-year course and wishing to continue the practice of utilizing their pupils to earn money for the hospital may send them out to private cases or for district work among the poor for a period not exceeding three months in the third year of their course. But training schools with a two-year course wishing to continue the practice must extend their course to meet the above requirement.

Provisional Requirements.—The branches of nursing in which both practical and theoretical instruction must be given by training schools applying for registration will remain in force till January 1, 1906.
SUGGESTED LINES OF DEVELOPMENT.

PRELIMINARY EDUCATION.—After January 1, 1906, all registered training schools for nurses must require the completion of one year of a high-school course subsequent to an eight-year grammar school course, or the equivalent.

PROFESSIONAL EDUCATION.—The elaboration of the curriculum to be developed by January, 1906, and the lines on which this development may be expected are:

Preliminary training. Training schools should teach their probationers before placing them at the bedside of patients:

a. The various methods of making and changing the bed, with and without the patient;

b. The temperature of baths, and the simple methods of administering them;

c. The use and dangers of the hot-water bag;

d. The principles of sweeping and dusting;

e. The setting of trays, etc.

This instruction can be given easily in the nurses' home by the superintendent of nurses or by a delegated nurse. Instruction in these simple principles cannot be given uniformly in the rush and pressure of busy wards. It demands no additional service or expense on the part of the hospital and tends towards the preliminary training that is rapidly gaining favor in the schools of higher grade. It is not intended as a substitute for the bedside instruction, but as a preparation for it. The patient should not be required to wait for an ordered poultrie till the head nurse can show the probationer how to make one. Many similar facts can be taught separately, the final and all-important part coming at the bedside when these bits of dexterity are applied to the relief and not to the embarrassment of the patient. Preliminary training in the leading schools covers a period of from one to six months, but the simple practical instruction here suggested is given in many schools that do not profess to have a regular preliminary course.

Small classes. In place of the elaborate system of lectures given gratuitously by members of the medical staff, training schools should adopt more advanced methods, affording instruction in the same subjects to smaller classes by competent teachers and clinical demonstrations by members of the medical staff. Many schools publish an elaborate lecture course, but being dependent on busy medical men such instruction is frequently and unavoidably not given, to the great injustice to the pupil in training. Instruction in small classes in many schools unable to provide paid teachers is given by the younger medical men affiliated with the hospital, who teach such subjects as bacteriology, anatomy, physiology, materia medica, and chemistry, while the more important subjects of the care and management of acute cases are reserved for members of the regular staff.

It would seem almost incredible that there should be training schools graduating nurses for general work which could not give both theoretical and practical instruction in the branches of nursing mentioned in these requirements, but it had come to the knowledge of the examiners that many schools provided no practical experience in obstetrics, others were lacking in the care
of children, many in domestic science; that in some materia medica was not taught systematically, and that a thorough theoretical course in contagious nursing was not given when practical experience was not at hand; also that the lecture courses were considered a fair substitute for experience in many schools, and we were guided by this knowledge in making our recommendations to the Regents.

It was impossible for me to personally examine the official records in Albany, and during the first week in March I mailed circular letters to one hundred and fifty superintendents of selected training schools in which I asked the following questions:

1. Have the registration laws or the prospect of such laws brought about any changes in the curriculum of your training school? If so, in what way?
   a. Practical experience, in what branches?
   b. Theoretical instruction, in what branches?
   c. Preliminary training, to what extent?

2. Have these changes, if any, necessitated additional instructors?
   a. Physicians?
   b. Nurses?
   c. Specialists (non-professional)?
   d. Domestic science?

General remarks.

Signature.

Seventy of these superintendents have made me no answer, but I know that a number of them are superintendents of schools that have been obliged to completely reorganize in order to meet the simple requirements of the Regents, and I am inclined to think that a few did not reply because they were unwilling to acknowledge the low standards of the schools with which they were connected.

The replies from the remaining eighty came promptly and cordially. Of these nineteen were above the standards; fifteen had made no changes and it was not stated whether they were above the requirements or not.

A total of forty-six schools reported changes in their curricula because of the requirements of the New York law—twenty-six in the State and twenty in the other States and Canada.

Three have stopped sending out pupils; six have added materia
medica to the curriculum; seven have added facilities for practical experience in the care of children; ten have added massage; thirteen have extended the course from two years to three; thirteen have added obstetrics; sixteen have added preliminary instruction; twenty-seven have increased their corps of instructors, varying in numbers from one to seven; thirty-one have added domestic science.

The letters accompanying these statistics have contained many interesting facts. Some writers state that the medical lecturers are giving much more attention to their subjects than formerly, and that such lectures are given with much greater regularity; also that pupils in training are showing a more conscientious desire to do good work, realizing that their future success is at stake if they do not improve every opportunity.

Some few state that applications are fewer, but the quality of those applying is better. In some instances changes have been brought about with comparative ease since the registration movement, that our women have been working unsuccessfully for years to accomplish.

It is clearly shown that the influence of registration is a stimulus to better work, even in those schools where no changes have had to be made.

The Regents' Office at Albany shows on April 24 one hundred and thirty-nine training schools registered with seventy-one pending; this means that they are either unable to meet the requirements immediately, or that they are waiting for a visit from the inspector.

Of these one hundred and thirty-nine schools two are in California, six in Canada, five in Connecticut, three in the District of Columbia, one in Florida, six in Illinois, one in Indiana, one in Maine, three in Maryland, ten in Massachusetts, five in Michigan, one in Minnesota, seven in New Jersey, two in Ohio, one in Oregon, eleven in Pennsylvania, one in Rhode Island, one in Utah, one in Virginia, seventy-seven in New York.

With the official registry in Washington showing eighty-four training schools in New York State, it would seem as if the New York schools were now very nearly all registered, and that
the influence of the New York law was beginning to be felt in some degree in all sections of this country and Canada.

It is too early to treat conclusively of the influence of registration upon training schools, for the reason that every day is adding to the list schools that are conforming to the New York requirements. Many schools at a distance have as yet no conception that they have a duty in the matter until a letter from a distressed graduate living in New York brings the fact to their attention. If it is then found that the methods of the school are below the minimum requirements which schools of New York are conforming to, they are stimulated to add to their curriculum such branches as may be lacking.

These changes sometimes require reorganization of hospital administration and additional expense and in many instances must be made slowly, and it may be weeks or months before the superintendent is able to fill out the blank, swear to its accuracy, and send it to Albany.

The most encouraging aspect of the whole matter has been the cordial manner with which a fixed standard has been welcomed. Of course, this applies to the smaller schools and to the schools which we would call of lower grades. The schools of high standards have not been in any way affected, and will not be, except as to the quality of their work, as the requirements of the law must always be for a minimum standard, the very least that the State is willing to recognize.

The general attitude of training schools has been one of cordial compliance with the standards established by law. Schools lacking in facilities have shown what has seemed to me a remarkable willingness to supply them; a goodly number of schools are being prevented from complying with the requirements, not because of unwillingness, but because of inability to obtain added experience and instruction through affiliation with other hospitals.

Schools are now asking the Education Department at Albany for a curriculum which the examiners are asked to prepare.

We need a more liberal attitude on the part of the splendidly equipped schools towards the smaller and poorer ones. Much of the opposition to a broader affiliation, I have reason to believe,
comes from the women at the head of the schools, rather than from the management. This prejudice I confess to have felt at one time myself and I have much sympathy with it, but at the same time I realize since assuming the responsibilities of an examiner, that in order to attain the standards of education which we all now believe are necessary, there must be a wholesale sweeping away of our old prejudices, a more cordial cooperation between large and small schools, hospitals for the insane, general hospital and special schools, rich schools and poor, until every hospital, however small, that is doing honest work in caring for the sick can give the assurance to its pupils of a fair all-round general training through affiliation with different groups of hospitals.

Only through State registration and the compelling influence of the law can these changes be obtained.

Miss Nutting. I voice the feeling of all present in saying with what pleasure we have listened to this truly admirable paper of Miss Palmer’s. Great as is the respect felt for the law, I doubt if any one of us realizes the power which it can exercise until we are confronted with its effects. This paper is now open for discussion, and you are invited to discuss it very fully. Those of you who know and can speak of the effects of legislation within your knowledge and experience, and those of you who have any questions to ask, are urged to do so now at the close of this paper, unless you feel that every point has been so well taken up that there is absolutely nothing left to be said.

Miss Palmer. I know that there are some women in this room who have been helped by the influence of the law. They have told me so since they have been here. I think that as a favor to me they should get up and state what those good effects have been.

Miss Snively. I would like to say that the influences of registration in the United States is telling upon Canada. We have taken only a few steps so far and you are very much ahead of us, but I wish to say that I was approached not very long ago by the superintendent of a small training school who said that she had made application to New York for the registration of her school, and that no permanent record had ever been kept in that school, nor had it been kept in several other small hospitals, of the time spent in the various departments. The question in her mind was, “How shall I fill up that registration paper for my nurses who are in New York and wish to continue their
practice there?' I said, "Well, you will have to tell the truth, and you see now what the effect of registration means; it means that you will have to do better work."

Miss Maxwell. May I say that the effect of registration in New York has been that application is being made for schools throughout the State for supplementary education.

Mrs. Fournier. At the Indiana State meeting held in Fort Wayne we had several superintendents of small training schools who came purposely for information as to how to extend their course of training in their schools and to find out how, if by any means, they could affiliate with larger institutions for special work and for extra work. Indiana is, of course, made up of small towns,—villages, I might say,—but still so far situated from each other that hospitals are a necessity, and we have all kinds of experience in those hospitals. We have very good experience for nurses, but we have not special work for them, and they are beginning to question all over the State of Indiana how to give the nurses special work that is required, and I am sure that some of the hospitals of the East that will give and are giving a post-graduate course will hear from a number of graduates from Indiana in the near future.

Miss Nutting. This is excellent, and I think there are more members present who can tell of very much better results in their work following upon the registration bill.

Miss Cabaniss. The secretary of the State Society of Virginia is here and can tell you something.

Secretary State Society.—We have received a great many letters from superintendents of the different hospitals in reference to the standard applied to Virginia. One hospital held a meeting and many of the smaller schools have affiliated with the larger schools in obtaining a better course of instruction. Their pupils are sent to the larger hospitals to receive instruction, and in many ways they have shown a great interest in the bill and in the raising of the standard. I would like to say right here, graduates of the larger schools should be more willing to take positions in the smaller hospitals. I think all would recognize the difficulty in getting the graduates of the larger schools of the country, especially of the very large cities, to go into these small schools and take positions. Of course, it is a money sacrifice and a sacrifice to ambition in a way, but I wish we could realize the good to the profession that they could do by taking these positions. They are doing good, faithful work, there is no question about that,
but I am sure that the very idea Miss Palmer speaks of, in bringing
more sympathy between the larger and smaller schools, could be very
much sooner established if the graduates of the larger schools would be
willing to sacrifice a little and take these positions in the smaller hos-
pitals.

Miss Nutting. Miss Cabaniss makes a very interesting suggestion
and one that has come to the minds of many of us, that the school
cannot be any stronger than its representative, and if those who have
had great opportunities are willing to bring them to the help of the
smaller schools a difficult problem might be solved. Is there someone
else who has a contribution to make to this subject?

Miss Damer. Speaking for New York State, I feel that I cannot
supplement anything Miss Palmer has said, as we have worked together
in securing registration in our State and have been associated together
on the Board of Examiners of our State since registration, but I just
want to say a word as to the effect upon training schools, and that is
the great interest which the public has in the effects of registration,
and they are taking a greater interest, and it is awakening a noble
pride, you might call it, in the nurses in considering what their own
schools are doing and if they are coming up to the standard, and they
are going to demand that they shall come up to the standard and take
their places with the larger schools that have that recognition, and I
think that it is creating a desire among the profession to consider
more closely the work that the school is doing and a demand for recog-
nition for the alumnae of the school on the training school boards, and
it will mean too that we will look to our training school boards to carry
out such measures as will receive our commendation and be our pride
and that will receive our loyal support, and that we will turn as a
profession to those schools to send out broad-minded, accomplished,
educated, and good women who will assume all the new and improved
duties of the new generation of nurses.

Miss Nutting. There was one feature of Miss Palmer’s paper that
was particularly interesting, and that was the number of schools which
had considered the question of domestic science and had introduced it
into their training; is there anyone here who can add a little infor-
mation to that feature of Miss Palmer’s paper?

Miss Van Kirk. I would like to speak of the influence on the
insane hospitals. The Regents have required that those nurses should
have experience in maternity and children’s work, so they have ap-
plied to the hospitals that give that training, and in every case women
who have spent three or four years training in an asylum have been greatly impressed, even in the hospitals where the standard has not been as it should be.

Miss Nutting. If the New York law has been able to accomplish so much, why may it not take up the work of the third year and see if pupils should be sent out in the third year to private duty or any other duty? If there is no further discussion, I will call upon Mrs. Hunter Robb for her paper on "The Affiliation of Schools for Educational Purposes."

THE AFFILIATION OF TRAINING SCHOOLS FOR NURSES FOR EDUCATIONAL PURPOSES.

MRS. HUNTER ROBB,
Cleveland, Ohio.

On first thought it might seem more fitting that the subject of this paper should be presented before the Society of Superintendents of Training Schools, inasmuch as the carrying out of such a scheme must have a direct bearing upon the work of the individual superintendents and upon the object of that society. On the other hand, a federation meeting should be an advantageous ground upon which to array affiliation forces, since a federation already accomplished not only affords a stimulus towards a further extension of the idea along lines which, although differing in kind and degree, are fundamentally similar, but also supplies experience which may be utilized in determining how this extension may be brought about.

It is with a little hesitation that I approach a discussion of the affiliation of training schools for nurses, knowing that the plan is fraught with many difficulties that can only be met through the united deliberations and with the common consent of such bodies as are most nearly concerned.

The past fifteen years have found us as individuals and as associations busy over improvements in nursing conditions and the education of the nurse. On the whole, it may be said that the progress made has been steady and encouraging, but considering that we had practically a fresh, uncultivated field in which to
work, it would be little to our credit as interested, intelligent workers were we not able to point to marked improvements over our first tentative beginnings. Of course, in great undertakings fifteen years is a very small space of time, and on account of the youth of the movement our efforts have necessarily partaken largely of the experimental. Nevertheless, we may congratulate ourselves that this experimental stage has now lasted long enough to justify us in drawing a certain number of definite conclusions as to the value of the methods so far employed. Moreover, now that we are able to see just where we stand in respect to educational matters we can better realize how present conditions may be affected by the affiliation proposition.

It is hardly necessary to mention in detail all the work we have accomplished through mutual and associated effort. Fortunately, I think that we can be reasonably certain that little or no time has been entirely lost; that so far as we have gone there is not much to regret or wish undone, and that our efforts thus far have resulted in a great deal of general good. But recognizing the fact that all our experimental work has been a necessary preparation for development on more original and broader lines in the future, it may be well at the present time to devote a few moments to the consideration of such steps as have had a direct bearing upon the educational advancement of the members of the nursing profession.

From the first those of us who have been intimately associated with the organization and development of nursing have recognized that very difficult and serious problems had to be met and solved if we would have nursing organization stand for something more than mere numbers,—quantity without quality,—and if we nurses were finally to qualify ourselves in deed as well as in word to enter into the full privileges accorded to members of a profession. Such privileges should presuppose certain requirements, which, broadly speaking, are three in number: first, there must be a definite educational standard; secondly, a proper professional spirit; thirdly, recognition by the public of this professional standard. To provide means for the satisfaction of these requirements has been the aim of our two great associations of nurses. From the first the Society of Superintendents has had as its primary object the
educational advancement of nursing and the development of a fixed standard of education that should be common to all schools and to all nurses. On the other hand, the Associated Alumnae, while working for the general uplifting of the nurse and her work, has sought for proper protection by the law and recognition by the public. The demand to some extent for improved educational conditions for training schools has been the outcome of the putting into practice of some of the nurses' own ideals, whereby the medical profession has been taught to expect more and better things of the nurse. Again, as we all know, the advancement in medicine and surgery calls for a greater degree of skill, knowledge, and integrity on the part of the nurse. And, lastly, we have come to recognize that no public recognition could very well be asked for unless we had some sort of an educational standard upon which to base our claims. The first general steps were comparatively simple. A minimum of two years as a standard time for the education of the student nurse was already in existence, although there were some exceptions to the rule. The division of this period into junior and senior work with schedules of classes, lectures, and demonstrations in certain subjects appropriate to each year was no great feat, although were we to-day to examine carefully into the arrangement of such schedules, into the subjects taught and the ground covered in each, and into the methods employed, we should find a great diversity, more modifications by far than was justifiable or necessary to meet the individual needs of each hospital. Next, the practice of sending the student nurse out to do nursing in private families during her time of training was by a strenuous effort on the part of both associations largely done away with, thus enabling the student to profit by systematic instruction in the hospital during the full term of two years.

Nevertheless, we still find it cropping up insidiously under the protection of the additional third year and under the guise of an educational feature.

But the first change of real note was the lengthening of the term of training from two to three years, until the latter period has in this country become the time generally adopted, although we cannot say it has become the universal standard, since some
schools still offer courses ranging from two to two and a half years, while others have forged ahead and are requiring three and a half to four years. Nor can we say that this increase in the duration of the training has always been very advantageous from a purely educational standpoint; for it is obvious to all that while the added year of experience is of undoubted value to the student, the hospital of the two reaps the greater benefit, particularly when the nurse’s hours on duty have not been shortened. Many hospitals have adopted with readiness the third year, but only here and there, in very few schools indeed, have the hours in the wards been reduced to even eight practical hours of work. To add on a whole year to the course of training and claim that it is for educational improvement is manifestly a delusion unless a fair proportion of the extra time is devoted to study alone. And we all know that the capacity for mental effort in the average person counts for little after nine or ten hours of ordinary physical work, which is entirely free from the additional nervous strain attendant upon nursing. In respect to hours on duty, therefore, we are still far from a generally accepted educational standard.

Again, it has been conceded that the old-time method of giving a monthly allowance to each pupil was to be deplored on the principle that it lessened the educational value of the instruction and that it was far better to give an education commensurate with the services rendered. As a result, the monthly allowance is gradually being done away with—somewhat slowly, in fact, for the system of offering a small monthly compensation or a fixed sum at the end of the term of training is still practised in some schools which, it may be, do not feel sufficient confidence in the educational advantages they offer to lessen their chances for drawing the required number of desirable candidates by cutting off so powerful an inducement as this undoubtedly is to many good women. On the other hand, some few schools have gone even beyond the non-payment system and are requiring fixed entrance fees, ranging from twenty-five dollars to fifty dollars and one hundred dollars. In this respect, then, we are again far from a common standard.

The subject of dietetics has received more and more attention
until a practical and theoretical course of instruction in this branch of nursing is now regarded as necessary and is given in about every school. But too often we find the course is not arranged primarily from an educational standpoint, but rather is looked upon as a valuable asset in the economics of the hospital. And where shall we find any two schools that agree as to how the subject should be taught and how much time shall be devoted to it? All are so varied that no possible standard could be arrived at.

A fresh impetus has been given to this particular branch of nursing and to that of household economics in relation to nursing by the reorganization and extension of that part of the teaching into a preliminary course of training, but in the plan of reorganization and systematization of the teaching we again find a great lack of uniformity. Preliminary courses at present range from three to four and six months, and the methods employed in the selection of subjects and in the manner of teaching them vary widely. Moreover, if the establishment of a preliminary course means that the hospital has an additional class to house and keep for from four to six months before the members enter the wards the added expense will certainly preclude the general adoption of a most valuable arrangement.

Nor have we even an approximate standard of qualifications for the acceptance or rejection of applicants or for the dismissal of delinquent students; for a woman who may be regarded by one superintendent as an unfit probationer and is therefore refused, or a pupil who has been dismissed for reasonable cause, may promptly be accepted by another superintendent and will ultimately be allowed to graduate. Finally the Teachers’ Course in Hospital Economics has been sufficiently long in existence to prove to us that, while excellent in its way so far as it goes, it can never be the ultimate means of regulating the standard of education for nursing.

These represent some of the principal measures that have had more or less of a trial and are familiar to most of us, as they have all been subjects for papers and discussions before the Superintendents’ Society for some twelve years. And I would ask you
to note the fact that whereas in almost every instance some attempt at accepting the whole or some part of some suggested improvement in methods has been made by individual schools, curiously enough in no single case has the society ever taken concentrated action, or pledged itself to the general adoption of any one form of improvement or to accept any standard so far proposed, feeling, no doubt, that such a measure would be impracticable. This means that, so far as the society is concerned, although through its efforts the general improvement has been amazing, we are as far from a generally accepted standard of education as we were in the beginning, so that we must perforce conclude under present conditions we can expect little, if any, more in this direction than we have already accomplished.

The actual establishment of anything approaching a standard has been brought about by the nurses as a body through their Associated Alumnae. With the desire for legal protection and for some sort of legal recognition by the public there came at once the recognition of the imperative necessity for establishing something approaching to a common standard of education for all nurses who might seek to qualify for State registration. It became, therefore, one of the first duties of the Boards of Examiners in those States in which State registration has been legalized to prepare a standard of education for each particular State. Here at once great difficulties were encountered, and through the disability of graduates of certain schools in these States to qualify we are now brought face to face with the problem which must be solved in order to save disruption and confusion. How, then, shall we proceed to bring such schools into line for the purpose of State registration? The natural solution would seem to be through the affiliation of the various schools for educational purposes.

But there are reasons other than these concerned with State registration which render it important that some such plan should be adopted. In the first place, in this country, at least, State registration cannot set a national standard, inasmuch as the laws governing each State differ in many respects. Furthermore, although the standard set in certain States may be all that can be reasonably
desired under present conditions, there is always the danger that amendments injurious to such a standard may be introduced and that in others it may be set unreasonably low to begin with. Moreover, how can any State require all its training-schools for nurses to come up to a given standard when not all of the hospitals in which schools exist are or ever can be general hospitals? Under present conditions, then, there will always remain some which will never be able to comply with the State requirements unless means are afforded them with this end in view. Such means must be first provided before any good standard can reasonably be required, and I am sure that the hospitals which are deficient would gladly avail themselves of increased facilities. When we read of what has been done in 'the best schools' the idea must surely strike us that where the sick are concerned there should be no best schools. Nevertheless, although it stands to reason that various grades of hospitals exist and must continue to exist and that all cannot afford equal opportunities for the education of nurses, it does not necessarily follow that the sick should be less efficiently cared for in one kind of hospital than in the other, provided that the women who wish to become nurses are supplied with equal advantages for rendering themselves competent. Our aim and desire, then, should be to establish a good uniform education for all nurses in every State and in all hospitals. Some system must be elaborated whereby we may obtain this uniform education, and until this is accomplished our sympathies must lie with the hospitals of limited opportunities.

As a matter of fact, to my knowledge no hospital now exists at present where such a uniform education can be acquired. In matters of general training the large general hospital offers the larger field for experience than could be found in a similar institution of smaller capacity. Of course, the special hospitals do not offer scope enough, but when it comes to a definition of a full general training then it is equally true that the large general hospital must look to other sources for supplying a training in certain branches to round off its course. If, then, we set up as a standard a full general training, we must admit that neither the large nor the small hospital is complete enough to be quite inde-
pendent, and that for lack of system, proper organization, and affiliation students in every hospital are every day losing valuable practical experience in different branches of nursing. We have given the independent method of carrying on training schools a fair trial, and our results have proved deficient. Each school has gone its own way, apparently indifferent to or careless of the well-being of the whole. Fortunately, however, this "I am superior and better than my neighbor" attitude has been in a great measure only in the seeming. We know that a very different spirit exists, and that, although not always openly expressed, the hearty desire for the general betterment has a real existence. Hospital authorities and superintendents of training schools have done to the best of their ability, and have utilized approximately to the limit the possibilities of the system under which they have been hampered and under which they have had to work. The main limitation is based upon the fundamental fact that from the educational standpoint the relation of the training-school to the hospital has always been an impossible one. With our present system the hospital work has always come first, and the nurses' education has been relegated to a secondary position. The system is responsible for the fact that undesirable candidates are frequently accepted, because the work of the hospital must go on whether the proper standard of nursing is maintained or not, even at the risk of forfeiting the best results for the hospital as well as the highest excellence for the nurse. In this, as in most other instances, superintendents of schools have been powerless to do more than they have already done.

In no instance has a training school for nurses been founded primarily as an educational institution; it has always been regarded as an appendage to a hospital. But until this is changed and schools for nurses are founded for the primary purpose of educating women in nursing—the hospital being utilized as the ground for gaining practical experience—we can scarcely hope for any uniformity among nurses or for the highest grade of work for the hospital or the sick. The best medical schools now stand on this basis and the results are more and more gratifying. How can schools for nurses be established on a similar basis? Even at
the present day I believe this end may be largely accomplished by a proper affiliation of the schools which now exist.

The subject of affiliation is not a new one with us, for the existence of difficult problems connected with the bringing of the small general and specialty hospital into line for educational purposes was recognized years ago. My paper on "Nursing in Small General and Specialty Hospitals," read before the Society of Superintendents in 1897, would seem not to be out of date even at the present, and to a certain extent might still be employed to supplement the present one. In it I explained in detail the need for a general nursing standard and for cooperation of larger with smaller hospitals. Coöperative nursing was tried as early as 1888, when the Illinois Training School of Chicago undertook for a given sum the entire nursing of the Presbyterian Hospital of that city. This arrangement was made with the object of supplying a training for the students of the Illinois Training-School in the care of private ward patients, and of doing away with the necessity of sending pupil nurses out to private duty. At the same time it did away with the small training school attached to the Presbyterian Hospital for the reason that the opportunities were limited to certain kinds of nursing and the training was inadequate. This was my first experience in coöperative nursing, but ever since I have been a firm believer in some such plan as the ultimate basis of training for all schools. Since that time more or less coöperative nursing has been attempted. At one time in Milwaukee a central school had under its charge as many as nine hospitals, and within the past three or four years quite a long list of schools could be named that have coöperated, usually with the view of supplementing some branch of training that was lacking. How permanent these later efforts at coöperation may be remains to be seen. Such experiments, however, were always heretofore short lived, and without going accurately into statistics I may say that the majority of these earlier attempts sooner or later ended in disruption. The arrangement made by the Illinois Training School lasted perhaps longer than any other, some fifteen years elapsing before its final withdrawal from its nursing relations with the Presbyterian Hospital. An account of the many causes for the
failure of this plan of nursing would be too lengthy to give here and would not be particularly to the point, but one chief impediment to its success and general adoption lies in the difficulty of adapting the methods of one school to those of another without too much repetition and loss of time and some friction. Were there one generally recognized standard, the same curriculum, and only certain definite teaching required of each school so affiliated, these objections would not hold to the same extent. That co-operative nursing thus far has not proved an unqualified success is not surprising. That any degree of success has been attained is extraordinary for the reason that the plan was not started on the right basis. The added experience of years has taught that the chief obstacle lies in the fact that the necessary stability is lacking in that those most nearly concerned have never been afforded proper representation in the administration of the co-operative plan. The balance of power usually centred in the school that contracted to do all the nursing or to provide a certain branch of training for another hospital. The hospital thus cared for after the financial consideration had been agreed upon had practically no voice in the choice of the methods to be employed in the nursing. With our love for the personal note, it is only natural that each superintendent of nurses and each hospital should wish to have a voice in the arrangements for the education of one's own students and in the administration of so important a department of the hospital as that of nursing.

Such considerations and others of equal importance must therefore be borne in mind. In endeavoring, then, to arrange for the affiliation of training schools I would advocate the establishment of central institutes in each State offering a comprehensive theoretical and practical training in general nursing. Such institutes would be independent of any particular hospital, but would be organized and administered through a central committee composed of the proper representatives from the hospitals and schools entering into the affiliation. The proper representatives would be chosen from among those most nearly concerned in the welfare of each hospital—namely, the trustees of the hospital, the medical staff, the superintendent of the hospital, and the principal of the
training school. A proper selection of this board is the first essential, for with the best intentions in the world no outside element could fully understand or successfully deal with the particular needs and conditions belonging to the education of nurses. From these several sources a properly balanced committee on training school affairs should be selected, such committees combined forming the central committee of the central nursing institute. The institute, be it distinctly understood, would have to do not only with preliminary courses in connection with the preparation of candidates, but would be responsible for the entire education in general nursing of accepted candidates. Upon this central committee would devolve the fixing of a standard of general training, the preparation of a general curriculum, the selection of lecturers, instructors, and inspectors, the determination of a plan of rotation from one hospital to another, the definite ground to be covered in each hospital, and the management of the finances of the institute. This central committee would be divided into the necessary sub-committees, among which might be mentioned the Committee on Finance and the committees dealing with the admission of probationers, inasmuch as all applicants to any school in affiliation would be referred to the central institute for acceptance or rejection. Such a committee would naturally be composed of the principals of the affiliated training schools. In order to take in all the hospitals in a large or populous State, the establishment of two or more such institutes might be necessary, but all would be organized on the same basis and all examinations would be held at the same time all over the State. All diplomas would issue from the nursing institute and not from any one hospital.

Broadly speaking, in arriving at a standard of training it would be necessary to decide upon the requirements for entrance and the length of the preliminary course and of the course of training, and the subjects required to be taught and practised, and the arrangement of the curriculum for the several years. Each central institute would provide a set of regular lectures and a course of instruction. The head of the institute might also under the direction of the central committee act as inspector of the several affiliated training schools. The various hospitals would be ar-
arranged into groups in such a way that each group would provide a full course of training. The method of distributing the students to each of such groups would also have to be arranged. The Finance Committee would deal with endowments, scholarships, fees, lectures, and instructors' salaries, the pooling of the expenses, and the like. These and many other matters present problems which are of vital importance, and which must be satisfactorily dealt with before affiliation can attain even a measure of success. In the present paper they cannot be dealt with in detail.

The advantages of a successful affiliation would be manifold. First and foremost, the establishment of the much to be desired standard could be brought about, and in all forms of hospitals the nursing would be uniform, this uniformity rendering State registration comparatively easy to attain. Moreover, the sick in our hospitals and homes could feel assured of better nursing. The preliminary course would be assured to all students without additional cost to the individual hospital. The arrangement would also tend largely towards economy, since much repetition would be saved and the number of instructors and lecturers would be minimized. Being primarily educational, the course of training would attract a more uniformly desirable class of women. Again, the superintendents of the training schools would be relieved of much clerical work and saved many interruptions. They would individually be relieved of the selection and care of probationers, and would thus be enabled to systematize their time better and to spend more of it in the wards, where their powers of observation, teaching, and influence are of so much practical value.

The whole aim of the central institute should be towards thoroughness and the production of quality rather than quantity. It should, therefore, in addition to the undergraduate education, provide post-graduate courses in general nursing and a special course in every special form of nursing that is allied with medicine. All such courses must be thorough. Three years should be a sufficient time in which to cover the course in general training, and if a woman is to spend more than three years in learning to be a nurse the extra time, over and above the three prescribed years, should be devoted to optional work and special training in
some particular branch of nursing for which a student has shown
a particular aptitude. At the present day in the world's work
there is a general tendency towards cooperation—towards the
formation of trusts if you will—and towards specialization of a
high order in all branches. For it stands to reason that after a
thorough general groundwork has been laid, the individual who
selects a particular branch from natural taste, inclination, and
adaptability is bound to carry that branch to a higher degree of
excellence and gain better results than is possible when the
energy is diffused over a wide field. As in medicine, so in nurs-
ing, the specialist is bound to come more and more into evidence,
and nursing work must naturally be subdivided. Already we find
distinct specialists in our midst—the district nurse, the army
nurse, the superintendent of the general hospital and training
school, the superintendent of the special hospital—for children,
for contagious diseases, for obstetrics, for tuberculosis, for nervous
diseases and insanity. Add to these the instructor in dietetics, the
sanitary inspector, the school nurse, the masseuse, and we have
already a goodly list that need special methods for their proper
preparation, other than those that have formed a necessary part of
the training in general nursing. But so far as the central institute
is concerned, only those subjects that pertain primarily to the
nursing of disease should find their place in the general curriculum.
The specialties must fall into subdivisions and groups, standing for
certain objects. Thus district nursing includes more than the
nursing of the sick poor; it deals with a branch of social economics
in which the nursing itself takes a secondary place, the nurse
serving as an instructor in the art of right living and the main-
tenance of health. Such a specialty, although it requires as a
general basis the course in general nursing, calls for a knowledge
of certain social conditions that could not possibly be treated
properly during the ordinary course of training. Again, as regards
the making of superintendents and instructors, only here and there
do we meet with a woman who shows the natural executive ability
to manage large affairs in a business-like way, or who possesses
the faculty of imparting knowledge to others in a clear manner;
and only those who can profit by them should have the larger and special opportunities for developing this natural gift.

Nor is it necessary that provision for every form of teaching should be supplied by the centralized school when by means of affiliation with institutions dealing with other forms of work we can obtain what is particularly needed to supplement our own teaching. For example, for teachers' work a nurse might take a prescribed course in Teachers' College, New York, for social work a course in the School of Philanthropy, Boston, or similar institutions.

Our great trouble has been that seeing all these many fields of usefulness ready for nurses and needing workers, for want of a proper system and classification we have frantically tried to add on a little instruction in each to the list belonging to the general nursing curriculum, with the result that no one of them is dealt with thoroughly, and that the special student is unsatisfied, and the general student has one additional burden to carry. If we are willing to reorganize our training schools on the basis of a general theoretical and practical education that will embrace all hospitals and all subjects pertaining to the care of the sick and rigidly relegate all other subjects to their proper place as specialties to be taken up only by the women who have the natural ability and taste for them, we shall in the course of time reap some very satisfactory results in both the general nursing and the specialties. And to-day no better methods suggest themselves to my mind than those which could be provided through the affiliation of all hospitals for nursing purposes on some such basis as I have endeavored to present to you.

Miss Nutting. We have listened to a grouping together of thoughts and ideas and plans, some of which are entirely new to many of you here present, some of them have come to the mind of one person, some to another, but all probably are here first presented in a concrete and concise form. To listen to this and to think of the possible outcome sounds as if we were preparing to usher in the Millennium. Meanwhile, we must come back to the present conditions and deal with them, and it may be a help if those here present who have in the course of their work benefited by any such affiliations as has been suggested will give
us the benefit of their experience. The accumulation of the small benefits is what will ultimately make possible the greater ones. This paper is open for discussion or for question.

Miss McMILLAN. For some time I have felt that until our schools are outside of general hospitals we cannot solve these problems which we have. I very heartily endorse Mrs. Robb's ideas. Would it not be possible for us to take some definite action this year and begin towards that end?

Miss NUTTING. Those who have had experience in the two kinds of training schools,—the training schools which are under hospital government and those which are under outside government,—might add to this.

Miss McKECHNIE. I might tell of my experience with a school that was independent and affiliated with a general hospital; the hospital was a city hospital, and at the end of each year the contract should be renewed with this hospital. The contract called for a certain number of pupils to do the work in the hospital wards, and the allowance was paid back to the endowment fund of the school. This had gone on for a number of years, but eventually was deferred and deferred because no satisfactory contract could be made that would be an undoubted advantage to the schools. There were not enough nurses to do the work and there was not enough money coming into the school, and money was the stumbling-block, and the school failed to complete its contract at the end of another year, and it was obliged to withdraw from the hospital, and the school was abandoned. The conclusions I think one might come to, perhaps more especially with a hospital that was under political control, is the necessity of having public officials understand the education from the standpoint of a nurse, and what the school was struggling for it seemed impossible to obtain.

Miss NUTTING. Then it was not the system that was at fault, but the education of the public.

Miss McKECHNIE. The system was all right, as Mrs. Robb has said, but these questions had not solved themselves and were not so apparent to the management as they are now.

Miss MCISSAC. As one having a long experience in affiliation of that kind, I would like to bear out what Miss McKechnie has said, and that is that money is the great obstacle. The Illinois Training School did for fifteen years care for two large hospitals, and the greatest difficulty we experienced was the subject of money; the school
has control of a large city or county hospital, as it is called in Chicago, and there is the yearly fracas about the contract. In this instance it has always been renewed, and while there have been annual difficulties, still, they have been overcome, and in a way satisfactorily. A school that is independent of the hospital government has a great many advantages which a school under hospital control has not. One as a superintendent or manager of the school has much more power in the education of the nurses and can do a great many things in which one would be restricted under the government of the hospital, but only until the system is elaborated in a way which Mrs. Robb has outlined and an institution of that kind recognized, can affiliation ever be carried out to the full and in a satisfactory way. I believe in it thoroughly; I have seen its practical work and still believe in it, and when it is arrived at in the way suggested I believe it will be our salvation.

Dr. Bannister. I have been a superintendent and I can add a word or two to what has been already said, that the question is largely a financial one, and also as to the renewing of the contracts at the end of the year. We had eight or nine hospitals, and the training school was independent of any of them, so, of course, to do the nursing for these hospitals we had to have a great many nurses, and if we got an additional hospital it would require additional nurses. We had difficulties all the time, and we had always that anxiety at the end of the year as to whether all the contracts would be renewed or whether we were going to have half of our nurses on our hands, and we found that the public and even the hospital officials themselves were not in any way interested in the education of the nurse. The thing that they really thought the most of and the reason they allowed us to do their work was because it was cheaper for them than it would have been to do it themselves, and in a year's time they found that by some little inducement they might save probably a very small amount. They would then not make a contract for the next year, so in that way, while we gave our nurses a better training and the school did the work very well and increased the number of our nurses, when I left it the failure to renew a great many of those contracts caused both the system and the institution to die out.

Miss Nutting. Through all this one idea continually presents itself, and that is that the expense looms up very high. It seems impossible to accept the idea of expense in connection with the training of nurses beyond that of maintenance. In the two preceding
meetings an appreciation of that point has been dwelt upon as a very great necessity. I would like to add that I think the good influences of that affiliation in Milwaukee still remain, for I am quite sure I heard recently of an affiliation of schools for educational purposes still existing in Milwaukee.

Miss Nevins. I think one fact which all three speakers raised, apart from the educational standpoint, is the fact of the education still having to go on at the hands of nurses.

Miss Palmer. I want to ask Mrs. Robb how she proposes to pay for the extra cost of nursing; is the pupil nurse to pay for it?

Mrs. Robb. That is one of the details that I think should be settled by the central committee. Of course, this paper is simply the first thoughts; there are many still to be added; it was impossible in twenty minutes or half-hour's paper to more than suggest, but it is a subject, I think, which really calls for several more papers before we will have a comprehensive understanding of it. The subject of finances is one which naturally belongs to the central committee, but I will say that in suggesting and making up the committee I purposely put on the central committee representation from the trustees of the hospital because they are the ones, I think, who should assume the financial responsibility.

Miss Maxwell. Dr. S. Weir Mitchell says that if we are to make nursing a profession we will have to put it on educational lines, and in order to put it on educational lines we must charge for admission to our training schools and make all pay for what they get.

Mrs. Robb. Of course, the object in presenting this paper to-day is not only because the subject very closely affects the superintendents' work, but because I feel that if you think there is anything worth considering in it, it is necessary that some steps should be taken, such as a committee appointed.

Miss Nutting. Could there be any better time in which to appoint a committee than when the two societies are gathered together to confer and the result of their combined wisdom can be obtained. The suggestion has already been made that some steps should follow.

Miss McMillan. I move that the president be authorized to appoint a committee to take up this matter.

Seconded by Miss Maxwell. Carried.

Miss Nutting. There seems to be nothing further to add to this discussion, so we will proceed at once as rapidly as possible to the business part of our meeting, which will be brief. Being at once
chairman and acting secretary of this society, it devolves upon me to read a short paper which Miss Dock would present if she were here. When the question arose last fall of the affiliation of this body with the International Council of Nurses, their letter extending the invitation was placed in The American Journal of Nursing, and was also sent to every member of the councils of the two societies. The councillors have done what they could, but realizing that the opportunity for a meeting together here to-day was a very unusual one, we took advantage of it in order that every graduate present might have the privilege of recording her own vote for whatever form the continuation of this society might take and for its relationship with the societies of other countries. Before doing anything in a business way, it was deemed better to give a very brief history of international relationships in order that you may all know exactly what the American Federation of Nurses is and what it means.

INTERNATIONAL RELATIONSHIPS.

L. L. Dock,
Honorary Secretary, International Council of Nurses.

It is now five years since the Congress in London took place, at which time the first suggestions for an international union of trained nurses were made to the nurses there present. For the benefit of any to-day present who may not have followed all the incidents and reports, I may very briefly run over the most important details and show where we stand to-day as to international relationships and what, so far as we can see, are the prospects before us.

The group of American nurses who went to the London Congress all went, as it were, hap-hazard, either because they happened to be in England or because they were personally interested and curious to see what a great congress of women would be like. The Nursing Section, which had been made a part of the programme at Mrs. Fenwick's instance, was something quite new in women's gatherings, had attracted little or no attention in our American organizations, none of which had official delegates there to represent them, and had a somewhat informal programme.
Neverthless, it was of so much interest and was to the nurses present so stimulating, that—the spirit of organization being in the air of the great gatherings of women—the suggestion, first made by Mrs. May Wright Sewall, that nurses also organize internationally, was received with enthusiasm. A Provisional Committee was formed to draft a constitution, and this constitution was sent around and was accepted, and the members of the Provisional Committee, with others whom they called upon to aid them, became for the time being the International Council of Nurses. The idea, of course, was that the council should eventually be composed of national societies, each society representing one country, but the fact that at that moment no country but our own was well organized did not discourage the individual members, for they believed that the formation of an international council might help to stimulate organization in other lands. We had in America our two societies, the Superintendents' and the Alumnae, and, in order to be able to consider them as one, Mrs. Sewall, who is a genius at organization, suggested that we affiliate them under the simplest possible form, so as to leave each one quite as it was, only making it possible for them to be regarded as one and to act as one for such special purposes as might seem desirable, the main purpose being to have one representative body ready to unite in friendly relations with national societies in other countries.

In order to have the privileges of membership in the great congresses of women meeting every five years, and which are formed by the National Councils of Women of each country, we joined the National Council of Women of the United States, entering it as the American Federation of Nurses, which we created quite informally, without a written constitution and almost without rules, simply by the adopted motions of the Superintendents' and Alumnae Associations, to the effect that they would unite in paying the dues to the Council of Women, and would each appoint two members, and that these four members should choose a fifth, who should act as the chairman and president of the Federation of Nurses. In this simple fashion we have carried it on since then without any trouble, and as the whole international situation was
hardly in the budding stage—one might say only a seedling—it has answered so far very well.

But the time has now come—or will soon come—when we shall possibly find it easier to progress if we have a rather more definite form.

The London Congress was held in 1899, and in 1901, still only consisting of individual members, the International Council of Nurses suggested a Congress of Nurses at Buffalo, which you all remember and which was a really great event in the nursing world. The Berlin Congress of Women last year gave the subject of nursing education a position of prominence, the largest assembly hall being devoted to the subject during one day's session, while a second smaller hall held a session upon district nursing and related subjects. This interest was largely due to the acute circumstances in German nursing, which have induced the German National Council of Women to take up the support of the modern nursing movement with great earnestness. However, the German conditions did not monopolize the field, but most generous opportunity was given, especially to the English and American nurses, to describe their conditions and to give their reasons for supporting the principles of a broader education for nurses.

As to nursing organization, we had also our own separate day and place in Berlin, where the formal proceedings of the International Council of Nurses (still consisting only of individuals) were conducted under its constitution. We learned there that England, since the Buffalo Congress, had been organizing nurses with great energy on lines similar to our alumnae associations (called in England leagues), and that these leagues had formed a Provisional Committee, looking forward to the definite formation of a national society and affiliation with the International Council. We also found that Germany, quite independently of outside influence (for they had heretofore known nothing of foreign nursing organizations), and entirely as the result of irresistible modern conditions, had formed a national association called the German Nurses' Association, now consisting of over six hundred members and growing daily, which is entirely self-governing, organized and
conducted exactly like our own, and having the same purposes and ideals.

At the Berlin meeting formal invitations were given to the English and German associations to join the International Council, and both have accepted. At the next regular meeting in Canada in 1908 we shall have official delegates from these societies, and, we hope, from the American Federation. The question of suitable and not too burdensome dues will then be discussed and settled as an amendment to our present international constitution, and plans for an international campaign for the great general movement towards self-development, broader education, and progressive ethics will be outlined. I feel that some account of the difficulties of our foreign sisters might be in place here for the benefit of those who have not given much attention to the subject, yet to try to enter into details would exhaust your time and might also give very erroneous impressions. I will only remind you, therefore, that whereas we in America have only an educational problem, that is, a single-faced problem,—the pioneers of modern nursing in Europe have a four-fold opposition to overcome.

First, the religious prejudice.

It has been and will long continue to be a bitter struggle to secure the right of nursing to be "unconfessional" or independent of religious orders. And let it not be overlooked that this is not alone a lofty spiritual domination. It has a solid financial basis in that all orders control entirely the earnings of their nurses.

Second, social prejudice.

The class distinctions which have existed in most European countries have worked serious detriment to the growth of ideas necessary for the progress of nurses, and have hampered and do still hamper forward movements. The more rigid these distinctions, the more injurious is the prejudice.

Definite unfavorable results of social prejudice that may be mentioned in a general way are: (1) the long established usage in many places of having two distinct classes of nurses—one a higher grade, monopolizing positions of authority by virtue of their class; one a lower grade, largely recruited from the peasants and domestic servant ranks, doing the hardest work, being ac-
corded no respect, and existing as a dead weight in the educational problem and in the movement towards self-government; (2) a feeling of contempt, not for work as such, but for work done for money, and especially for nursing work followed as a means of livelihood. This, with its concomitant of patronage and benevolence, has made the struggle of the individual towards self-respecting independence doubly hard.

Third, masculine prejudice.

It is unnecessary to dilate upon this point. I would only like to say that in no country of the world, unless perhaps New Zealand and Australia, are men in general so fair to women, and the medical profession in particular so generous and so brotherly towards nurses, as in America.

While you may all think you know some exceptions or have some grievances, I can assure you they are insignificant. I have made many scientific investigations upon this subject and I have collected much valuable data.

Fourth, industrial prejudice.

This is, of all, in many countries, the easiest to overcome, yet it also has not a few difficulties, and these are now especially striking in England. You are all familiar with the situation there, but may not all realize that at bottom it is largely an industrial prejudice, I might say, industrial superstition, that is opposing State registration. This, to my mind, is made clear by an editorial in the Lancet of January 7, 1905, which speaks of the nurses' bills as containing the objectionable feature of "Labor with a capital L"; says that any proposition to register nurses which carries with it the semblance of a trade-union must be doomed to fail, and speaks of "the fear that the registration movement might be used to safeguard the interests of the employed against the employer."

If these words mean anything, they mean that there is a sordid fear of allowing nurses to work for reforms through their own associations.

Meantime, the organized nurses of Great Britain and Ireland, of whom there are now many hundreds, are carrying forward a cam-
paign of education with intelligence, courage, and determination, such as must command our respect and deepest sympathy.

Thus these four lions lie in the path of our over-sea sisters. In one country one will be found more prominent, in another, another, but in every country they are all present to some extent and in varying proportions. In the next five years among Continental countries it is likely that Germany and France will make the most progress. The whole drift of tendencies shows it, and in Germany, in Sister Agnes Karll the new movement has a leader of rare qualities, who has the genius of winning friends and of making converts.

In France, as many of you know, a most dramatic movement is going. The city government of Paris, with the best intentions in the world but with little practical knowledge, has for years been trying to educate wholesale a modern nursing staff. Three or four years ago the hospital department of Paris applied to the Charity Organization Society of New York City for printed material relating to training school organization in America, and the writer collected this material for the society, including many of your prospectuses, study courses, rules, working plans, printed reports, Superintendents’ Society and Alumnae Reports, etc., etc., all of which was sent to them. They have also studied the nursing system of England, and this especially with renewed zeal and admiration in the last year or two. Through the work of Dr. Anna Hamilton in Bordeaux and Madame Alphen-Salvador in Paris they now have object-lessons of what a nursing staff ought to be and how it ought to be trained. They now realize that they need the help of women with authority, and in the past year an English nurse, Miss Wortabet, has been called to cooperate with the Paris officials in reorganization work.

In Italy a Johns Hopkins nurse, Miss Grace Baxter, has worked for nine years under great difficulties, and has succeeded in making a success of the first regular training school in Italy. She now has thirty-five graduates, educated women trained in modern methods, and Miss Turton and Signora Celli, of whom you may have read in the Journal, are also continuous in efforts towards reforms.

In Holland there are two associations, one rather conservative,
composed of nurses, physicians, and hospital Governing Boards (admired of our friend, Dr. Worcester) and a national association of nurses. The latter society, which also numbers among its members some of the more radical physicians, who are outspoken in advocating a higher educational standard for women, is in sympathy with the ideals of the International Council of Nurses, and is ready for membership. There is also a Matrons' Council in Holland, corresponding to our Superintendents' Society. Educational questions are much to the fore in Holland.

In Denmark there is a national association of nurses quite conservatively managed. So far it has taken no notice of international movements and seems not to have any special problems. Denmark seems a happy little country where everyone is well off and with nothing much to worry them.

(These little pictures of mine are naturally to be taken as sketches, and not as photographs.)

I have not spoken of Australia and New Zealand because their conditions are not greatly different from our own. They are in some respects more advanced than we, and are well fitted to act as counsellors and friends to the pioneers of new movements of older lands.

Now if it is asked, "What advantage from international organization?" one must answer, it is probably true that the great rank and file will never be directly conscious of direct benefit. But the leaders, who are working for the rank and file, will realize the benefits to the full, and do so already. In every country there is a little group, sometimes of two or three, sometimes only one, who are carrying the whole burden. To these international union will be an inestimable help. Simply the consciousness of being understood and sympathized with is an encouragement, and the knowledge of not struggling alone, but that others are making the same efforts, gives renewed strength.

As to whether we can carry membership in an international association of our own and also in the National Council of Women is a question. It must be admitted that the National Council of Women in the United States is not as effective and purposeful an organization as those of other countries. I am also surprised to find how disproportionately high are its dues.
The German Nurses' Association pays five dollars yearly for membership in the German National Council of Women. The English dues are about the same. Ours are more than six times as much. True, everything in America costs more, but not six times more.

It is also true that the National Council of Women makes many demands upon the time and strength of our officers which these busy women are not able to meet. Neither do these demands seem to be of as much definite importance as their own nursing work.

Time has not shown that we are of any real usefulness in the National Council of Women, whereas we can be definitely helpful and useful in an international union of our own colleagues. Personally I feel that this membership has been of great benefit to us in enabling us to come into relation with nurses of other countries, and in giving us a status in the great Congresses of Women. If we could do everything, I would gladly see our membership continued just for this reason. But the impossibility of doing everything compels a choice sometimes, and if one has to be made, I feel that our nurses' international association is much more important.

I might mention now that an informal meeting of the International Council of Nurses in Paris in the summer of 1907 is under consideration, not for business or regular transactions, as such can only occur every five years according to our constitution, but for conferences, papers, and discussion. It is thought that an interim gathering would be of great interest and benefit, and that the cost of a meeting-place could be defrayed by admission fee, with, perhaps, some small contributions from benevolent nursing associations. So, brush up your French and lay your plans.

And now my best wishes for the results of your conferences.

Miss Nutting. We have, then, first to consider the invitation of the International Council of Nurses to the American Federation of Nurses to affiliate with that body. This invitation, already expressed through the pages of your Journal and already sent to the members individually of both societies, is now before you.

Miss Drown. I move, first, that the American Federation of
Nurses withdraw its membership in the National Council of Women of the United States.

Seconded by Miss Giles and Miss Maxwell and carried.

Miss Nutting. The next question is the one which was brought up a moment ago, and that is the acceptance of the invitation of the International Council of Nurses to the American Federation of Nurses to affiliate with that body.

Miss Samuel. I move that the American Federation of Nurses accept the invitation to affiliate with the International Council of Nurses.

Seconded by Mrs. Quintard and carried.

Miss Nutting. There is one other matter, and that is the fact already referred to that we have had no form of government, and that a loosely organized thing is very liable to fall to pieces if there is not something to bind it together. Therefore, those who have been considering the matter felt that the very simplest and briefest form of a constitution should be adopted by the Federation, and such a form of constitution has been drawn up to present to you to-day. The question is, shall it be presented?

Miss McIsaac. I move that the constitution as prepared be presented to the society.

Seconded by Miss Goodrich.

Miss Nutting read the constitution as prepared.

PROPOSED CONSTITUTION FOR THE AMERICAN FEDERATION OF NURSES.

I. The name of this body shall be the "American Federation of Nurses."

II. Its purpose shall be to enter into organized relations with national councils or associations of nurses in other countries.

III. Its officers shall be the active officers of the American Society of Superintendents of Training Schools for Nurses, and of the Nurses' Associated Alumnae, and of any other affiliated association. They shall choose their own chairman, to be known as president of the American Federation of Nurses, a secretary, and a treasurer, and shall appoint such committees and sub-committees as are necessary.
IV. The duties of officers shall be to do all that is necessary in maintaining and developing organized relations with nurses of other countries, and to act upon all matters referred to the Federation by affiliating societies.

V. The fees of each affiliating society shall be fifteen dollars a year, payable on September 1.

Miss McIsaac. I move that the constitution be accepted as read. Seconded by Miss Goodrich and carried.

Mrs. Robb. I want to say just one more word in regard to my paper. I may not be broad-minded enough, but it did seem to me that when I was preparing my paper that it properly belonged to the Society of Superintendents, because while we all are interested as a profession in the results of affiliation, it seems to me that the actual work, the actual taking in hand, lies with the Society of Superintendents, whose object in their constitution so definitely deals with educational problems.

Miss Davis. Might I ask, then, that if this committee that is to be formed should be formed by the Superintendents’ Society or from this affiliated society?

Mrs. Robb. I had just one other idea about it. The Society of Superintendents has already a Committee on Education, and I thought possibly you might in some way refer it to that committee.

Miss Davis. I thought that you took a vote and that a committee should be appointed here to-day from this society and look into this matter further.

Miss Nutting. Such a motion has been made and voted upon and a committee is to be appointed by the president of this association for that purpose, but I believe that there is nothing so rigid or no vote that cannot be reconsidered by the people who have already made it.

Mrs. Robb. May I ask how often this society is to meet?

Miss Nutting. The American Federation of Nurses meets when the International Council of Nurses meets, once in five years. I am quite clear that it would be constitutional for this society to reconsider at the present meeting any vote or resolution adopted.

Miss McMillan. I move that we reconsider the vote as to the president appointing a committee to consider an international scheme of education.

Seconded by Miss McIsaac and lost.
Miss McKechnie. In view of the struggles of the English nurses in obtaining recognition in their own country, I would like to make a motion that this association of the American Federation of Nurses extend to the British nurses some expressions of sympathy in their struggle for freedom and their efforts at legalized protection by the State. It is as follows:

"WHEREAS, British nurses in their struggle for independence and legalizes State protection have won the admiration and sympathy of all American nurses by their courageous, dignified, and continued efforts; therefore be it

"Resolved, That the American Federation of Nurses, constituting as it does the result of the united efforts of women in this country, extend to them our sincere sympathy and the assurance of our expectation of their ultimate success.

"MARY W. McKECHNIE, Charter Member, Superintendents’ Society.
"MARY M. RIDDLE, President Associated Alumnae.
"SOPHIA F. PALMER, Editor The American Journal of Nursing."

Seconded by Miss Greenwood and unanimously carried.

Miss Alline. I take pleasure in presenting to you the resolution prepared by the committee appointed at the meeting last evening:

"WHEREAS, The purity of the food consumed is a vital question of the physical well-being of humanity; and

"WHEREAS, Our primary consideration is the prevention, as well as the alleviation, of suffering; and

"WHEREAS, The International Pure Food Association is striving for legal enactment to control the adulteration and misbranding of all products intended for human consumption; therefore, be it

"Resolved, That the American Federation of Nurses assembled in Washington, this third day of May, 1905, hereby record their endorsement of such action.

"ANNA L. ALLINE, Chairman, Instructor in Hospital Economics, Teachers' College, Columbia University, New York,
"LUCY L. DROWN, Superintendent of Nurses, Boston City Hospital, Boston, Mass.,
"SOPHIA F. PALMER, Editor The American Journal of Nursing, 247 Brunswick Street, Rochester, N. Y.,

"Committee on Resolutions."

On motion of Miss Dolliver, this resolution was adopted.

Miss Nutting. Now I will ask you to remain a few moments, probably not more than two or three, while Miss McIsaac, the president of the Board of Directors of The American Journal of Nursing, says a few words to you about that Journal, and before she does I would like to state that in a recent English paper the Journal of Nurs-
ing was very favorably commented on, and it was stated that it was probably the best edited professional journal of any kind in the world.

Miss Carr. I move that this association of the two united societies here present extend its congratulations and vote of thanks to Mrs. Robb for the long, unwearying work she has given in behalf of both societies generally.

Seconded by Miss Goodrich and carried.

Mrs. Robb. I must just say a few words of response and thanks for this generous and unexpected appreciation of any work that I may have done. I can only just say this to you, that we are only as strong as our weakest link, and at the first meeting of the Associated Alumnae, Miss Dolliver said that it depended upon the effort of every single member as to how strong, how forceful, we might be in our association. I can assure you I have not any special ability to boast of; I wish I might have; I feel the limitations of it all the time, but I have honestly tried to give my single effort towards the betterment of the whole condition, and that is all anyone of us can do.

Miss McIsaac. I would like to move a resolution of cordial thanks to the one who has done double duty for both societies this week, I mean Miss Nevins.

Seconded by Miss Palmer and carried.

Miss Nutting. I have extreme pleasure in putting that before you. No one knows but those who have been closely connected with her for the past few months and have seen what it means to have in hand the preparation for two conventions what work she has done; she deserves your most hearty thanks as president of the one and as chairman of the Programme Committee of the other. Those who thank Miss Nevins will please do it by rising.

Vote unanimous.

Miss McIsaac. I just want one minute to speak about the Journal. I want to say that these two societies, which are now one, have an official organ,—I think some of you don’t know it,—and that organ is The American Journal of Nursing, and we have made provision so that you may have an opportunity to subscribe for it if you have not already done so. We have a representative here, and you may all of you subscribe if you have not already done so.

Miss Maxwell. I have been selected to present the needs of Miss Hibbard at Panama. Miss Hibbard is in charge of the nurses there and has requested me to interest you nurses in sending to her authorized nurses of good quality and fitted to undertake the work there in a
satisfactory way. She would like to have them certified to by our superintendents or members of the Associated Alumnae. I believe the civil service examination is soon to come into effect, and she hopes that the good nurses who can be recommended in this part of the country can go before that is made absolute. She begs me to say that now they pay sixty dollars instead of fifty dollars for services in that department, and she would like very much the help of both societies in that work.

Mrs. Robb took the chair.

Miss Carr. I move that we place a resolution before the house of a vote of thanks to Miss Nutting.

Seconded by Miss McIsaac and carried unanimously.

The meeting was declared adjourned.
LIST OF MEMBERS.

ALBAUGH, MISS R. ......................... Grace Hospital, New Haven, Conn.
ALLERTON, MISS EVA ..................... Homeopathic Hospital, Rochester, N. Y.
ALLING, MISS ANNA L. ................... 402 West 124th St., New York, N. Y.
ALSTON, MISS A. L. ...................... 143 West 47th St., New York, N. Y.
ANDERSON, MISS VICTORIA ............. Methodist Episcopal Hospital, Brooklyn, N. Y.
ASHBY, MISS ALICE ...................... No. 9, "The Ardmore," Indianapolis, Ind.
AYERS, MISS LUCY A. .................... Rhode Island Hospital, Providence, R. I.
BAKER, MISS GRACE E. ................... St. Luke's Hospital, Cedar Rapids, Iowa.
BALCOM, MISS HELEN ..................... Homeopathic Hospital, Rochester, N. Y.
BANKFIELD, MISS MAUD ................... Polyclinic Hospital, Philadelphia, Pa.
BENNETT, MISS MAY H. ................... Minnequa Hospital, Pueblo, Col.
BISHOP, MISS FLORENCE ................. 8 East 8th St., Cincinnati, Ohio.
BLACK, MISS FRANCES ................... Buffalo Homeopathic Hospital, Buffalo, N. Y.
BOURKE, MISS RACHEL ................... Cooper Hospital, Camden, N. J.
BOWMAN, MISS C. M. .....................
BREEZE, MISS J. ......................... 1646 W. Congress St., Chicago, Ill.
BRENNAN, MISS AGNES S. ............... 9 Livingston Place, New York, N. Y.
BRENT, MISS LOUISA ..................... Hospital for Sick Children, Toronto, Can.
BROWN, MISS CHARLOTTE ............... Hartford Hospital, Hartford, Conn.
BROWN, MISS CATHARINE ................. Hospital for Children, San Francisco, Cal.
BURDETT, MISS C. LOUISE, (Miss. H. M. TAYLOR) ........ Resigned.
CADMUS, MISS NANCY E. ................... S. R. Smith Infirmary, New Brighton, Staten Island, N. Y.
CAMPBELL, MRS. J. R. .................... 116 W. Second St., Oil City, Pa.
CARR, MISS ADA M. ..................... 16 W. Preston St., Baltimore, Md.
CATTON, MISS JESSIE E. ............... Springfield Hospital, Springfield, Mass.
CHAMBERS, MISS L. ALICE .............. Grace Hospital, Detroit, Mich.
CHESLEY, MISS ANNIE A. ............... St. Luke's Hospital, Ottawa, Can.
CHILMAN, MISS E. ....................... Stratford General Hospital, Stratford, Ont.
CLARK, MISS E. B. ...................... General Hospital, Sarnia, Ont.
CLAUSON, MISS JESSIE LEONARD ...... The Memorial Hospital, New London, Conn.
CLEMENT, MISS ANNA G. ............... House of Mercy Hospital, Pittsfield, Mass.
CHURCH, MISS E. ....................... Rogersville, Pa.
COCHRANE, MISS ISABELLA.............17 College Ave., Adrian, Mich.
COLEMAN, MISS ANNIE M.............Saginaw General Hospital, Saginaw, Mich.
COPELAND, MISS D. JEANNETTE........York Hospital, York, Pa.
COTTLE, MISS JENNIE S................West Pennsylvania Hospital, Pittsburg, Pa.
CRANDALL, MISS ELLA PHILLIPS........Deaconess Hospital, Dayton, Ohio.
CROSSLAND, MISS NELLIE F.............St. Mark’s Hospital, Salt Lake City, Utah.
CUNNINGHAM, MISS J. J................Royal Alexandria Hospital, Fergus, Can.
CURTIS, MISS CONSTANCE V.............Phoenixville Hospital, Phoenixville, Pa.
DALY, MISS GEORGINA..................Columbia Hospital for Women, Washington, D. C.
DARLING, MISS E........................Pottsville Hospital, Pottsville, Pa.
DAVIS, MISS M. E. P...................Weld Hall, 68 Morland St., Roxbury, Mass.
DEAN, MRS. M. F......................Mt. Sinai Hospital, New York, N. Y.
DEANS, MISS AGNES C.................Children’s Free Hospital, Detroit, Mich.
DELANO, MISS JANE A...................Bellevue Hospital, New York, N. Y.
DOCK, MISS L. L........................265 Henry St., New York, N. Y.
DODGE, MISS HANNAH E.................95 Pitman Ave., Greenwich, Conn.
DOLLIVER, MISS P. L...................Massachusetts General Hospital, Boston, Mass.
DOYLE, MISS M..........................Civil Sanitarium, Bagnio, Benquet, P. S.
DROWN, MISS LUCY L...................Boston City Hospital, Boston, Mass.
DUNCAN, MISS JESSIE...................Berlin and Waterloo Hospital, Berlin, Ont.
DYRING, MISS CLARA W.................Hackley Hospital, Hackley, Mich.
EBERSOLE, MISS SARAH..................State Hospital, Anthracite Coal Region, Scranton, Pa.
EHRLICH, MISS..........................German Hospital, New York, N. Y.
ELLIOTT, MISS EMMA T..................Leonard Morse Hospital, Natick, Mass.
ELLIS, MISS E. MAUDE..................Lakeside Hospital, Cleveland, Ohio.
ELLESWORTH, MISS GRACE..............Wesley Hospital, Chicago, Ill.
ERDMAN, MISS BERTHA..................
FAY, MISS MARGARET G..................Germantown Hospital and Dispensary, Germantown, Pa.
FISHER, MISS OLIVE....................Cincinnati Hospital, Cincinnati, Ohio.
FISHER, MISS SUSAN J, (MRS. R. C. APTED).......40 Ransom St., Grand Rapids, Mich.
FITCH, MISS KATHARINE.................Fabiola Hospital, Oakland, Cal.
FLANAGAN, MISS NETTIE.................University of Maryland Hospital, Baltimore, Md.
FLEMING, MISS ELIZABETH.............Rhode Island Hospital, Providence, R. I.
Fournier, Miss E. G.................Hope Hospital, Fort Wayne, Ind.
FRANCIS, MISS S. C....................Washington Asylum Hospital, Washington, D. C.
FRANKENTHAL, MRS. L. E..............4800 Kenebeck Ave., Chicago, Ill.
FREese, MISS FRANCINA.................Western Maryland Hospital, Cumberland, Md.
GARRETT, MISS ALICE M................Methodist Episcopal Hospital, Philadelphia, Pa.
LIST OF MEMBERS.

GILES, MISS IDA F. ......................... Homeopathic Hospital, Pittsburgh, Pa.
GILMOUR, MISS MARY S. ..................... New York City Training School, Blackwell's Island, N. Y.
GILMOUR, MISS NELLIE ....................... Royal Victoria Hospital, Montreal, P. Q., Canada.
GLADWIN, MISS MARY E. ..................... Beverley Hospital, Beverley, Mass.
GLENN, MISS LIZZIE C. ...................... Passavant Memorial Hospital, Chicago, Ill.
GOODHUR, MISS NELLIE ...................... Lakeside Hospital, Cleveland, Ohio.
GOODRICH, MISS ANNIE W. ................. New York Hospital, New York, N. Y.
GORHAM, MISS ALICE A. ..................... Bridgeport Hospital, Bridgeport, Conn.
GORTER, MISS MARIA ALIDA ................. 1 W. Biddle St., Baltimore, Md.
GRANT, MISS C. ............................. Illinois Training School, Chicago, Ill.
GRANT, MISS JANET GORDON ................. Moses Taylor Hospital, Scranton, Pa.
GREENWOOD, MISS N. H. ..................... Jewish Hospital, Cincinnati, Ohio.
GREER, MISS MINNIE A. ..................... Passavant Memorial Hospital, Jacksonville, Ill.
GREITER, MRS. LYSTRA E. ................. Farrand Training School, Harper Hospital, Detroit, Mich.
GROSS, MISS LUCETTA J. ................... Buffalo General Hospital, Buffalo, N. Y.
HAIGHT, MISS N. E. ........................ Children's Free Hospital, Detroit, Mich.
HALL, MISS E. H. ........................... Seattle General Hospital, Seattle, Wash.
HALL, MISS C. .............................. Jamestown Hospital, Jamestown, N. Y.
HANSON, MISS ELIZABETH .................... Western Pennsylvania Hospital, Pittsburgh, Pa.
HARING, MISS CLARA V. .................... Allentown Hospital, Allentown, Pa.
HARTSOCK, MISS ELIZABETH M. ............. Presbyterian Hospital, Cincinnati, Ohio.
HENDERSON, MISS F. W. ..................... Royal Victoria Hospital, Montreal, P. Q., Can.
HIBBARD, MISS EUGENIA ..................... Care O. J. Hibbard, 141 Broadway, New York, N. Y.
HILL, MISS CAROLINE ....................... Hospital of the Good Shepherd, Syracuse, N. Y.
HINTZE, MISS A. A. ........................ Philadelphia Hospital, Philadelphia, Pa.
HOGLE, MISS ALMA C. ...................... Somerville Hospital, Somerville, Mass.
HUFFCUT, MISS L. ........................... 1115 Van Ness Ave., San Francisco, Cal.
HUMPHREY, MRS. HARRIET C. ............... Litchfield County Hospital, Winsted, Conn.
JAMME, MISS ANNA C. ....................... 736 Boston Block, Minneapolis, Minn.
JENNINGS, MISS PERN E. .................... The Children's Hospital, Washington, D. C.
JEWELL, MISS ISABELLA E. ................. 361 Dundas St., London, Can.
JOHNSTONE, MISS M. E. .................... St. Luke's Hospital, Chicago, Ill.
KEATING, MISS EMMA J. ..................... Erie County Hospital, Buffalo, N. Y.
KEITH, MISS MARY L. ....................... Rochester City Hospital, Rochester, N. Y.
KENNEDY, MISS K. L. ....................... Resigned.
KIMBER, MISS DIANA C. ..................... 73 Lansdowne Road, Notting Hill, London W., Eng.
KING, MISS JULIA .......................... Chester County Hospital, West Chester, Pa.
KINNEY, MRS. DITA H. ..........Office of Surgeon-General, War Department, Washington, D. C.
KIRCHHOFF, MISS ANNIE E. .........Trinity Hospital, New York, N. Y.
KRUEGER, MISS M. H. ............La Crosse Lutheran Hospital, La Crosse, Wis.
KURTZ, MISS ELLA B. ............German Hospital, Brooklyn, N. Y.
LAMPMAN, MISS EDITH A. .......Maryland, N. Y.
LAWLER, MISS ELSIE M. .........Johns Hopkins Hospital, Baltimore, Md.
LE FEBVRE, MISS T. ............New York City Training School, Blackwell's Island, N. Y.
LENIG, MISS IRENE B. .........Emergency Hospital, Washington, D. C.
LEWIS, MISS GERTRUDE L. .......Litchfield Co. Hospital, Litchfield, Conn.
LEWIS, MISS HELEN L. ..........Albany Hospital Training School, Albany, N. Y.
LIGHTBOURNE, MISS LENA .........Adams, N. Y.
LILLY, MISS KATHERINE .........Lakeside Hospital, Cleveland, Ohio.
LITTLE, MISS MARIAN .........National Homeopathic Hospital, Washington, D. C.
LITTLEFIELD, MISS MARY S. .......Afton, N. Y.
LIVINGSTONE, MISS N. G. .........Montreal General Hospital, Montreal, Can.
LOUER, MISS CARRIE S. .........31 Franklin St., Akron, Ohio.
MARTIN, MISS SARAH F. .........Robert Garrett Hospital for Children, Baltimore, Md.
MASON, MISS MARY F. ..........Newark Hospital, Newark, N. J.
MACKENZIE, MISS MARY E. .......1839 11th St., N. W., Washington, D. C.
MANDAVILLE, MISS EDITH .........Garfield Memorial Hospital, Washington, D. C.
MATTICE, MISS BRENTDA F. .......Anna Jaques Hospital, Newburyport, Mass.
MCCARTHY, MISS M. M. .........St. Mary's Hospital, Brooklyn, N. Y.
MCCLOSKEY, MISS MABEL .........Pueblo Hospital, Pueblo, Col.
MACDONNEL, MISS EMILY .........91 Aylmer St., Montreal, Canada.
McDOWELL, MISS ANNIE .........Resigned.
MCKECHTIE, MISS M. W. .........Orange Memorial Hospital, Orange, N. Y.
MCLLENON, MISS CHRISTINA .......115 Avenue Road, Toronto, Canada.
MCILLAN, MISS M. HELENA .........Presbyterian Hospital, Chicago, Ill.
MAXWELL, MISS ANNA C. .........Presbyterian Hospital, New York, N. Y.
MAYOU, MISS EDITH .........The Victoria Hospital, London, Canada.
MEIKLEJOHN, MISS M. L. .........Lade Stanley Institute, Ottawa, Canada.
MERRITT, MISS ISABEL .........Cherry Valley, New York.
MILLER, MISS H. N. .............1808 Race Street, Philadelphia, Pa.
MILLSPAUGH, MISS ELIZABETH .......Nichols Memorial Hospital, Battle Creek, Mich.
MILNE, MISS C. Q. ............Presbyterian Hospital, Philadelphia, Pa.
MONTEITH, MISS BEATRICE S. ....
MOODY, MRS. A. W. ..............156 Donald St., Winnipeg, Manitoba.
MOORE, MISS GERTRUDE W. .......Franklin City Hospital, Franklin, Pa.
MOORE, MISS LOUISE ADAMS .......East Bay Sanatorium, Oakland, Cal.
MORGAN, MISS H. D. .............Lincoln Hospital, Concord Ave., New York, N. Y.
LIST OF MEMBERS.

MORRIS, MISS HANNAH P. .............McKeen Hospital, McKeesport, Pa.
NEWMANN, MISS KATHERINE ..........435 Genesee St., Utica, N. Y.
NEVINS, MISS G. M. ..................Garfield Memorial Hospital, Washington, D. C.
NUTTING, MISS M. ADELAIDE .......Johns Hopkins Hospital, Baltimore, Md.
O'NEILL, MISS MARTHA ..............Kings Co. Hospital, Flatbush, L. I., N. Y.
ORR, MISS MARGARET ..............655 N. Marengo St., Pasadena, Cal.
OVERHOLT, MISS CORA ..............Hahnemann Hospital, Chicago, Ill.
PACKARD, MISS MARY CARY .........The Robert Garrett Hospital for Children, Baltimore, Md.
PAGE, MISS HESTER L. ..............418 Breckmonderg St., Buffalo, N. Y.
PALMER, MISS SOPHIA F. ............247 Brunswick St., Rochester, N. Y.
PARKER, MISS ELIZABETH L. ......44 E. Ninth St., Portsmouth, Ohio.
PARKER, MISS ELIZABETH A. ......Reading Homeopathic Hospital, Reading, Pa.
PARSONS, MISS SARA E. ............Sheppard and Enoch Pratt Hospital, Baltimore, Md.
PATERSON, MISS MARY H. .........Newton Hospital, Newton Lower Falls, Mass.
PATTERSON, MISS C. G. ............Agnew State Hospital, Agnew, Cal.
PATTON, MISS MARY ................Mary Patton Hospital, Post St., San Francisco, Cal.
PAYNE, MISS EMILY ADA .........Episcopal Hospital, Philadelphia, Pa.
PERRY, MISS CHARLOTTE M. ......The Faxon Hospital, Utica, N. Y.
PETERSON, MISS JANETTE F. ......665 Marengo St., Pasadena, Cal.
PEARCE, MISS HARriet B. .........Rhode Island Hospital, Providence, R. I.
PILLIPS, MISS HATTIE M. ..........Home for Destitute Children, 46 Park Ave., Chicago, Ill.
PICKHAULT, MISS LILIA .........Augustana Hospital, Chicago, Ill.
PIERSON, MISS ALICE E. ..........Alleghany General Hospital, Alleghany, Pa.
PINES, MISS JANE M. .........Metropolitan Hospital, Blackwell's Island, New York.
PLUMMER, MISS PERBIS M. ......Wentworth, N. H.
RANDOLPH, MISS AGNES D. ......914 W. Grace St., Richmond, Va.
RIDDLE, MISS MARY M. ............Newton Hospital, Newton, Mass.
ROBIN, MRS. HUNTER ..............Dilley Road, Nottingham, Ohio.
ROBERTSON, MISS A. C. ..........St. Luke's Hospital, Chicago, Ill.
ROBINSON, MISS ANNIE J. .........Resigned.
ROGERS, MRS. MARGARET L. ......Brooklyn Hospital.
ROSE, MISS IDORA ..............304 Honore St., Chicago, Ill.
ROSS, MISS GEORGINA C. .........Johns Hopkins Hospital, Baltimore, Md.
RUSSELL, MISS MARY E. ..........The Sloane Maternity Hospital, New York.
RUSSELL, MISS MINNA .............Lakeside Hospital, Cleveland, Ohio.
RUTLEDGE, MISS SOPHIA L. ......St. Luke's Hospital, San Francisco, Cal.
RYAN, MISS ELEANOR .............Noble Hospital, Westfield, Mass.
FOR REFERENCE
Do Not Take
From This Room

RT 1
N 277
1905

National League of Nursing
Education

Proceedings of the annual
convention

NIGHTINGALE
ROOM

WELCH MEDICAL LIBRARY
Johns Hopkins University

DATE DUE