PROCEEDINGS

OF THE

THIRTEENTH ANNUAL CONVENTION

The American Society of Superintendents of Training Schools for Nurses

PHILADELPHIA

May 2d, 3d and 4th, 1897
PROCEEDINGS

OF THE

THIRTEENTH ANNUAL CONVENTION

OF

The American Society of Superintendents of Training Schools for Nurses

HELD AT

PHILADELPHIA

May 8, 9, and 10, 1907

Baltimore
J. H. Furst Company
1907
OFFICERS OF SOCIETY.

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Jewish Hospital, Cincinnati, O.

First Vice-President.—MISS MAUD BANFIELD,
Polyclinic Hospital, Philadelphia, Pa.

Second Vice-President.—MISS FLORENCE W. HENDERSON,
Royal Victoria Hospital, Montreal, Can.

Secretary.—MISS GEORGIA M. NEVINS,
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First Year.—MISS M. ADELAIDE NUTTING,
417 W. 118th Street, New York.
MISS ANNIE W. GOODRICH,
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Miss Annie W. Goodrich, Miss M. A. Nutting,
Miss Anna L. Alline.

COMMITTEE ON EDUCATION.
Miss M. A. Nutting, Chairman.
Miss Annie W. Goodrich, Miss Anna L. Alline,
Miss Mary M. Riddle, Miss Clara D. Noyes,
Miss Mary S. Gilmour, Mrs. E. M. Simpson.

COMMITTEE ON LEGISLATION.
Miss Sophia F. Palmer, Chairman.
To be appointed.

COMMITTEE ON HOSPITAL ECONOMICS.
Miss Annie W. Goodrich, Chairman.
Mrs. Hunter Robb, Miss Anna C. Maxwell,
Miss Maud Banfield, Miss Isabel McIsaac,
Miss Mary M. Riddle, Miss M. A. Nutting.

COMMITTEE ON RED CROSS AFFAIRS.
Miss M. A. Nutting, Chairman.
Miss Isabel McIsaac, Miss Georgia M. Nevins.

COMMITTEE ON PREPARATION AND DISTRIBUTION
OF PAMPHLET.
Authorized by Society.
Miss Lucy Walker, Chairman.

COMMITTEE ON SKILLED NURSING FOR THE SICK OF
MODERATE MEANS.
Miss M. W. McKechnie, Chairman.
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THIRTEENTH ANNUAL CONVENTION

—OF—

The American Society of Superintendents of Training Schools for Nurses.

The Thirteenth Annual Convention of the Society was held at the Hotel Rittenhouse, Philadelphia, May 8, 9 and 10, 1907. The meeting was called to order by the President, Miss Maud Banfield, at 11 a. m., on Wednesday, May 8.

The opening prayer by Rt. Rev. Mgr. James P. Turner was followed by an address of welcome by the Hon. John E. Reburn, Mayor of Philadelphia:

I want to express the pleasure I have at being here this morning and extending to those of you who are strangers in the city the hospitality and welcome on the part of the chief magistrate. Representing, as I do, the people, I am sure that I am simply expressing their sentiment—that they welcome you, and will be glad after you have gone. The city of Philadelphia at this time and for several years has been engaged in plans for erecting hospitals on a large scale. Of course, those of you who are residents of the city know that I have only been in the office about six weeks; but I find that for years there have been great plans laid for hospitals and places for the care of the sick of all classes and conditions; so that I feel that the gathering of your organization here to-day is peculiarly fitting and ought to be welcomed on the part of the authorities and the people of the city as just the thing that should have occurred. Because I believe you have these im-
provements in our hospital conditions and in the care of those that are helpless thoroughly at heart, if you will give some attention to this subject, as I have no doubt you intend to do, that being one of the reasons you have come together, you will give valuable assistance to the authorities who have charge of that great work and will help us to help the public and especially the helpless.

You know, we have bought a large amount of ground up at the very extreme end of the city, in what we might call the northeastern section. The land, so far as it lies and as it is to-day, seems to me very well adapted for the purpose. There is a large amount of it, and the country is beautiful around it. The lands themselves are rich—not the ordinary waste lands that are sometimes devoted to these objects, but they have been cultivated and lived upon and there is something human about them—something that it seems to me, if they are treated from the right standpoint, will do much good to those who deserve it and whom we have under our care. You, who are accustomed to caring for such people, who study their conditions and the things that will benefit them the most, I think should help us, and I hope you will. I repeat myself by saying that at this very time, not only I, as the mayor, the chief magistrate of the city, but every one, will regard your visit as peculiarly fitting just now; and I am obliged to you and will be obliged to you for any suggestions or any thoughts that your Convention may have upon this subject. Again allow me to thank you for this opportunity, which I assure you I appreciate.

The President. Your Honor, on behalf of the Association I am sure they would wish me to convey to you their very great appreciation of the help that you are to us in thus speaking and recognizing the attempt of the Association to do what it can to help the poor and the sick. We are not in a position, as Superintendents of Nurses Schools, to command. We can only ask and simply suggest. In view of that fact, that we are dependent on the help that is given us to carry out our best
thoughts or what we hope are our best thoughts for the welfare of others, it is of peculiar significance and value to us as an association, to have the chief magistrate of one of the largest cities in the United States so in sympathy with our aims and objects.

The fight that we have always waged has been against long odds. It will probably always be against long odds; because directly we attain one ideal we hurry along to the next, and I trust we may always do that; but this Association is not formed for its own development or its own improvement or its own benefit, in any way, but for the benefit of those of whom it has charge,—the student nurses and the sick poor. So long as we keep that point in mind I think that in that probably lies our strength. The sympathy of the Mayor, and his understanding is a great encouragement to us. The public and every one would help us, I am sure, if they understood; but being more or less a technical profession it is not always easy to obtain an understanding of what we consider the best interests of those we are trying to help: this the Mayor, it seems to me, has shown, in what I hope he will not object to my saying—is a quite unusual degree. We do not expect to be understood and do not expect to be helped as he promised to help us; and it is a great encouragement.

Therefore I would ask you to respond to the motion for a very warm welcome in thanking him for coming here to-day in spite of the many other tremendously numerous calls that a Mayor just recently coming into the office must have. I hardly dared to hope he would come, but he did. (Applause.)

I now have great pleasure in presenting to you Mrs. Cornelius Stevenson, of this city. She needs no introduction in Philadelphia. I think she does not in most other cities, but at any rate those who have not the pleasure of knowing her will now do so. Mrs. Stevenson.
ADDRESS OF WELCOME.

Madame President, Monsignor, Mr. Mayor, Ladies:

In addressing you to-day, at the request of your President, I feel considerable diffidence, for I realize how little I know of the practical working details of your Association, yet every man, woman and child must feel that his or her interests are closely linked with your own. Moreover, I feel some degree of personal pleasure in standing before you as an archeological specimen, as it were, a survival of old conditions which—thanks to heaven and to yourselves—have been superseded; for as a member of a large and stirring family, of which, perhaps, I was the aptest member, I was called upon in the days of my youth to nurse a large number of serious cases, in my ignorant, rule-of-thumb sort of way, with such assistance as the time afforded; that is, uneducated, self-constituted nurses of the Sarah Gamp type who very often made it necessary for one to stand by and protect the patient. So that to-day I feel as if, perhaps, I were better able, by contrast, to appreciate the value of your work and of your association than you are yourselves. Last week I was reading the address of the President of the United States on the occasion of the unveiling of MacMonnies' statue of General McClellan at Washington; and a passage struck me, strangely enough, in connection with you, whom I was looking forward to meeting to-day. He was reported as saying that one human being shares his respect with a good soldier; that is, "a good woman who fully does her duty." I say that, strangely enough, I thought of you, simply because, no doubt, nothing was further from the President's mind just then than such as you. He was referring to motherhood. But his words and the association of ideas which they presented evoked a picture and awakened a memory of my childhood.

It was in 1859, in Paris, the battles of Solferino and Magenta had been won by the French; the peace of Villafranca had
been signed; and the victorious French army was entering Paris to receive a well deserved ovation; for it had helped to make a people united and free. Triumphant arches had been erected along the boulevards. The city was delirious with joy and pride. I was then a little school-girl, studying alone in Paris, and kind friends had invited me to view the pageant from their windows at the corner of the Place Vendôme. For Napoleon III (whom Victor Hugo delighted in mischievously calling "Napoleon the Little") was to take his stand with his gorgeous staff of generals at the foot of the mighty column cast of the bronze cannon captured from France's enemies by his uncle, Napoleon the Great. Regiment after regiment filed before him amid cheers of the multitude. It was an impressive sight. The colors were tattered; the men were tired and travel-stained. Among them were wounded soldiers and men who had especially distinguished themselves on the battlefield and who received rewards of valor at the hands of the emperor. Among these came a woman. She was a sister of charity; she had been wounded by a shell in caring for the men on the battlefield. Regardless of self, she had recklessly exposed her life, and in her eagerness to alleviate suffering she had gone under the enemy's fire in the pursuit of duty. When she reached the emperor, he and his magnificent staff bowed and uncovered their heads before her; and she received such an ovation as words cannot describe. Not only did the immense crowd cheer, but the army itself stopped for a brief space while the emperor pinned the cross of the Legion of Honor on her breast. And the thundering shout that went up from the parched throats of those tired soldiers in honor of the "good woman who had fully done her duty" still rings in my ears. This was some forty years ago; since then I have seen and forgotten many things, but I never forgot the exquisite sublimity of that moment when all that is best in the human heart—heroism, sense of duty, manly courage, and womanly devotion seemed to run riot in the air. And yet that sister of charity probably knew but little of nursing as
you know it. It was her personality that called forth this enthusiastic respect from her fellow-men.

Your profession and your finely equipped training-schools are distinctly modern products. It is but a little more than fifty years since Florence Nightingale entered upon her active career. You have sprung into being in the midst of a scientific age. Some will perhaps call it a hard age, the age of steel, in the course of which efficiency and knowledge have taken the place of bungling good feeling and inefficient sentimentality. In the so-called "good old times" when a fire broke out, for instance, a call went out for help and the neighbors flocked to the scene of disaster with fire buckets. After the house was burned (for it usually was burned), there was some sympathy and a good deal of conviviality. All this was fruitful of good feeling and sometimes offered opportunity for personal heroism; but there was no skill, no discipline; fires were often disastrous and not infrequently ended in a small riot among volunteer companies. Likewise when disease came into a family or when an epidemic broke out in a city—and epidemics were very common in the days of my youth—the welfare of the stricken ones depended entirely on individual good feeling and kindness. To be sure these were never lacking, but self-sacrifice and heroism without training were often vain. Patients and care-takers might die heroically, but they died. Those care-takers who remained with the doctors in a plague-stricken city were made heroes of; in Catholic countries they were even canonized, like Archbishop de Belzunce at the time of the Marseilles plague, although their efficiency might be far behind their courage.

I found this winter, amongst some old papers, a letter from a leading club of Cincinnatti to one of my uncles, who on two occasions, toward the middle of the last century, during violent outbreaks of cholera, had voluntarily remained in the city with the doctors, after all had fled who could do so, in order to help in caring for the victims. His heroism was extolled by his fellow citizens in terms that made me feel proud of him. Yet upon sober thought I came to realize that he had done
nothing more than what hundreds of your students are prepared to do at any time. Moreover, his practical usefulness probably was confined to providing supplies and cheering up the doctors under peculiarly depressing conditions, for as far as his knowledge went, he had none; but it was his personality that told, his cheerfulness, his courage, his forgetfulness of self, that made him of supreme importance to his fellow men at a time of peril and of general calamity. Those were emotional days. To-day we have come to regard emotion as a good thing to suppress. The untrained man or woman who would sentimentally undertake to personally nurse a neighbor through a deadly or a contagious disease, instead of providing him with the best professional care obtainable, would be considered foolish or a little short of criminal.

But while thoroughly alive to the immense value of the change in this respect, I would urge upon you, who are entrusted with the training of the most useful class of our sex, to watch carefully lest in developing their intelligent skill and practical sense, you at all neglect those qualities which, owing to their cultivation from time immemorial among women, have come to be regarded as peculiarly feminine, and as instructive and intuitive. It is highly desirable that those in charge of training-schools and hospitals shall constantly remind the student that no amount of education alone will make a nurse; that the most thorough knowledge of the laws of sanitation and of hygiene; of dietetics, of physiology and materia medica; of practice and anatomy, of hospital economics—in fact, of all that goes to make efficiency in the prevention and cure of disease indispensable as it undoubtedly is—will be insufficient to make a nurse of her unless she has personality and character. By this I mean good-breeding, self-control, intelligent sympathy; above all, the sense of honor that keeps inviolate the highest standards of your professional ethics, and the dignified self-effacement that dominates a critical situation without appearing to command it. However skilful and clever a nurse may be, she is incomplete and fails of her highest mission without that human sympathy and heaven-given tact that induces the confi-
dence and relieves nervous tension in the patient, as well as brings peace of mind to the overwrought family. In my youth the sister of charity was the preferred nurse because, without much of what to-day we would call professional skill, she possessed that trust-inspiring serenity and that faithfulness to duty that brought comfort and hope to a stricken household. It seems to me that the modern trained nurse should regard herself as the sister of those into whose intimate circle her skill has brought her, and I am very glad to bear witness that the very large majority of your profession has reached that standard, and not only commands the respect and gratitude of the community, but has endeared itself to us all. I am therefore much pleased to be able to welcome you to-day to Philadelphia.

The President: Ladies, I am sure you will feel, if possible, more grateful than before Mrs. Stevenson began to speak; because it is really a great help to find that there is a woman who, whilst not of us, is of us in spirit. It is very encouraging to find that a woman of world-wide interests includes us among these interests and understands, also, what we are striving for. Mrs. Stevenson is a woman of very many engagements and calls upon her time, and I felt very glad, indeed, when she consented to come to speak to us this morning; and I am sure you all feel glad of that with me. (Applause.)

After a few minutes’ recess, the President read the following address:

You hardly need to be assured again how warmly we welcome you to Philadelphia. I can but tell you again how sincerely we all hope your short stay with us will prove as pleasant to you as we are sure it will be profitable to us. I have often heard members of this Convention say to each other how pleasant and helpful it is to meet together once a year, and discuss some of the many problems confronting us. I will not attempt to settle all these for you, or even come to any conclusion regard-
ing them, for we are met together just for the purpose of discussion. So that if I cannot be brilliant, I may, at least, be brief. Looking back on the history of this Association—for although only thirteen years old, in work and evolution it may almost be said to deserve the word history—it is to me quite remarkable how these meetings and discussions have helped to solve and place upon a working basis many apparently insoluble difficulties and have changed many apparently unalterable conditions; and this may give us courage for the future. Otherwise, we might well be daunted by present conditions. These difficulties, however, are not peculiar only to our profession. The methods of teaching in the public schools are said to be all wrong—pressure is too great; over-fatigue of students of all sorts is asserted. Lack of ideals in all walks of life, of self-denial and self-sacrifice for the public good, of honesty in work, both corporate and personal; you can hardly take up a magazine or a daily newspaper which does not complain of these things in one form or other, in widely different occupations. The additional difficulty and serious responsibility, which we, as responsible officers of institutions and teachers feel, is that these faults and difficulties which some people airily dismiss as a "tendency of the times," are especially serious when concerned with the care of the dependent sick and the issues of life and death, which may very literally and actually result from poor and dishonest work and lack of high standards. In most other professions, the disaster caused by these faults is usually visited mainly upon the individual who practices them, and the greatest tragedy is self-deterioration. Not so in a hospital. Others immediately and clearly suffer.

One of the most interesting phases of our work at this time is the dawning realization of the social relation of the hospital and dispensary to the community at large; its hitherto undeveloped and almost unsuspected power to help and teach and guide the patient, whom formerly it thought it did its whole duty by when it put him to bed under the care of a physician, when he could no longer stand up, and discharged him as soon
as he could crawl; or, perhaps, on the other hand, it insisted on a patient, who could well work part time, and keep his family and little home together by so doing, entering the hospital for the sake of providing "material" for students, or "bed days" to substantiate the claim made to the city or state for maintenance of in-patients. But the margin of the poor is very small, and a home once broken up by several weeks' stay of the bread-winner in a hospital, is hard to get together again. A recent issue of Charities states that over 60 per cent. of those applying for assistance ascribe their dependence to sickness. In this newly-learned relation to its patient, the hospital discovers that it is in truth its brother's keeper, and owes him as a matter of justice its experience and wisdom in keeping him in health with the minimum amount of medicine and hospital care; and owes it to him to teach him how to guard the other members of the family from contracting disease. This, of course, especially applies to patients suffering from tuberculosis, but is by no means confined to them. The good that can be done, providing always that those employed to do it are wise and kind, and thoroughly taught, and therefore capable of being a real help, presents to our minds and hearts a most fascinating and illimitable field. In these cases charity is but justice. But to do this work, patients must be followed to their homes. And to follow them, it is not sufficient to provide a well-intentioned lady of charitable instincts, or a pupil nurse hardly yet sure of her own ground. A woman is needed with a natural breadth of view, quick understanding, and wide sympathies, and in addition a thoroughly trained nurse. In the one or two hospitals which have already tried the institution of a "social visitor" in connection with their dispensary work or discharged ward patients, it has been pronounced of great value, opening a wide field for helpfulness.

There are many other branches of social service also open to women, in which a hospital training is almost invaluable—health board inspection, factory and bake shop inspection, charity organization work, nurses' settlements, are a few of the many avenues of work in which a nurse's training is ex-
ceedingly valuable, and in some cases, an absolute requisite. This leaves out of account the many executive positions in hospitals and other institutions, which we all of us find it so hard to secure competent women to fill. And yet, in the face of all this, we have the superficial and thoughtless cry that nurses are being "taught too much," and while some say there are too many of them, others say there are not enough. And to remedy all evils, a return to two years' training, less well taught nurses and a lower standard, is thrust upon us as a panacea! There is no doubt that some kinds of patients do require a maid or attendant, rather than a nurse, but this is a different matter. With the short term special or private hospitals, whose graduates gladly undertake to nurse any case, and the correspondence-schools, it surely is not necessary to level all schools down to that basis. The scarcity of good material out of which to teach women to be nurses seems to be very general throughout many different states, and amongst hospitals offering a wide variety of work. The reasons given are various. Some ascribe it to the general prosperity of the country, others to the wide variety of other avocations now open to women, less exacting in their demands upon the time and strength, than nursing. Moreover, in taking up nursing, the applicant seems to consider private nursing the only possibility after she graduates, ignoring entirely the many other avenues open to her. Then the quality of material when obtained is found to leave a good deal to be desired. Neither physicians, parents nor guardians seem to reflect that when they send to the hospitals young women of twenty-one or more years of age, they send either some one whose character is more or less formed; who has been taught to consider the rights and privileges of others, to be unselfish in the many small ways required of those living in the family, and perhaps with high, even though vague, ideas as to the help she may learn to be to suffering humanity; or, they send a young girl who has been waited upon by her mother and other members of her family, been given her own way or allowed to sulk or be cross if she did not obtain it, and who has, in short, no one's advantage but her own in view for any
work she may take up. If not entirely selfish, she is often entirely self-centred. She has never been taught to be anything else. It is impossible in the two or three years at the disposal of a busy superintendent of nurses to eradicate all the faults of home training and environment and implant in their place all the virtues. And yet it is the hospital that is blamed for not accomplishing impossible results. The attitude of that portion of the medical profession, which writes hostile articles in journals in regard to nurses, and talks slightingly of them at every opportunity, may in time also undoubtedly affect the desire of women of the better class to enter this work. For the public does not realize that this attitude is by no means representative of the medical profession, and that this vociferous opposition to better schools and state registration is simply a matter of vested interests. Many of us in taking up nursing had a vague idea that it was a work which was considered by every one as very essentially a woman’s work, and ideals of service and self-sacrifice drew many to the ranks of hospital workers.

Some ten or fifteen years ago, when in England, Scotland and Ireland, the waiting list of probationers for admission to hospitals was very long, and the requirements not too easy to attain, a lady asked Sir Matthews Ducean: “How long will this rage for hospital nursing last?” He replied: “Just so long as the religious motive in seeking it lasts, but no longer.” And it seems as if this might have some elements of truth in it. But it is difficult to teach the rising generation the desirability of hard work, negation of self, and so forth, in view of the modern idea of each one getting the most out of life for himself, with the candid avowal of disregard for others. I cannot see that hospital life will ever be carried on without self-sacrifice, and that the consideration of the individual worker can ever be put before that of the sick. There is, after all, no virtue older than self-sacrifice, nothing more powerful to move the world, nothing newer that is better. But no one ever maintained that it was comfortable, and always marched with one’s desires.
As to the cure of these difficulties, the arrest of the retrograde movement of lower standards as typified by the two years' preparation, in place of the three which we fought so hard for, the encouragement of the entrance of women of education and refinement into nursing work, other than private nursing—this might all be helped very materially by the united effort of the members of this association. You have all borne the yoke of responsibility for others. Through no fault of our own, but rather owing to the conditions now prevailing in educational and working matters, it seems as if we must needs soon go out into the world to fight for our right to do the best work we know, instead of the less good which the uninformed are willing to accept. It may be desirable to write and endeavor to publish in lay magazines the many lines of work open to nurses, other than private nursing, with the possible salary such positions bring. Many women have to work, and not only support themselves, but others. Then I think the allowance made the nurse whilst in training should be sufficient, even if only just sufficient, to render her independent of support from friends or family. Protection from attack by a certain element of the medical profession might be dealt with effectively with a little trouble if it seemed worth while.

I recently read the following, which reminded me of you all and of your efforts: "The gain which men and women have made in self-control, understanding of life, beauty and nobility of character, have been secured by those who have lived in advance of the standards of their time. In every generation and in every country there has been a group of those upon whom the light of the morning rested and who have pressed on into the new day. They were not reformers in the sense of aggressively attacking the things in which they did not believe; they were always so intent on bringing into their lives the power of higher ideals that they served their fellows best, not by what they destroyed, but by what they revealed and made credible. To many who surrounded them those eager seekers for the better life seemed to be pursuing dreams as evanescent as the rainbow and seeking ends as unreal
as the pot of gold that lies concealed where the arch of radiant mist rests on the ground. But the mountains stand distinct and immovable, though the near-sighted do not see them; to the far-sighted they are as real and solid as the earth beneath their feet. Men have followed dreams and fallen in a vain, though not always barren, pursuit of them; but those who see further than their fellows and live in the larger relations which their vision reveals to them, are of all men most rational.”

The President. Ladies, I have a most delightfully pleasant duty; and it is to read to you this telegram. It comes to Miss Minnie Ahrens, from Illinois: “The American Society of Superintendents, Hotel Rittenhouse. Bill signed by Governor at 6 p. m.” (Applause.)

Ladies, we will now have the Report of the Treasurer, Miss Alline.

**REPORT OF THE TREASURER.**

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

From September 1st, 1905 to September 1st, 1907:—

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To expense of Council Meetings, - - $ 24 70
To San Francisco Nurses, - - 200 00
To dues American Federation of Nurses, (1905 and 1906), - - 30 00
To printing Twelfth Annual Report, - - 377 80
To typewriting, postage, etc., - - 77 52
To printing, stationery, etc., - - 52 77
Deposited in N. Y. State National Bank, - - 97
Total, - - $1,319 06

Teachers' College Course,

in account with Anna L. Alline, Treasurer.

From June 1st, 1905 to June 1st, 1906:

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<th>Cr.</th>
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<tr>
<td>By cash on hand</td>
<td>$454 16</td>
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<tr>
<td>By cash from A. A. of U. S.</td>
<td>100 00</td>
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<td>By cash from Hospital A. A.</td>
<td>125 00</td>
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<tr>
<td>By cash from individuals</td>
<td>130 00</td>
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<tr>
<td>By cash from payments of five year pledges</td>
<td>225 00</td>
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<tr>
<td><strong>Total</strong></td>
<td><strong>$1,034 16</strong></td>
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<th>Dr.</th>
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<td>To salary</td>
<td>$600 00</td>
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<td>To expense of lecturers</td>
<td>64 55</td>
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<tr>
<td>Deposited in N. Y. State National Bank</td>
<td>369 61</td>
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<tr>
<td><strong>Total</strong></td>
<td><strong>$1,034 16</strong></td>
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Cash on hand for Endowment Fund, June 1, 1905, 346 50
Cash received for Endowment Fund, - - 238 08

**Total to date** - - $584 58

Audited and found correct,

Dita H. Kinney.
Ada M. Carr.

Miss Alline. There are one or two points to which I would like to call your attention in connection with this report. The revised Constitution changed the dates; so that instead of one year we had sixteen months in this report which included the printing of two annual reports; making a seemingly large expenditure, which really is not more than usual. As to the Teachers' College course, I might say that we have sufficient funds, or will
have, when these pledges are paid for the year to finish our work
to the 1st of June; but beyond that, I am afraid we will be
deficient for that course, the same as usual.

The report of the Treasurer having been accepted, the Secretary
was asked to read the report of the Council:

Since the last annual meeting, there have been three meet-
ings of the Council. At the first of these, which was in New
York on December 6, 1906, the President suggested that printed
notices be sent to each member of the Society asking for subjects
for papers and discussions at the next convention, with request
for replies by January 1st.

About forty responses were received, a number of members
from different parts of the country suggesting the same subjects.
Miss McKechnie resigned from the Committee on Incorpora-
tion and Miss Dock kindly consented to act in her place.

The following members have resigned during the past year:

**Miss E. Chilman**............................Stratford General Hospital, Stratford, Ont.
**Miss Ida B. Clark**..........................German Hospital, Brooklyn, N. Y.
**Miss Gertrude I. Lewis**......................Litchfield County Hospital, Litchfield, Ct.
**Mrs. H. D. Morgan**..........................Lincoln Hospital, New York City.
**Miss Idora Rose**..............................Chicago, Ill.
**Miss Anna E. Worrell**......................St. Luke's Homeopathic Hospital, Phila-
delphia, Pa.

We sadly record the death of two of our well known and
valuable members:

**Miss Eva Allerton**..........................Homeopathic Hospital, Rochester, N. Y.
**Miss M. E. Smith**............................Hamilton, Ontario.

Twenty-three members have forfeited privileges of member-
ship for non-payment of dues. Thirty applications for member-
ship were approved by the Council and are now presented to
the Society for election. Urgent invitations for the next con-
vention have been received from Texas, California and Cin-
cinnati. While the Council usually names the next place of
meeting, in this instance it left the decision to the Society.

Upon motion, this report was approved, and the following
members were elected:
PROCEEDINGS. 25

Ahrens, Miss Minnie H. ......... Provident Hospital, Chicago, Ill.
Anderson, Miss Grace L. ....... Ellis Hospital, Schenectady, N. Y.
Andrews, Miss Mary A. .......... Waterbury Hospital, Waterbury, Ct.
Banks, Miss Christina J. ......... McKellar Memorial Hospital, Fort William, Can.
Berry, Mrs. Jennie S. ............ Worcester City Hospital, Worcester, Mass.
Broxson, Miss Anna E. .......... Clarkson Hospital, Omaha, Neb.
Brode, Miss Arletta E. ........... Wesley Hospital, Chicago, Ill.
Burgess, Miss Elizabeth C. ...... Roosevelt Hospital, New York, N. Y.
Darling, Miss Lottie A. .......... Lakeside Hospital, Cleveland, Ohio.
DeCeta, Miss Claire .............. Children's Hospital, Buffalo, N. Y.
Gardner, Miss Mary S. .......... 273 Bowen Street, Providence, R. I.
Goold, Miss Luella L. .......... Fannie Paddock Memorial Hospital, Tacoma, Wash.
Haaber, Miss Mary C. .......... University of Michigan Hospital, Ann Arbor, Mich.
Hay, Miss Helen Scott ........... Cook County Hospital, Chicago, Ill.
Heal, Miss Jessica S. .......... Homeopathic Hospital, Rochester, N. Y.
Leach, Miss Theresa G. .......... Clinton Hospital Association, Clinton, Mass.
Lewis, Miss Caroline ............ Wilkes-Barre Hospital, Wilkes-Barre, Pa.
Liptitz, Miss Louisa C. .......... 2803 P Street, N. W., Washington, D. C.
McLean, Miss Annie M. .......... Delaware Hospital, Wilmington, Del.
Malony, Miss Georgie M. ......... Jeffery Hales Hospital, Quebec, Can.
Moore, Miss Annie M. .......... St. John's Riverside Hospital, Yonkers, N. Y.
O'Neill, Miss Anna .......... Utica General Hospital, Utica, N. Y.
Porter, Miss Virginia M. ......... University Hospital, Kansas City, Mo.
Pringle, Miss Martha E. ........ U. S. A. General Hospital, Fort Bayard, N. M.
Stewart, Miss Robina L. ......... Alleghany General Hospital, Alleghany, Pa.
Strumm, Miss Flora E. .......... Montreal General Hospital, Montreal, Can.
Tedford, Miss Nora .............. Montreal General Hospital, Montreal, Can.
Tracy, Miss Susan E. ........... Adams Nervine Asylum, Jamaica Plain, Mass.
Wilson, Miss Margaret S. ....... Orthopaedic Hospital, Philadelphia, Pa.
Worrall, Mrs. Frances A. ....... Cooper Hospital, Camden, N. J.

The President. I was asked last night to suggest to the Society that many women whom they know who are superintendents of training schools, are not members of this Association. There is now no bed limit; that is to say, that they need not be superintendents of hospitals and training schools with a certain number of beds. Reading the Constitution and By-Laws you will see that there are very few restrictions, but this Society desires to welcome to itself women engaged in this work; and the Council seemed to think that it would be very helpful, both to those of us
who are already members and those who are not, to meet together and unify our views. I therefore suggest that each member of this Association constitute herself a membership committee of one and see how many new applications for membership they can send in. Any one who wishes to encourage friends to apply, can write for the application papers to the Secretary and send them on herself; or they can be obtained direct from the Secretary; but it is not absolutely necessary for the applicant to write direct to the Secretary. The application papers can be obtained and sent to her. I have had several letters regarding this during the last two or three months; for some reason or other, women not members seem to feel a little hesitancy about writing to the Secretary for the papers because they fear to be turned down.

Now as to the question of our next meeting place. If the Society is willing to spare time it might be interesting to hear the letters of invitation. The Council hardly liked to take the responsibility of deciding to go as far as San Francisco. Mrs. Kinney has often travelled there and says it can hardly be done—there and back—for less than $200. That includes a sleeping car and meals; and you can not get anything unless you pay a full dollar: you can not economize on meals. In fact, there is no way of economizing much when you get aboard those trains—they take care of that; and that, of course, has to be considered by women who, like ourselves, earn our pennies. We are not obliged—some of us thought we were, I am told—to meet in San Francisco because it was also the place of meeting of the Federation of Nurses with which every five years we have to meet, but this doesn’t come until 1909; so that there is really no obligation upon us to go to San Francisco in 1908 unless the members desire it. There is also a very warm invitation to Cincinnati and another to Texas; of course it is entirely in the hands of the Association which of these invitations they wish to accept. I would suggest that the Secretary read them, so that the Society know just how they stand.

[The Secretary reads invitations.]

Miss Snively. I move that we accept the invitation to Cincinnati.

Miss Maxwell. I second that motion.

Mrs. Fournier. Indiana being so near to Cincinnati, the Regis-
tered Nurses of that city have asked the Indiana State Nurses’ Association to make an effort to bring the Associated Alumnae to Cincinnati in 1909. Now if that invitation is given and accepted, being the year of federation, would it not be better that they lay this invitation over for that year?

I have no personal authority but, if such is the case, should not a motion be made accordingly?

The President. We can hardly invite ourselves to Cincinnati in 1909 instead of the year for which they do invite us. I would not like to suggest that to them. They might say they have other fish to fry in 1909. I understand—I don’t know how I got my knowledge; it is simply an impression I have—that in 1909 is the international meeting, which I understood, in some vague way, was to be in Canada. I don’t know any particular city; I don’t even know whether Canada has invited us; but in Berlin and Paris I was told it was to be somewhere in the northern part of this country; and I suppose this Association would probably meet at the same time as the International meeting, wherever that was, and the American Federation also; so I will suggest that we consider that when we make this decision.

Miss Snively’s motion was then put to the Society and lost.

Miss Davis. I think this is a quite important question—the decision of this. All these invitations seem to me to be a long distance away; and I should think it would be a very good thing if we put this off, if we can, to another session, so that we can informally discuss this, or formally if necessary, with the officers or in groups; so that we can get our ideas formulated, which we would like to go to ourselves and which we ought to go to for the sake of those who have invited us. I think it is a question that ought to be more fully discussed than the members seem to be ready to do it now, if it can be postponed.

The Secretary. Madame President, it cannot be postponed constitutionally beyond this evening.

The President. In Cincinnati, we are going, to a certain extent, West. The Westerners complain that we have had nearly all the meetings in the East. Cincinnati is not so very far from Philadelphia or New York; it is only one night and you get there the next morning about 10 o’clock—spend one night in the train; and it is not a very expensive journey, as far as I remember. The hospitality which the Association will receive in Cincinnati I know;
I have experienced it; and it is really quite overwhelming. It is most enjoyable; they are most kind and good and friendly. Any information I have in regard to the quinquennial is very vague. Nor am I quite clear, whether the International meets in Canada or any other place in 1909, or what relation that has to any meeting in 1908. We will consider the question of next year's meeting placed on the table, with Miss Snively's permission.

The Reports of Committees were then called for. There were no reports from the standing committees on Publication, Education or Legislation. In the absence of the chairman, Miss Samuel, Miss Maxwell reported for the Committee on Incorporation, that through the kindness of Mr. Wm. C. Osborn, we are now an incorporated society.

Miss Maxwell. I would like to say that Mr. Osborn is the son of the Mrs. Osborn so long interested in Bellevue Hospital, and who was its president, I believe.

The report was accepted, and thanks voted to the Committee.

Miss Dolliver. I would like to move a vote of thanks to Mr. Osborn for his valued services on the matter of the incorporation of the Society.

Seconded by Miss Nevins, and carried.

By request, the Committee on Hospital Economics postpones the report until either this evening or to-morrow morning.

The President then announced the nominating committee, Miss Brent, Miss Dolliver and Mrs. Kinney, and the meeting adjourned.
THE SUPPLY AND DEMAND OF STUDENTS IN THE
NURSE TRAINING-SCHOOLS.

BY ANNA L. ALLINE.

We have heard not infrequently of late that the number of applicants to the training-schools is decreasing. The facts do not bear out this statement. We find in the statistics that the increase in the number of student nurses is at the rate of several hundred a year. To give it in round numbers: in 1890, there were one thousand five hundred students in the schools; in 1900, eleven thousand; in 1903, the date of the latest available statistics, there were thirteen thousand seven hundred. This goes to show that it is an increase in the demand rather than a decrease in supply. This surely is a matter of encouragement. Nurse training came as a response to a need and has, through the power wrought from intelligence, fidelity and self-sacrifice, become a permanent institution, really essential to the welfare of human kind, and so closely allied to the medical profession that they are inseparable. We may well turn back once more and call to mind that it is woman's work and appeals to all that is highest and best in her. The mother nature always has, and always will, turn to the care of the helpless, whether it is the helplessness of infancy, sickness or old age. It will not change; there will always be that ele-
ment in it that appeals to woman, and always that nature in woman that responds to the need. We can rest assured of an increasing demand and can be equally sure that there will always be a large proportion of women who prefer this form of occupation to all others.

In preparing to open this discussion, a letter of inquiry was sent to the schools represented in this Society. Many replies were received not only of definite information asked, in the form of statistics, but long letters of explanation and description of conditions, which are of great value. A study of the reports of these schools, together with a personal knowledge of training-schools from Maine to California and visits to nearly a hundred schools in the past six months, has convinced me that our problem is one of conditions in the schools. While we have schools all over the country, in the city and rural districts—large schools and small schools that have, up to date, had no difficulty in filling their classes with desirable students; and this, too, when the course was increased in length from two to three years; some making monthly allowances, and some on the non-payment basis; some requiring a high school diploma for admission, and others one year in the high school or its equivalent, it is equally true that some schools are not receiving enough applicants and are greatly distressed. The uneven distribution thus shown is directly due to the state we have long been struggling to produce. In our early years of organized effort, many a question was left unanswered, except by the phrase "We must educate the people." This has been accomplished to a considerable extent, one result being that a prospective nurse applies to several schools for information and naturally chooses the one that will best fit her for her chosen work and not leave her broken down in health and spirits, a rather wise and not at all unreasonable foresight. Her selection is finally made after a study of many features. Let us consider some of these features.

The reputation of the school is of no small moment: her history and traditions are as far-reaching as doctors, nurses and patients travel. One of the strongest factors working for
good is a competent superintendent having a long term of service. When a superintendent severs her connection with a school, there is usually a period of two or more years during which the position is filled by a succession of people, for varying lengths of time, with a senior nurse filling in between, till the course of instruction is a farce; discipline is most lax; and the school in a deplorable condition. This reacts directly on the care of the patients and the public confidence is shaken. It takes years to get the school back to a good standard and there is always a class or two graduated that has not had thorough training. Often the superintendent takes more responsibility than she can handle well: superintendent of hospital and training-school, medical interne, housekeeper, drug clerk and so on, actually attempting to carry out the detail work of each office. What instruction can she give? How can she fulfill her promises to the students to give them a course of training? She cannot and she knows that she cannot. If she is unable to demonstrate this to the Board in such a way as to be afforded sufficient assistance to meet these obligations, the responsibility should be no longer continued. Furthermore, the instruction should not be just what could be given impromptu. Lessons should be prepared and the method of instruction given much attention. Under such conditions as our class work is given, it requires even greater ability to teach than under model conditions. College professors read, study and discuss subject matter and method all the time in order to properly instruct their students. From what we know of the teaching in the training-schools, is it any wonder that the nurses fear the state examination? We institute state regulations; it is for us to see that the instruction is provided and that sufficient time is given the student to enable her to profit by it. It is to be hoped that the time has come when we can speak of the relation between superintendent and nurse as that of teacher and student, and that it means friendship rather than the feeling and attitude of superior and subordinate. I have recently found instances of the form of discipline that humiliates. That is always degrading; it cannot be uplifting. It is well for us
as those having charge of this important work to have a season of self-examination, see where we stand, find out if we are true, search for the weak points, and aim to strengthen them.

With our prospective applicant let us look at the schools themselves and we may see that remedies can be suggested to improve conditions—sane remedies. The hours, of course, must still come first and we again have our mathematical problem. How else can we present it with such force? Seven days a week instead of six. Fifty weeks in a year, not to mention six legal holidays, recognized in all walks of life except nursing, which takes a working week out of the fifty. Seven working days mean fifty-six hours a week; no other occupation requires even that number. While this is the least that is possible for a student nurse, many are the ways of increasing them. Six to nine months of a course is spent on night duty and the nights are twelve hours long, eighty-four hours a week. This eight to ten-hour day and twelve-hour night is not mental work alone, nor entirely physical. It is both and it is both of them all the time. Over and above this time of physical and mental occupation, which is quite enough to expect of mortal woman, one is supposed to pursue certain studies, and even this is not the end. If nurses on duty all day do not attend class in the evening, they relieve night nurses for class. Night nurses in some schools are called at one o’clock in the afternoon to attend classes. More often than not, nurses assigned to maternity, emergency and operating-room service are "on call" night as well as day for weeks at a time. We all know these things only too well, but they will have to be the burden of our song till these pernicious practices have ceased. Pernicious is not too strong a term, for such demands rob a woman of her health, which is all the capital a nurse has. It is her right to guard it and it should be the care of all hospital authorities to see that her health is maintained throughout the course.

The next essential of proper conditions is a room for each nurse, away from the hospital atmosphere, plain, comfortable and healthful. The question of food needs also to be kept
before us. As a rule, good food material is purchased, but it is not properly cooked or served. One point that need never occur is the unvarying menu. To be able to say to-day what will be served to you the first, second and third day of every week and every month is in itself enough to rob you of an appetite for it. Food poorly cooked or served is an extravagance and this is one instance where hospital economy is seldom practiced, however much it is preached. These points are more or less known to the applicant and considered by her and her friends. She also looks to the requirements for admission. From a careful study of the reports sent in and the schools themselves, I find that it is not the long course that keeps out the nurses. In fact, it has little bearing on the subject. The general feeling of our superintendents—in fact, of all graduate nurses—is that the three years are necessary, unless the students can come to the school much better prepared than are the majority of those in training. More years in school attendance and better home training—otherwise, a preparatory course is the only substitute for the approved term. This leaves the twoyears' course quite out of the question. The non-payment system and the monthly allowance for years past have been discussed from every point of view. Out of the seventy-nine schools reporting on this, eleven make no allowance of money, only three of these mention non-payment as a cause for a decrease in applications. The length of course in these eleven schools ranges from two and one-half to three and one-half years; two of them ask a fee for the preliminary course; several require high school diplomas for admission; some have the eight-hour system; and all have nurses' homes. With these varying conditions the non-payment system may be said to have practically no effect on the question.

Raising the standards has been suggested as a cause of our difficulty. Can we not honestly say that raising the standard tends to improve conditions and call in a larger number, because it will be better worth while? This has been proven time and again, the world over. We are not so unlike other people. The road we are traveling is new to us, but has been
traveled many a time before. One year in the high school, or its equivalent, is not high, it really is as low as can be accepted, if we call it a school at all. It means virtually this: that a girl leaves school at the age of fifteen and for the six years prior to entering the training-school, she has not occupied herself in a profitable way; for six years she has been contented to drift. It will take a year at least to get her into the proper attitude to apply herself or receive instruction. There are two evils resulting from placing these incompetent women in the school. First, we are caring for our sick with an inferior grade of women, which we have no right to do, and second, we are doing a great injustice to the graduates of the school, as well as to the better class of students. Can we shirk such responsibilities? Any school, under such conditions, runs down; the right kind of women will not enter; and its graduates will not recommend it. Patients, too, soon learn to go to the hospital where they may have intelligent care. Any hospital attempting to care for its patients without proper consideration for its nursing force, is accepting patients under false pretences just as much as it would in having quacks instead of doctors or adulterating the drugs. Such things are termed criminal practice. The whole trend of the times is toward better educational advantages. We not only desire but have great need to fall in line, to help and be helped. The very subjects we would outline for a preparatory school are being developed in the high school course. Things are coming our way and we must be alive and alert, when the opportunity offers and not let it pass by. While the high schools and our preparatory schools are uniting on common ground, the betterment of the conditions in our schools should claim our attention. This is really what we are doing, but we must have any amount of patience, courage and perseverance. How are we doing it?

To quote from the nurse practice act of the State of New York after stating the minimum requirements, it reads: “and registered by the University of the State of New York, as maintaining in this and other respects proper standards, all of which shall be determined by said Regents.” The minimum
requirements are specified, but "other respects" gives a wide scope, not only in the matter of instruction, but number and kind of instructors, hours, housing, food, cleanliness, general appearance, and all things which tend toward the better qualified nurse. For the most part criticism of the schools has been received kindly; it is given in a kind spirit with the sole purpose of being helpful. It is directed to the officer immediately responsible, whether it be the superintendent of the school, chairman of the committee or president of the board. In this way it is decidedly educational. It often cuts close to the nerve and gives another point of view; it is having good effect. There are some, of course, who do not wish to conform to the regulations. It is to their advantage, through the medium of the purse, or otherwise, to continue in the old way. This is a simple matter. They go on in their own way. The name is stricken from the list of registered schools and the regents have no further responsibility. Do we fully realize that this method of procedure gives us two classes of nurses? Those of the first class are registered; those of the second are not. The outcome of this must be progress. We will have schools that are schools—not treadmills. We must be reasonable in our demands of students and reasonable in our care of them and their instruction. This can be done where the facilities are limited, by the development of school affiliations. To further this development it is important to have definite contracts in regard to time, number of students and subject, placing these contracts on file in each institution. Schools should make their course of instruction more uniform, that affiliation need not seriously affect the theoretical course. Much can be done by the study of a systematic outline such as the one suggested by the State Board in New York. Complete records should be kept of the standing of each student, the practical and theoretical course covered by each and the full outline of the course in progress. This will preclude the interruption of the course by a change in officers and be especially helpful to the students in training. Superintendents should be registered nurses, have registered assistants and registered
permanent head nurses. Registration should be required for eligibility to membership in all our societies.

Honest advertising is perfectly legitimate and commendable. State the case attractively and fairly. Then see to it that you make it good. Advertise in periodicals of widest circulation among the class you desire for the work. A consistent solution of the whole question may be expressed in four words—standards, inspection, registration and examinations. Inspection is a means of keeping the schools up to the standard, making registration effective and examinations practicable. To insist on registration of schools and nurses or attempting to force the matter is futile. Let them decide in what class they wish to be. It is more effectual to lead people than to push them. There is always room at the top and competition is a healthful stimulus. It is the policy of the Education Department of the State of New York to be tolerant of conditions so long as there is evidence of honest effort toward improvement. More than this, the Department is ready to assist in every possible way. It is a matter of education to the recipients whether they be students of the school, officers in charge, or even ladies’ boards and trustees. On the other side, the Department is just as ready to sever connections with any institution which cannot for good reasons, or will not for other reasons, meet the requirements. The regents have the necessary power and from my personal experience, though limited as to time, as you know, I am confident that for New York State, at least, our future is secure, if we do our part and work together quietly, rationally and steadily.

The President. Ladies, you have heard this exceedingly interesting paper. It is now open for discussion.

Miss Maxwell. How are we going to judge of the power of endurance, if we don’t test the pupil in the training school? Soldiers are always taught to march. They have to learn to march, whether there are battles in view or not, in order that they may be ready for the battle when it comes. If we don’t call on our nurses to do any extra night work, where are you going to test them?

The President. I would like to know from Miss Goodrich
whether the New York Hospital had any difficulty in the number of its applicants. I understand that since you left them they have gone back to the 2-years course.

Miss Goodrich. All I can reply is that that could not have been a reason since I had not complained of any shortage. We had all the nurses for whom we had rooms. We had a large number of applications and we had the largest class that we had ever accepted. The applications came to me, so I certainly know. We were also able to demand a high standard for admission, or at least a fairly high one—not always a graduate of a high school, but I think not any who had not at least three years.

The President. Figures are very nice; but people have told me who know a great deal more about it than I do that they are most particularly noted for their misleading properties. I wouldn't put it just as the proverb says it; it sounds a little strong; but in regard to figures I don't take quite as much stock in those as some people. It is like the census of other trades and occupations. I think you will find, without any prejudice to Miss Alline's statement that a great many more schools are registered by that latest return than were probably registered in earlier years before training schools received very much attention on anybody's part; so if you go even a half-dozen years back there may have been nearly as many nurses (not quite, naturally; because, of course, population increases) as there are now. I don't think there can really be quite so great a difference except on the census papers; I should have imagined that the schools would have noticed it. Of course, the number of schools have slightly increased; and I regret to say these short-term correspondence schools not only get grants from the state, but also get recognition from the Census Bureaus; and they are fully alive to the value of appearing in the census papers. From what I have heard said, it would seem that there did seem somewhere a shortness of supply of nurses; and I would like to know who feels it.

Miss Goodrich. I would like to say there is shortage of supply, but I also believe those statistics are perfectly correct. I cannot see how any one who knows our schools of to-day can fail to realize that—and I think I am correct in stating—every school is increasing almost monthly their number of pupils. I know to-day of three hospitals in New York that a year ago needed fifteen nurses that now each require thirty-five.
Take St. Luke's with its new private patient pavilion that must need a very largely increased force to care for its seventy-five patients. Then again not only is there an enormous increase in the number of pupils needed in the Schools, but you have a very large number of new Schools being opened continually. A certain architectural magazine states that where ten years ago in Massachusetts there was a hospital bed to every 1000 inhabitants, there is now a bed to nearly every 100. These statistics alone show a tremendous increase in the number of nurses needed.

The President. That is another light upon it.

Miss Drown. I think we have all come here to get all the help that we can in certain problems that are before us, and I believe we should try to look these issues squarely in the face. Now, for myself, I do not wish to take up the personal side of the equation, but I feel quite sure there may be others here who would like some advice as to certain matters in this direction. For instance, in time of epidemic, it is impossible to call nurses immediately to go through preliminary training and all that is involved in such training. Or when classes of probationers supposed to enter at some particular time, for some reason fade away and do not materialize. What means can be adopted to meet the emergency?

Miss Dolliver. In a recent investigation in the Massachusetts General Training School, two of the graduates suggested that in times of stress and when there were very few nurses at command, the graduates be asked to go back to help out their hospital; and the spirit of those two nurses at least was certainly one that could be depended upon. How far it could be depended upon for a hospital like the City in an emergency, or a hospital like the Massachusetts, of course it would be impossible to say.

The President. That refers, of course, to an epidemic, or a special stress of work?

Miss Dolliver. For a stress of work when there was any shortage of pupil nurses in the school.

The President. And then they would come, giving up a lucrative case?

Miss Dolliver. They said they would come at the hospital's need.

The President. I am not sure that they oughtn't to have a halo. I must say, in justice to our hospital graduates, that they in the past have done that very thing; but I don't think
it would be really fair for the hospital to expect it often as a right. Emergencies occur so quickly, so often! I don't know whether emergencies can occur repeatedly or whether in that case they ever cease to be emergencies in the really strict meaning of the English language; but in case of necessity occurring frequently, it seems to me a question whether it would be right to avail ourselves of their services. A great many of these nurses have others dependent on them; I think the spirit is delightful; but to ask those who are busy and have to take care of nephews and nieces, etc.—to work at the price just about $35. to $40. a month perhaps, and calling upon them to decide as against $75. or $100. per month—the sacrifice would be a very real one. You get down to the fact, really, whether our work oughtn't to be arranged, so that we don't need this. Miss Goodrich's point is excellent; the doctors do require so much more of nurses than they used to. I really would be afraid to tell you how many things they require. They like to be helped out on blood-pressure; the nurses are taught, at any rate, the meaning of the Opsonic index—all that sort of thing. Of course, you want more nurses; I should think you want double or treble. The question is, where are you going to get them? and will the proper hours Miss Alline mentions bring them?

Miss McKechnie. There is another way of looking at the matter. We look at the nursing profession entirely from the Hospital point of view. It has occurred to me in connection with our small hospital and having the usual shortage of applicants for the training school, that perhaps if we knew the attitude on the other side it would explain why we didn't have more applicants. Some of the points Miss Alline has brought out in her paper perhaps apply, at the same time, this morning once or twice the question has come up: Is the profession of nursing less attractive than it used to be; or has it ceased to be a fad, has it ceased to be a fashion? In our own committee meetings I have heard one or two opinions put forth upon the subject of getting probationers, and I have been asked if I would advise any friend or relative of my own to take up the profession of nursing. And I honestly couldn't say that I would. (Laughter.) I feel that it is too difficult a thing to do and that it is a matter each woman must decide for herself.

Or after leaving the school is there something in the afterwork
of the profession that ceases to be attractive to a young woman who wants to be self-supporting or to do something in the world? Is there something that deters her from entering on such a profession?

I think if we could have some information from the other side of the wall, perhaps we might gain a little more insight into the difficulty.

Miss McMillan. Aren't there more fields of work now than ten or fifteen years ago when there was hardly any thing else but nursing for women to take up?

The President. I think Miss McMillan has brought forward a very good point—the variety of work now open to women that was not formerly open to them.

Miss Maxwell. Thousands of rooms for office use are going up in New York, and each of these rooms require a clerk; and now women are educated as stenographers and have learned to copy things correctly and write good letters, etc.; and they are very well paid, and with their better pay in some instances the hours are very much shorter. The women that buy for the large wholesale houses in New York City, some of them earn $3,000 a year; no nurse earns $3,000 a year. There are housekeepers in New York to-day who if they are dismissed at one place at $100. are employed at another place at $125. a month—some of them very much higher. I have been looking into the question very thoroughly, because it is constantly being brought to me; and I have put an investigation on in New York regarding it with a lady who knows a great deal about it; and she says that some nurses have to work very much harder than people who make a larger sum of money now, and there are so many more avenues open.

Miss Cadmus. There is one phase of this question that the members may not be acquainted with. Something like fifteen or twenty years ago in the rural districts of New York State radical measures were taken by the State to improve and increase the requirements for securing positions as teachers in the public schools. Consequently for a time applicants for such positions fell off in a marked degree, because young women were unprepared to meet the change.

But, as the years passed the establishment and improvement of Normal Schools was actively pursued by the state, until now again teaching is a much sought vocation by self-supporting young women.
During this interim, however, the attention of energetic young women was turned to nurse training and for a time the reaction in favor of the latter was pronounced. These two vocations appear to be much favored by young women seeking a profession, but, because of the long summer holiday, it is possible that teaching has the preference, and now that conditions have adjusted themselves in that profession, ours is feeling the effects in the way of getting less applicants.

Miss Keith. School teachers used to be our most desirable applicants; and in the class which was to enter our hospital on the 1st of December last, there were four, all of whom withdrew—as they had offers of better salary; nor have we taken in, since that time, a single school teacher. There has been a lack of school teachers in that part of the State, and the authorities have been more successful in capturing them than I have.

Our best class was a class of 11; it was what we were able to get together that met the State requirements, and on the appointed day, much to our surprise, the entire 11 appeared. It had never happened before that the entire class appeared on the appointed day, so we felt very much set up about it and didn’t feel worried about the next class which we selected, which was 12 in number. We prepared for 12 to arrive, and 4 came.

Miss Pindell. We have the care—in addition to the patients in the general wards—of 600 consumptives. We found it was impossible to provide for the nursing from the training school, so we communicated with about 40 institutions having the care of tubercular patients. We found that, as a rule, the nursing was entirely voluntary and the salaries paid were from $18. to $25. a month for undergraduates. We then recommended that we should engage undergraduates, paying $25. a month, which was approved. We have had no difficulty in gaining a sufficient number of attendants. All that we require is two years’ experience. I have questioned a number of the nurses to find out why it is they do not enter the training schools; they are bright, a number of them well educated. The reason that a large number have given is that they could not afford to do it. Our allowance is $10. a month for the first year, $12. the second, and $15. the third. The nurses are obliged to furnish their own text-books and uniforms. So this brings up, of course, the question of the allowance.
The President. That is an extremely interesting statement. I have sometimes wondered, in my heart of hearts (though I never expected to tell you all about it) whether the cash basis hadn’t something to do with the shortage in some respects; because it doesn’t seem very progressive of me, at any rate, to suggest the payment system, when all the women of the profession who wish to make our standards higher, insist the non-payment as part of the educational system was the proper basis to go on. That may be entirely right; but, as Miss Maxwell put before us a little time ago, the immediate returns which court stenographers, secretaries, advertisers (that is to say, the young women who learn how to write advertisements for those large department stores)—the immediate and large returns that they get affects their choice of work if they have to consider the monetary question at all. It has been very remarkable to hear that the salary of $25 supplied sufficient nurses with two years’ experience to care for 600 consumptives. That is very interesting to me. How many, Miss Pindell, do you require on your staff altogether?

Miss Pindell. We have about 500 males and 100 female patients. A graduate supervising nurse is in charge. She has three assistant head nurses for day duty, one night supervising nurse and about thirty-six attendants. In addition, she has about fifteen orderlies.

Miss François. Do the women in charge of training schools connected with the city hospitals in which they receive only charity patients, have any more difficulty than those women who have charge of hospitals which receive only private patients, or private patients and charity patients?

The President. Miss Pindell, represents, I understand, the Metropolitan Hospital.

Miss Pindell. It is entirely a public free hospital.

Miss Wilson. In our own hospital, the St. Luke’s in New York, we have adopted the non-payment system. We have had a great many more nurses drop out during their training than previously.

Miss Goodrich. Is there not also an equal shortage in hospitals for the insane, where they have paid trained attendants as well as the trained nurse? Not long ago, in speaking to two different matrons (as they are called) they told me, and one or two doctors have told me that the shortage in their hospitals was
very great, that they could not begin to obtain the number that they needed. The numbers they quoted were so large that I should hardly venture, offhand, to repeat them. I understand that this same shortage exists in other fields. It is impossible for instance, to obtain teachers for the public schools. I think this statement is correct.

Miss Alline. Yes, they have had a shortage in the training schools and also in the attendants; but they have there extreme conditions. They have a peculiar class of patients, if I may so put it, and their hours are very long. The average hours for the nurses in the State Hospitals are 13 a day. We have several questions involved here but the main one to me is this:—with this increase in the capacity of the hospitals and increase in the number of hospitals also, with no improvement in the nursing conditions, is it to be considered that every hospital must have a training school in order to care for its sick? In the organization of a hospital the nursing is an indispensable department, a sufficient number of nurses to allow of reasonably short hours should be provided for with proper food and housing conditions; then if it is desirable to have a school it should be placed on an educational basis. To look at many of our schools to-day it appears that the school is tolerated for the benefit of the nurse rather than that the hospital is dependent on the nurses for the care of the patients. When the interdependence of these departments is acknowledged the schools will come in for a share of the legacies and endowments. While the nurses can not wear brass collars to correspond to the brass tablets so conspicuously displayed in the hospitals, the time may come when good works will be considered worthy monuments.

Miss ——— spoke of a correspondence or short course lecture school that had a gift from the state of how many thousands?

The President. Fifteen thousand.

Miss Alline. Fifteen thousand dollars to a correspondence school—the state gave that because they asked for it?

The President. Pardon me, it probably did it because a certain person asked for it.

Miss Alline. Let us ask for it; let us ask for schools that are educational institutions and we will get the money.

Miss Keith. Some schools find difficulty in securing graduate head nurses at $40. to $50. a month; and these same graduates will
ask casually why they should prefer the hospital at $50. a month when they can clear $75. and $80. I, personally, have had difficulty in securing graduates as head nurses and as teachers.

The President. Most of us have, I think.

Miss Parsons. I don't feel that my personal opinion is worth very much; but I have been making some inquiries in Maryland as to the number of applicants in the different schools for nurses. The results of these inquiries have made me feel that the time is ripe now—considering that the really well trained nurse can be registered—for schools to be established for training attendants in some of these hospitals that find special difficulties in meeting the requirements of the state laws. We know that there are a good many young women who are not eligible for the registered schools who love nursing and who can do the practical work exceedingly well and meet the requirements in a great many cases—who would be perfectly satisfactory in many families. Very likely trained attendants might satisfy the needs of several places.

Miss Ayers. Endowment is needed for a permanent nursing force for our training schools, so that we should not be obliged in speaking of the classes, to think of—How is our hospital work to be done? That is what so many large hospitals think of; and they can not make their standards, oftentimes, what they want to have, or what the quality of their hospital work demands. It seems to me there is a great need for individual hospitals having an endowment for a permanent nursing force sufficiently large, of graduate nurses, so that we would not have to depend upon the number of pupils—that we might be able to establish the quality of pupils irrespective of the number required to nurse the patients in the hospital. That is one of the lines we too often neglect when we speak about endowments for training schools. I think we need an endowment for the practical working of our hospitals to protect our training schools.

The President. Do you mean, to pay the salaries?

Miss Ayers. I mean a permanent nursing staff, who can be paid salaries sufficient to enable us to keep them, just the same as we keep the number of graduates that we must have for administrative positions, to have a fairly permanent number constantly.

The President. What salary would you suggest, because Miss Keith has just told us that there is a difficulty at $40. and $50.: women think we have to meet what they can earn in private nursing.
Miss Ayers. It would depend some, I think, on what we offer that class of people to stay with us in the way of living accommodations, two or three years. I think every woman appreciates, not so much the money that she earns, as the living that she gets—the quality I would say of her surroundings. I think that means a very great difference.

I was surprised, in talking to a surgeon not long ago in New York, who was asking for a nurse to take the place of the graduate nurse whom he had had two years in his private hospital,—a graduate nurse from a school in excellent standing, and I asked what money he had paid. He said he began with $25. a month. I said: "There is no graduate of our school that would take a private hospital position for $25. a month;" and he said he had had no difficulty in keeping his hospital supplied with a good grade of nurses at that price—that a great many nurses were weary of private nursing and were glad to do it. I didn't know what it meant in New York, but certainly in Rhode Island, nurses were not willing to work for that.

The President. Sorry as I am to suggest the end of this discussion, I am afraid we shall have to think of going on to the next paper.

I will now call on Miss McMillan for her paper on The Physical Effect of the Three Years' Course.

THE PHYSICAL EFFECT OF THE THREE YEARS' COURSE.

By M. Helena McMillan.

This report can, at best, claim to give only an approximate idea of what the schools are doing to care for the health of their nurses and the results attained by a few, for as there are, conservatively speaking, only a thousand hospitals in the United States, it is possible to get into intelligent touch, as to conditions, with but a small number. Of the institutions selected from which to request information, twenty-three answered the list of burdensome questions, and from these responses to inquiries extending over a period of three years, the
following has been attained: Among a total of 2163 nurses, of whom 1639 are pupils, there have been 72 cases of typhoid fever, 13 cases of pneumonia, 24 cases of tuberculosis. There were also reported 31 cases of scarlet fever and 44 cases of diphtheria, but as these were not in reply to a direct question and were not reported upon by all the twenty-three schools, they probably do not represent the total figures of either disease; thirty-eight nurses were operated upon for appendicitis; a few for other causes; while isolated instances of rheumatism, erysipelas, measles, infections, and heart disease, complete the list of those classed among the minor ailments. In twenty-one of the schools, with a total of 1544 student nurses, from all causes, there have occurred sixteen deaths, while sixty-two pupils have been compelled to give up their training through physical inability.

Nine of these hospitals report no tuberculosis among their nurses within three years; thirteen have had no pneumonia, and, better still, two have had no typhoid fever. Nine have had no deaths, within the same period, and in five schools not a single pupil has been compelled to drop out on account of her health. On the other hand, two hospitals have each had seven cases of typhoid fever out of the total seventy-two; one reports six cases of tuberculosis, another four, others two or three. The largest number of deaths reported from any school within the stated three years' period is two—four having had that number. One has had eleven dropped for ill-health, another nine, one seven, another four, while in the majority of schools one, two or three pupils, for physical reasons, could not complete their training. In studying the replies of the schools, there is small opportunity given to suggest cause for the above differences. Of the hospitals acknowledging seven nurses having typhoid fever, one states that there was an epidemic in the city. The school reporting the largest number of cases of tuberculosis among its nurses says that "there have been a large number of tuberculosis patients admitted into the general wards of the hospital mixed with the other patients." Another states that although tuberculosis patients are not re-
ceived into the hospital, that out of 3911 admissions, sixty-two medical and fifty-six surgical cases, entering for other causes, were found to have tuberculosis.

A third, claiming not to admit phthisical patients, during one year received 188 cases for tuberculous conditions primarily. Of these, thirty-one were medical, while in eight of the 157 surgical cases there was also tuberculosis of the lungs or larynx. Instances were cited of patients treated for surgical trouble, other than tuberculosis, remaining in the wards for some time before chronic tuberculosis was recognized; while not infrequently bedside notes mentioning a "cough with expectoration" or "sedatives given for cough" might at least lead one to think that examination of the sputum was in order. No danger being so great as the hidden one, it is not remarkable that there is tuberculosis among our pupils when they are called upon to nurse the disease without a knowledge of that fact. Twenty-four cases of tuberculosis among 2163 women may not seem large, but each one means more or less of a tragedy—possibly a shortened life, usefulness ended, ambitions given up. At least some of these might have been saved had there been greater care on the part of those responsible for the entrance and examination of patients.

To be sure of original good health on the part of the young nurse, eleven of the twenty-three schools require a physical examination during or at the end of the probationary period. Among this number are some of the large city and county institutions of the country where necessarily the pupils are more exposed than in the schools connected with smaller hospitals. In these eleven schools, with 1069 nurses, there appear eleven cases of tuberculosis, eight of pneumonia and thirty-one of typhoid fever, while in ten of them eight deaths have taken place and thirty-two have dropped from the list for lack of good health. Against this, in the remaining twelve schools not requiring a physical examination, among 1094 nurses there have been fifteen cases of pneumonia and forty of typhoid fever; in eleven of these eight deaths have taken place and thirty were unable to complete the course for physical causes. To
prevent flat foot, one school mentions that applicants are advised not to purchase working shoes until arriving at the hospital, where their feet are examined by an orthopedic surgeon and advice given as to the necessary shoe; while if there is a tendency to flat foot, casts are taken and plates made; heels are raised or lowered as advisable, or other faults of the shoe corrected. This school reports practically no trouble with feet breaking down. Other evidences of care for the nurses in the schools of the country are noticeable. In many cases more attention is now given to the food provided than in former years, this being particularly true in institutions where the food is cooked and served, not in the hospital proper, but separately in the nurses' home. The home for the nursing staff apart from the hospital is becoming more and more a recognized fact. Of our twenty-three authorities, only two have their nurses' rooms in the same building as the hospital; in ten the homes are in adjacent buildings; seven are in the grounds of the institution; while four are at a greater distance. The latter has the advantage of necessitating a few minutes in the air, and when meals are served in the home, repeated walks daily. A few of the schools make it compulsory for their pupils to take a walk each day, while the rest are satisfied with advising them to do so. Four of the nurses' homes have single rooms for all their pupils, while, some of the others report a few rooms with three, four or even six beds, most of them have or hope to have a majority of single and double rooms.

It would seem that a good deal of thought on the part of hospitals has been and is being given to the welfare of their nurses, but with all that consideration there is room for much improvement, while unfortunately two conditions still remain which cannot but affect the health and happiness of the pupil nurse. I mean the long hours of duty, particularly of night duty, and the evening class or lecture. When night comes, the nurse is incapable of profiting by even the most wisely arranged course of instruction, and her energies are mainly required to keep herself awake. This must be especially the case when a day's work of twelve hours' duty has just been completed.
Two schools frankly acknowledge their pupils working twelve hours a day; others ten hours a day and eleven at night; the majority claim a nine-hour day with twelve-hour night; some an eight-hour day with no information as to the night. The eight-hour day, on many occasions in the nurses' life, lengthens itself into eight and a half, nine, or even more hours; for the same good reasons a twelve-hour day, doubtless, at times, becomes thirteen or fourteen. Even worse than the long day is the twelve-hour night duty, because it is both more common and more difficult. The average woman does not sleep well in the day-time; our hospitals are busy places, by night as well as by day, and the night nurse is apt to be hard worked from the time she goes on duty until released, twelve or more hours later. As the services of a tired woman cannot be of the best, from the standpoint of the hospital and of the patient, it would seem wise to shorten the working hours of the pupil nurse.

Doubtless fewer hours for the nurse mean additional burdens for the superintendent, added expense to account for, a larger number of nurses, increase in size of the home. It means, on the other hand, a consciousness of just treatment of the student; a possibility, on the part of the nurse, to profit as she should by her training, and, on account of less demand on her strength the increased chance of escaping some of the diseases to which she now falls prey; and in the end better results for the hospital and better applicants for the school. The time has gone by when the normal American woman craves hospital training so badly as to be regardless of its demands and, even if she believes in the blessedness of drudgery, prefers that that drudgery should have a reasonable limit. The record of health in the schools might be considered a fair one, with possibility and opportunity for improvement. This improvement will have to be made if the schools expect to hold the respect of the public and to continue to attract women of ability. Other educational institutions are expected to improve their conditions and there is no reason why the public should not demand the same of nursing schools. It really seems that the time has come when ancient regulations (such as twelve-hour
duty) will no longer be tolerated and we will be compelled to abolish such and substitute modern organization.

The President. Ladies, the paper is open for discussion. I think I ought to say in behalf of the hospitals and training schools of Philadelphia, that really all nurses and everybody else too, have a perfect right to have typhoid fever here. It is a privilege I trust they don’t all claim. Miss Ayers told us that she found her graduates admitted they were from 30 lbs. upwards heavier when they finished. Are they, in your experience, usually in a worse physical condition, or in a reasonably good physical condition, when they finish their training?

Miss McMillan. I think the women who complete their training are all in better condition, but I think that if we had shorter hours we would have fewer drop out.

The President. The shorter hours a great many hospitals would be willing to give, if they had more nurses; and they are perfectly willing to have more nurses, but apparently don’t find it quite so easy to get them, even when the board is willing to double the number. Has any one thought of that? I expect a good many have thought of it. But whether the nurses are there or not the patients are still there.

Miss McMillan has covered the subject so carefully no one else apparently wishes to say anything. Miss Drown, perhaps you would tell us if in your large school you find the nurses are usually in good physical condition when they finish their three years?

Miss Drown. The school which I represent has not yet had the opportunity of showing really the outcome of the three years’ course, as we did not begin the three years’ course until January 1st, 1906. Previous to that time, we had an optional third year.

Miss Maxwell. How many took the optional third year?

Miss Drown. We came very near having one hundred graduates of the optional third year—ninety-six, I believe.

Miss Lurkin. What percentage was that of the number of graduates in the hospital? What per cent. of the whole number of graduates in the hospital?

Miss Drown. The total number of graduates was about nine hundred, which would include the nearly one hundred graduates of the optional third year.

Miss Goodrich. It would be interesting, perhaps to hear some
comparative statistics of the number of days of illness yearly for a period of years. It is always difficult to obtain accurate statistics, but a careful account kept for three years shows a decrease from 770 days with 70 pupils to something like 350 days with 90 pupils. I agree with Miss McMillan that shorter hours and an admitting physical examination, which would probably eliminate a great many delicate pupils, would make the health record higher. Where it is necessary to take our pupils without such examinations, you must necessarily have a large force who are not strong, and where you are of course unable to relieve them from duty because of the great demand in the hospital service, you again find your pupils taking a longer time to recover, even from an attack of tonsilitis.

Miss Ayers. If you are at a hospital, for instance, with a large amount of contagious work, it is not always the most delicate girls who contract contagious diseases; and that, of course, makes a very large inroad on the average number of days’ illness in your school.

Miss Maxwell. If the nurses start with the right kind of physique they can almost always improve. It is a great temptation to take a delicate, refined girl who you know is going to meet all the requirements of nursing for the best families; and you many times try to carry her through, because sometimes she is stronger and is more able to do the work than she appears.

I had a bit of experience with one nurse who was ill 152 days out of her course. She had been ill more or less all her life and her father tells me now that she is perfectly well. It was worth while taking that girl through, for she is an excellent nurse.

Mrs. Fournier. We have an 8 hour course in our hospital, as against 12 hour formerly; and invariably the nurses, who change from the 12 to the 8 hour system, speak in the highest terms of the 8 hour system as against the 12, with reference to their physical power and condition. They claim that their brain is perfectly clear and they can study ever so much better. They speak in favor, on all occasions, of the 8 hour system.

Along with that, we make no payment. Have paid nothing at all to the nurses, but we do provide uniforms. I hear the discussions and receive applications from a great many young women; and I think that the two things help to balance one another; we have about the same number of applicants as formerly. The
young women discuss the matter in this way: "Well, here is a school that I enter for three years and I shall only be on duty as many hours as I should be in another school with 12 hour system and two year course. I think, surely, that physically, I shall get through it better; but there is no money paid here—I don’t know whether I can manage the expenses;" and some will go to other schools because there is no salary in connection with ours—no money paid by which they can feel that their expenses can be met and they must depend on the home people (or something of that kind) for the means they actually need. Some don’t enter for that reason. Others say: "Well, I want to study. I am entering the school for the purpose of fitting myself for this work and surely, I can have more hours for my study where I am only required to be on duty in the hospital 8 hours a day and I will make the effort; and I have found that we have been very successful indeed, in getting all the applicants that we required; but then we have the disadvantage of having no salary while we have the advantage of the 8 hour system.

The President. Miss Davis requests that her paper be read at a later session.

Miss Maxwell. Wasn’t the place of meeting to be decided to-night?

The President. What is the sense of the Association in regard to the place of meeting?

Miss McMillan. I have been asked to say for San Francisco that they feel they need you very badly way off in the West.

Mrs. McKechnie. Isn’t there a motion before us?

The President. Miss Snively’s motion to go to Cincinnati is before us.

Miss Maxwell. Is it not better for us to accept an invitation for a place where it is possible for some of the members of this Society to go, than a place where none of you probably, or very few, will appear?

Miss Heald. I live in California; and I am sure that it is only a resident of California who would appreciate how very, very much the California nurses need you women out there about once in twenty-five years anyhow; and I think you ought to come there—you ought to make it a point to go there. There are miserable training schools and there are women very, very poor in the profession, simply because they have never had an opportunity to hear
the good things that you people get every year; and I think, as long as the Associated Alumnae is going to be there, that our Superintendents' meeting ought to be there just for the educational work. You won't have the Alumnae meeting there again for years and years; and it would be so very valuable for all the nurses on the Pacific Coast and all west of the Rockies, you might say; and I am sure, you would appreciate, once you were out there and saw how very much your advice was appreciated,—you would realize that what I am saying is all true; they need you and it would be a most magnanimous and glorious thing if you would consent to have it there.

Miss Davis. I agree with the last speaker that we are needed on the Pacific Coast. If we don't intend to make the Rocky mountains a barrier between the eastern nurses and the western nurses, we should go to them occasionally. This is the first opportunity we have had to go in a body to the Pacific Coast and to make those nurses on the Pacific Coast feel that they are one body with us, that we have come for that purpose. I can assure you that they have ideas of their own; and if we separate ourselves from them—we will lose the nurses of the Pacific Coast; they will lose interest in us, there is no doubt of it. They will be strong and vigorous enough by and by to do without us, but we are not going to allow them to do that if we can help it. They will have associations of their own; they will have superintendents' societies of their own, because they have a journal now of their own and we prize it greatly and they ought to have it; yet they recognize ours as the national journal and they will recognize us if we recognize them; and I think it no more than right that we should go to San Francisco next year. (Applause.)

The President. That is a very able plea, ladies.

Mrs. Kinney. How many of the superintendents now present would consider taking the trip to California. All that has been said is absolutely true, I know; at the same time it would certainly not be a very profitable or inspiring meeting if the superintendents advertised to have a meeting and no body went.

The President. That is unfortunately true.

Miss Davis. There was a time, you know, when ten saved the city. If only ten can meet there, perhaps we will do a great deal of good.

The Secretary. There will be a good attendance of the western members.
Miss Heald. I would like to ask if the date of the meeting of the Associated Alumnae is not to be placed in June so that it would be after commencement exercises? I know very many superintendents would be unable to go if it came in May; but I have an impression that it was to be held later, at San Francisco.

The President. I think it was June, but cannot be sure.

Miss Maxwell. May I ask the ladies from California whether it would be possible to get rates? I suppose we are too small a body to get rates.

Miss Heald. There is an organization known out there as the California Promotion Committee; and I am very sure that they would offer very alluring attractions to you; I am quite sure you could get rates.

The Secretary. We could get rates with the Associated Alumnae.

Miss Pindeel. In 1897, I went out with a party who were gone about five weeks, including visiting different points in California; a trip up through the Northwest, a week in Yellowstone Park; and it cost us about $200. each. Of course, at that time it was well known that the railroads offered special inducements and it was stated in California they lost money, but that was about the cost of the trip.

The President. Well, now, ladies, has any body else any remarks to make? Because, if not, we will vote on Miss Snively’s motion that the invitation be accepted to hold our meeting in Cincinnati next year.

A standing vote was taken resulting in 28 for Cincinnati and 20 for San Francisco.

The President. Now the other in favor of accepting the San Francisco invitation.

The Secretary. Many have not voted at all.

Miss Alline. I think there are a number present who are not members of the Society and could not vote.

Miss Paine, the Chairman of the Committee of Arrangements, made announcements and the meeting adjourned.
SECOND DAY.

On the second day of the Convention, May 9th, the meeting was called to order by the President at 10 a. m.

The President: Will Miss Goodrich please read her report of the Hospital Economics Committee.

REPORT OF THE HOSPITAL ECONOMICS COMMITTEE.

Madam President and Members of the Society: I have the honor to present the annual report for the committee of the course in hospital economics. There are registered at present in the entire hospital economics class twelve students. Miss Isabel Jewell, of the Massachusetts General Hospital, who already holds a domestic science diploma and hospital economics diploma, will this year receive a bachelor's degree, having completed four years work.

Senior Class: Miss Josephine Durkee, Blockley Hospital, Philadelphia; Miss A. J. Pring, New Haven Hospital, New Haven, Connecticut; Miss Anna Hedges, Brooklyn Homoeopathic Hospital, Brooklyn, New York; Miss Elizabeth Harcourt, Buffalo General Hospital, Buffalo, New York. The first three of these expect to graduate with hospital economics diplomas this June, having completed the two years' course. Miss Harcourt, having done some outside teaching, etc., which took much of her time, will finish her two years' work, or sixty points, next year.

Junior Class: Miss Ida Marker, Colorado Hospital, Denver Colorado; Miss Nellie Hall, Grand Rapids, Michigan; Miss Edith Muhs, Illinois Training School, Chicago, Illinois; Miss
Krug, Holyoke Hospital, Holyoke, Massachusetts. These receive hospital economics certificates: Miss Martha Cretcher, of New Haven Hospital; Miss Kathryn Deeker, Erie, Pennsylvania; Miss Anne Gibbs Hayes, of Pittsfield, Massachusetts.

Three members of the junior class hope to return, if not next year, some time in the near future to obtain their diplomas. Two, however, have had the misfortune to be ill. We are again indebted to Miss Banfield and Miss Riddle for their interesting lectures, and we are also deeply grateful to Miss Dock, who gave a most interesting course, in lieu of Miss Nutting, who found herself unable to come.

The regular lectures have been supplemented by the following: Mr. Byard, of St. Luke's, on "Purchase and Care of Drugs;" Mrs. Von Wagner gave a very interesting lecture on her work as "A Sanitary Inspector;" Dr. Wood, head of the physical education department, on "Hygiene of the Nervous System;" Mrs. Codley, of the domestic art department, on "Laboratory Work in Urine Analysis."

Mr. Butler, of the firm of Butler and Rodman, architects, gave several very interesting lectures on "Hospital Construction" illustrating with the plans of recent hospitals erected in New York, and also criticised the plans submitted as an examination by the class. We are also very appreciative of the kindness of the training-school superintendents of the hospitals in the city which were visited by the class. They gave much time and valuable instruction.

The appointment of Miss Alline, the lecturer in charge, as inspector of training-schools of New York state, necessitated tendering her resignation for the first of December. We find it difficult to express our appreciation of Miss Alline's years of loyal and unselfish devotion to this course at the Teachers' College. Its difficulties have been greater than can be generally appreciated, and have steadily grown. She was able to report before leaving not only a number who were working for the certificate at the College, but an equal number studying to obtain the diploma offered for the second-year course. While her loss was of necessity much felt by the chairman, she so
arranged the details of the work, that the course has gone on unevenly and satisfactorily for the remaining months. Miss Hedges, whom she suggested for a temporary successor, has not only carried on the details of the work admirably, but has been able to continue the necessary studies for a diploma. It is her purpose to do some further work at the college next year, and we trust we shall be able to secure her services for such details of the work as Miss Nutting will be unable to handle.

We shall have to ask the Association to continue its efforts to raise the sum necessary to carry on the yearly expenses, which is about $600. I beg to call your attention to two or three items in this brief report. We have this year one of our students completing a four years' course at the Teachers' College, which entitles her to a bachelor's degree. It was much doubted whether any of our students would be able to spend the two years necessary to obtain a diploma. Last year this was obtained by one. Three will complete their two years this June. Three members of the present June class intend to return, and above all, one of the most brilliant and intelligent minds in our profession has been given the professorship in the Teachers' College, and has promised to give every moment of time that can be spared from the broader work she has been appointed to undertake, to developing and improving this most valuable course. We cannot but be grateful for the steady if not rapid progress these returns give evidence of; neither can we fail to realize how firm a foothold our course has obtained.

None of us who have been harassed by the details of equipment and overwhelmed by the difficulties of administration can fail to appreciate what this course can and should be to the institutions being erected yearly all over the United States. That Miss Nutting can do for us what few could, we realize, but have we any right to impose so heavy a burden? And may I again call your attention to the fact that should Miss Nutting be unable for any reason to continue in her work, her successor would not necessarily be a member of our profession? Can we not this year make some united efforts, through our own
large body of women, representing a still larger number, to
obtain the necessary sum for the endowment? I believe the
opportunity before us is unusual. We have a course estab-
lished in Columbia University. We have a member of the
profession undertaking a field of work which will be exceed-
ing valuable to us in our own. We have that great depart-
ment in New York, Bellevue and Allied Hospitals, erecting
costly and well equipped buildings, and an unusually broad-
minded and progressive board over the training-schools, who
would, I firmly believe, be willing to be of any possible assis-
tance in the higher education of the profession. We need to
best carry on that work, our own endowment, that we may
control our appointment and further the best ends of the
Society.

Miss Goodrich. We have this year a member of our profession
intensely interested in the work going to the Teachers’ College,
whose assistance will be invaluable. Her own burden will be very
heavy. We have in that great city plant, Bellevue and Allied
Hospitals, a department which is erecting new and splendidly
equipped hospitals. We have back of us a School Board which
is exceedingly broad-minded. Mrs. William Church Osborn (whose
husband was mentioned as having helped us incorporate, and whose
mother-in-law was really one of the founders of the Bellevue
School, and an Honorary Member of our Society), is a woman
of exceedingly great breadth of mind, and very much interested
in all the progress of woman’s work. She is a sister of Miss
Grace Dodge with whose name and whose interest in the higher
education of women we are all familiar. I am sure we would
have the cooperation and the assistance of that Board in using
Bellevue. I do not say so officially, but I am confident that we
should be allowed to assist the work greatly of the Course on
Hospital Economics.

It does not require a very great vision to see in the future what
might be the development of our work. A preparatory school
in some way may be connected with Columbia University, for
which it is true, we need a large endowment. The pupils would
then take their course in the hospital returning to the University
for the Hospital Economics course, which should make our women
proficient as institutional workers, and our need for these women is very great. Do we not know that our kitchens and laundries are not rightly managed? We listen to excellent papers year after year on these subjects, and we go home so overwhelmed with work that we cannot put the knowledge obtained into practice. We attempt to equip a Nurses' Home, and we find no one who has had the experience to do it economically and artistically,—no one conversant with the latest equipment for hospitals, and we see frequently large sums expended in equipment that has already been tried and discarded in other institutions. You all know that this is what our course was meant to provide.

I should apologize for taking so much of your time, but I do believe we could raise the money for this endowment, that we could then place a woman there who can expand and develop the work, and above all it should be our own endowment and our own Chair.

Miss Banfield has asked me to read a letter written by Miss Nutting before she sailed:

Baltimore, May 2, 1907.

My dear Miss Banfield,—

I hope very much the subject of the Hospital Economics course and its endowment will find a large place in the programme of the coming convention, and that at this meeting unusually active measures will be set on foot to give the course a permanent place and to secure its future maintenance. The time has come to take hold of it with energy and enthusiasm and to use every means in our power to develop it as we know such a course should be developed. It is needless to say that I shall give all the time and thought I can to it during the coming year, but as my work will not lie entirely in that direction it is essential that this particularly important work should be provided for by placing at its head one of the very best members of our profession who can be found to undertake it. Our Society of Superintidents is now a large society, and while many have given yearly for several years to the support of this course, there are many who perhaps have not yet made any special effort towards its support. I urge that each member undertake or pledge herself to obtain a certain sum for this endowment, and it is my firm belief that the work which has already been done there is sufficiently valuable to justify us in
seeking through our friends in every quarter to obtain the needed amount for this endowment. The right measures will I am sure suggest themselves as the subject is discussed at the meeting, and I only write this as a further plea on behalf of the higher educational work for nurses in which we are all interested, and which at this time is in greater need than ever of our united and unavering support.

With kindest regard and best wishes for the success of your meeting, believe me,

Yours faithfully,

M. Adelaide Nutting.

The President. Ladies, before we proceed to the discussion of Miss Goodrich's very interesting remarks I think possibly it might be well to have Mrs. Gretter's paper, which Miss Riddle has kindly consented to read.

[So ordered by vote.]

WAYS AND MEANS OF RAISING AN ENDOWMENT FUND FOR A CHAIR OF HOSPITAL ECONOMICS.

By Mrs. L. E. Gretter,
Principal of The Farrand Training-school, Harper Hospital, Detroit.

During the years since there has existed in this Society a Committee on the Hospital Economics Course, every report of that committee has emphasized the importance of the need of the course and the evidence of its value. In every report there has furthermore been an earnest appeal for necessary funds to develop and maintain this course. Its origin was a farsighted movement. It was in the creative mind of Mrs. Robb, as you all know, that the idea had its inception. She was one who had a vision of the great possibilities of the profession of nursing. She saw that in order to realize higher education and a uniform curriculum for nurses, the superintendents of training schools for nurses must become better qualified to
teach. She promulgated a plan, which met with a responsive and active sympathy from other superintendents, many of whom have given of their time, labor, and money toward the organization and establishment of the course. The need of broader training, of a deeper knowledge, and of scientific methods of imparting knowledge, has, I am sure, been keenly felt by many of us who have the responsibility of teaching and training nurses. Experience is a great teacher, but it is not sufficient to meet the standards of education which must be advanced in order to establish nursing on a professional basis. Much time and energy are consumed in acquiring any knowledge of the principles and methods of teaching, solely by experience. To be most effective, experience should be combined with scientific training.

We who have had only our experience as a guide in groping our way, should give our unqualified support to a movement which will enable those who profit by it, to carry on the education of nurses far beyond the point to which we have brought it. This is a movement which should interest not only superintendents of training schools, but every nurse in the profession. There is not one of us who is not in a position to make a direct appeal to at least a few nurses, and in this way endeavor to arouse an enthusiastic interest on the part of the many. By giving every nurse the opportunity to assume her share of responsibility in raising the fund, we would be using the most effective means of raising the educational standard of nursing. We want the one hundred thousand dollars to establish the chair, but we want above all else to develop in our profession that spirit which shall be keen to discern, and quick to grasp every opportunity of furthering true education.

The great object which is before us, because of its high aim and universal significance, furnishes us with the opportunity for that concerted action which is a powerful factor in creating this spirit. The plan suggested by Miss Palmer in the *Journal* a few years ago, that every graduate nurse in the country contribute to the fund the sum of three dollars, or an equivalent of one day's earnings, is practical. In Michigan a move-
ment was begun to work along that line through the State Association, at its first annual meeting in Grand Rapids in March, 1905. A very able paper, setting forth the object, was read by one of the members, and her arguments in favor of it were most convincing. The result was that a committee was formed then and there to start the work at once. The committee was composed of representatives from the various alumnae associations and nurses’ societies throughout the state. They decided that through their own personal efforts, and through the local sub-committees, which were formed later in the various associations, a direct, personal appeal would be made to every nurse in the state for the sum of a day’s earnings. A circular letter and a blank form for the convenience of the contributor and the collector, were sent to every nurse in the state. They read as follows:

Dear Madam:

To further facilitate the raising of a fund toward the endowment of a chair in Hospital Economics at Teachers’ College, Columbia University, the Michigan State Nurses’ Association has decided upon a systematic plan for concerted action whereby each graduate nurse may be given the opportunity to do his or her share in the matter.

The total amount required to be raised by the graduate nurses of the United States for this purpose is $50,000.00.

The amount asked for per individual is $3.00.

(1) If you belong to a Nurses’ Club or Alumnae Association you are asked to help make an organized effort for this purpose;

(2) If you do not, you are asked to make your personal contribution towards it;

(3) Whether you belong to an organization, or are simply an individual worker, you are asked to try and get the support of all graduate nurses who are not identified with any association;

(4) All money raised for this purpose shall be sent to the Treasurer of The Michigan State Nurses’ Association, Miss Mary Fletcher, Grand Rapids, Mich.;
(5) Kindly send the money either by registered letter, post-office money order or New York draft.

Such individual effort will make the concerted action that will assure success. This is your opportunity towards the permanent establishment of means that will assure higher standards and more uniform methods in our profession.

M. E. SMITH,
Chairman Ways and Means Committee.

Approved:

S. E. SLY, President.

FORM OF MICHIGAN STATE NURSES' CONTRIBUTION TO THE ENDOWMENT FUND FOR THE COURSE IN HOSPITAL ECONOMICS, TEACHERS' COLLEGE, COLUMBIA UNIVERSITY, NEW YORK CITY.

Name of Sender........................................
Address of Sender........................................
Total Amount Sent........................................
Form in Which Sent........................................

(Registered Letter, P. O. Money Order, New York Draft.)

Kindly remit all collected by April 15, 1905, to Miss Mary Fletcher, to give time to make report at the Associated Alumnae meeting, to be held in Washington the first week in May.

Make out and keep duplicate copy of this form as filled out and signed by the sender.

Signed........................................
Address........................................

Date........................................

Sender.

The response was encouraging. The sum contributed within two months was $238.25. Up to the present date it has been increased to $517. Included in this sum there are some collective contributions. The Alumnae Association of the University Hospital gave $12, and later added $24.13, which was
the surplus of the money for their entertainment of the State Association, which met in Ann Arbor in May, 1906. The Graduate Nurses' Association of Jackson donated $39. The Grand Rapids Nurses' Club gave a card party, and contributed $18, which were their net proceeds. The Wayne County Graduate Nurses' Association donated $100, which was a part of the balance on hand after the entertainment of the Nurses' Associated Alumnae in Detroit in June, 1906.

The privilege of contributing to this worthy cause is presented to the members of every new graduating class in our training school. The response to their opportunity has been favorable enough to encourage me to recommend that means to other superintendents. The nurses in Michigan are fortunate in having had as a leader in this movement Miss Mary E. Smith. Her successful work in so many lines of educational and professional advancement inspired us all with a faith in the success of this undertaking. Her removal from our ranks by sudden death at her post of duty, a few months ago, has saddened our hearts, but we have the rich legacy of her fine example. It will serve to give us a larger faith, and a deeper understanding of the powerful influence of a noble womanly character. In a letter to me shortly before she died, she made these statements, which, being impersonal, I may be permitted to quote: "I feel that it is so well within the power of the graduate nurses of the United States to endow their own chair of hospital economics that the work ought to be well pushed. It would be a lasting monument to their belief in the higher education of nurses—and they would be so proud of it! It would create an esprit de corps of inestimable worth. Were I actively engaged in the profession I certainly would throw myself heart and soul into that effort. I am convinced to-day as I was when I first wrote to you that it can be done. The thought came to me as a true inspiration, and my confidence in it is just as great—no, greater, than when it first came. I have had ample time for reflection, and I know it is thoroughly practical. I hope you will keep the matter stirring in Mich-
The movement certainly will be kept stirring in Michigan! The beginning that has been made toward the achievement of our great purpose is, we believe, an earnest of its final accomplishment. In order to attain the object I feel impelled to urge with great emphasis that we secure now the hearty cooperation and the concerted action of this Society, of the Nurses' Associated Alumnae, of every state and alumnae association, and of every individual member of the nursing profession in the United States.

The President. Ladies, some three or four years ago Dean Russell of Teachers' College called the Advisory Committee which you had appointed, together, and asked them whether they thought this work was really worth going on with and whether they thought that the students had got enough out of it to justify its existence; and we could only point out to him that we thought it sufficiently worth while to give time which we could ill afford and what money we could beg, borrow or raise, toward it; and that we thought that the students did think it was worth while; although we very frankly told the dean it was far from what we hoped it would be in the future. He seemed rather impressed with those statements. The committee that met was small; I think it consisted of Miss Nutting, Miss Goodrich and myself; but the dean said in that case we must see whether we could not raise enough money to have a permanent instructor in charge of that course and a regularly endowed chair and give it the same importance (if it deserved any it deserved that) as the other instructors' studies and chairs had; and he took a good deal of trouble in helping us draw up a circular of appeal for funds. His scheme was a very practical one of writing to each student and asking each hospital economic student—what their opinion of it was and whether they thought that what they got out of the course was worth while, whether it was worth while continuing; and the dean told me he was quite surprised at the result, because the verdict was unanimous. The reasons given for its being worth while were charmingly naïve. Some of these letters were incorporated in the circular issued.

The result of this circular were a few pledges for a limited time, perhaps one or two payments, and for the one year; but
we did not succeed then in raising this endowment fund; but you can see for yourselves that since the dean has appointed Miss Nutting to a somewhat wider post than the charge of this course only, he does believe in it, the college authorities do believe in it; and they did not start off by believing in it, I can assure you. The dean said to me a couple of years afterwards: "You know, we did not know any thing about trained nurses and we weren't sure we wanted to know any thing about them; but the feeling now, of the whole college, I think, is entirely different;" so the college authorities think it worth while; the students think it worth while; and you can see what Mrs. Gretter and others think of it. There are two past students here to-day. Miss Parsons may I ask what you think of it?

Miss Parsons. I think it is simply invaluable. Of course, it has improved very much since I was there; but the $700. it cost me to stay there that eight months and the loss of that year's salary I never could consider a moment. I would give a good deal if I felt I could get off and take the second year. My work every day has been much richer; my pupils have had much better advantages in every way; and I am sure I have been a better worker for that course.

The President. Miss Tracy.

Miss Tracy. I will say my good word and very best word for the work of the Teachers' College. No problem has presented itself to me in my work since the day when I left, which has not been influenced directly for the better and in the clearest way, for the work which I went through—the very effective work of the staff of Teachers' College. (Applause.)

The President. Miss Wheeler, also a student.

Miss Wheeler. Teachers' College did a great deal for us, although at the time it was not organized as it will be later; but the students under me have benefited a great deal from my experience there. They have become broader, and have had better instruction. As far as the financial part of it is concerned, I never regretted for a moment the amount of money that it cost me personally.

The President. Miss Ahrens.

Miss Ahrens. I have been able to do work that I know I never could have done had I not taken this course at Teachers' College; and while, as Miss Wheeler said, when we were there
we thought the work was not perhaps just what we wanted, we realized perfectly that it was a new venture and that the course had only been organized for such a short time we could hardly expect what we really wanted; but I know my students who have been there since then received more; and I hope to go back and get the second year later on. (Applause).

The President. The work is not yet all that we want. Miss Goodrich has stated, I think, enough to show you that we don’t consider it what we want even yet; and when we get that, as our custom is, we will want something still better. We feel it has considerably developed since the former speakers were students, as they tell us; and of course we see shortcomings—many of them I don’t know that we don’t see them more than the students do; because we have a very definite idea that we want to make it exceedingly practical; and I think that is borne out by all the statements. Has any one else any thing to say?

Miss Dolliver. I had charge of the reorganization of the training school at the Massachusetts General Hospital. It was my privilege to have as assistant for two years one who was a graduate of the first class at the Teachers’ College. She really worked a revolution in the teaching, especially in the teaching of domestic science. I think our cooking classes had before that time been looked upon as something that must be done, rather than part of the teaching that was really enjoyed; but under Miss Gorman the practical cooking lessons really became one of the most popular parts of the course. Her teaching of the subjects of anatomy, physiology, and materia medica was most practical and very interesting to the pupil nurses. My sympathies, of course, are very strong for that course, and my interest in it very great.

The President. We are all convinced, apparently—at least, a good many of us are convinced—of the value of it. Miss Ross has devoted a good deal of thought to the matter.

Miss Ross. I think Mrs. Gretter’s paper explained what I had in mind—each nurse pledging one or two days’ work to the course; but the point is, that we must not put it off; it has got to be done and done at once, if we are going to have our chair endowed by the fall. I think if each one here pledged themselves to give one day’s work and each member of the Associated Alumnae did the same there is no doubt that we would have the hundred thousand
dollars, which is more than we thought it would be. I was told that $75,000 would endow the chair; a few members of our school have already pledged $600. toward that amount. (Applause.)

The President. Are there any suggestions from the floor in regard to raising this money?

Miss Riddle. I was very much impressed with that part of this paper of Mrs. Gretter which referred to the State Associations and I want to speak for the nurses of Massachusetts. We may be unable to get bills passed (Laughter) but we shall not be the last in this. I wish to pledge the Massachusetts State Nurses' Association for the sum of $100. of this money (Applause.)

The President. There must be some little misunderstanding in regard to the necessity of continued help since the appointing of Miss Nutting. It has been brought to my notice once or twice that it was thought that everything had already been done, and a chair been granted by Teachers' College and that there was no further need for maintenance and that the necessity for endowment was in the far distance; but, as you can see from Miss Nutting's letter, Miss Goodrich's report and Mrs. Gretter's paper, that is not so. This Society is still responsible for that course, and responsible for its being carried on. Miss Nutting’s appointment is a college appointment, and she does not belong exclusively to this course. The attention she gives it is part of the attention which she will give to other interests as well; so that this Society is just as responsible for it as it ever was—one might say more so, because the longer time you continue to be responsible for a thing, the more responsible you are! (Laughter.) That is quite good sense; if it doesn't sound all right it is all right. Has any one a suggestion to make for the appointment of a committee to take charge of the collecting and working of this matter up amongst the members?

Miss Maxwell. I would like to say we are in a position also that if Miss Nutting should not continue there—of losing all interest in the place unless we have something to fall back upon—I will say for New York City that I will be responsible for $100.

The Secretary. I will be responsible for $100 from the District of Columbia; and I would like to make two suggestions. One is, that perhaps there would be no objection to personal pledges here and now of the members present for the one day's work as suggested by Miss Ross; and the other, that a committee might
be appointed from this body to receive those collections on the spot after the meeting. (Applause.)

Miss Lurkin. I pledge $25.
Miss Ayers. I pledge $25.
Miss Payne. For the State Association of Pennsylvania, I pledge $100.
Miss Lurkin. For our school, I pledge $50.
Miss Albaugh. For the Graduate Nurses' Association of the State of Connecticut I pledge $100.
Miss Ahrens. As I am told that in Illinois we have $11. toward this fund I will be responsible for $100. more from the Illinois State Association.
Miss Anderson. I pledge $10. each year until fund is completed.
Miss Sanders. I will collect $100. where I can.
Miss Riddle. I will agree to collect $100.
Mrs. Fournier. I pledge $100. from Indiana.
Mrs. Quintard. I pledge myself for $25. personally; and I engage myself to collect all I possibly can.
Miss Goodrich. I would move that all subscriptions or pledges be sent to Miss Alline, the Treasurer.
Seconded by Miss Dolliver, and carried.
Miss Ross. I move for as many as possible to turn in pledges by September 1st and to make January 1st the time limit.
Seconded by Miss Riddle and carried.
Miss Brown. I pledge the Boston City Alumnae for $100.
Miss Payne. How much money has been pledged this morning?
The Secretary. $1046.
The President. The next in order is the report of the auditors.
Mrs. Kinney. The accounts have been examined and found correct.
Upon motion, the report was accepted.
The President. Is there any new business?
Miss Walker. On the subject of the demand for, and supply of student nurses, I hope the members have come prepared to take some action. We discussed this question last evening and are agreed that there is a shortage. I think that the Society should take some action and see if something can not be done to help matters. A suggestion came to me this morning in the fruitful half-hour between waking and rising. It is this:—that
a pamphlet be published by this association setting forth the advantages of a nurse's training; containing a warning against short-course, and correspondence schools; and giving the names and addresses of schools recognized by our Society. And that said pamphlet be placed for sale, and advertised in such a manner, as to attract the attention of qualified women. (Applause.)

The President. Ladies, ours is a very practical profession, and a practical suggestion is always welcomed by us all, I am sure. Has any one else any remark to make?

Miss Dolliver. I would like to endorse it most emphatically.

Miss Keith. Would it be possible that it might be given away, instead of being sold?

The President. That depends entirely on the funds at command.

Miss Ayers. I would like to suggest that it be published in some magazine of wide circulation.

The President. Miss Maxwell suggests the Outlook.

Miss Maxwell. I know we owe it to the Outlook, because they took out the Chautanqua advertisement after one month.

Mrs. Kinney. In line with this same thought I would like to present for the consideration of this Society the troublesome question of the quasi Red Cross nurses of this city. I know that the new organization, the National Red Cross Society, has made every effort to control the abuse of this emblem for commercial purposes. I also know that they have not been able to accomplish anything in the particular case of this irregular school.

Because the office of the Surgeon General has on file the application blanks of nurses from all over the country, the papers of nurses applying for duty in Panama are referred to me unofficially, in the hope that I may be able to throw additional light on the qualifications of the applicant and her probable suitability. Among such recently submitted was the application of a graduate of this "Philadelphia School for Nurses"—as I think this institution calls itself.

The President. We know it locally here as the "Witherspoons."

Mrs. Kinney. Well, the Witherspoons—that was an application from one of these Witherspoons.

The President. That is the name of the office building where they first lived. They don't live there any more.
Mrs. Kinney. The Civil Service Commission allowed this nurse to submit papers and the percentage of correct answers to these theoretical questions was sufficiently high to give her a place among those who were eligible for appointment to duty in Panama. If I had not chanced to see these papers it is probable she would have been sent to the Isthmus as a graduate nurse in good standing! I fancy that the Civil Service Commission does not concern itself with the standing of the schools from which candidates for examination graduate.

It appears that the injuries inflicted upon our profession and the public by this school are so numerous and varied in character, that we should be ready to fight it at every possible point. I would therefore suggest that some action be taken by this organization with a view to informing the Civil Service Commission that this school is wholly irregular,—its graduates can not be properly trained—and therefore ought not to be admitted to examinations leading up to positions which can only properly be filled by graduates of recognized schools. I might add that I explained the situation fully to the appointing power of the Isthmian Canal Commission, and this gentleman is prepared to turn down any future applicant from this source.

Miss Pindell. In New York State, only registered nurses are permitted to take Civil Service examinations.

The President. I think we will be glad to take the matter up in a moment, if we can just dispose of Miss Walker’s motion, which has been seconded by Miss Dolliver; all in favor please say Aye; all opposed, No.

The motion is carried.

Do you wish to leave this matter to the disposal of a committee to be appointed, I suppose by the Chair, or will you vote a fixed sum for expenses?

Miss Keith. I think the training schools short of applicants will be more than willing to contribute for the publication of such a pamphlet.

Miss Maxwell. I suggest that it be left entirely to the committee; and if we get into debt, we meet it next year.

Miss MacMillan. I think it is really a very important action; and it will be of great benefit to all the schools and to the Society, too; and I think that any money would be well expended. I move that the expenses be met by the Society.
Seconded by Mrs. Kinney, and carried.

The President. Have you any idea, Miss Walker, as to how many thousand copies would be required?

Miss Walker. It would have to be distributed throughout the United States and Canada.

Miss Alline. The Educational Department of New York State would distribute these throughout the State free of expense to the Society, and that would amount to something in postage.

The President. I appoint Miss Walker, chairman, with power to select associates to draw up this pamphlet.

The next question in connection with this is Mrs. Kinney's motion that this Society take up the question of bringing to the Civil Service Commissioners in Washington the fact that the graduates of these correspondence schools should not be admitted to the civil service examination—nurses who are not properly qualified, even if they can pass theoretically.

Seconded by Miss Davis, and carried.

The President. I appoint Mrs. Kinney the chairman, to draw up this letter with Miss Davis, such a one as will be acceptable to the civil service and will convince them of the justice of our course.

Mrs. Kinney. It seems to me that some steps should be taken to prevent the Bureau of Education from including such schools in their reports.

The President. Are they included in their lists?

Mrs. Kinney. I am not sure that they are, but we should inform ourselves on that point and see that they are not so included. Those who know little about such things would naturally regard the reports of the Bureau of Education as authority as to what were and what were not “professional schools.” It is too late to lock the door after the horse is stolen!

The President. As that is also a federal department and you are right there in Washington and known there, would it not be a practical suggestion to put that in the form of a motion and have it included in the request that the Society makes them?

Mrs. Kinney. I move that in addition to notifying the Civil Service Commission as to the character of these schools, the Bureau of Education also be informed that as the training there given does not conform to acknowledged standards, such schools should not be included in official reports of “professional schools.”
Seconded by Miss Dolliver, and carried.

Miss Parsons. I just suggest that there are possible difficulties in the way of these people discriminating between the correspondence schools of nursing and the correspondence schools for the study of law, bookkeeping and various things which really are recognized. I have known those who have taken the correspondence schools' course for architecture, mechanical engineering and law, etc., and then have entered the senior year of professional schools; so the educational department I think, recognizes some of them.

The President. That is undoubtedly true; and that is exactly, I suppose, what this committee would do—that they would endeavor to bring to the notice of the Commissioners that there is a great difference in the teaching of nursing, law and architecture.

Mrs. Kinney. That was strikingly brought out by an anecdote published in a recent issue of The Journal. An explanation was asked as to the cause of the battered condition of a certain young man: "Oh!" replied the mutual friend, "He has just been for his first horseback ride, having just graduated from a correspondence School of Equitation!"

The President. Has any one any further new business for consideration?

Miss Sanders. Every year a fresh supply of badges is prepared; and the arrangement committee has a large number of these on hand which have, of course, been paid for. It might be a step towards economy to have a permanent badge, which could be got readily from one source and what was not used could be returned and used another year.

Miss Walker. Why should we not have a permanent badge and wear them each year to show that we are members?

The President. Does Miss Walker mean in the nature of a pin, or ribbon?

Miss Walker. Just as the committee would decide.

Miss Sanders. I move that a permanent badge to be adopted by this association for its members.

Seconded by Miss Walker, and carried.

Miss McMillan. I move that the badge be selected by the Council.

Seconded by Miss Albaugh, and carried.

The President. Mrs. Kinney, would you kindly put before
the association what we were speaking about regarding the renewal of the services of this association in time of need which were offered the Surgeon General last year? Miss Nevins will read a letter from him.

The Secretary (Reads):

WAR DEPARTMENT,
OFFICE OF THE SURGEON GENERAL,
WASHINGTON.

May 8th, 1906.

MISS GEORGIA M. NEVINS,
Secretary, American Society of Superintendents of Training Schools for Nurses,
Garfield Memorial Hospital, Washington, D. C.

Madam:

I have the honor to acknowledge the receipt of your favor of the 4th instant, informing me that, at their recent annual meeting in New York City, the members of the American Society of Superintendents of Training Schools for Nurses voted to place themselves upon the eligible list of volunteer nurses for service in case of war or other national calamity, and in reply beg to state that I appreciate this expression of patriotism and will consider it a great pleasure to number the nurses of this Society, representing as they do the pick and leadership of the nursing profession in the United States, among the eligible volunteer nurses.

Very respectfully,

R. W. O'Reilly,
Surgeon General, U. S. Army.

The President. You have heard this letter, ladies; I think Mrs. Kinney has something to say in regard to it.

Mrs. Kinney. You may perhaps understand, ladies, how very proud I am of the action taken by this Society last year; and inasmuch as it is customary for nurses on the Eligible Volunteer List to report to the Surgeon General twice yearly, just to say they are still ready to answer a call, it occurred to me that it might be a graceful act for this organization as a body to report similarly to the Surgeon General. Moved, seconded and carried.
The President. Is there anything more in the way of new business?

Miss Paine. I move that the vote on the next place of meeting of this Society be reconsidered.

Seconded by Miss Milne, and carried.

The Secretary. May I explain, for the benefit of those who do not yet understand? The question was put in this way: "How many are in favor of going to Cincinnati?" Then, instead of taking the Noes on that question, the President put it: "How many wish to go to San Francisco?" That was the misunderstanding; members thought they were voting on the Noes for Cincinnati; instead, they were voting on going to San Francisco, which is the reason for reopening the subject this morning.

The President. Has any one anything to say before the vote is put again to the meeting? Would Miss Brent, who has just returned from California, have any thing to add to the discussion?

Miss Brent. I merely have to say this: we would be glad to go, but that it would be rather discourteous to promise to accept the invitation and then only a very small number go when the State has prepared for two or three hundred. That would seem most discourteous.

Miss McKelvie. I understand that the Associated Alumnae are going to San Francisco next year. If a large number went from that Association, it seems to me that it wouldn't matter very much if there were only a handful from this Society.

Miss McMillan. I think there would be a great deal of enthusiasm for the two associations to meet together again.

Mrs. Fournier. I fully appreciate the remarks that were made by the member from the West, who spoke yesterday. Coming, as I do, from the Middle West, naturally I hear a great many reports from the Pacific Coast. We, of the Middle West, appreciate so much the benefit received by coming in contact with this body. I know what it has meant to our training schools and our state associations, etc.; and knowing what it has done for us I feel that there is a great need for us to do for those still further West. I have had several of my own graduates taking institutional positions in the far West and, with one accord, they speak of the difference between the schools on this side of the Rockies and the other. As to the lady who spoke yesterday of the West, I recognized what she said to be both real and true; and I do think
THIRTEENTH ANNUAL CONVENTION.

that this opportunity of going to visit them and taking this body to them should not be lost. I made the motion last night with that idea. I am within six or seven hours' ride of Cincinnati and if it was a personal matter, I should certainly say—go to Cincinnati; but it is a professional matter and I feel we owe it to the Pacific Coast. This is the reason for my motion that we go to California.

Miss Carr. I think that perhaps before deciding the matter it will be well to consider the general body of the superintendents—How much do we as a body get out of our own meetings? I understand that if the meeting is to be held in San Francisco that a comparatively small number will be able to get there; and the great number who are assembled here to-day will be shut out from any benefit that the convention may bring to them.

I don't urge this as a reason for not going to San Francisco. I feel quite as strongly as those who have urged it that we owe something to the Pacific Coast; but, for ourselves, I think we would have to consider that most of us would lose a year, so far as any benefit the majority of the members of the Superintendents' Society would get out of their own meeting.

Miss Riddle. It is not a question of how many want to go, but how many will go, as far as California. I went home when the Superintendents' Society was appointed to meet in Chicago and the meeting was called off; because word came from Chicago that members from the East could not be present—they could not go so great a distance; and I know of two or three superintendents who started and got half-way there and had to turn back because there was to be no meeting. So the question is not so much, Do you want to go—but, How many will go?

Miss Davis. Since we are getting at the truth we must have the whole truth. I think the word came back that they would have no quorum of officers.

The President. Where?

Miss Davis. Chicago. The members were all right, I think, but the officers failed to get there.

Miss Ahrens. There are seven women from Chicago here at this meeting. It seems to me if Chicago can send seven, who travel a day and a night to come, each city can do likewise (Applause).
Miss Riddle. Our experience teaches us that the East does not respond as well as the West.

Miss Snively. I should like very much indeed to go; and while I think perhaps the expense is a barrier, the question of time seems to me the greatest question. How can we, who live so far East, spend nearly two weeks on the railroad. It would be a delight to go to the Pacific Coast, as far as I am personally concerned; I have never been there and I would like to experience the hospitality of the West; and I should certainly endeavor to go, if it is decided to have the meeting in San Francisco; but, still, I think it is very doubtful whether one could arrange for the time.

The President. Ladies, are you ready for the question?

A standing vote was then taken and the majority was in favor of Cincinnati.

Miss Keith. It occurred to me that the vote being so very close it might be a matter for the Council to decide.

The President. No, madam. I think the event shows that the Council had just cause for withholding any arbitrary decision. I will now call for the Report of the Nominating Committee.

Miss Brent. Miss M. H. Greenwood, of the Jewish Hospital, Cincinnati, President; First Vice-President, Miss Maud Banfield; Second Vice-President, Miss Florence W. Henderson, of the Royal Victoria Hospital, Montreal; Secretary, Miss G. M. Nevins; Treasurer, Miss A. L. Alline; Auditor, Mrs. E. G. Fournier, Hope Hospital, Fort Wayne, Indiana; and two new Councillors—Miss Annie L. Goodrich, of New York, and Miss M. A. Nutting, of New York.

The President. Nominations from the floor are in order, ladies.

Miss Brent. Members are asked, if they so desire, to send in names for these offices and they will be put on the board.

Miss Snively. Is there anything in our Constitution which prevents accepting these nominations as they stand?

The President. Absolutely nothing.

Miss Snively. I move that we accept the nominations presented by the Nominating Committee.

Seconded by Miss Maxwell and carried.

The meeting adjourned.
EVENING SESSION.

The evening session opened at 8 p. m., the President in the Chair.

The President. I will ask Miss Dock if she will make her announcement in regard to the Paris Conference. I am sure I need not introduce Miss Dock to any of you. (Applause.)

Miss Dock spoke at length of the approaching Nurses' Conference in Paris, emphasizing its educational importance and expressing the hope that the Society would be well represented there.

Miss Maxwell. I would like to move that Miss Nutting, who has already sailed, represent this Society in Paris.

Seconded by Miss Dolliver and unanimously carried.

Miss Dock. That will be very nice; because she has promised to go, and she is going to read a paper on preliminary training in hospitals.

The President. The Council has asked that the Society give attention to something that Miss Maxwell has to put before you, which they think is of interest to all nurses. I will call upon Miss Maxwell to explain just exactly what that is.

Miss Maxwell. I am glad of this opportunity to speak on a subject that has very long been near my heart. That is, the necessity of trying to induce the young nurses to save their money and to look out for the rainy day. The alumnae associations, of course, have done a great deal in providing benefit funds and they have also, I believe, loan funds that are available when sickness overtakes any of their members. All superintendents undoubtedly know that there are nurses who would need even more than these associations can provide; those, for instance, who have been very generous in providing for their own families, or helping others dependent upon them, as we know a great many of them do. There are others who have made unfortunate investments because of the lack of time for proper investigation. Several nurses have been speculating of late and some have lost large amounts of
money in that way; and it seemed to me that if they could be induced to save something which would be of permanent use to them toward the end of their lives—after they were 50 or 60—it might be a great advantage.

You probably all know that when nurses become seriously ill, or acquire a habit (unfortunately, numbers of nurses have acquired a habit), they have often to be looked out for by other people. If they have others dependent upon their earnings they have to either borrow money or receive aid. If they are trying to keep up insurance they have to lose what has been paid in unless premiums are paid promptly. The nurse who conducts registries must be quite familiar with the difficulties into which the graduate private nurse falls when unemployed, room rent and food must be paid for and sometimes the "wait for a case" extends over weeks at a time. These are points we ought to bring to the attention of the young nurses. They think that everything before them is flowery, and that altho their work may be hard they will be always well-paid. This is only true when they are employed, and it should be impressed upon them that the time at which they ought to save is in the early days of their career.

Through the kindness of Miss Sargent, who is very much interested in this question and who is connected with the St. Barnabas Guild and the News Letter, we have found that an annuity can be obtained for nurses from the Travelers' Insurance Co., of Hartford, Conn. This matter has been looked into very thoroughly by Miss Sargent and her friends and has been endorsed by some of the very best leading men in the country; Grover Cleveland and Mr. Choate have looked thoroughly into it; they have not signed the endorsement, because both of them are connected with insurance companies; but they say the business part of it is thoroughly reliable. Mr. Higginson and Mr. Lowell have also looked these papers over, and they say that "We have examined the offer made to the nurses of America by the Travelers' Insurance Company of Hartford, Conn., and we believe that any woman dependent on her own labor can wisely accept this offer and provide in this way support for her old age." We have it also endorsed by Kidder, Peabody & Co., of Boston; and I think we are going to have some endorsements in Philadelphia and New York.

I would like to just briefly outline this offer, which you perhaps as a Society may recommend to nurses; at least, that is what we
would like to have done. We wish to have it recommended to the Associated Alumni, and would certainly like to have the endorsement of this body, in order that nurses may be able to receive annuities through savings. (Reads).

The President. Ladies, you have heard this extremely interesting statement from Miss Maxwell; have any of you any questions to ask?

Miss Dock. In what state is this company chartered?


Miss Dock. The law provides for it all to be honestly administered?

Miss Maxwell. I suppose so; as these gentlemen have looked into the business. It is the Travelers’ Insurance Co. of Hartford, Conn.; and I think it is incorporated under the laws of Connecticut. They are not so easy as the laws of New Jersey.

The President. I know the Travelers’ Insurance Co. has a very good reputation as a solid and conservative concern. That is the general reputation that it has in the business world. This in business terms—what is offered you—is what is called very cheap insurance. All insurance is not cheap: as recent revelations in the newspapers indicate it is rather dear; and of course people who insure pay the premiums to these people and furnish all this spare cash; but the terms that are in this paper from a business point of view, as I understand—I do not give it my own authority, because I should not like to offer that to you—but from a business point of view are certainly good. There is no physical examination which is really a rather troublesome thing to go through; and you get in addition the hundred dollars annuity which most of the insurance and endowment policies do not give you. I am sure there must be members who would like to ask more about it?

Miss McKechnie. Would the boards of management for that company consider at all having any representation from the nursing profession on the board of directors?

Miss Maxwell. I hardly think that any insurance company would be willing to have that done. It is a new proposition entirely, and has only just been accomplished. Miss Sargent has been working several months to find companies who would undertake this plan of annuities; she is especially interested in the nurses of Boston and has undertaken the securing of this proposition because of that interest. It has been pretty thoroughly
endorsed by business men; otherwise we would not bring forward
the proposition here. Someone has suggested that we ought to
say that we were not grafters.

Miss DOLLIVER. I would like to say that I suppose a great
many of the superintendents have had occasion to bring some
plan of life insurance to the attention of their graduates or of
their pupils. Miss Maxwell has gone very thoroughly into that
matter. In the years since I have been in Boston, I have known
a good deal about the graduates and those about to graduate in
taking out insurance policies. A number of the nurses have done
so, and before six or eight years ago very few of them had any
insurance at all and a small number of them had systematically
and regularly saved.

I think every nurse has intended to save, has hoped to save at
some time; but everyone has more or less expenses; nurses are
very generous to others, and they are thoughtless about that rainy
day which is apt to come to all of us sometime. A number of
nurses have after many years of activity, come to me and stated
that they had not saved as much as $100; if a nurse has not
done that after fifteen or twenty years of active nursing, she can
hardly expect to save a very great deal in the years immediately
succeeding. I think if nurses could be advised by us to save in
their early years, when they earn the largest amounts and, when
the rates of insurance are much the lowest; if, in addition to
that, we could suggest some plan such as this offered by the
Travelers’ Insurance Co. of Hartford, it would be admirable; and
I believe also they would be willing to listen to your suggestions.

The President. I think one of the difficulties we have all felt
in the way of warmly recommended insurance companies was that
we have had some doubt in our own mind. I have felt that I
could save without insurance companies a great deal better as
regards my own money, than if I went into insurance companies;
and one of my chief endeavors in early professional life was, to
keep out of the way of insurance agents. The most pertinacious
often represent the poorest companies. It is a great comfort to
have one insurance company, as Miss Dolliver says, which
you can feel that has been looked into by people who have no money
to make by looking into it—not the insurance agents, but dis-
interested people whose word can be depended upon, and for nurses
who have calls upon them from their families and from brothers,
sisters, nieces and nephews to educate, insurance is often the only way to save. If they say, "I have to pay up my insurance," their families recognize that; but if they say, "I simply want to save this money and put it in the bank," their family think they are very mean. Nurses have told me that many times. But the most exacting of families do recognize a certain call to pay up insurance premiums; because if they don't they lose a great deal already paid in. Of course, the advantage of this company is, that they don't need to lose it all. Some companies are rather generous in giving back more to those who take out insurance than they guarantee to do; but I need hardly tell you that that is very rare. The physical examination is very often a nuisance, and that you are excused from.

Miss Carr. Was this company approached by the nurses, or did the company make this proposition to Miss Sargent or whoever took it in hand?

Miss Maxwell. I think that they were asked. A large number of companies were investigated, and the Travelers' Insurance Co. of Connecticut was the one that was willing to make such an arrangement for nurses.

Miss Carr. Might we ask one of these members who objects to this plan to give the reason?

Miss McIsaac. I had a very unhappy experience in insurance and with an endowment policy, and it seems to me that it is a very great responsibility to recommend to women—and by women who are not business women to women who are not business women—to put their hard earnings into anything. I believe in doing every thing in the world to encourage them to save their money; but personally I would not for anything assume the responsibility of recommending—on the kind of business experience that I have had—to any woman where she should invest her savings. That is my reason for voting against it, not that I have anything in the world against the Travelers' Insurance Co., or the work that it has done, in any way; but I have seen so much of just that very thing—women investing their savings upon the recommendation of those who had not had any more experience than themselves; and after my personal experience with endowment life insurance I never would put one penny into it anywhere. But it is not on that account; but because I feel that this body of women are not business women; and I could not conscienc-
tiously vote to recommend to any workingwoman where and how she should invest her savings.

I should not have expressed my opinion if I had not been asked. I did not intend to say anything on the subject at all; and I don't for a moment wish to be considered unprejudiced; I have a very decided first, middle and last prejudice against life insurance at the present moment. (Applause.)

The President. As a matter of business, I expect many of you are feeling that you are sure that Miss McIsaac is perfectly right, while she may thoroughly agree with Miss Dolliver, no one who has not suffered feels quite as keenly as those who have; and whilst we may individually have the most entire faith in the Travelers' Insurance, it is quite natural and quite proper in my humble estimation that Miss McIsaac should feel sufficient responsibility to tell what her experience has been. I think it is exceedingly good of her to do so.

If, in view of what Miss McIsaac has said, any one wishes to move to reconsider the vote just passed, it can readily be done. There is no use in being a body of women if we cannot use our privilege of changing our minds. I will add that we must remember this: that this association continues beyond your life or mine; and so does the Travelers' Insurance. Now both bodies may change their constituents, but the voice stands as that of the Society.

Miss Dolliver. If there is no vote for reconsideration, could we have a standing vote on that question?

The President. I will ask you for a rising vote, if that is the will of the Society. All in favor of making that endorsement by the Society, will please rise.

The Secretary. 14.

The President. Will all contrary please rise—this not being prejudicial to your individual endorsement.

The Secretary. 17 opposed.

Miss Dock. Personally, I am going to endorse this movement; but I assure you it is a serious thing for the whole Society to endorse it. I think we may as individuals endorse what we may feel morally certain is good; but for the whole Society to rise and support a business proposition that half an hour ago you had never even given a thought to is a different thing. I don't think we need to hesitate because we have had scandals in our insurance
companies; I don't think we need to hesitate to go on encouraging nurses to insure in a company that is considered to be honest. Of course, we are not business people, but we have always got to take some risks, no matter what we do, and we must try to persuade nurses to save money. I, personally, am going to endorse this, because it looks to me as solid and as honest as any proposition we are likely to be able to get.

Miss Maxwell. I would just like to say that the Academy of Medicine has passed a vote that it will endorse nothing; so I think we should have no feeling in a matter of this kind.

The President. Ladies, we will pass on to the question box. I feel as I did in my early days when I put my fingers into a bran pie and wasn't at all sure what I was going to pull out; and I think the Question Box is going to be quite as interesting. There is supposed to be just a few minutes' discussion on any question of interest to you. I hope all of you will want to discuss them.

The first question I take up chances to be this:

"Several members of a Hospital Staff are exceedingly anxious that in connection with the Nurses' School a training in giving of anaesthetics should be started. Their idea is to give the nurse one year's general training in nursing, after which she will devote her remaining time of two years entirely to giving anaesthetics. They are willing that a different kind of diploma be granted. The points they make are that permanent anaesthetists would thus be supplied the hospital, and that there is a field for these women when trained.

"Would this be an advisable step to take from the point of view of the school and from the nursing profession as a whole?"

Miss Sanders. In case of an accident, would that diploma protect the nurse?

The President. Are there any lawyers here? I am not quite sure that legal protection is needed.

Miss Sanders. I think it is. Anybody cannot administer anaesthetics.

Miss Maxwell. When a sponge has been left in the cavity of the abdomen, has not the nurse always been blamed?

The President. Always been blamed, but she is not legally responsible.

Miss Baker. I was told there is a law against nurses giving
anæsthetics in New York, State. They could be taught theory, but could not give anæsthetics.

Miss Maxwell. I have wished to have it done at the Presbyterian Hospital, but the surgeons there have never been willing. They have allowed it occasionally in the case of rare nurses whom they considered very much finer than others, until they went into the operating room. They have never been allowed to give it in the operating room before a clinic.

The President. I know some physicians in hospitals in this city who have nearly if not quite all their cases in those hospitals etherized by their head nurse. Many of these cases are abdominal sections. So I don’t think it can be against the law in this state.

Miss Jamme. Dr. Mayo, of Rochester, Minnesota, has nurse anæsthetists. One nurse has given upwards of 18,000 anæsthetics; and I believe he was asked at one of his public meetings which he would consider the best anæsthetist and he said undoubtedly a nurse and he would always recommend nurses. At Rochester there are numbers of nurses who are being coached in the giving of anæsthetics.

The President. And these Brothers Mayo are among the best known surgeons in America.

Miss Dolliver. I was told week before last by one of the surgeons in Boston that one surgeon on the staff at the Lakeside Hospital, Cleveland, had a nurse as a permanent anæsthetist; and I think he had had her for two years. This surgeon told me that he would like me to provide a nurse for him. Of course, in the Massachusetts General Hospital it is considered a very important part of the training of the house surgeons that they should have the etherizing of the patients. The pupil nurses have two months experience in giving ether to patients. Some surgeons are however unwilling that anyone but a physician shall be responsible for administering an anæsthetic.

Miss Dock. I don’t understand why this proposition was made—to give to the nurse just one year’s training. It seems to me a nurse might be a good anæsthetist; but that the specialty ought to be taken up after complete and thorough training. Why the one year?

Miss Cadmus. In Chicago, where I saw Dr. Murphy operate, a Sister was giving the anæsthetic; and I understood that was the custom.
Miss McIsaac. I think the administration of anaesthetics by nurses is not uncommon in the West. One hears of it in a great many different cities and towns. I had not realized before, until hearing the discussion this evening, that it was not more prevalent in the East. At one time in the Presbyterian Hospital in Chicago—one of the nurses who was a graduate before she took up this work, gave the anaesthetics for three years; but there was considerable feeling about it on account of the loss of training to the house doctors and it was discontinued. Not that there was ever any question or complaint about the work that she did; on the other hand, she was considered remarkably skillful and trustworthy.

Miss McKechnie. We have a list of special men for all the anaesthetizing for all the patients, and likewise a man paid definitely for private patients. I also know of one member of our staff who is very particular in his operations, who will not have the regular anaesthetist do it for him but he sends for the same special man, who is known throughout New Jersey, and he sends for him for all his private patients. I think it goes to show that the responsibility for giving the anaesthetic is rather more than a nurse should shoulder.

Miss Wilson. Nearly all our private patients have a professional anaesthetist.

The President. Another question: "Some states require a standard of one year high school, or its equivalent for entrance to nurses' school. What should be accepted for an equivalent education? And should capable women who would make good nurses be rejected, when their only objection is their lack of high school education and your school needs them?"

Miss McKechnie. I should make the "good woman" equivalent for one year's high school.

Miss Dock. Why shouldn't we have both?

Miss McKechnie. When you cannot get them both.

The President. Are those the sentiments of the Association?

The Secretary. In my part of the country where I am at present, in contrast to where I was raised, as we say in New England, they have very few high schools with any such standard as prevail in the North. Very many of my applicants, of course, come from the South, further than Washington. Very few, we find, have the full four years in the high school, and upon inquiry,
that four years’ work in the high schools would not compare with what is required in any one of the Northern States; but the applicant’s education is often supplemented by a year or so of what they call a college (not the kind of institution given that name in the North) or a seminary or a private school; and we find that many of these young women are cultivated, write a very good letter, spell well and make an exceeding pleasant social appearance—but their education is not what we get in Canada, for instance, where in almost ninety-nine cases out of a hundred the applicant shows the result of the thorough grounding of the common school education, even if she has gone no further than the eighth grade, but it is quite different in the South.

The President. Those states having registration laws requiring high school diplomas—how do they get along? Anybody have any difficulty?

Mrs. Fournier. They have had some difficulty along that line. The state had included in their bill at first that registered nurses should have high school education or its equivalent, the equivalent to be determined by the Board of Nurses’ Examiners. In the last legislation an amendment was passed omitting this clause so that it is not now necessary for registered nurses to have either high school education or its equivalent. In many cases, as the bill only requires two years of training in general hospitals, the three years’ experience in such hospitals was credited as the equivalent.

The President. (Reads) “What advantage can the large school offer pupils that the small one cannot compete with?”

Miss Maxwell. I have had experience in taking nurses from small schools—quite a little. I find that they cannot take the responsibility. I have put them, in the early days, both in St. Luke’s and the Presbyterian Hospital, in charge of the wards at night, after testing them in the daytime; and they could not run a ward of 20 beds at night. They could not possibly meet the demands. They considered that their health is generally broken down, and they get excused if they can.

Miss Carr. I do not quite agree with Miss Maxwell. I think a great many smaller schools give their pupils unusual opportunities to become exceedingly self-reliant, and send out nurses who prove capable of taking authority in a way that sometimes the nurses of even the larger schools do not.
Miss Maxwell. They could not take care of 20 patients; that is what I mean. I don’t know whether it was the responsibility or whether they were too lazy; they couldn’t do it.

The Secretary. I think Miss Maxwell’s point is that the nurse trained in the small school is appalled by numbers.

Mrs. Kinney. The wards of the army hospitals are mostly very large; they have from 40 to 80 beds. I find that the graduates from small schools cannot run those wards.

Miss McIsaac. I should like to add my word to Miss Maxwell and Mrs. Kinney as having identically the same experience—in that in very large hospitals the nurses from the small hospitals are appalled, and that they cannot take the responsibility of the ders. It seems to be too much for them.

Miss Maxwell. There is no reflection on their nursing. That is, they are capable, perhaps, of giving better care to the individual patient than many of the nurses from the larger hospitals; but they have had so little experience in management that they are appalled, and that they can not take the responsibility of the number of things at one time—get through with them.

The President. (Reads) “Wanted—information on the subject of ward maids. Are there plenty of them; do they do good work; and what are they paid?”

Doesn’t anybody like to tell us what they think of ward maids, or do they fear their language would be too strong?

Miss Cadmus. I am so thankful if I have a maid that appears in the morning, that I ask no questions—get what I can, and pay what I must.

Miss Maxwell. In New York the situation is something terrific. We are all advertising for ward maids in the newspapers; last Sunday morning we were four short in the Presbyterian Hospital. We pay $14. per month for our ward maids, and I have never been allowed to raise the wages of but one maid; the increase was from $14. to $16., with additional duties. Miss Goodrich has advertised for the Bellevue and the Allied Hospitals the rate of $15. per month; and our managers, seeing the notice in the newspapers, came in to say that they thought we would have to increase our rate of payment. I believe Miss Van Kirk, of Mt. Sinai, offers in some departments $14. for the first two months, $16. for the succeeding two months—after the six months’ limit they have $18. per month. In the Women’s Hospital I think they pay even
better than we do: about equal to Mt. Sinai. I understand that New York and Roosevelt Hospitals still pay only $14. per month for ward maids. The difficulty seems to be that the women are not willing to scrub, and there is scrubbing to be done in all wards if they are kept clean. Personally I am unwilling to ask one woman to scrub all day; although scrubbers can be secured at a dollar a day, one meal included. This means they have to scrub the floors of pantries, patients' dining room, and bath rooms connected with their wards.

They are white women entirely. I doubt if we could get colored help enough to supply the entire hospital.

The President. Does that include their board and lodging?

Miss Maxwell. That includes their board and little cubicles, 2 x 9, in which they sleep.

Miss Wilson. We engaged six ward maids for the one ward, and next day not one of the six came.

The Secretary. I am in the midst of a great many colored people, and we have colored servants entirely. I think within the last six months that I have not had to change one maid in the entire hospital, which is, for us, a very unusual record. We pay $12. a month. I don't think the maids are overworked. They do the scrubbing of the kitchens and the bath rooms of the wards. That is all the scrubbing they have to do. They like hospital work. Each has a separate room of good size, and there is a large bath room in their dormitory, so it is not surprising that they often prefer to work there rather than in private houses where they are expected to return at night to their own uncomfortable homes.

Miss Ahrens. In Chicago we have a great deal of difficulty in securing maids, although we pay them $5. a week with board and room.

Miss Maxwell. I have had two ward maids who have staid with me fifteen years. They work in a private corridor and get fees.

Miss Snively. I have always supposed Canada paid help less than the United States. We pay our maids $14., $16. and $18. a month; and we find great difficulty in getting the right type of women in these days. We have employed men very much more of late than we used to do for this same work.

The President. Do you pay the men more for the same work?
Miss Snively. We have paid the men perhaps $18. and $20. a month, and some of them $16.

The President. Do they do more work than the women?
Miss Snively. They do the polishing of the floors and things of that kind, wash windows, and do ordinary house cleaning.

The Secretary. They do no scrubbing, do they?
Miss Snively. We have very little scrubbing to do, our floors are all polished.

The Secretary. I think that is true in most hospitals; but there are bath-rooms, kitchens, etc., that have to be scrubbed.

Miss Sanders. I should like to ask what other people do when their best orderly goes away for several days (and you know he has been drinking) and comes back to you?

Miss Maxwell. Put him in bed for a day or two and be thankful.

Miss Snively. We take him back.

The President. I thought people thought a good deal about ward maids; although they were not in a hurry to get up and say so.

The President. Here comes a question by mail (reads):

"Question Box,
"Superintendents’ Meeting,

"Please discuss the advisability of inserting in diplomas of special schools, any three, four or six months’ course taken during the three years’ training as part of the curriculum in other Hospitals, Colleges, etc.

"As an example—the diploma of the Children’s Hospital, Boston, only mentions ‘three years’ faithful work, passing of required examinations, etc.,’ and if our graduates nurse in Boston, the Doctors know what our training provides—

"Four months’ scientific course at Simmons College, Boston.
"Four months’ adult nursing of men and women at the Massachusetts General Hospital.

"Three months’ adult private nursing at the Corey Hill Hospital.
"Six months (elective course) in obstetrical nursing at the Boston Lying-in Hospital.

"Graduates going to other states apparently have only a
Children's Hospital diploma, and our students are asking to have the President of Simmons' College, and Superintendents of the Hospitals in which they have taken courses (as part of their training here), also sign their diplomas.

"I shall be very glad to have the opinion of the Superintendents on this subject.

"Very respectfully,

Sister Amy, Sister Soc. St. Margaret,

"Supt. of Nurses."

Miss Tracy. The nurses at Adams Nervine serve four months at Newton; four months at Corey Hill. There is no mention made of that in their diploma. They receive the diploma of the Nervine; but each of these hospitals has very kindly endorsed a certificate which we send, and that is added to the diploma the nurse receives at the time of her graduation.

Miss Wilson. That is the rule at the New York and the Lying-in Hospitals. They give a separate certificate.

The Secretary. Would not the certificate seem much more valuable to the nurse if, as in the case of the Children's Hospital, in Boston, each one of those superintendents signed the one diploma? Wouldn't that mean more to her if it could be done?

Miss Maxwell. You probably just get your diploma printed and some hospital withdraws, and you have to have it printed all over again. The Minturn Hospital, where we send our nurses for contagious training, as well as the Sloane, give a special diploma.

Miss Lurkin. We have a diploma that reads: "All affiliated institutions;" so that if one is withdrawn and another substituted it doesn't make any difference whatever with the diploma.

The President. As the hour is late, is it the wish of the Society that we adjourn?

The meeting adjourned.
THIRD DAY.

The next session was called to order by the President at 9.30 a.m. on May 10. Miss Goodrich was re-elected chairman of the Hospital Economics Committee.

The Secretary. A word about the membership of this association. We hear of a number from time to time who wait for the invitation to join. That invitation can be given by separate members, of course, where it could hardly be given by the association itself. Among the questions sent in to the President last night was the following: "Can the members of the Society have the revised article of the Constitution relating to the election of officers read to them, so as to be prepared next year for independent nominations if they wish? When would the new Constitution and By-Laws be ready for distribution to members?"

You remember, those of you who were in New York last year, the great length of time we spent over the revision of those By-Laws, and of how much discussion was put upon that one as to the election of members. You also know that in the back of the annual report sent to every member is a copy of the Constitution and By-Laws. Every applicant receives a reprint of the Constitution with her application form so there is absolutely no excuse for her not knowing the laws by which this association is ruled.

Yesterday, when the Nominating Committee reported, the President carefully explained two or three different times—that anyone on the floor had the privilege of putting any nominations on the board that she chose—either adding her own name or not, as she liked. What further can we do? Every member who has the last year's report, has the copy of the Constitution and By-Laws. If the Secretary can do anything further to make this body of business women conversant with the rules that govern this association, she would be very glad to do it.

The President. I will call upon Mrs. Quintard for her paper on Provisions Already Existing for the Care of the Sick of Moderate Means.
PROVISIONS ALREADY EXISTING FOR THE CARE
OF THE SICK OF MODERATE MEANS.

BY MRS. L. W. QUINTARD.

In answer to the inquiry as to the provision made for the family of moderate means in time of illness, I have endeavored to collect data which would give some idea of the provision made by general hospitals, special hospitals, visiting nurse societies and private nurses for the care of families whose incomes are so small that when serious illness develops they are unable to provide for adequate care of the patient without assistance. Owing, however, to the short time given for the preparation of this article, it has been almost impossible to obtain the necessary facts. The paper is therefore presented, not so much as a source of information, as with the hope that it will promote a discussion which will bring before the meeting the manner in which this work is being done in the different cities represented. From the oft-quoted expression, "one must be either very poor or very rich in order to receive proper care during illness," one would be led to suppose that the poor never lack this care, but in cases where the patients are too ill to be removed to a hospital, or refuse to go, it is very difficult to procure satisfactory care for them in their homes. The people we shall consider to-day are not the very poor, but those in moderate circumstances, with an income ranging from fifteen dollars to thirty-five dollars a week, those who have been accustomed to the comforts and refinements of modern life, for it is this class which feels most keenly the deprivation of intelligent service in time of sickness. When the case is one requiring only the care which can be given by a visiting nurse supplementing that given by the family, the question is easily and satisfactorily solved in our large cities and towns, and also in many smaller ones, for there are few places now that do not
have at least one visiting nurse. The chief difficulty arises when it is a question of permanent nursing or when no visiting nurse is available. This question must be considered from the point of view of both patient and nurse.

In the first place, we will consider the means provided for the care of this class of patients in our hospitals, and I shall have to quote Philadelphia, as it has been impossible to obtain the necessary information from other places. The following is a list of prices in some of our hospitals: One gives the lowest price for a private room at $20. One at $2, $2.50, $3, and $4 a day. One from $2.50 to $5 a day. One hospital has a ward of five beds at $10 a week; rooms from $14 up. Another has one ward of five beds at $3, one ward of three beds at $7, and one ward of two beds at $10 a week, and private rooms from $15 up. Obstetrical private rooms at $12. One has a ward of five beds at $10.50; rooms from $20 up. Two hospitals have rooms from $15 up. One, private rooms from $10 to $25. One has private rooms from $12 up. One maternity hospital has rooms from $8 a week, up to $15. Another maternity hospital has single rooms at $14; two in a room, $7. From these rough figures it will be seen that in Philadelphia, which is, no doubt, a fair standard by which to judge other cities, a hospital patient can obtain semi-privacy—that is, with from one to four others in a ward—for from three dollars to ten dollars a week; and from ten dollars to twenty dollars a week will secure a private room including everything except the physician’s fee, which may be, and often is, modified according to the circumstances of the patient, and special nursing. In the maternity hospitals a woman can receive care for herself and child at anywhere from twelve dollars to twenty-five dollars a week, which of course does not include doctor’s fee or special nursing.

Now let us compare these prices with the probable cost of a serious illness at home, where the doctor’s fee will surely be not less than two dollars a visit. A nurse’s service costs from twenty-one dollars to twenty-five dollars a week; her board and laundry are three dollars a week; extra laundry for the
patient, one dollar a week. Include bills for drugs, and all
the et ceteras indispensable at such times, and it is very easy
to see that people of moderate means, suffering from acute
diseases, can be far better cared for at a much lower rate in
a hospital than in their own homes. Unfortunately, the num-
ber of the cheaper rooms is so limited that it is not always
possible to get one. For incurable cases, no adequate provi-
sion is made by our hospitals. Chronic cases, even when in
an acute condition, are seldom received by the general hospitals,
and it is a rare thing to find a vacant bed in the special hospitals
devoted to this class of patients. It is also difficult to find a
nurse who will take such cases at reduced rates, although she
might be willing to care for a case of pneumonia or typhoid.
Some of the reasons why more people do not avail themselves
of these hospital privileges are: First, we find a natural anti-
pathy on the part of the patient and the family to her being
cared for entirely by strangers, no matter how skillful; second,
the patient may be the mother of small children, for whom
she cannot make proper provision as to their care during her
absence, and she feels that, even though laid up, she can manage
the household to a certain extent. Such patients progress much
better at home than in a hospital, the constant anxiety in regard
to home matters retarding their recovery; third, the case may
be one too far advanced for any reasonable hope of recovery,
and the family objects to the patient’s leaving home for this
reason only; fourth, the patient may be in too critical a state
to be removed with safety. The latter condition is one we
frequently encounter in our visiting work. We must appre-
ciate that the last three causes make it impossible for many
patients who need the very best nursing that can be given, to
enter a hospital, even if accommodation could be found for
all. These patients must be nursed at home by skilled nurses,
and at greatly reduced rates.

In regard to the work of visiting nurse societies in the homes
of small incomes: In Philadelphia a nurse is supplied for the
home care of such patients at the moderate rate of twenty-five
to fifty cents a visit; very often, where two or more visits a
day are necessary and the family are in very modest circumstances, only one visit is charged for; in many cases no fee is collected. If the case is one requiring constant, skilled care to tide it over a crisis, a graduate nurse is supplied from a small fund donated for this purpose, the family sharing the expense when possible. This care is furnished to the very poor as well as to the family of moderate means. The fund, however, is not sufficient to care for many in this way. In Chicago, the Crerar Fund provides a nurse at the usual rate, the patients contributing as much as they can afford. Perhaps some one here to-day can give us more definite information in regard to this fund, and its use. In Canada some directories provide that nurses on the waiting list shall take cases at reduced rates until their names are reached, when they are relieved by another nurse whose name is at the foot of the list. In Philadelphia, the Nurses’ Directory in connection with the College of Physicians is occasionally able to furnish a graduate nurse at fifteen dollars a week, but very few nurses will take such cases, and always do so under protest. This directory also furnishes attendants at varying prices, some of whom give very good service. One or two of our private directories will sometimes furnish a nurse at a reduced rate, but we cannot depend upon this as a source of supply. The Woman’s Hospital sends out a few senior pupils at twelve dollars a week. The Young Women’s Christian Association has a list of attendants and nurses that can be had from five dollars to fifteen dollars a week.

With such a meagre supply of nurses to be obtained from legitimate sources, is it any wonder that correspondence and short-course schools should flourish? for they are always ready to supply an ignorant public with so-called nurses at prices suit the demand. Lastly, we will consider the question from the nurse’s point of view. In discussing this with the heads of directories, we are told that the majority of nurses refuse to reduce their prices for the reason that they consider that it lowers the standard of nursing. Many frankly say that they
can be employed most of the time at the usual charge and they prefer to rest rather than go for less.

Some think that if they once lower their prices they will be constantly called upon for such cases and will lose much of their more lucrative work. Another view of the matter, which is a very just one, is that it is not possible to learn the family income and that people who can well afford to pay the usual charge will take advantage of any opportunity of securing a nurse at reduced rates. We have found this only too true, and many families will expect the nurse to sacrifice herself, rather than give up one of their own luxuries or pleasures. The demand for nurses among people of refinement and culture, who are unable to pay the usual charge, is great, and how best to meet this demand should be a question for every thoughtful woman in the profession to consider most seriously.

The President. This exceedingly interesting paper is open for discussion. I think Miss McIssac can tell us about the Crerar Fund.

Miss McIssac. I have been doing that for fifteen years.

The President. You will probably go on for another fifteen years!

Miss McIssac. The Crerar Fund amounted to $50,000. Mr. Crerar left the money to the Illinois Training School for Nurses without any restrictions whatever, and the school management was able to use it in whatever way they wished.

They decided, as the school was created by public subscription, that they owed a very great deal to the city of Chicago; the subscribers to the school not being people who needed their money in return, the Crerar Fund was established. The money has been used all those years by sending out nurses on the regular directory list to these patients, paying the nurse $20. a week and allowing the patient to pay what he could. For instance, if the patient could pay $7. a week, then the $13. came out of the Crerar Fund for the nurse and whatever the patient paid was returned to the Crerar Fund; so that one year that I remember when we were looking up statistics very carefully the Fund yielded something between two and three thousand dollars (that is, from its investment); and nearly $3,000 or something over was collected from
the patients; so that we were able to do at that time $6,000 worth of work of that kind, which at $20 a week you can readily see covers a great deal of ground. The Fund required information of the wage-earner of the family and references. There was imposition; there always will be in things of that kind. For instance, I recall one case in particular where the people said they were unable to pay more than $7 a week; the woman was a head dressmaker in one of our great department stores and while the nurse was on duty the daughter of the family paid $40 for a hat; but as a general thing it went to such people as railway conductors and bookkeepers and teachers and people of that kind. That is what it was intended for. There were a great many calls from the class of patients who really should have gone to the visiting nurses' care, and some of them were very difficult and very trying; but on the whole it has been satisfactory and certainly is the best way of covering that sort of thing.

It has always seemed to me, however, that a fund of that kind should be under the management of the visiting nurses' association. As it was under the management of our own school—our board of managers of the school and our own directors—it is really identical with the school; but it has always seemed to me that if the visiting nurses' societies in the various states had at their command some way of supplementing their nursing, it would be of great advantage.

The Secretary. You mean that they are in position to know the people, and where it is really of use.

Miss Mo ISAAC. Yes, very much better than sending them out just from the directory.

They very often refer cases to us; but what I meant was that the Fund, if it had belonged to the visiting nurses' society, instead of our own—it never was turned over, to them; because, in the financial condition that our school was in, the board of management never knew at what time they might be obliged to use the Fund for purposes of the school.

The President. When the poorer professional people really feel the pinch don't you think it would hurt their pride somewhat to apply to the visiting nurse to whom they like to refer their poorer friends?

Miss Mo ISAAC. Naturally that would be so. It has been, however, a matter of regret that we were not better able to get at
the better class of patients. A good many nurses, for instance, have applied to the Crerar Fund for assistance for themselves or families; but it has been very difficult to really get at the class of patients wished.

The President. The poorer gentlefolks—it is so hard to do any thing for them. For while they can not afford regular rates, and try to get a nurse for as low a rate as possible, yet they feel they could not apply to a public body for a charity nurse. At least, that is what a good many people feel.

Mrs. Quintard. We have no difficulty at all about this same class of people applying to us for a visiting nurse at 25 to 50 cents a visit. I don't know why they should have any feeling about accepting the other fund. We send a great many to the hotels. Dr. Musser calls upon us to carry out some little treatment that he wants for one of his best patients because he knows our nurses.

Miss Gardner. I would like to ask Mrs. Quintard if she thinks a nurse would pay for herself if the visiting nurses' association had this work of hourly nursing?

Mrs. Quintard. Hardly, because most people want their visits about the same hour in the day; and we found the greatest difficulty is for the nurses (two of them registered with us) to fill in their time. For instance, three or four patients will want a visit at 9 or 10 o'clock in the morning.

Miss Carr. The Johns Hopkins Alumnae Association maintains a visiting nurse for patients of moderate means. She is paid a regular monthly salary, but taking it year by year, there has been no difficulty in the nurse doing that work refunding the association at times. She has been able to collect more during the month than her own salary; but as a rule it has just about paid her expenses. The Johns Hopkins Alumnae Association has been fortunate enough to have a small fund to back the work, which can be drawn upon if necessary. But the fund has remained practically intact from the time we began the work, which, if I remember rightly, is about eight years ago.

There is the difficulty, as Miss Gardner said, of reaching the people of really moderate means. We find that a great many people who are perfectly able to afford to pay a regular nurse, will call upon the visiting nurse, but we have made our work a little elastic, so that if the visiting nurse has time to devote to those
patients she is allowed to increase her rates for that particular class.

The President. Does she stay with them over night, the twenty-four hours, or just go in and nurse?

Miss Carr. No, she is an hourly nurse. Of course, there have been occasions when she has not been busy, when she has been able to spend several hours—perhaps a whole afternoon, or sometimes even a night; and she has been very useful on other occasions where the family have been able to afford one nurse; but where under great strain relief has been necessary for several hours during the day. We have found the services of the visiting nurse particularly useful, but think the fact that the Alumnae Association has undertaken to provide the nurse, ensures her salary, gives her the benefits of its registry and backing, has placed the work on a permanent basis that individual effort can hardly attain.

The President. The trouble is that the medical profession and the public at large seem to think that the nurse is the person who should contribute to their lack of means; and the nurses, not un-naturally, have a somewhat different opinion, considering that their earning power is very limited; inasmuch as they can not attend but one patient at a time and their earning life somewhat decreases in value rather than appreciates.

Miss Carr. One point about the work as conducted by our Alumnae Association, I think provides the solution for many of the difficulties. Our nurse is obliged to live at our nurses’ club house. That is one of the stipulations we make in engaging a nurse for the hourly nursing. When she has difficulty in meeting demands there are often nurses on the registry who can take calls that she is unable to meet; we have the whole thing in our own hands. Also, as you will see, the nurse does not have to wait for four or five months in order to earn a sufficient amount to enable her to keep on with the work. The Alumnae Association assumes the responsibility for that. I think many of the difficulties that we hear about in beginning this work in other cities might be avoided, if it were possible to have the work under the charge of a responsible organization.

The President. It does seem a very good rule certainly, when it can be done. The members of this association might possibly do a great deal if they would endeavor to get someone else to imitate the example of Mr. Crerar—leaving a fund for that espec-
ial purpose. It seems to me as though a good many people who have the money would give it for such a purpose as that when they would not give it for another; when they would not be willing to give it to endow a hospital whose policy they may not approve of; but a great many people are very willing to help the poor but proud if they only knew how; and we all know they are the most difficult to help, to get at, to make willing to accept help, and that they need it most sincerely and truly, and it does seem that that might be done.

I have no doubt a great many of you know that at the time of Queen Victoria's Jubilee the women of England subscribed a very large sum of money which they gave to the Queen. The Queen of England is not supposed to be wanting money for private purposes, but the women of England wanted to do something on this occasion, and they gave her all the money that they collected, and it was several thousand pounds; I don't know how many hundred thousand dollars that would make, but a large sum; and that was invested in order to establish what they called "Queen's Nurses;" and the Queen's nurses, as I understand it, are used in very much the same way that Miss Carr tells us the visiting nurse is used by the Alumnae Association of Johns Hopkins; that is to say, that they are assured for a certain time of a fixed salary of reasonable amount. Several of them sometimes live together, where they is much work to be done, under the superintendent of the home. They must be thoroughly trained nurses, with every other qualification added. They are of a high grade of women; and well educated—nothing mechanical or poor about the nurse—only the very best are accepted; and I am happy and proud to be able to say that these nurses now extend in a chain over England, Scotland, Wales and Ireland, etc., and growing yearly. When a country district, or if a town or a manufacturing town would need a nurse, they send to the central office and they say that a Queen's nurse is needed for that certain district; and as soon as one can be sent, one is sent and another focus of work is established.

These nurses go into the homes of the poor but they are under one central organization and the discipline is exceedingly good; and I have heard, I think, no complaints and that they have not helped the poorest of the people, who needed it the most, and yet it is not done at the cost of the nurse.

Miss Carr. Our large associations have so many other things
to take up that they have to a great extent forgotten this ever present question; and yet I am sure that all superintendents of training schools and superintendents of hospitals are constantly receiving applications that they are unable to fill for nurses of just this particular class. I think, as the President has said, if it were possible for us as individuals, or as a body, to interest some of that large class of people who are searching for some good object towards which to contribute in the establishment of funds to be used for this purpose—perhaps in some such way as the Crerar Fund—we would be a long way towards the solution of the problem. With the organization already existing in our states and cities there should be no difficulty in having such funds managed in a satisfactory way. In this country I am afraid it would be impossible to attempt any central organization. I feel this Society should take some action in this matter in very practical form.

Mrs. Quintard. If the individual superintendents of the training schools would try to train their nurses in this direction,—the trouble is that the nurses as a rule graduate from the training schools, and they know absolutely nothing about the home conditions existing in the lower class of society they have under them in the hospitals, and I think if the matter could be presented to every single class before it leaves the hospital, it would do a great deal toward educating our graduate nurses. As it is now, it is not always easy to get the very best graduates; and they are the only class that are any use at all in our work.

Miss Alline. We have been criticized for not working for less than the regular prices, and we seem to accept that criticism. I think we are a little too modest, we might at least give credit where credit is due. I think we all know nurses who are doing this visiting work who do not say anything about it.

Miss Maxwell. I think that is very true. We only find it out occasionally; and, of course, those of us who are running registries hear more of the details. I sometimes ask a nurse to take a case and give half her services; and I frequently find there are numbers of nurses who have given their services often for weeks at a time either for relatives or those who are really in need.

But I want to speak a little further about a sort of combination work we are doing in the Presbyterian Hospital. This work was established three years ago through the gift of Mrs. Wm. K. Vanderbilt, Sr. The object being the development of the pupil nurse
through visiting under supervision in the homes of the poor. We call it visiting nursing, because we are not confined to any district. We visit all over the island; although we are now trying to confine the work largely to our own dispensary district and the Vanderbilt clinic. We are doing combination work; the tuberculosis work by graduates; general nursing by undergraduates. We found undergraduates could not manage tuberculosis work because the change of pupil nurses every two months was an insuperable objection to the patients. We have now five nurses working under salaries for tuberculosis, and send out three pupil nurses from the school to work amongst the people requiring medical and surgical nursing.

We receive small fees from those who can pay, and this fund is used for milk and eggs for the tuberculosis patients. I could not be sure of the sum: I think we have taken in about $600. in the year from different sources. We give immediate relief only. Our relief fund is used largely for rent, milk and eggs; we have been obliged sometimes, however, to extend it to other members of the family than those who were suffering from tuberculosis, because the mother would say: “I can’t drink this milk and eat these eggs when my children are starving.” One of our graduates has undertaken hourly nursing, but she combines it with massage. I do not think that she would be able to support herself in New York City on simply hourly nursing; although we refer all applications for this branch of work that come to our registry to her.

Miss Parsons. I would like to ask if any of the superintendents with large experience feel that any hope may come some day by an arrangement of a sliding scale of prices? Is it possible that a nurse who has been doing private work (who is known to be valuable)—may ask higher prices than she now thinks of asking when she is nursing for very wealthy people; so that she may cut below—reduce her prices—when she is nursing some poorer (sometimes perhaps professional) people; and is it just that the new graduates from the training schools should go out and get $25. a week—precisely the same at first as the nurse who has been working for ten years is getting? Might not the sliding scale help, if it could be established?

Miss Sanders. It is well known that the fresh graduate is in the greatest demand.
Miss Carr. I am happy to say that it is not our experience in Baltimore—rather the reverse.

The President. Do you wish, ladies, to take any action on this matter before you?

Miss McKechnie. As it seems to have been brought before this association as a sort of responsibility to suggest some way of providing skilled nursing for people neither rich nor poor but distinctly middle class and decidedly respectable in every sense of the word, who do not want to receive charity in any form, and as no answer has been given that seems to cover the question satisfactorily would it be possible to have a committee appointed by the Council from this Society to look into the matter during the year and report—with suggestions for some workable plan at the next meeting.

The President. Would you make that a motion?

Miss McKechnie. Yes, I am very glad to make the motion that a committee be appointed.

Seconded by Mrs. Fournier, also Mrs. Quintard, and carried.

Miss Alline. I move that the Associated Alumnae be invited to appoint a committee of two to work with the committee from this Society.

Seconded by Mrs. Quintard, and carried.

The President. We will now listen to Miss Davis' paper on What we are Overlooking of Fundamental Importance in the Training of the Modern Nurse.

WHAT WE ARE OVERLOOKING OF FUNDAMENTAL IMPORTANCE IN THE TRAINING OF THE MODERN NURSE.

By M. E. P. Davis.

Whenever it is suggested that I attempt to formulate ideas and put them on paper, I am at once reminded of the remark of a noted actor who said: "It is so easy not to write a drama that I wonder so many persist in doing it." My present attitude may look like that same foolish persistence in deliberately making effort in the least easy direction. A little explanation
will perhaps disabuse your minds of the fear that you are to be "victimized" listening to a tiresome paper setting forth arbitrary views. When I, with the other members, was asked to suggest a topic for discussion at this meeting, I took it literally and at once jumped to a conclusion, and made a snap diagnosis.

I had a little conversation with myself, and I said, "This is a delightful innovation. The Council means to select the most interesting subjects, send a list to each member, or better, publish the list in the Journal, so that each may come prepared with her pros and cons gathered from her experience, more or less convincingly expressed, according to the degree of her positive belief in, or her disapproval of, the points under discussion, stimulating others by her personality to a fuller expression of their opinions, so that new ideas, bare facts or actual experiment may become common property."

Now here was an opportunity to get views on what has long appeared to me an all-important point, the systematic development and coördination of the trinity of the pupil, which we are careful to speak of, as the coöperation of head, hands and heart (the intellect, the physical and the humanities). I forthwith grasped the opportunity, posted my topic to the Secretary and thought little more about it, till I was notified that the Council thought the subject interesting (or mystifying) enough to select it as a subject for discussion, and agreed that I would be the proper person to put the matter before you, the natural inference being that I knew what I was talking about. I do know some of the things, and wishing to know more, consented—not to write a paper but to introduce the subject, "What We Are Overlooking of Fundamental Importance in the Training of the Modern Nurse."

Our dear friendly critics tell us that we are giving the head undue attention and are overlooking the humanities, and, in suggesting improvements in the education of the nurse, make capital out of the perpetual iteration that the nurse is selfish, mercenary, unsympathetic or wants time to eat and sleep while the world is suffering and do not hesitate to say that in the tout ensemble of the finished product the humanities count for
more, judged by lay standards than technical knowledge or manual skill. Dr. Richard C. Cabot in an address before the New England Society, "For the Education of the Nurse," voiced this universal criticism when he made a plea for what he called "Comfort Nurses, Those Who Fit In," thereby emphasizing and endorsing that criticism. Not that Dr. Cabot is altogether one of the cult who is clamoring for less technical or practical training, but for more coördinate development of the head, hands and heart, with emphasis perhaps on the heart qualities.

He enumerated among other desirable teachings loving service, sympathy, unselfishness, tact; and singled out tact as the virtue par excellence in the nurse's equipment, which he stated should be because it could be taught. Perhaps it can, but not separated from the whole mental development, which requires a much more strenuous educating and a firmer grasp on the underlying principle which governs motive than we have hitherto been able to secure. But at no stage of the development would I select tact—desirable as it is—as the pivotal virtue in a nurse's manifestation of her mental attitude, because it is a product or exponent of a happy mixture of head and heart qualities graciously expressed through the physical. The regrettable thing is that Dr. Cabot forgot to tell us how tact could be taught; of course all the critics know how, but they leave it in that delightfully tantalizing state of uncertainty that makes one so indignant when criticized, for the superintendents, or some other body of teachers, of training schools to tackle and evolve on a practical basis.

In view of the prevalent attitude and our own recognition of the need, is it wise to longer ignore the demand and cling to the old idea that routine, discipline, environment, contact, precept, example, or even high intellectual attainment, is the only ground on which the mental attitude can be approached or the only way through which a change or development of the personality can be effected? It is about as wise, I should say, as for the schools to adhere to the manner of teaching which obtained twenty years ago. Granted that the ideal woman is
she who takes the correct attitude toward the issues of life, and regulates her conduct by her standard of character, and that the ideal nurse is but the ideal woman plus her professional knowledge, how is the ordinary probationer or pupil to be brought to recognize this underlying principle from which to work toward ideals, and develop character that will regulate conduct at all times, even when the safeguards of discipline and supervision are no longer operative? How are we to get at this? We reach the mental only through the physical; i.e., we judge the mental attitude by the physical act. For example, if one takes the physical attitude of courage and maintains that attitude, the physical expresses “a bold front,” as we say.

We are overlooking then the culture of this physical expression. We are overlooking the important part the instrument plays in this coordination and coöperation of the trinity. We must teach the pupil the right use and the possibilities for greater usefulness of the instrument with which the work is to be performed. We might at least teach her to adjust the instrument at the angle of most correct expression, which will be the angle of easiest performance of the physical act. Whether she stands, walks, sits or bends, let the body be so adjusted, the position so normal, that the least exhaustive demand be made on strength, power of endurance or the proper functioning of the body. This will produce a correspondingly easy mental attitude, less friction, less fault-finding, fewer lions in the way. Teach her how to concentrate her whole attention to the thing in hand. “This one thing I do,” and it is done well. One thing at a time. Don’t let the mind get separated from the body, nor from bodily work, when the work is being performed.

Teach her how to relax. We all know the recuperative power of a few minutes’ sleep. A few minutes’ relaxation is the best substitute when sleep is not possible. Drop everything, every tension, every care, and come as near the unconsciousness of sleep as possible. Let us hear the conclusion of the whole matter, with all our teaching let us endeavor to teach the pupil to get wisdom, which is to “know herself.”
The President. Any remarks on this very excellent paper? Miss Walker, have you anything to say on this?

Miss Walker. Miss Davis seems to think I have.

Miss Davis. The whole Society will think she has when she speaks.

Miss Walker. Miss Davis has asked me to tell the Association of the work that our probationers are doing and have done for the last two years. They are sent to the office of one of our graduate nurses who has taken up physical training as a specialty. They go individually when they first come to us and are taught exceedingly well. The result has been that our nurses are more responsive than they have ever been before, and there is no doubt of its success.

The President. I would like to know whether the nurses are ever too tired to avail themselves of this; or whether it tires them more. Do they benefit at all, Miss Walker, if they tell you they are too tired to breathe?

Miss Walker. No, they enjoy it very much. The office of their instructor is about ten minutes' walk from our hospital; and probationers walk there in their daily outing as often as they are required to go. I think that the chief point is the individual instruction; each probationer goes by herself and is taught by herself; and the instructor makes a study of the woman and gives her what she specially needs. Each one receives something a little different from the other. This instruction continues during the six months of probation, and sometimes a little longer if it is found she is not then able to go on by herself.

The President. Is it very expensive?

Miss Walker. No, it is not. Our instructor says that the practice is good for her—and she is willing to give this for a very moderate figure.

The President. She may raise her fees, if we all go!

Miss Walker. I think the possible solution of that would be to have more instructors.

Miss Davis. I should like to say to the Society that this is not physical culture as we understand it—professional physical culture as we get it in the gymnasium or that some one is doing to us, or for us, for financial gain. It is a finding out the weak point in the nurse; whether she has a weak point in her back (which most of us have), or in her neck; because nurses are a stiffnecked
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generation (Laughter) and I was one myself until I took some of that weakness out; I am very flexible now and have proved the benefit of it.

It is a certain set of movements especially adapted to test the nurse's strength and her power of endurance, and also to see and get at her mental attitude toward her work. If it is wrong, to try to get her to correct it. And, as I say, we can only perceive the mental through the physical. Therefore, I think the teacher would say that she gets the nurse pupil, or probationer—whatever it may be—to assume the attitude of mind expressed by the physical. For instance, the mind takes the attitude of courage, the definite determination and the (more especially) attitude of the willing mind, to show that she is pleased to do the thing; she is happy in doing it; and to get her to express that determination generation (Laughter), and I was one myself until I took some and maintain it if possible—that is the neutral attitude. She cannot maintain it in the physical if the mental attitude is not developed to sustain it.

Miss Maxwell. We have tried gymnastics for the third year at the Presbyterian School since we have occupied our new hall—we started with the ordinary Swedish gymnastics. We have come down to a very different basis in the last year. We formerly gave each nurse a certain number (I think about twenty) lessons; now we are giving the lessons to the junior class immediately upon their entrance into the wards. Each pupil is examined by an orthopedist and the instruction is directed regarding the movements which tend more or less toward the correction of any defect. We are trying to teach the pupils how to use their muscles to the best advantage; how to rest their bodies, and how to rest their feet.

Miss Snively. I was just going to say that it seems to me that the young women who come to us in our training schools come at a very impressionable period of their lives, and they respond, almost without exception, to high ideals that are placed before them.

Miss Walker. I quite agree with Miss Snively; I would like to add to what I have already said, that two of the very important things that are taught to our probationers are these: to give freely all that they have to give and to receive responsively all that is offered to them.

Miss Davis. I am still on solid ground; I have not gotten off of the physical; I am still working with humanity. We cannot
work without mind; and I think Miss Maxwell agrees with me in so far as that goes—that we want the coördinate. She knows we have a body and a mind, and they must work together.

Now if a nurse is at work with her body we will say in the Pennsylvania Hospital at 8th and Spruce, and her mind is rummaging around at Strawbridge’s or Wanamaker’s bargain counter—I don’t think we would get the best work. Unless she keeps her mind on her work (and she cannot do it unless she is taught to do it; and she can be taught to do it)—we are missing that coördination, we are missing other things, too. You are familiar with Newton and his apple falling; it don’t fall; it don’t do this because it is made that way; there is a law which covers it, and we want to get hold of that law. Everything that ever has been done is first formulated in the mind, and then this instrument, the physical, works it out. Now let us keep the instrument in good condition to do the work the mind formulates.

Miss Maxwell. How are you going to hold back the girls who are too willing and almost kill themselves? There are some in the training schools. I think that is the most difficult task of all. I would like to learn how to do it.

Miss Davis. I should say that this is an equalizing process. It restrains the one that is dashing forward, and it pushes forward the one that is lagging back. It is an equalizing process; it equalizes all the organs of the body—these physical exercises. When one is told that it is the mind helping to work these out, it will also equalize the mental processes. It is an equalizing, or it is an obtaining of the physical and mental poise; if we can get physical and mental poise we will hold the people back that want to go too far ahead and we will push the people forward who are holding back—or at least, I would say, they will do it themselves; this is self-culture—it is getting the pupil to see what she is trying to do and to see the best way to do it. We must point out the conditions to her, how she can do for herself and then leave her to do it. It really is self-culture.

Miss Gardner. The pupil nurses go out from a nervous and insane hospital, and they seem to have this certain something which you might call poise, which fits them to manage not only their patients but themselves; although perhaps in other lines they are less well-trained than the general hospital nurse.

Miss Alline. We have been considering this same question at
Teachers' College and there has been a wall before us all the time; but we have the cooperation of Dr. Wood, in charge of the physical education which is a special department in connection with the Teachers' College and the Horace Mann School; and he takes up a few of them quite fully and is very glad to give us what help he can in trying to work it out through his instructors.

The President. That is literally physical training, is it not—it does not include the mental?

Miss Alline. He realizes what the nurse requires, and in that way he is working out for us what will meet our needs; and I think that where we have the instructors who have not seen the nurse's side of the question and does not know what the nurse has to do in the hospitals, that it is difficult for them to give the right sort of instruction; but from the standpoint of one who does know it better, as Dr. Wood does, I think it offers a great opportunity.

The President. There is no question but that the mental attitude toward hospital life and hospital training is of very great importance. I am not sure it is not becoming greater with all the requirements forced upon us. If we are going to train the nurses physically as well as mentally, I don't know that we shall not want one year more instead of one year less. Any other remarks?

Miss Walker. I move that this Association emphatically endorse the three years course for student-nurses and do protest against the movement to reduce the term to two years. (Applause).

Seconded by Miss Donohue, and carried.

Miss Drown. I wish to add my voice, although feeble, to the endorsement of this resolution. For years, we have been endeavoring at the Boston City Hospital to accomplish the three years course; and, as I said in a previous meeting, we began that course January 1st, 1906, and want to live to see it through. (Applause).

The President. Is there anything more that you wish to bring up?

Miss Ayers. They have a new departure in the outpatient department of the Massachusetts General Hospital which I think, if Miss Dolliver would tell us about it, would be of great interest. It is along the lines that you suggested in your opening address.

The President. Miss Dolliver is not present. Is Miss Maxwell acquainted with this work?

Miss Maxwell. I am not well acquainted with it, but perhaps
may give a simple outline of the work. The idea, I think, originated with Dr. Cabot that the doctors while trying to cure the body by dosage were neglecting or overlooking entirely the mental side, and the home conditions of the patient; that instead of giving prescriptions they should investigate these conditions and if possible find a remedy for existing evils. They have found that many patients are suffering mentally because they are unable, or know that they soon will be unable to support their families; others are living in unwholesome basements under unhygienic conditions; some have improper food or worse, none at all, and many are exposing their families to contagion through ignorance. At the Massachusetts General Hospital Dispensary a permanent graduate nurse has charge of this "Social Work." She sees each patient in the home, reports conditions, and when necessary or practical a "Social Visitor" follows the patient, giving encouragement or providing temporary relief as the case demands. Some families are moved into better tenements, others are sent to the country. Work is provided for the unemployed, light work for the convalescent, and the proper kind of nourishment is furnished. Whenever possible, the relief is obtained through existing organizations, or relatives of the patient.

The Associated Charities in Boston are doing a great deal in these directions whenever their attention is called to the conditions by the nurse who is in charge of this work. "Social Visitors" have been appointed in the suburbs as well as in the city. These "social visitors" see some patients perhaps once a week or once in two or three weeks, as the case may be. They follow up the incipient tuberculosis patients who don't require the services of a nurse; keep them interested, and encourage their coming to the clinic, which is, of course, a great advantage. The "social visitors" also investigate the fact as to the carrying out of the treatment in the homes, and give the report to the physician. Tuberculosis patients are easily discouraged; they think they ought to get well at once; and they need encouragement and sympathy to keep up the long treatment necessary to that end. Food and instruction, preventive measures for other members of the family are given. The work in Boston is on the same lines as that carried on in other cities, but I believe that Dr. Cabot was the originator of the idea of the investigation in the homes of the patients, and in taking means to improve their mental and moral attitude by suggestion and improved environment.
The President. Is there anything further?

Miss Snively. We have a very infantile organization called the Canadian Society of Superintendents of Training Schools for Nurses. This Society was organized on the 30th of March, 1907; we held our first regular meeting on the 11th of September in Montreal; we would like to cordially invite our American sisters not only to be present at the meeting, but to join our organization. (Applause.)

The President. I am sure we wish this young association every possible success in their work, and feel sure that their work will help us and that this association will be always glad and anxious to be of any assistance it possibly can to them.

Hearty votes of thanks were then voted to all who had contributed to the success and pleasure of the meeting.

The President. I am unable, unfortunately, to introduce your next President to you; no one regrets that more than I do; but I can read you a telegram just received from her, which is, perhaps, the next best thing, inasmuch as she could not be with us. (Reads telegram as follows) “Deeply appreciate honor conferred by the Society. Mary Greenwood.”

The time of meeting is usually decided by the Council.

Miss Nevins suggests, very properly, that although the choice of the time is usually left to the Council, they would be glad of any suggestion from the Society.

Miss Lurkin. Couldn’t we meet about the same time as the Associated Alumnae of San Francisco, so that the delegates could go to Cincinnati and then continue on out there, if they wished, and take in that meeting, too?

The President. I am sure it would be considered. It is a very excellent suggestion.

The Secretary asks me to announce to the Councillors that there will be a Council meeting at Valley Forge at Washington’s Headquarters, this afternoon at 4 o’clock.

We stand adjourned. It has been the greatest pleasure to me to preside at your meetings. I expected to be—well, I didn’t think I should enjoy it at all, to tell you the honest truth; but everybody has been so good and so kind and so responsive and so helpful in enjoying themselves, that it has been one of the greatest pleasures I have ever had to act as your presiding officer. I wish to thank you all, individually and generally. (Applause.)
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<td>St. Luke’s Hospital, New Bedford, Mass.</td>
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<td>O’NEILL, MISS MARTHA</td>
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<td>Baltimore, Md.</td>
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<td>PARSONS, MISS SARA E.</td>
<td>Sheppard and Enoch Pratt Hospital,</td>
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<td>Baltimore, Md.</td>
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<td>PATERSON, MISS MARY H.</td>
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<td>PATTON, MISS MARY</td>
<td>Fairbanks, Alaska</td>
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<td>PAYNE, MISS EMILY ADA.</td>
<td>Pennsylvania Hospital, Philadelphia, Pa.</td>
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<td>PERRY, MISS CHARLOTTE M.</td>
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<td>PETERSON, MISS JANETTE F.</td>
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<td>PHILLIPS, MISS HATTIE M.</td>
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<td>Ave., Chicago, Ill.</td>
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<td>PICKHART, MISS LILLA</td>
<td>Augusta Hospital, Chicago, Ill.</td>
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<td>PIERSON, MISS ALICE E.</td>
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<td>PLUMER, MISS PERSIS M.</td>
<td>Wentworth, N. H.</td>
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<td>PORTER, MISS VIRGINIA M.</td>
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<td>RICHARDS, MISS LINDA</td>
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<td>ROGERS, MRS. MARGARET L.</td>
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</tbody>
</table>
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YOUNG, MISS ZAIDEE E...............Montreal General Hospital, Montreal, Can.

DECEASED MEMBERS.

MISS K. I. LETT.
MISS LOUISE DARCHE.
MISS FLORENCE HUTCHINSON.
MISS EVA ALLENTON.
MISS M. E. SMITH.