Fourteenth Annual Report
of
American Society of Superintendents
of
Training Schools for Nurses
1908
HEADQUARTERS

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PROCEEDINGS

OF THE

FOURTEENTH ANNUAL CONVENTION

OF

The American Society of Superintendents of
Training Schools for Nurses

HELD AT

CINCINNATI, OHIO

April 22, 23, and 24, 1908

BALTIMORE
J. H. FURST COMPANY.
1908.
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702 Rose Building, Cleveland, Ohio.

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Second year.—MISS ADELAIDE NUTTING,
Teachers' College, Columbia University,
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MISS ANNIE W. GOODRICH,
27 Washington Square, New York.

First year.—MISS E. P. CRANDALL,
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COMMITTEE TO CONFER WITH WOMAN'S COMMITTEE OF THE NATIONAL CIVIC FEDERATION.

Dr. Lucy A. Bannister, Chairman.

[Associates to be appointed].
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FOURTEENTH ANNUAL CONVENTION

—the

The American Society of Superintendents of Training Schools for Nurses.

The Fourteenth Annual Convention was held at the Hotel Sinton, Cincinnati, Ohio, April 22, 23, and 24, 1908.

The meeting was called to order by the President, Miss Mary Hamer Greenwood, at 10.30 a.m., on Wednesday, April 22.

The President. If the meeting will now come to order we will ask the Reverend Frank H. Nelson, Rector of Christ Church, to make the invocation.

INVOCATION.

Oh God our Heavenly Father, we come before Thee to ask Thy presence and Thy blessing upon the meetings of this Society. Guard and guide them we pray Thee with Thy Holy Spirit. Save them from all error and ignorance, pride and prejudice. Give them more and more the spirit not of self-seeking but of service, not of glory but the good of thy people. We thank Thee for all Thy goodness and loving kindness towards our creation, preservation and all the blessings of this life, and more especially for the great opportunities Thou hast given us in these latter years for the service of our fellow-men. It is with Thy inspiration that we have learned to help bear the burdens and the sufferings of the world, that we have found the way to take those burdens upon ourselves and to minister to the needs of our fellow-men.
It is Thou that hast shown us how we may nurse, how we may relieve suffering, how we may cheer and encourage our unhappy fellows. Lead us more and more in this way, we pray Thee, oh Father. Keep us from all professionalism, keep us from looking at those we serve with indifference and coldness, but help us to look at each one as Thy child, our fellow. Learn to call them by name as Thou hast called us by name, so we may serve them adequately. Give us faith, the faith that gives joy in the service, the faith that strengthens us when we are weak, the faith that gives us courage when we are cast down.

Keep us from the temptations that come to us in despair when we are weary of weakness, when we are tired of discouragement, when we fail, give us the faith that shall lift us up and enable us to go forward knowing that we are all in Thy keeping and therefore every good work we do is not lost, but ministers to the coming of Thy Kingdom and the spread of Thy love among men, so that so inspired by this faith we may go on our way rejoicing and may serve better and better, more and more fully, more and more truly, more and more efficiently. Give us wisdom, help us to use our minds as well as our hearts; help us to use every source of strength that Thou hast given us, that we may more and more serve Thy people and help to bring them to life and strength.

Help us always to remember that from Thee comes health and strength as well as life, help us to know that with Thee belong the issues of life and death and that we being fellow-workers of Thine together with Thee, we shall accomplish great things, things we think now would be impossible; so, keeping ever our vision ahead, ever our vision on Thee, we may be enlightened more and more, and more and more serve Thy people. So bless us and keep us, we pray Thee. Send each one of these Thy servants back to her work strengthened, uplifted, encouraged, enlightened. Send them back more fit to serve the least of Thy children. Help them to see the honor and glory of that service, that they may never think lightly
of it, but may come to it always reverently and with faith in Thee. So grant that these meetings may be to them a blessing, may be to them the opening of their eyes to see Thee here with them and to see Thee working with them through all the days, that knowing Thy strength is behind them they shall not fail. Hear our prayer, we beseech Thee, and grant to us through Jesus Christ our Saviour. Amen.

The President. The Hon. Leopold Markbreit will give the address of welcome on behalf of the City.

Mayor Markbreit. Ladies, among the delightful perquisites of my office are occasions like this, when I can bid you welcome. I do so with great pleasure. I hope that your visit to this town of ours will be very delightful and I beg you will not go away from here without looking at our beautiful hills, without going over to Kentucky, to Fort Thomas, without going to the end of the Grandin Road and seeing one of the fairest views in the world. Go out to the Art Museum, go out to our University, and above all things, ladies, don’t fail to go out to the Water Works. There is nothing more perfect, more beautiful than our new Water Works on the eastern hills.

Now ladies, if you will permit me, I want to tell you why I have great fondness for you all. Some few years ago, I was at my doctor’s, fortunately my doctor’s, to dinner, and I got very ill and finally I lost consciousness, and he packed me up into my wagon and took me to a private hospital. I was delirious all night. I did not know where I was. I awakened occasionally and went off again into a faint, and in the morning when I opened my eyes, there stood at my bedside a beautiful creature. She had on some white things, and a white thing on her head, and I thought I had died during the night and had awakened in that good other place. I am doubtful whether I will ever get there, but I thought so. She was a nurse, a professional nurse. I was some days in that insti-
tution. When I was brought there they thought I would die, and they took such tender and loving care of me, they were so kind and so good to me, that I have loved you all ever since, the professional nurses.

Now ladies, I hope your stay will be very pleasant. I hope when you go away from here it will be with a feeling of regret and that you will have in your hearts the desire to come back to dear old Cincinnati, the place where I have lived nearly all my long years and which I love, although this is not my native home. I am from Vienna in Austria. I am a foreigner by birth but a thorough American at heart.

Ladies, I thank you for your attention. (Applause.)

The President. Dr. Charles L. Bonifield, President of the Ohio State Medical Association, will give the address of welcome on behalf of the Medical Profession of Cincinnati and the State.

ADDRESS OF WELCOME.

Members of the American Association of Training Schools for Nurses:

Since I have had the honor of being the President of the Ohio State Medical Association, I have performed no duties with more pleasure than to appear before you this morning and welcome you to the great State of Ohio and to the Queen City. It gives me great pleasure to thus publicly acknowledge the debt of gratitude the medical profession owes to the profession of nursing. When, some years ago, it was discovered that many medical diseases and surgical infections were due to micro-organisms, the trained nurse became an absolute necessity. To meet this requirement almost every hospital in the land established a training school and is annually graduating large numbers of young women to go out into the world and take care of the sick. This was a benefit not only to the young ladies who took the training and to their profession after they
have left the hospital, but also to the patients in the hospital. This is because wherever nursing is taught, there better nursing will be done; just as any hospital that permits the teaching of medicine and surgery within its wards always has better medicine and better surgery practiced within its walls.

These ladies who graduate from the various schools enter upon one of the most useful occupations that is known to mankind. Every patient who comes under their ministry is benefited in health, and oftentimes a surgeon is able to battle with disease which he would otherwise lose without their very valuable assistance. This conception, unlike some others, does not unfit its followers for matrimony, and that is one advantage it has. Many a confirmed bachelor, when he has had his armor weakened by disease, finds that Cupid has entered the room with the trained nurse, and not many months after the return of health the wedding bells are ringing, and there is one less trained nurse and one more wife. I do not know of any occupation, I do not know of any class of women who make better wives than trained nurses. The only ones that I could think of at all would be those who have risen from the ranks and become Superintendents of Training Schools of Nurses. I chose such a one for my wife. It is not alone the immediate patients that nurses take care of whom they benefit, it is not alone for their help in individual cases that the medical profession is indebted to them, because they better than any one else understand the medical profession. You do not find a trained nurse running after strange medical gods. You do not find a trained nurse patronizing Christian Science or Osteopathy. Their training in the hospital has given them a scientific mind and they know that there is only one road to success; that there are no schools of medicine; that medicine is a science; that it is a science that makes use of all other sciences. They know that the progress of medicine up to the present time has all been by the regular profession. Who discovered the cause of tuberculosis? Koch, a regular German physician. Who discovered that vaccine would prevent small-
pox? Jenner, a practising physician of England. Who discovered the cause of typhoid fever and diphtheria, and all the other infectious diseases? They were not discovered by accident. They were discovered by regular practising physicians who had special training and who were well prepared to make these discoveries. This is a fact that I say the nurses know, but very few of the laity outside of the nursing profession are acquainted with these facts.

Now we have a large class of educated women who come in close contact with the best families in the land, teaching them that science is the truth, that medicine is a science, and this is of very great benefit to the regular medical profession and especially of benefit to the people. So that I repeat, it gives me very great pleasure to appear before this Association this morning, whose object is to teach trained nurses for their life work. We are glad to welcome you to the great State of Ohio, one of the greatest states in all the world; a state that extends from the mountains of Pennsylvania on the east to the level plains of Indiana on the west, from the Great Lakes to the Ohio. You can find any sort of country, any sort of climate, any sort of weather in this state that you wish to look for; but it is not our soil that we are most proud of. It is not the products of the soil, the mine and the manufacturing establishment of which we are most proud. It is our men and women. Ohio is the mother of Presidents. She has furnished many in the past and now she is equally prepared to furnish one or two more. (Applause.) If you are a democrat you can vote for one man; if you are a republican you can vote for another. We are prepared to furnish a man to head either ticket this fall, and if either of these men should be elected the Presidency of the United States would be in good hands. In this State of Ohio there are more populous cities than in any state west of the Alleghany Mountains. Of all these cities Cincinnati is the queen. We have some things here that we are proud of; some things that we are not so proud of, that we are going to make better. Our hospitals are not quite what
they should be, but we are going to build a magnificent City Hospital on the hills, that will be a model for other municipalities to copy from. The Good Samaritan people, Catholic Sisters and Sisters of Charity are going to build a magnificent million dollar hospital out opposite Burnet Woods, that will be a hospital of which not only they and their friends will be proud, but the city as well. We have an Art Museum of which we are proud. The Mayor has told you about the Water Works.

Now I am sure you will find much to interest you here, and I am sure if you stay a few days you will find that Cincinnati is the gateway to the south, and that very many of our friends coming from that sunny land have lingered in the gateway for a while and think that Cincinnati has deserved some of their warm hospitality, and we hope you will leave us with regret and will be glad to come and see us again. (Applause.)

The President. Miss Annie Laws, President of the Ohio State Federation of Woman's Clubs, will give the address of welcome on behalf of the women of Cincinnati.

ADDRESS.

_Madam President and members of the American Society of Superintendents of Training Schools for Nurses:_

I want first to echo the words of Mayor Markbreit by saying that I too love Ohio and love Cincinnati, for I was born here, my mother was born here, and her father came here in the early days when part of the way was traversed by means of flatboats, not in the way that you ladies came; so that I am really fond of this dear city, and if you were to see all the things that Mayor Markbreit wanted you to see and that we all want you to see you would have to extend the limit of your stay far beyond these three days. In order that I may not curtail any of the time that you are going to spend in Cin-
cincinnati, and also because I have a fellow-feeling for secretaries of associations because I have been a secretary myself, I have put into writing a few words of welcome that I want to give you.

It gives me pleasure to add another word of welcome to those which have already been spoken, and to extend to you most hearty greetings from the women of Ohio, and of Cincinnati, especially.

Governor Herrick at the time of the inauguration of Dr. Dabney, the present President of the University of Cincinnati, in which, by the way, we hope some time to establish a Chair of Hospital Economics, said of Cincinnati that it was a "Northern city with a Southern exposure" and we are hoping to show you during the time of your sojourn in our midst that the Southern exposure has ripened the feeling of genial, cordial hospitality which the women of the state and of the city feel to you personally, and to the work of which you are the leading representatives.

Dr. Hanford Henderson, in his Education of the Larger Life, says:

"The social purpose is a humanized world composed of men, women and children sound and accomplished in body; intelligent and sympathetic in mind; reverent in spirit; living in an environment rich in the largest elements of use and beauty; and occupying themselves with the persistent study and pursuit of perfection. In a word, the social purpose is human wealth."

I know of no body of workers or educators so consistently and persistently engaged in the pursuit of human wealth as the one which it is your privilege to represent.

Some of us who are here today to extend welcome in the name of the Hospitality Committee of the interested women of our city, look back with pride upon the pioneer work which twenty years ago not only inaugurated the work of training schools for nurses in our city, but later brought into our midst the one whom you call President, and to whom we look for the conservation of our best human wealth.
It gives us a feeling of a stronger bond of union with your organization and interests, when we realize that our Corporation called "The Cincinnati Training School for Nurses" has, as yet, never been dissolved, and that we can still legally call ourselves Trustees of a Training School for Nurses. Possibly this step has been deferred in order that you might be welcomed by a Society which still lives, and by a President whose chief and only duty at present seems to be that of extending these words of greeting to those who are the real workers.

While the pioneer efforts of introducing training schools for nurses in hospitals and in communities have largely met with fruition, and large and influential organizations exist all over the civilized world for the perpetuation and development of this most important and necessary work, a period seems to have come when legislation seems to be the watchword. In this connection may come the value of close relationship with the large and growing number of Women's Clubs and Federations.

Several years ago the President of the Colorado State Federation of Women's Clubs said, in an address given in Washington, D. C., "During the last legislature there were so many men with bills that they wanted endorsed by the Club women of the State, that the Social Science Department of the State Federation had to sit one day each week to confer with members of the Legislature who wanted the Federation to endorse these bills."

While affairs in Ohio have not quite reached this point, from the number of letters received by the President asking for the support and use of the name of the Ohio Federation, it would seem to be considered a most desirable thing to have such endorsement and support.

It gives me pleasure to feel that I can safely offer to the Superintendents of Training Schools for Nurses whatever support can be given by the Ohio Federation of Women's Clubs to any good movement emanating from this body, and needing the good will and exertion of the women of the State of Ohio. It would seem advisable for this organization to keep somewhat
closely in touch with the General Federation of Women’s Clubs so that efforts along certain lines can be combined rather than duplicated, and in order that a clearer knowledge may be given other organizations of women of the importance and scope of the work of the Society of Superintendents of Training Schools for Nurses.

I am sure I am also justified in saying that you have extended to you the deepest interest and desire on the part of the Women of the Hospitality Committee of the city, the pioneer workers in the training school movement, and the Ohio State Federation of Women’s Clubs, to further in every possible way the practical and educational work you are doing.

I will close these few sincere words of greeting and welcome with a bit of Edwin Osgood Grover’s Teachers’ Creed. He says:

“\ I believe in the curse of ignorance, in the efficacy of schools, in the dignity of teaching and in the joy of serving others.\\n
“I believe in wisdom as revealed in human lives as well as in the pages of a printed book, in lessons taught not so much by precept as by example, in ability to work with the hands as well as to work with the head, in everything that makes life large and lovely.\\n
“I believe in beauty in the schoolroom, in the home, in daily life and in out-of-doors.\\n
“I believe in laughter, in love, in faith, in all ideals and distant hopes that lure us on.\\n
“I believe that every hour of every day we receive a just reward for all we are and all we do.\\n
“I believe in the present and its opportunities, in the future and its promises, and in the divine joy of living.”

May all the promises we are making you of cordial hospitality be realized during the coming few days, and may you during this time forget your many difficulties and perplexities that confront you every hour and every day when you are in the midst of this most arduous and yet most necessary of avocations, and may you be filled only with the “divine joy
of living.” Our desire is to preserve and return in good condition to our sister cities the priceless “human wealth” they have loaned us for a time.

The President. I will ask Miss Nutting, Professor of Domestic Science at Teachers’ College, to give a response to the addresses of welcome.

Miss Nutting. Madam President and ladies: The hospitality of Cincinnati preceded this meeting in the invitation which came to us last year, and it is emphasized to-day in the very warm and sincere greeting which you have given us, for which we are very grateful. It is particularly interesting to recall to-day that this Society was organized in a western city and that at least one member of the early organization, which took place about fifteen years ago, is present among us, in Mrs. Hunter Robb, who suggested the formation of the Society and took the first steps in its organization. This little group of women, about twenty-five in number, who gathered together fifteen years ago at the World’s Fair, has grown into a Society with nearly three hundred members on its roll.

We are very glad to receive your greeting and we are glad to be reminded of the responsibilities and the duties that face us here. No body of workers—I agree with all three previous speakers—no body of workers faces greater problems, more complicated, delicate and intricate problems than do the superintendents of hospitals and the superintendents of training schools. No deeper duty and responsibility lies upon any woman I think than upon the one who, at the head of a training school for nurses, is preparing women not only for the care of the sick, but, as we have just been reminded by one of our doctors, for much responsibility in the community. Feeling as I do that there is “no darkness but ignorance,” I urge our need of greater knowledge and of the wisdom which “lingers” that we may fully understand what the community needs of us.

We are grateful for the opportunity which you have given
us to come to another state where some of our largest hospitals now are, and more are projected, and to study here, in this atmosphere of sympathy and appreciation, the problems which are before us.

On behalf of those present let me thank you for your welcome, and on behalf of the large number of members who are not present, let me transmit a wireless message from them embodying the feelings which I am sure they hold, and speak for every member her regret that she cannot be here to share in your very gracious welcome and in the conferences with her fellow-workers which are to follow.


Madam President and Members of the Association:

I am very glad to speak for the West, though it is indeed much to be deplored that the Western members are not here in larger numbers to speak for themselves, and to profit directly from all that is to be gained from these meetings. Speaking for the West, however, I can give a hearty response to this Eastern welcome; a heartfelt appreciation of this one more opportunity for advancing somewhat towards the aims that are worth while in our work. For the Superintendents of the West, to a degree that Eastern people I think cannot quite appreciate, are working in the face of the greatest discouragements, commercialism, low ideals, and absolute ignorance of the best ends that the training school stands for.

From each of these ambitious, but handicapped, women, I would bring blessings and good wishes to Cincinnati and to Ohio for this one more opportunity of knowledge, for the continuance and dissemination of education along right lines, that sooner or later must reach even to their remotest centers.

Kipling has said,

“Oh East is East, and West is West, and never the twain shall meet, 
Till Earth and Sky stand presently, before God’s judgment seat.”
But East and West are getting very much nearer than ever before, as humanity's common interests wipe out the line that separates them; and it is in recognition of this closer affiliation and more helpful relationship that the Western nurse takes heart and cheerfully accepts her heavy burden.

The President of the Association, Miss Greenwood, then read the following address.

*Ladies and Gentlemen:*

I extend the cordial hand of greeting and bid you thrice welcome. We have long wished for your coming to Cincinnati, the oldest city of the Middle West, feeling deeply the need of the educative influence, the uplift, the inspiration, which the meeting of this Society cannot fail to give to the nursing profession of a city. I am also pleased to greet and welcome the friends who are with us to-day through their interest and appreciation of our work and its development.

To many it is a twice told tale that the organization of this Society was effected in Chicago in the year of the World's Fair, 1893. Many International Congresses were being held there at that time. Among others a Medical and Hospital Congress, a section of the International Congress of Charities, Corrections and Philanthropy, and it was suggested that a section of the Medical and Hospital Congress be devoted to nursing. This was approved by the organizers, and Miss Isabel Hampton, then Superintendent of the Johns Hopkins Training School for Nurses, was appointed Chairman. As one of the inexperienced members of the little band of Superintendents who voted to form this Society, it is my privilege to pay fitting tribute to the keen enthusiasm, the high educational ideals and all but prophetic vision of the Chairman of that nursing section. From her emanated the call to organize, and the temporary organization effected in Chicago became, in New York in January, 1894, the permanent American Society of Superintendents of Training Schools for Nurses.
We are honored by the presence with us to-day of Mrs. Isabel Hampton Robb, and we of Ohio rejoice that this great leader of our profession, whose influence has been so powerful a factor in guiding and shaping its destinies, lives among us, cheerfully lending her aid in the solution of our State problems of organization and registration.

As a direct outgrowth of this Society, the Nurses' Associated Alumnae of the United States was organized in 1897. This organization now numbers some ten thousand members, and holds its eleventh annual meeting in San Francisco early in May.

The American Federation of Nurses was formed in 1901 by the affiliation of the American Society of Superintendents of Training Schools for Nurses and the Nurses' Associated Alumnae. The purpose of this affiliation was to obtain membership in the National Council of Women, and thereby a share in the proceedings of the International Council. In Washington, in 1906, the first regular meeting of the Federation was held. At that time the Federation withdrew from the National Council of Women and joined the International Council of Nurses.

The efforts of this Society, directed as they have been since its inception towards greater uniformity of curricula and more systematic methods of instruction in our training schools, culminated in 1899 in the establishment at Teachers' College, Columbia University, of the course in Hospital Economics for the purpose of teaching teachers of nursing. This course, largely owing to the untiring efforts and unsparing self-sacrifice of the Hospital Economics Committee, is now firmly established at Teachers' College, and this year has had the inestimable advantage of the oversight of one of the most brilliant women of our profession, recently appointed to the chair of Domestic Economy at Teachers' College. She has given it, greatly to its development, as much time as could be spared from her broader field of labor.

The importance of this course cannot be overestimated. The
need of especially trained women to fill administrative positions is felt in every hospital and institution in the country, and nowhere except in this one place can such training be obtained. The Hospital Economics Committee, realizing the value of this course to the public as well as to the profession, have issued an appeal to the public for aid. Let me quote from this published appeal: "The expenses of carrying on this special course in hospital and training school organization and administration have been met almost entirely by a small group of women, chiefly nurses, who have year after year contributed from their own earnings to pay the salary of the instructor and some of the expenses of the lectures."

An endowment fund of one hundred thousand dollars is needed, and a guarantee fund of twenty-five hundred dollars a year for five years or until such time as the endowment fund will produce this income. It is our earnest hope that this year may see this appeal answered and this important work placed on a secure footing.

As I have rapidly passed in review some of the events in the history of the Society for the past fourteen years, it would seem that much progress has been made, and yet much remains to do. "The problem of how to give skilled nursing to people of moderate means yet remains unsolved. The question of State registration, State reciprocity, and of State inspection of training schools, is before many of us. Our curriculum is far from uniform. Affiliation of training schools and a Central College of Nursing is yet but a vision. Much criticism is rife. A reaction towards lower standards and less well trained nurses has been felt. We hear that our graduates are overtrained; that they overstep the limits of their responsibility; that they are animated by the spirit of commercialism and not by that of humanity. How can we best meet such reaction and disprove such criticism?"

We are glad this, the fourteenth annual meeting, is being held in Cincinnati, and so emphasize the fact that this Society is in no sense limited in its scope, but that its work, its sympa-
thy and its influence are widespread and national. I earnestly hope this meeting will be of great pleasure and profit to each of you here present to-day. From the nursing organization of the State and city, I bring you greeting, and with a full heart I offer you the hospitality and welcome of our city, and declare this meeting open for work.

After a recess of ten minutes the Treasurer's report was called for.

REPORT OF THE TREASURER.

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

From January 1st, 1907 to January 1st, 1908:—

Ca.

By cash on hand - - - $ 97
By annual dues, - - - 735 10
By initiation fees, - - - 72 00
By Annual Reports, - - - 3 00
By Buffalo Congress Reports, - - - 6 25

$817 32

Dr.

To printing Thirteenth Annual Report, $271 35
To Convention badges, - - - 10 70
To expenses of incorporation proceed-
ings, - - - 11 90
To reporting Proceedings of Annual Meeting, - - - 120 15
To annual dues, American Federation of Nurses, - - - 15 00
To exchange on checks, - - - 90
To postage, printing, etc., - - - 82 87
To expense of Council Meetings, - 124 00
To deposit in N. Y. State National Bank, $180.45

$817.32

Teachers' College Course in account with Anna L. Alline, Treasurer.

From June 1st, 1906 to June 1st, 1907:

Cr.
By cash on hand, $369.61

Dr.
To salary, 320.00
To special lecturer, 10.00
To expenses for lectures, 30.50
To deposit in N. Y. State National Bank, 9.11

$369.61

From June 1st, 1907 to January 1st, 1908:

Cr.
By cash on hand, 9.11
By cash donations, 200.00

$209.11

Dr.
To salary, 150.00
To deposit in N. Y. State National Bank, 59.11

$209.11

Amount on deposit, $59.11, turned over to Miss Nutting by vote of Council.
Amount of subscriptions for the Endowment Fund of Chair of Hospital Economics, Teachers' College, $1,433.19. Turned over to Miss Nutting by vote of Council.

Audited and found correct,

MRS. E. G. FOURNIER.
The Report of the Treasurer having been accepted, the Secretary then reported for the Council that there had been two meetings since the last annual convention, at which the program for this year was partially arranged. The following resignations were received during the year:

Dr. A. A. Hintze. Miss Maria A. Gorter.
Miss Mary Cameron. Miss Lilla J. Sheppard.
Mrs. Sappington. Miss Bertha Orlo-Smith.

Two members only were dropped for non-payment of dues. Invitations for the next convention have been received from Boston, Atlantic City, Toronto, New Orleans, and Texas.

As it is understood that the Associated Alumnæ is to meet in New York City next year, and a meeting of the Federation of Nurses is due then, we are unable to accept any of these invitations.

The Council recommends the following applicants for membership in the Society:

Amy Margaret, Sister...........Supt. Nurses, The Children's Hospital, Boston, Mass.
Banzof, Miss Magdalene.........Supt. Ellis Hospital, Schenectady, N.Y.
Bridges, Miss Mildred..........Supt. Drs. Thompson and Johnson's Sanitarium, Fort Worth, Texas.
Campbell, Miss Mary C.........Supt. Maryland Homoeopathic Hospital, Baltimore, Md.
Dahlgren, Miss Emelia..........Supt. Englewood Hospital, Chicago, Ill.
Davis, Miss Nellie.............Supt. Nurses, Erie County Hospital, Buffalo, N. Y.
Frost, Miss Eugenia H.........Supt. Nurses, Methodist Episcopal Hospital, Brooklyn, N. Y.
Hatfield, Miss Elizabeth L.....Supt. Memorial Hospital, Piqua, Ohio.
Henry, Miss Sarah S............Supt. Binghampton City Hospital, Binghampton, N. Y.
Hertzler, Miss Katrina E.......Asst. Supt. Nurses, Cook County Hospital, Chicago, Ill.
Hilliard, Miss Amy M...........Supt. Nurses, Jackson Health Resort, Danville, N. Y.
Johnson, Miss Charlotte.......Asst. Supt. Nurses, Cook County Hospital, Chicago, Ill.
JONES, Miss Emma J. Asst. Supt. Rochester City Hospital, Rochester, N. Y.
MARKER, Miss Ida M. Supt. Nurses, Hospital of the Good Shepherd, Syracuse, N. Y.
MULDREW, Miss Gertrude Asst. Supt. Nurses, Johns Hopkins Hospital, Baltimore, Md.
OBERG, Miss C. Irene Supt. Sherman Hospital, Elgin, Ill.
Petersen, Miss Elizabeth Supt. Swedish Hospital, Brooklyn, N. Y.
Porter, Miss Esther Supt. Nurses, Swedish Hospital, Minneapolis, Minn.
Pratt, Miss Laura S. Asst. Supt. Holyoke City Hospital, Holyoke, Mass.
Smith, Miss Alice L. Supt. Nurses, Asbury Methodist Deaconess Hospital, Minneapolis, Minn.
Sollers, Miss Mary E. Supt. Home Hospital, La-Fayette, Ind.
Subbay, Miss Mary E. Supt. Warren City Hospital, Warren, Ohio.
WATSON, Miss Susie A. Asst. Supt. Noble Hospital, Westfield, Mass.
West, Miss Lillian O. Supt. Nurses, Holyoke City Hospital, Holyoke, Mass.

Upon motion, this report was accepted and the applicants were elected.

The President. We will now proceed to the reports of Committees, and we will ask Miss Nutting, Chairman of the Committee on Education, to give us her report.

Miss Nutting. Madam President: The Chairman of the Committee on Education regrets very much to say that during the past year and during the year that preceded that, it has been impossible for various reasons for the Committee on Education to do any work so there is practically no report to make. There has been work referred to this Committee which ought to have received attention, and the Chairman feels that she has been delinquent in not having found a way to do it. Members present will remember that the paper presented by Mrs. Robb at the meeting of the Federation in Washington was referred to the Committee on Education, and while there has been no lack of interest in the subject, the Committee found it difficult to take up in any practical and effective way a matter of such vital importance. Your Chairman ventures to remind you of a serious illness and some important
changes in her work and life, and also of the heavy pressure brought by entirely new work and surroundings, as some of the reasons why the Committee has been inactive, and must now plead guilty of not having accomplished the work it was given to do.

The President. You have heard the report of the Committee on Education. What is your pleasure?

Miss Goodrich. I move that Miss Nutting retain the chairmanship of this Committee, and that we await her pleasure in going on with the work. (Applause.)

Seconded by Miss McMillan and carried.

Miss Goodrich. May I add to my motion that she be given power to appoint that Committee?

The motion was put and carried.

Miss Nutting. May I add another word? Thanking you for the confidence your motion implies, may I say that I hope during the next year we may see some way of undertaking wisely and thoughtfully the very big work with which this Committee is charged. It is no work which can be done hastily. It needs the judgment and experience of the oldest and wisest members. I sincerely hope before the year is over we may be able at least to report some plans. Now when I say there is nothing to report, I do not mean for an instant to say that there has not a great deal been done during the past two or three years in relation to the education of nurses, which is of importance to us all. It was the original purpose of this Committee to report to the Society annually the year's progress in training school matters, to study and investigate certain aspects of training school work, to present new plans, new developments, or new problems. The Committee started out with fair intentions, proposing that each year the Society should be fully informed and keep abreast with all progress made. I think it possible that we may carry out in the future the intentions with which we formed our Committee, but as you know it is for various reasons difficult for a committee of this Society to get together, and the kind of work which we ought to do is work that needs a great deal of time and also needs means. Every bit of work that has been done so far has meant money for clerical aid, printing, postage, and for the carrying out in general of the work of an important Committee, and I call your attention to the fact because it may be necessary to make an
appropriation for the work of this Committee each year to ensure any satisfactory results.

The President. The Chairman of the Committee on Legislation is unfortunately not able to be with us to-day. Miss Palmer, however, who is, as you all know, the editor of the American Journal of Nursing, has sent us her report, which will be read by the Secretary.

The Secretary reads:

In view of the fact that the Interstate Secretary, Miss Sarah E. Sly, is to make a full report of the work of the state associations, and that Miss Jane E. Hitchcock is to report on the special work of examining boards at the Associated Alumnae meeting at San Francisco, it seems an unnecessary duplication of work both for state and board officers as well as for me to submit a duplicate report to the Society of Superintendents.

I would like to touch briefly on one phase of registration work which is of vital importance to the teaching body, and that is the lack of uniformity in methods in schools as is being shown in the examination papers. To illustrate, in reply to a practical question as to the method of preparation of normal salt solution, the time of sterilization is given in one group of papers as being from three minutes to three hours,—the same variance is shown in regard to the sterilization of instruments and rubber gloves. While the great majority of candidates understand the necessity of filtering salt solution, and have the proportions of salt and water fairly correct, after corking the bottle with cotton, they carefully describe covering the cork with adhesive plaster, and fastening it down with a bandage, showing a lack of knowledge of the underlying principle of the use of cotton as a cork.

The knowledge of bacteriology seems to be confined almost entirely to its relation to surgical technique. It is not my intention, in this Association, to more than suggest the need of a closer cooperation between the superintendents in large centres, in state associations, and our national organizations, for a greater uniformity in the teaching of certain underlying principles upon which every nurse’s education is based.

I would recommend to the favorable consideration of the members the plan which has been adopted by the superintendents of Minneapolis, who have brought their senior classes together and
have given them a course of lectures on certain important subjects. As a report of this work will probably be submitted, I only allude to it as showing progress along a line which will meet this need if properly developed.

I would say further that in my experience as an examiner, the papers in my subjects have shown too exclusive instruction by physicians; the candidates seeming to have only in view the medical treatment rather than the nursing care.

I will say in closing, that from returns from the report of the Interstate Secretary, which she has kindly permitted me to see, I find that from the returns from six boards of examiners reporting, the subjects showing most inadequate preparation are dietetics, materia medica, care of children, and obstetrics.

Respectfully submitted,

SOPHIA F. PALMER,
Chairman Committee on Legislation.

Miss Nutting. I move that the discussion be taken up at a later date. There are many points there that are interesting.

A motion to accept the report was carried unanimously, and the discussion was postponed until a later time.

The President. The report of the Committee on Hospital Economics is in order. We will ask Miss Goodrich, the Chairman, for the report.

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 at present in the entire Hospital Economics course nine students.

Senior Class: Miss Elizabeth Harcourt, Miss Catherine Decker, Miss Anna Hayes, Miss Laura Logan.

Miss Elizabeth Harcourt, is completing her required points,
numbering eight, and acting as resident nurse at Whittier Hall. Miss Laura Logan, a college graduate, is taking the two years' course in one.

*Junior Class*: Miss Jessie Catin, Miss Theodora Manwell, Miss Julia Milnoe, Miss Julia Corral, Miss Alice Kurtz.

Miss Kurtz, owing to the illness of her mother, has been obliged to drop out in the last half year, but hopes to continue next year.

Miss Hedges, who was appointed Assistant to Miss Nutting, and who at the same time has been carrying on some studies at the Teachers' College, received a diploma in Domestic Science this year.

In addition to the usual lectures by Mrs. Robb, Miss Dock, Miss Banfield and Mr. Butler, a new and most valuable course in laundries, by Miss Clara Noyes, Superintendent of St. Luke's Hospital, New Bedford, Mass., has been added.

These lectures were opened this year to outside students; from twelve to fourteen students entered for special courses, and from four to six were in attendance with fair regularity throughout the year.

The attendance upon these lectures would have been very much greater, had it been possible to offer them in the evening, but the interest evinced, demonstrated the wisdom of allowing this opportunity.

We understand that Miss Banfield will feel unable after this year to continue her lectures. It is with deep regret that we accept her resignation, as for so many years, both as Chairman and Lecturer, she has been so actively interested in the course.

We are again indebted to Dr. Fisher for an interesting talk on Hospital Management, and the Class also this year had the privilege of spending an afternoon with Dr. Goldwater, Superintendent of the Mt. Sinai Hospital.

At the Council meeting, November 20th, following the meeting of the Hospital Economics Committee, it was voted in compliance with the request of the Hospital Economics Committee, to appoint a Finance Committee with Miss Nutting
as Chairman, to relieve Miss Alline, the Treasurer of the Society, of the care of the funds of the Hospital Economics course, and to prepare an appeal to be sent to the centres of nursing.

The Finance Committee, the members of which are: Miss A. M. Nutting, Chairman; Miss Annie Damer, President of the Associated Alumnae; Miss Mary Samuel, Superintendent, Roosevelt Training School; with Mr. Waldron P. Brown, of Brown Brothers, Bankers; and Mr. Stephen Baker, the Manhattan Trust Co., as an Advisory Committee, have taken charge of the investing of the funds of the course.

The Council have also allowed us the privilege of enlarging our Committee, and Miss Wilson, Directress of St. Luke's Training School, and Miss Rykert, Superintendent of the Post-Graduate Hospital and Training School, were appointed.

The advisability of abolishing a certificate for one year's course and of adopting a regular two years' course leading to a Hospital Economics diploma, allowing the pupils, however, to take one year at a time, rather than two consecutive years, that if necessary, an opportunity might be allowed in certain instances between the first and second years for some remunerative work to aid in completing the course, was discussed.

It was deemed advisable, however, to continue, for the present, with a one year's course leading to a certificate, and directing our attention to the development of the second year's work, making it more valuable and comprehensive than it is now.

An opportunity to do this has come to us through the generosity of St. Luke's Hospital, an opportunity which was in the mind of the Committee when the idea of this course was conceived. It was appreciated that without practical experience in many of the branches in which instruction is necessary, the course could hardly offer what was desired. St. Luke's Hospital has permitted us to send two senior students certain mornings weekly to study the workings of the housekeeping department. This is a field, the importance of which cannot be overestimated. It would be necessary to give much careful thought to the
development of this work, that the pupils may profit by it, without interfering with their regular course at the College, and also without interfering with the administration of the department.

Miss Nutting, and it is as the result of Miss Nutting's effort that this advanced step has been taken, has given much thought to the subject, and has drawn up a most interesting and comprehensive schedule of this department of the work.

At the Women's Hospital, one of the students, Miss Logan, has been allowed to spend some time weekly in their housekeeping department. We beg to express our most sincere appreciation for the opportunities that these institutions are giving us, and we can only hope that the future result may in some measure compensate for the added burdens it must at times have been to those in charge of the departments.

The graduates of this course now number over fifty, and with this annual report will be published their names and the positions they are at present occupying.

We find it difficult to express our appreciation of the work that Miss Nutting has done for the year, entering upon a new field, of which this course is but one branch, she has nevertheless been indefatigable in her efforts for it. It was at her suggestion that the Finance Committee was formed with an Advisory Committee of two prominent business men.

The Announcement for next year offers a curriculum of which we may well be proud. We, who receive appeals almost monthly for properly equipped women to hold institutional positions, have always appreciated the necessity for this course. I think we may safely assert to-day, that there can only be one excuse for our women not being properly prepared to fill these positions, that is, the necessary income to meet the expense of further preparation.

Again Miss Nutting makes a valuable suggestion, that the money over and above that which is needed for our hospital expenses, should be devoted to scholarships to assist such needy
pupils. It is also possible that the different training schools will be able to secure scholarships through their own institutions.

The President. The report of the Committee on Hospital Economics is before you. What is your pleasure?

It was moved and carried that the report be accepted.

The President. Is there any discussion?

Miss Nutting. Madam President, I hope at a later hour that you will give me the privilege of the floor to do quite a little talking, but the present moment is hardly a fitting one. It is fitting, however, at this moment that we should here recognize eight or nine years of most faithful and devoted work on the part of the woman who has had charge of this course at Teachers’ College, Miss Anna L. Alline. (Applause.) No one, perhaps, but one who followed her, could know the peculiar difficulties of attempting to harmonize with the methods of an academic institution the kind of teaching and training with which we as nurses are familiar. No one but one who has gone into that field could even appreciate the difficulties which Miss Alline encountered year after year in holding together the thing which we were trying to establish at Teachers’ College, and I think it is largely due to her patient, persistent efforts that year by year some improvement has been made, something has been added, something irrelevant or useless has been discarded. The work of the College is the preparation of teachers, and all efforts are directed to that end, for which abundant means are provided in the way of buildings with lecture rooms, laboratories and libraries, and an able staff of professors and instructors. But our subject was new, and our needs in some ways foreign to those provided for in the general scheme of instruction. A good deal of adjustment was needed, and it is largely due to Miss Alline’s steady, quiet, faithful efforts, and she tided over a difficult time there as few people could have done. It is highly proper that we should now as a Society express our grateful appreciation of Miss Alline’s work.

Mrs. Robb. Madam President, as the first chairman of the hospital economics course, I wish to very enthusiastically second all that Miss Nutting has said about Miss Alline’s work in connection with our course. I do not think any one outside of Miss Alline and myself can appreciate what that work meant to us those first years, and what Miss Alline did. We wondered where
we were going to get sufficient funds to offer the small salary we had to offer or that we could afford, and turned year after year to Miss Alline asking if she could possibly take it, and when she took it, year after year, you must realize how sincerely her heart was in the work of nursing.

Miss Laws. Can I say just one word from an outside standpoint? Several of the members who are here speak of working with their own State Federations, and it occurred to me what a splendid thing this particular chair was and the work that can be done through it, that we ought to interest the general federation of clubs in the States, and have a scholarship in each State. Very possibly that could be worked out so that we would know exactly how much a scholarship would cost, and then get the department of the general federation to interest a similar department in every State in the country, and then have each State assume the cost of one scholarship. I think we might have a band of splendid teachers, and I do not see why the women of the country should not do it, and I hope you will all help. (Applause.)

The President. Any further discussion of this report?

Miss Nutting. I promise not to occupy the floor every minute, but I must have one word at that. It is so important for the community to realize the great burden that rests upon the superintendent of the training school. The school for nurses has a large and rapidly widening function in preparing the nurse for adequate service to the community, and it seems to us that if this were fully understood, it would not rest upon the hospitals entirely to find means for the maintenance of our schools. We are not training nurses entirely for the benefit of hospitals, doctors, nor for private patients, but we are training them for useful service to the people in all matters which affect their health and well being; for intelligent efforts toward the prevention of illness as well as intelligent and skillful care of the sick, and just as medical scholars for instance may turn to the community and say, "Give us money for buildings and teachers so that we may supply you with well trained physicians, so, we, in view of the public as well as private importance of our work, have a right to turn to the community and say help us also,—so that we may train and send out to you women who can understand their responsibilities and meet them fully. A great many cities are putting
large sums into magnificent buildings. I would, in many instances, cut down the cost of the buildings and put it into the training of the women who are to take charge of them. (Applause.)

The President. Any further discussion? I think from the remarks that have been made, we all see how deep and strong is the interest in this course in hospital economics, and I think it is quite possible some members of this Association can confer with Miss Laws and bring about some such desirable result as she has just spoken of. If there is no further discussion, the report of the Committee on Red Cross affairs is in order. Miss Nutting, I am afraid we must again ask you to take the floor.

Miss Nutting. Madam President, there is no report to present from the Red Cross Committee which was formed more in order that we might keep in touch with Red Cross matters as they relate to the enrollment of nurses, than because there was any definite work to do. The Chairman of this Committee is, however, occupied so deeply in so many things, that it has become necessary for the furtherance of any work at all that she should be relieved of some of these burdens. She begs that this Society will discharge her, honorably she hopes, from the office of Chairman of this Committee, and will appoint somebody else who will have the time to devote to what is now growing to be a matter of considerable importance.

The President. The reports of two committees, one the Committee on preparation and distribution of pamphlets, and another the Committee on skilled nursing for the sick of moderate means, are laid over until next year. When did you wish to give that report that you spoke of last night, Miss Nutting?

Miss Nutting. The Council of this Society created a Finance Committee to look especially after the funds for the endowment and maintenance of this course, and at the beginning of the year the former Treasurer, Miss Alline, turned over the funds in hand to the present Treasurer. The following statement accounts for all receipts to date:

From Miss Alline, - - - - $1,318 94
From Miss Davids, - - - - 1,361 30
From Alumnae Associations and State Societies,
Individuals, either directly or through Miss Alline or Miss Davids, - - - - 4,556 25
Total from all sources, - - - - $7,136 49
Six thousand dollars of this sum has been invested by our Advisory Committee in bonds bearing 5% interest.

The President. I think we may all feel very much encouraged to know that we have such a comparatively large balance, although not at all of the size which we wish it to become. The appointment of the Nominating Committee is the next in order. We will ask Miss Pindell, of New York, to serve as chairman, and Miss Ross, of Baltimore, and Miss Lawson, of Akron, to act with her on that Committee and report to-morrow.

As there is no further business for this morning, a motion for adjournment is in order.

Upon motion the meeting adjourned.
SECOND SESSION.

The meeting was called to order by the President. Miss Alline read her paper on "The Teaching of Dietetics in Schools for Nurses."

THE WORK OF THE DIETITIAN IN THE NURSE TRAINING SCHOOL.

MISS ANNA L. ALLINE.

When a new position is created in an institution its first incumbent is usually utilized in many ways. This is true of the dietitian, as we find her in the hospital to-day working her way on to her special province. As for instance; at one hospital the dietitian never comes in contact with the student nurses, and in another she gives her entire time to their instruction. Again she divides her time between dietetics and housekeeping.

This paper calls for the work of the dietitians in the training school only. This phase of it is important enough to have first place in the theoretical course and its practical application throughout the entire three years. By that time its vital significance should be so thoroughly impressed on the pupil nurse that she might well devote her future to preventative measures, sickness being recognized as a direct result of breaking nature's laws, and a nurse's large opportunity would be the protection of health. Dietetics is here used in its broadest sense as covering the entire field from the production of food material to its prepared dishes and the metabolic processes from ingestion to final body use and waste.

Food and air are essential to life; to be deprived of either one means death, yet how grossly negligent we are in providing either one in its purest and best forms for our own good.

The criticism most often made of hospital care is that of
poor food. We know only too well that it has been honest criticism in spite of the fact that the hospital’s first consideration is the patient. It is only fair to say that it is not often due to the quality of the raw food material as to the manner of handling throughout its preparation and serving. So it will continue to be in every institution where cheap labor is considered better economy than brains.

Food is much more important and economical to the physical being than drugs. For a nurse to touch on the subject of drugs opens the way for criticism, while she may learn all there is to know about foods, and the field is an open one.

The standpoint taken is not an exaggerated one; its foundation is secure and growing more and more sound every day. To approach the question at all with the limited time and facilities in the training school is almost like attempting the impossible. In fact it would be quite so if other forces were not working along these lines:

“No man hath ever known or said
How many there may be,
But each tree helpeth to make a shade,
Each leaf to make a tree.” —Holmes.

What with the chemists and biologists making such progress, the agricultural experiment stations and popular lecture courses making all people familiar with technical terms and phrases, the next move will be the entertainment of the coming generation with educational games played with the bomb calorimeter, and the respiratory calorimeter. No doubt our board bills will be charged by the number of calories served. Are they not teaching the meaning of metabolism in the kindergarten? At least when any subject is taken up in the homes and becomes a regular course of study in the public schools, it soon becomes the daily experience of life. The utilitarian side of school life is being developed rapidly; home economic courses have been instituted in certain centers all over the country and meet-
ing with such general favor that before many years they will be universally adopted in the schools.

In this is our hope that the problem will be solved for us when our probationers come to us with reasonable understanding of proper living conditions, particularly in regard to food stuffs in their relation to bodily needs. For the present we must do what we can to supplement early training. It must be a simple, practical course requiring the least possible expenditure of time to secure the necessary results. It will be perfectly obvious from the start that the outline is not elaborate in any particular, but that it is a course that a large majority of our schools have not yet worked up to.

The order this scheme presents is one in which the subjects naturally come to a nurse as she advances in her course. The foodstuffs will be taken up, beginning with the usual liquid diet, and passing on to the full regular diet. The course may all be given by one instructor, if she is a nurse as well as a dietitian, otherwise it will require two. During the first six months recitations, fully demonstrated, should be given in elementary anatomy, physiology and chemistry of digestion, covering the description and function of all digestive organs, and chemical action on food principles during digestion. The reference books should not be too many or too voluminous. A satisfactory list would be:

Kimber, *Anatomy and Physiology.*
Huxley, *Elementary Physiology.*
Farmer, *Cookery for Invalids and Convalescence.*
Conn, *Bacteria Yeasts and Molds in the Home.*

Farmer's *Cookery for Invalids* is a most valuable work for the private nurse. The first few chapters are full of practical points giving a digest of the theory in a nut shell. The receipts are for individual dishes, which is what we most need, as we
cannot prepare our nurses for housewives nor for institutional positions, but mainly for private duty.

Conn's *Bacteria* is an interesting as well as a valuable little book that one likes to read for recreation. The dietitian cannot get on without Hutchison and Haliburton, but the nurse would simply flounder in them in the limited time at her disposal. The lessons should be structure, size and position of organs of digestive tract, with specimen of the various kinds of tissue and membranes as demonstration material; function of organs, mechanical action and active principles of digestive fluids; a general classification of foods, giving characteristics and composition of food principles; chemical action of digestive juices on foods, demonstrating with saliva or starch, with iodine test; rennet or milk; pepsin and hydrochloric acid on proteid, biuret test; emulsion of fats, the only demonstration that would be satisfactory in the action of fat would be making soap; the effect of heat on starch, iodine and Fehling's test; heat on proteid; separation of starch and gluten in flour.

Demonstration and practice during this same period should be in setting trays, serving diets to patients, preparing patients for meals, and feeding helpless patients. Very early in this experience the nurses have the setting of trays and serving of meals; this under supervision and direction of the senior nurse, as will be explained later. Also the handling of trays; this should be taught by demonstration and practice in the class room to insure consideration and care in the order and neatness, that the patient may not be obliged to eat from a tray where liquids have been spilled. That the proper amount of food required by each patient may be served; not too much or too little. The young nurse should be taught the proper preparation of patients that they may be in comfortable positions to feed themselves, and that their mouths be properly cleansed. The condition of the mouth has much to do with the taste of the food. The nurse cannot be taught too early in her training the importance of the favorable approach of the meal to the patient through the special senses—sight, smell and taste.
The feeding of helpless patients is a long, slow process, and is often one of the duties of the young nurse. She should be taught the proper handling of tubes and feeding cups, and feeding with a spoon. The patient to enjoy a meal, thereby being better able to digest it, should not be kept waiting between spoonfuls or be unduly hurried; should have no fear of being choked or having food spilled. The practical work in the preparation of beverages and liquid diet will be taken up first in the needs of the patient and experience of the nurse. They should be water, milk, milk preparation as whey, peptonized milk, milk punch, and milk treated with lacto-bacilline, fruit juices, cocoa, chocolate, broths, as meat, oysters and clams; egg nogg, egg lemonade, albuminous fluids and gruels. This service should include the ice box and its care. Water is mentioned first because it is so essential, and still so seldom served. It forms about two-thirds of the body weight, varying from 2% in the enamel of the teeth to 79% in the blood. From forty to sixty ounces or two or three pints are secreted as urine in twenty-four hours. To keep the body weight and supply an equal amount to that eliminated, one must take more than is usually supplied by beverages and the moisture of the food. We may all recall a mental picture of trays being carried down the ward at meal times. On how many ward-trays do you see a glass of water? Many patients would not trouble a busy nurse by asking for a glass of water. Water should be served palatably cold, not ice water or melted ice, but from a cooler where the ice and water are in separate compartments. In speaking of a glass of water, a glass is meant instead of a cup.

Science is focussing the search light on the milk question. Daily papers and Health Board reports keep one posted on this movement. Pure milk, sources of contamination and methods of purification are topics of the day.

The theory that appeals to one's common sense is that of demanding the pure uncontaminated article called certified, or better still "Guaranteed Milk," and using it in its natural state. The New York Committee on pure milk supply opened
milk depots this summer and distributes modified certified milk instead of having the ordinary milk pasteurized or sterilized. They are to make reports of cases and furnish statistics on work done to prove the value of having uncontaminated milk supplied.

Physiological chemistry teaches that the first step in the digestion of milk is coagulation. This suggests two important points: 1st. That one should not be deprived of fruit juices because they are on a milk diet. 2nd. That milk must be taken slowly in sips or through two straws that coagulation may form small curds rather than one large mass, as is the case where a glass of milk is gulped down in a swallow or two, making it really harder to digest than a piece of broiled steak, even for a typhoid case.

No special comments are called for in the remaining lessons of this series.

During the second six months twenty practical lessons of two hours each:

1. Toast, Cornstarch, White Sauce.
2. Cereals, Macaroni.
3. Eggs.
5. Soup, Stock and Cream.
6. Shell Fish.
7. Chicken and Game.
10. Legumes.
15. Meals, Breakfast.
17. “ Supper.
18. Meals, Dinner.
20. Practical Examination.

The lessons should be followed by a term of one or two months in the diet kitchen in daily preparation of meals for a limited number of patients. All the theory, no matter how well it may have been taught, will not take the place of practice; one is quite as essential as the other for the proper balance.

The theoretical lessons with this series should be anatomy, physiology and chemistry of absorption, assimilation, elimination, growth and repair, thus completing the process of metabolism.

The foods may be studied under six main heads:

1. Sources of supply.
2. Economy, as to price, season, quality, etc.
3. Composition.
4. Nutrient value.
5. Digestibility.
6. Preservation.

Taking up the study of the food materials in the order in which they are to be used in the practical lessons, the study of each may be combined with the practical lesson, as two or three lessons are given on each class of foods, and no exhaustive study can be required. The lessons should be announced in advance, reference given by subjects, and suggestions made as to methods of study.

Five of the twenty lessons are devoted to the preparation of full meals. The ability to place on a tray a full meal at a specified time, each dish to be a success in itself, with the hot food really hot and the cold food cold requires a combination of the art and science of cooking, real knack, and good common sense. This cannot be developed by cooking cereals one day, vegetables another day, etc. It takes practice and a good deal of it.
The third six months. In justice to the child, nursing of children should be in the second year of training. It calls for closer observation, better judgment and more tact to nurse sick children than any duties a nurse may have assigned her in her first year of work with adults. The theoretical and practical work may begin with infant feeding.

The last of the second year or the fourth six months the study might be largely theoretical on the consideration of abnormal conditions of the body and the consequent result on the digestive organs. In other words, disease in regard to effect on digestion, elimination, growth and repair. Friedenwald and Rührich's *Diet in Disease* gives the most complete work for this study, but doctors differ, so that no general rule or reference book will answer. The doctor in charge of the patient should be the guide, if he will, but so often this is left to the nurse with only general directions by the physician, that a book like the one mentioned is a good one to refer to.

Substitution of one food for another, or a change in the preparation to obtain certain results or even a different combination of materials may be required on account of some disease. There are points to consider in making out a dietary to provide the required amount of nourishment and still avoid certain foods that are harmful in specific cases. This study should develop naturally into what could properly be called research work. Going on now in the third year the nurse should have had sufficient instruction to interest her in cause and effect. Being her senior year she should have charge of the food for the patients; should know her cases and study their needs; she must report actual conditions of her cases to the attending physician, that he may be satisfied with their improvement, or give him grounds for changing his orders.

A few side notes for her own use as to the condition of the case, diet ordered, and result, would make an interesting and profitable subject for discussion with the dietitian. This might be a monthly lesson that would be of lasting benefit to the nurse as coming from her own experience.
When a nurse completes her course she should be properly directed, and have fixed habits of study. Dietetics should be a source of interest and profit to her.

**Suggestions for Lesson Outlines.**

**First Group.**

Anatomy and Physiology (four lessons).

- Martin’s *Human Body*.
- Huxley.
- Kimber.

**Demonstration Material,**

- Alimentatary Canal.
- Alimentation.
- Organs of the Alimentary tract, specimens of Lining membranes, specimens to show arrangement of muscular fibres.

Service (four lessons) and demonstrations, four to eight weeks’ practice.

- Setting and serving trays.
- Preparing patients for meals.
- Feeding patients.

Beverage and liquid diets (six lessons).

**Study:**

1. **Water:**
   - Martin’s *Human Body*.
   - Pyle, *Personal Hygiene*.
   - Farmer, *Invalid Cookery*.
   - Harrington, *Practical Chemistry*.
   - Physical and Chemical properties.

2. **Milk:**
   - Bulletin No. 74, *Milk as Food*.
   - Milk Preparations. Conn, *Bacteria Yeasts and Molds in the Home*.
   - Farmer’s *Invalid Cookery*.
Study:

3. Fruit Juices: Conn, Bacteria.
   Farmer, Invalid Cookery.
   Cocoa.
   Chocolate.

4. Broths:
   Oysters.
   Clams.

5. Eggs: In combination with various fluids.

   Cereals, Breakfast Foods.
   Farmer's Invalid Cookery.
   Care of Ice Box.

Second Group.

Six lessons on subjects previously mentioned; absorption, assimilation, elimination, circulation, respiration—from Kimber, Martin and Huxley.

Six lessons:
   Physiological Chemistry.
   Food principles.
   General Classification.
   Characteristics, drill on appearance.
   Odor, taste and feeling.

Experiments, Vulte, Household Chemistry.

   Effect of heat on starch—test, solubility.
   Effect of heat on acid—test, dylalizable.
   Effect of heat on albumin—test, temperature.
   Effect of heat on rennet on milk—test, coagulate.

Chemical tests: raw starch with iodine.
               soluble starch with iodine.
               dylalizable with Fehling's.
               albumin. Heller.
Digestive Fluids: Saliva on starch—test, iodine.
Pepsin and Hel. on albumin—test, biuret.

Fats and oils: Emulsion—simple forms.
Experiment, Soap making.

Twenty lessons in practical preparation of dishes, together with consideration of food principles under the six main heads mentioned above, viz:
Source of supply, Economy, Composition, Nutritive Value, Digestibility, Preservation. Receipts from Farmer's Cookery for Invalids.

1. Toast, Corn Starch, White Sauce.

The remaining lessons for cooking and serving full meals and a practical test. General references for reading in connection with above lessons:
Conn's Bacteria Yeasts and Molds in the Home.
Circular 46: Functions and uses of Food.
Dietaries in Public Institutions, Reprint from Year Book, Department of Agriculture, 1901.
The Bulletins mentioned may be obtained, free of charge, from the Secretary of Agriculture, Washington, D. C. Order by number and title.

Third Group.

Infant Feeding and food for the child from one to fourteen years:
Special Reference: Chapin.
Griffith, Care of the Baby.
Friedenwald and Ruhräh, Dietetics for Nurses.
An excellent reference book is Chapin's Infant Feeding. It is very complete yet simple in its methods.

Order of Lessons.
Mother's milk.
Milk pasteurizing, sterilizing, modification with predigested gruel as diluent artificial foods.
Composition and preparation of all forms of prepared foods.

To make these lessons practical the nurse must understand the condition of the infants being fed with the various preparations.

Following this should be the feeding of the little child as it develops and needs variety in diet, and so on to the kind and amount for children during school age.

The President. We are sure that this paper is of very great interest to every superintendent of a training school who is here to-day, and we would like to have as much discussion as our time will allow.
Miss Twitchell. Madam President, there was one point that appealed to me, and I presume my experience has been very much like the rest, Miss Alline’s theory of having the water and ice in separate compartments. How many patients are satisfied to have it served in that way?

Miss Alline. Education, teach them, that is the best way.

The Secretary. Madam President, it will be interesting to know just what the schools are doing with regard to dietetics. I suppose the most common arrangement is the same as with us. We have a resident dietitian whose duty primarily is to teach the nurses, and who, under her direction, prepare the food for fifty or more private patients. I do not suppose any superintendent of a training school feels now that she is able to do without dietetics in her curriculum. Where there is not a resident dietitian, a trained teacher in domestic science who perhaps is a teacher in the Public Schools may give a course of lessons to pupil nurses. We are here to find out what is being done, and what way is best for all concerned.

The President. It might be well if we asked Miss Florence Corbett to read her paper, and then have a general discussion on these two closely related papers. Miss Corbett is the dietitian of the department of public charities of the City of New York, and she can give us a great deal of valuable information with regard to her work and some special problems which she has been able to work out there. She has changed the title of her paper somewhat and it now reads, “Problems Connected with the Placing of Dietitians in Hospitals.”

Miss Corbett. Perhaps just a word of explanation is due as to why I changed the title of the paper. Some weeks ago, Miss Nutting was speaking to me in regard to the work, and she said she wished that I could tell you something of my experience with dietitians in hospitals. Later, I was asked if I would give the paper on hospital dietaries, which is the title which has been printed, but on considering the matter, I felt that the question of dietitians in hospitals was a much more fundamental one than hospital dietaries; that a hospital could have a perfect dietary on paper which would be a very unsatisfactory thing if the working out of it were not properly managed in the institution, and so my preference was to discuss the question of dietitians in hospitals.

Miss Corbett then read her paper.
DIETITIANS IN HOSPITALS.

MISS F. R. CORBETT.

The matter of Dietitians in hospitals is, so far as I know, one which has received serious consideration only in recent years. In comparatively a short time it has become the rule to find a woman trained in food administration at the head of the Dietary Department in a hospital, whereas but a few years since the responsibility for the various divisions of the Dietary Department was placed variously, according to the financial resources of the institution. In small institutions one frequently found that the superintendent of nurses carried the responsibility of the Dietary Department, this in some instances giving her the title of Matron as well as superintendent of nurses. In other small institutions a housekeeper or matron, not trained as a nurse nor as a Dietitian, would carry the full responsibility for the Dietary Department and all domestic arrangements of the institution. In larger institutions it was not at all uncommon to find the main kitchen of the institution presided over by a chef, or a more or less competent cook, he being directly responsible to the superintendent of the institution; while in the same institution the dining rooms might be under the direction of a matron, or a head waitress, or a trained nurse who had no authority over the kitchen manager; in such cases there was generally a small kitchen in which articles of special diet were prepared by pupils of the training school, this work frequently being supervised by a domestic science graduate who also gave the instruction to nurses in Cookery and Dietetics.

The evolution of the demand for women trained in food administration to take entire charge of all the divisions of the dietary work of hospitals, is also the story of the rapidly increasing interest in matters pertaining to diet and the diffusion of this knowledge among people in general; it is also the story of the more and more prevalent acceptance among medical
practitioners of the influence of diet in health and disease and the possibilities of the therapeutic uses of diet. It is now no longer customary to concede that any woman of experience in any activity of life is competent to regulate dietary matters and competent to administer the food supply of large institutions. This is a fact of considerable interest inasmuch as but a few years since it was more or less customary to consider that a woman who had experience in household administration must of necessity be the most competent to take responsibility in institutional food administration, and also that a woman trained as a nurse should be perfectly competent to undertake such work on any scale large or small. In spite of the prevalent opinion at that time, more than once I have heard excellent house-wives of considerable experience express their dismay at the proportions which food administration assumed in institutional work, and say "I don't see how you do it. Of course I know how much coffee and how much oatmeal it takes for our little family, but how you manage those things for 200 or 300 people I cannot understand." The actual doing of the work in the Dietary Department of institutions brings out the fact that while the Dietary Department of the institution is Fundamentally a larger home kitchen and dining room service, the very fact that it is so much larger than the home service necessitates the consideration of a multitude of details in organization and management which either do not appear in home administration or appear in such insignificant proportions that they are easily handled. The thorough knowledge of and the competent handling of these details makes for success in institutional work, such knowledge and ability giving the responsible individual the confidence in herself which is necessary to success and which inspires the confidence of others, this also being necessary to success. It is this thorough knowledge of these details which gives a scientific aspect to this field of work, and which enables the competent administrator to calculate the food distribution with scientific accuracy. For example, the selection of food materials for groups of individ-
uals engaged in various occupations, varying sums of money being allowed for the purchase of such foods, and the calculation of the quantities of these foods which it will be necessary to procure and distribute, is all in the way of applied science, such knowledge at the present day being founded in the pure science of the laboratory as well as in the observation of practice. The fact then that the majority of house-wives are only just beginning to appreciate how much the scientific side of the food administration may mean in the home from the truly economic standpoint, reverses the opinion which was formerly held in regard to the fitness of all house-wives for food administration, making it apparent that instead of the institutions looking to practical house-wives for the pattern of food administration in the institutions, it may be that house-wives can pattern after institutional management of the food problem in the not very distant future.

Briefly then the increasing demand for the trained woman at the head of the Dietary Departments of institutions is due to the recent general diffusion of knowledge in matters pertaining to diet, to the increasing importance attached to the influence of diet in health and disease, and the tendency to develop all lines of hospital work on a more correct and scientific foundation.

2. (a) The question of the necessity for the trained head of the Dietary Department, sometimes called the Dietitian, may present a different aspect to the different points of view. To the institutional visitor whose view point is sometimes more aesthetic rather than thoroughly practical, but always important, there appears the necessity for food being so prepared and handled as to be attractive when served, otherwise the repugnance which follows its appearance brings about not only loss of appetite, but what is just as important, a mental state of dissatisfaction, a captiousness of disposition due to a genuine disappointment, these resulting in faulty nutrition; for there is no one factor which appeals more deeply or strongly to people sick or well than that of eating food which pleases.
From this standpoint one appreciates that the quality and service of the food may affect the patient and employee, the doctor and the nurse who must live in the institution.

Again the visitor will be impressed with the necessity for feminine good housekeeping in the parts of the institution set apart for the preparation and service of food. It is a regrettable fact that the majority of institutional kitchens, and dining rooms, are not lovely spots, presenting often a dreary and ill-kept appearance. This is generally due first to the undesirable location of the kitchen, frequently in a basement with insufficient lighting facilities, and secondly it is due to the fact that the majority of chefs and cooks are careless in their methods of work and that the careful housekeeping instinct is rare.

(b) Any one who visits large kitchens frequently cannot fail to note the opportunity which exists for extreme carelessness and indifference in the detail handling of food when large quantities are prepared, this sometimes resulting in actual uncleanliness, and always giving the impression that it is not possible to prepare food so appetizingly on a large scale as when the work is done for the family group. For example: if six bushels of spinach must be washed for a meal, it is a serious question whether or not it will be done as thoroughly as though there were but two quarts of the same article. Again if there are 200 pounds of beef to be prepared for cooking, will it be wiped off as carefully with a damp cloth as by a housewife who is preparing a four pound roast, or will it be handled in a questionably careless manner while it awaits cooking. Again if a bushel of parsnips or potatoes must be cut into dice for table service, will the cook who prepares them make the dice as shapely and as uniform, and as small, as if he were preparing a pint of the same article for the family table. After years of critical observation of these particular points one is convinced that the average institutional conscience on these matters is rather dulled, and that unless constant detailed supervision and criticism of these points is forthcoming from one in high authority, that the quality and service of the food in the
institution will not have the neat appearance and the attractive flavor of that prepared in the home kitchen. This is another phase of the necessity for the Dietitian.

(c) The visitor of thoroughly practical mind will note in visiting institutions the opportunities for waste in the distribution of food supplies from storerooms to kitchens and dining rooms, and also of the prepared foods in their distribution from kitchens to dining rooms. In the first instance, that of storeroom distribution, with the most accurate of work on the part of the store employees, much waste is possible through faulty calculations on the part of the Dietitian in making up her orders on the store. (I say Dietitian in this connection, but really the responsibility would be that of any one who made up or who approved the store orders for food supplies). The error in calculation might be due to indifference to the economical use of these supplies or it might be due to lack of knowledge as to what constitutes a proper amount of any food supply for any group of people for any particular meal. To control such situations, it is necessary that the head of the Dietary Department not only be informed as to proper standards, but that she have had experience in applying these standards in actual practice and in adapting them to conditions which must vary from day to day; she must also be in constant supervision of the situations just described, that is, the distribution of the food, in order that she may note the changes in conditions from day to day and correct her estimates accordingly.

(d) It is interesting to note the difference in the effect upon employees of supervision from one in authority but who is known not to be skilled in the preparation of food, and the supervision of one who is not only skilled but who has had experience in applying her knowledge. While it is even true that some women who possess no skill whatever in the preparation of food and in fact are totally ignorant of the processes involved, can achieve excellent results in supervising such work, it is generally found that their success is due to personality rather than to lack of knowledge, and it would not be safe to
assume that the lack of knowledge was a fundamental requisite to successful supervision of such work. On the other hand in a majority of cases the best results from every point of view come from the supervision of one both skilled and experienced. The reason for this is obvious; one who has actually performed the processes of the work to be accomplished knows exactly what she is asking of her domestic employees when she assigns to them certain tasks and she will not ask them to do impossible things. They in turn will recognize that they are being asked to do only what they may properly be expected to do and will accomplish it knowing that a just charge of incompetency could be brought if the duty were not performed as directed. It is no uncommon thing to see a domestic employee taking advantage of the employer's or supervisor's ignorance of the actual conditions and the amount of labor involved in any process and claiming it to be impossible to accomplish certain work in given conditions or given length of time. Such a condition of affairs means an actual loss of dollars and cents to the institution. It is to the advantage of the institution to place the work of any department in the hands of an expert who will secure from the employees of that department the maximum amount of work which they can be expected to do, and whose intelligence in planning and adjusting the duties of employees will prevent any possibility of any individual being over-worked, and who will thus command the respect of the employees of her department.

(e) When we consider the phase of dietary work involved in the planning of menus and in securing the most attractive results from a given food supply, or in planning for a food supply that is both economical, suitable and attractive, the individual who is thoroughly trained in food values and market knowledge, and has had experience in anticipating the tastes of those who are to be fed, should be a valuable asset to any hospital. In providing for these qualifications we must expect the person so responsible to be a judge of good food, not solely from her instruction received at a school of domestic
science, but through familiarity with good food and experience in providing it. *She* must then be the most critical individual in the entire institution in order that her good taste and ability to criticise may anticipate criticism on the part of any other individual in the institution and that thus all errors in the preparation and service of the food will be corrected or the correction provided for before another individual has an opportunity to criticise.

(f) In the head of the Dietary Department there is also the demand for one with full knowledge of the equipment and furnishing of her department and knowledge of its proper care. Efficiency is gained in this department by its head being familiar with the details of laundry work, that she may never be imposed upon in the matter of laundering of the linen for the dining rooms, and the laundering of the uniforms for employees. It is equally necessary that she should be a judge of the quality of all furnishings and equipment of her department that purchases may be made to the best advantage. Also she should have such a knowledge of the structure and mechanism of apparatus, that she may make sound recommendations for repairs and refurnishing.

(g) So far in describing the demands of the institution with reference to the administration of the Dietary Department, we have only mentioned those duties which might possibly be performed by an excellent chef presiding over the kitchens, from competent waiters and waitresses in charge of dining rooms and excellent matrons taking responsibility for other arrangements. But it has been the experience that even with such supervision, in a large institution the food service would sometimes be judged unsatisfactory and this solely through the failure of the different divisions of the Dietary Department to work in harmony. Of necessity it requires one trained and experienced individual to supervise the work of the entire department in order that each division maintains its proper relation to every other division. Examples of the difficulties which result from the lack of co-ordination of the kitchens,
dining rooms and storerooms, come readily to mind. There is always, even in the best of kitchens, the tendency of the cooks responsible for the work there to lose the point of view of the dining rooms in the preparation of the food, and unless they are almost daily reminded of the fact that they are not cooking simply for the purpose of preparing so much food to be sent out of the kitchen, but that they are cooking to meet certain needs in other parts of the institution, there will be lapses of many kinds, most of them mere details, but which in the sum total make all the difference between satisfactory and unsatisfactory food. Some common occurrences when vigilance is relaxed are lack of punctuality in sending out food, or carelessness in preparing it too long in advance of the meal hour and thus causing a deterioration in flavor, or in the neglect of attention to careful seasoning. There is no more wholesome incentive to endeavor in the kitchen that the knowledge that the one who is in highest immediate authority there does not relax her vigilance after the food leaves the kitchen, but that she will see it in the dining room or on the patient’s tray, and that she will not only listen attentively to criticisms on the part of those to whom the food is served but that she will investigate these criticisms thoroughly. At the same time this breadth of authority and knowledge serves as a tonic in the dining room administration, wherein the employees are quite aware that responsibility for any unsatisfactory conditions cannot safely be shifted to the kitchen nor to any other point, as the one in highest immediate authority in the dining room has also full knowledge of conditions in the kitchen and store. This provision for authority over the entire Dietary Department by one person is one of the strongest points that makes for success in the administration of dietary work. It is only by the adoption of this plan that responsibility for error can be absolutely and quickly placed, and the knowledge of this on the part of the domestic employees tends to prevent the occurrence of error. I would emphasize this particular phase of the question, as there has been a considerable difference of opinion held by
those in charge of institutions. Various instances have come to my attention of the division of authority in the Dietary Department, this having been considered by the institutional management to be desirable for various reasons. In every such case which has come to my attention there has been sooner or later grave dissatisfaction with the results, either on the part of the management of the institution or on the part of the ones who were attempting to take the responsibility for the supervision of the work. It is not difficult to see wherein the trouble lies. When the kitchen employees are responsible to one individual and the dining room employees are responsible to another individual, there is almost certain to be friction between the employees of the kitchen and dining room, and sometimes this will even extend to the heads of the two departments. As the result of this friction it is the endeavor, sometimes an almost unconscious endeavor, on the part of the one group of employees to discount the work of the other group of employees. As an instance of this, a well-trained and considerably experienced dietitian was employed in an institution but her authority ended in the preparation of food in kitchens, she having no control whatever over the dining room employees and conditions. The dining room administration was not on a par with the kitchen administration, the facilities for serving were poor, the waitresses unskilled, and there was no one to carry out the ideas in regard to the service of the food that were in the mind of the one who had planned the preparation of the food. The food was well prepared but it was not satisfactory to those who partook of it in the dining room, and with the usual lack of discernment the blame for the dissatisfaction was placed on the one who was responsible for the preparation of the food, although it was really attributable to the lack of facilities for keeping food in good condition while awaiting service in the dining room and the lack of skill in serving it.

It is because of the conditions just described that it is not found satisfactory to have a chef, even a good one, as the only high salaried and responsible employee of the Dietary Depart-
ment. The training and experience of a chef are generally of value in the kitchen but not in the dining room, and consequently whatever authority he should exert in the management of the dining room is apt to be resented with the resentment that is accorded authority without true knowledge. Therefore experience and reason point to the single head of the Dietary Department as the proper means of insuring the harmonious and efficient working of all its divisions.

3. Important as is the question of what the institution demands of the trained head of the Dietary Department, at the present time it is of even greater importance that we inquire how this demand is to be met and the need supplied.

(a) So far the institutions have turned to the domestic science schools for aid and have employed the graduates from these schools as heads of the Dietary Departments. But although for a considerable period of years the managers of institutions have sought the domestic science school graduates for such positions, it is only recently that a very serious effort has been made on the part of the domestic science schools to inquire deeply into the actual needs of the institution and to attempt to extend their teaching seriously along this line. There has been the prevalent opinion that the requirements in the trained head of the Dietary Department of the institution were less than those for a teacher of domestic science, and consequently the tendency has been to offer short courses to prepare women for institutional work and to impress the normal course student with the idea that institutional work was rather undesirable and comparatively ignoble. Examining the standards in the courses of study for women preparing for institutional work and for women preparing for teachers of domestic science, as set forth in the catalogue of one school which stands at the head in this line of work, we find that the applicant for the course in institutional training is not required to take an entrance examination and the nature of the preparation required in the applicant is such as could be provided in a grammar school education. On the other hand the applicant
for training as a teacher must have completed a four year course in high school and a definite amount of work in science, mathematics, and have had experience in practical work in domestic science; applicants so prepared must also pass an entrance examination in English literature, general history, current events and must submit note books which record the mental operations that accompany individual laboratory work in science, or letters from their instructors in science and mathematics or from the principal of the school attended, and an official copy of their school record in these subjects. In contrasting the courses of study provided for the two lines of preparation mentioned, we find that Psychology, History of Education, Science of Education, Practice-teaching, Construction, Design, the Physics of Heat, are given the pupil preparing to be a teacher and are omitted from the course for the women preparing for institutional work, and it is presumable that the following subjects which are taught in both courses are given more thoroughly and at greater length in the course for teachers: Cookery, Chemistry, Dietetics, Bacteriology and Physiology. Other subjects which are given place in both courses are Physical Training, Hygiene, Sanitation, Laundry Work, Household Economics, Marketing and Accounts. One cannot but conclude that the fact that the school of domestic science gives institutional work a less extensive and less intensive course of preparation than it gives teaching, as evidenced in giving it a one year course instead of a two year course, must have its effect upon the attitude which the student preparing for institutional work will bring to the institution. She is not impressed with the extent and the depth of the problems which she will have to face, any more than she is prepared to meet them. I do not say that such a one could not become a successful head of a Dietary Department of a large institution, for if she has native ability and has a foundation education in advance of the requirements of the one year course, she may with experience in institutional work develop all the qualities required. But in this case credit should be given to the individual rather
than to the one year course of training. Again, one cannot but contrast the probable development of the individual in the one year course and in the two year course, assuming equal preparation for the work at the time of entrance on the courses of study. At the end of one year the student in the one year course must feel that special knowledge is very easily gained and will have acquired an unjustifiable confidence in her own ability which may result in great discouragement at the end of a year or two of institutional work when she finds that her estimate of herself and her ability has not stood the test of the practical work. On the other hand at the end of the two year course the pupil is more apt to feel that special knowledge is not easily gained, that there is always more to learn, that the institution may possibly teach her something which she has not learned in school, and that she cannot go to any situation in life with a notebook that will contain absolute formulae for meeting all conditions that may arise. The two year graduate will find in the institution more points of relation between her own department and other departments than will the one year graduate, and by reason of her more mature mentality she will turn these relations to account not only for the good of her own department but for the good of the entire institution. Not to dwell upon this particular phase of the matter too long, although I consider it most important, I would simply call to your attention the fact that in many respects the hospital or similar institution is somewhat of a settlement, a little social world in itself, and that the individual who takes up her residence there in a position of authority exercises an influence which she can have no means of estimating correctly previous to institutional experience, and which when once in the institution she will appreciate, only in degree as the breadth of her education and development of herself mentally will permit. She is useful to the institution and through the institution to a considerable portion of humanity, just to the extent to which she is prepared for this work; a grammar school graduate will have a limited field of usefulness in the institution; a high
school graduate will have a less limited field of usefulness, and
the college graduate may have an unlimited field of usefulness.
After a considerable experience in observing the work of women
of various degrees of preparation for institutional work, and
considerable experience in taking responsibility for the work
done by individuals of various degrees of preparation for the
work, I have no hesitancy in saying that the college graduate
who has taken a normal course in domestic science is much
better prepared for institutional work than any woman of less
education, and it is a pity that educators in general are not
conversant with the opportunities offered by institutional work.
This general lack of appreciation of the situation has set the
standard of preparation low and given the impression that
institutional work does not offer a field for a grade of brains
equal to that required in teaching.

It should be brought to the attention of educators in charge
of this work of preparing women for institutional positions,
that the opportunity for teaching in institutional work is con-
siderable, for as a rule the Dietitian is required to teach classes
of nurses (where a limited course in invalid cookery may meet
the requirements, but at the same time falls far short of all
that might be given by a better prepared woman in the same
line of work), and she is also in a position to play a con-
siderable part in moulding the opinions and forming the
standards in regard to food and its service, of thousands of
people who come to the institution in the course of a year.
Even the hospital which has but 100 beds, will receive in its
wards during the course of the year many times that number
of people, who will remain for a greater or less length of time,
the majority of them to return to their own homes later.

If the quality of the food by reason of its correct prepara-
tion and careful service, were such as to impress these people
favorably and cause them to observe and inquire into the
methods and the cost of its preparation, who can estimate the
influence that would be brought into the homes to which these
people would go after their hospital residence? And who can
say that the extent and the value of such influence would be one whit less than that of the teacher of domestic science in the school room? Why should hospitals not be looked upon as a certain sort of social settlement, in which influences of this sort must be estimated and provided for? How many of us can speak with conviction of hospitals where the preparation and service of the food would furnish a proper standard in these matters for the people in the institutions who must partake of the food, and which would have the effect of raising the standards in the homes of these people when they leave the hospital? I am afraid that hospitals in general are not considered to establish standards in these matters, and that hospital conditions prevalent at this time do not encourage the idea, yet what better opportunity could possibly present itself.

The extent to which this plan of making the hospital food service the pattern for the community could be developed must always be limited absolutely by the quality of the trained head of the Dietary Department. The education, personality, technical skill, experience and mental attitude toward the work, which will be found in the person mentioned, will measure the possibilities of the dietary work of the hospital. There is no subject taught to the domestic science student who is preparing as a teacher, which will not serve also as valuable preparation for the woman who is to take up institutional work. This fact is given recognition in the catalogue of the domestic science school above referred to, when it announces that the course for teachers will also prepare graduates "to be Dietitians, Supervising Institutional Housekeepers and Caterers." But no stress is laid on the necessity for the breadth of training for the more responsible positions and for this the hospital managements may be partly to blame in not having fully appreciated the opportunities.

So far in discussing the adaptability of the courses of study offered by domestic science schools in preparing women for institutional work, we have only considered the necessity for all of the training now offered, and have said nothing of the
opportunities which the pupil should have but does not receive, and the lack of which in her training is felt by her in her institutional work, and is also felt by the institution. These deficiencies which have come to my attention are as follows:

First, the failure of the school to give the institutional point of view to the pupil preparing for institutional work. The domestic science pupil studies the problem which she must solve in the institutional work from the student point of view, drawing from her research certain conclusions of great interest to herself and essential as a fundamental part of her training. But she has no means of connecting these inferences and conclusions with the experience which will come in institutional work and therefore she often fails to use this very knowledge when the opportunity arrives, having failed in her school work to connect the ideas with practice. The pupil is extremely apt to be rather carried away with the wonderful revelations in the study of Dietetics and Dietaries and to forget that when people are partaking of their food while on a sick bed or while assigned to active or arduous duty in the institution they are not interested in nutrient ratios nor calories, but simply that the food shall appeal to them as suitable at the time. I do not mean to say that the partakers of the food do not desire nourishing food, for they would very quickly criticise if the nutrient ratio and the calories were not satisfactory, but they would not be aware of criticising these particular points; their dictum would be a flat one that the trained head of the Dietary Department did not know good food when she saw it, did not know how to cook, and was very much less desirable than an old-fashioned cook who had not been trained. The domestic science graduate lacking experience in food administration is apt to consider the feeding of the institutional groups as interesting "problems," and when after considerable experience she finds that the institutional groups do not care to be regarded as "problems," but want food and plenty of it, she is shocked and discouraged and declares the work very hard indeed. Thus the inexperienced (altho' trained) individual seeking institutional
work may need to adjust her ideas considerably after her residence in the institution, and while she is adjusting herself it sometimes happens that the institution suffers. We cannot consider such cases to be justifiable or necessary, and we believe that the linking of the school work with the institutional work could be accomplished if trained teachers with considerable institutional experience had a hand in the training of the pupils preparing for institutional work.

The second deficiency which I would mention in the training of institutional workers, is closely related to the first and it may be described as the limited training and experience in catering. In the endeavor to lay a thorough foundation in the principles governing the selection and preparation of foods, the catering point of view is rather neglected. While I do not consider that more than enough attention is paid to the foundation in Dietetics, I do consider that it is very evident that the importance of the catering phase of dietary work is not emphasized as it should be. This particular phase of the work can be taught more satisfactorily and thoroughly with practical experience than in any other way. Sometimes the instincts and tastes of the individual who is responsible for the catering, are faulty, generally through limited personal experience. Two years of training in a domestic science school does not of itself form correct standards of food preparation and service for all classes and nationalities for which one must cater in large institutions. Such training lays the foundation, but experience must follow before the application of the principles can be made acceptable. It is experience alone that will teach the one who is catering that the food which she has always regarded as good because it was what she had at home and because she was taught at school that it was good food, will not always be accepted as desirable food by those who have been reared in different stations of life and in different parts of the world. Any of us can readily illustrate this fact from experience familiar to any one responsible for institutional catering; both prunes and stew are very proper food we are taught in school,
and also at home, but when we offer prunes and stew as desirable food on the institutional bill-of-fare we are met with derision. People do not select their food as desirable simply because it is wholesome and nutritious. Standards of what constitutes good food vary with the education and opportunities of the individual, and these standards must be met at least half way if the catering is to be successful.

(b) It was Miss Nutting’s wish that I bring into this discussion some account of the organization of the work of Dietitians in the Department of Public Charities of New York City. This I would take up in connection with what we have found to be satisfactory and what we found to be unsatisfactory in the preparation of domestic science graduates for institutional work, and as an account of the method which the Department of Public Charities has used to enable the inexperienced domestic science graduate to be of service to the institution.

In my first institutional experience in this Department, there developed the need for assistants. Of course, I desired the domestic science graduates. Two problems then arose and were handled as follows:

First, any assistant to be valuable to the head of the Department must be capable of relieving the head absolutely of the detail work in some definite section of the Dietary Department. But no domestic science graduate cares to remain all day for an indefinite number of days supervising the work of one dining room or one kitchen. She wishes more variety, a greater range of opportunity. At the same time in a large institution with the Dietary Department in process of organization, some one must be in close touch with all branches of the Dietary Department at all hours of the day; and an assistant on the move from one point to another was not of such value to the institution as one stationary at each point. The dilemma here consisted of a trained individual unwilling to remain stationary in one branch of department, and a management that could not pay enough to make her willing to endure the monotony.

The second problem was that of the partial unpreparedness
of the graduate in her lack of knowledge of institutional methods and etiquette. She would have to be taught if she was to be given responsibility. Why should we pay her a salary for the privilege of teaching her? The solution of the two problems was the evolution of the "pupil dietitian," whose relation to the institution is analogous to that of the interne physician. She is there to learn how she may apply her knowledge most effectively, and to learn those things which the school do not teach, and those which the school cannot teach. The management allows $10. per month for three months while she continues in this relation to the institution, assisting the dietitian, giving her a certificate of the work she has done. After three months of such experience, the pupil is able to decide if she wishes to follow institutional work, and the management can estimate the pupil's ability and adaptability to institutional work. From these candidates, with experience in hospitals, appointments are made to permanent positions, in preference to the inexperienced candidates. This plan has been followed for five years, and experience points to but one modification of the scheme—that of lengthening the term from three months to at least six months, possibly a year.

4. Having now considered (1) the demand for the trained head of the Dietary Department, (2) the necessity which exists for such a head, and (3) the means by which this need is being met, it would be proper to discuss some conditions existing in the hospital which operate against the success of the work of the Dietitian. But want of time prevents more than casual mention of these.

(a) There is a general tendency on the part of those unfamiliar with the technical details of the administration of institutional food service, to expect the mere presence of a Dietitian to work a miracle of improvement. Sometimes this occurs, but it does not follow necessarily and consequently the Dietitian who goes to an institution where the inferior service is due to lack of equipment and inefficient help, is sometimes regarded as extravagant because she makes a correct diagnosis
of the situation and asks for better equipment and better paid employees. This attitude sometimes hinders the development of the work.

(b) In other instances the organization of the institution is such that those in responsible positions, bearing the same relation to the Superintendent of the institution as does the Dietitian, have some authority in the handling of the food supplies or in their selection or in their preparation, and if the standards of these persons are essentially different from those of the Dietitian in the matter of selection, preparation and distribution of food supplies, or if such persons are apprehensive of the influence and advancement of the Dietitian, then a lack of harmony results which may absolutely prevent the development of the work of the Dietary Department.

I would not close without saying that wherever the work of the Dietitian has met with merited approval, much of the credit can be traced to the broad-minded, progressive and generous head of the training school of the institution, who has realized the needs of the institution in this direction, and who has appreciated the possibility of getting results by the employment of an expert. She it is, also, who in many cases has shown forbearance with error, who has kindly taught the institutional novice, helping her to adjust herself to her new conditions, and by this appreciative attitude has enabled the Dietitian to give to the institution the benefit of her training.

The request for this paper to be read before the representative women of the nursing profession is appreciated as a privilege and bears out our conviction that the Dietitians of hospitals may always make a successful appeal for encouragement and coöperation to the leaders of the nursing profession.

The President. We have all listened with so much pleasure and I know with so much profit to this very valuable paper; I should just like to say that Miss Corbett handles this problem for 4,000 patients, so we know she speaks with authority.

Miss Crandall. As I have listened to Miss Corbett's paper,
it has convinced me more than ever of how little the superintendents of the schools of nursing know of this matter of dietaries, not altogether from lack of appreciation of it or desire for it, but for the utter lack of the means to work with. In the first place, the financial problem; in the second place, suitable kitchens and suitable people, and, I would like to ask Miss Corbett in this matter of the dietician taking care both of the kitchens and the dining-room departments, to whom is that dietician responsible, to the training school superintendent or to the superintendent of the hospital, or is she answerable directly to her Board? Where will she draw the line between her own duties and those of the other officers closely allied in the responsibility of the dietary of the house?

Miss Corbett. I would say in our experience we have found it desirable that the dietician should be responsible to the head of the institution. For example, in our largest general hospitals the training school is a separate institution and the dietician in the hospital is responsible to the superintendent of the hospital. We have a dietician in the training school, she being responsible to the superintendent of the training school. If the superintendent of nurses were subordinate to the superintendent of the hospital, then the dietician would be responsible to the superintendent of the hospital, and many of the problems that might arise with her relation to the superintendent might be adjusted without going to the superintendent of the hospital.

Miss Crandall. In a large institution like the one Miss Corbett has charge of, I presume she has a number of assistants, so that while she is doing the buying and therefore out of the institution, there are various others in charge of these various departments. In smaller institutions, where the amount of work would not justify the employment of say even two assistants for her, does she think it can be successfully done that she do all the buying and the personal supervision of all the work in these different departments?

Miss Corbett. We have had some little experience along that line. That was where we found it advisable to have the pupils, domestic science graduates who wished to have experience in institutional work and to whom the salary was not so important as experience; they were willing to come for a limited time for
practically no salary. Of course, the opportunity to do that would be limited by the institution's ability to give living accommodations to them.

Miss Goodrich. Madam President, we are trying very much the same experiment at Bellevue at present. We have had a dietitian for sometime in the diet kitchen, who has given instruction to the nurses for the past two or three years in the training schools. The kitchens of the hospital have been under the housekeeping department, which has been in charge of a nurse and her assistant, the dietitian, however, passed on all the provisions. The housekeeper felt she could not give the time and thought to the preparation of the food and menus that should be given, and was anxious to place it in the hands of the dietitian. This transfer was made and the department given to the dietitian with the employees connected with it. The dietitian is directly under the training schools. Occasionally something has to be explained to the superintendent of the hospital, then she goes to him, but in general he expects her to refer any matter concerning her department through the training school department. She has, at present, as an assistant, a graduate nurse. I think eventually we shall endeavor to open just such a course as Miss Corbett has mentioned.

Miss Nutting. I know of institutions to-day where the nursing is excellent, but where the institution is crippled because the work in the kitchen is unsatisfactory. Our schools of Domestic Science at present throughout the country give admirable theoretical teaching. They do not give practical training, because there are almost no opportunities for so doing open to them. Miss Corbett is the first woman, so far as I know, to apply to her teaching of domestic science the principles which we have so long recognized as essential in the training of nurses, in establishing in the departments under her charge a system of pupil-dietitians.

The President. Miss Lawson, could you tell us something about how you manage the dietetic work in your hospital?

Miss Lawson. Our hospital is very small. The same rules would not apply to us which apply to a large institution where there are several hundreds, sometimes thousands of persons, but we have a dietitian who takes charge of the nurses' training and also orders the meals and looks after the general kitchen dietary
and dining-room. She has been with us about three years with satisfaction. She takes the entire charge of the ordering of meals and of the training of nurses and of private trays which are served from the diet kitchen.

The President then made a number of announcements and the session adjourned.
THIRD SESSION.

The Third Session was called to order by the President at 10 a.m.

The President. Will the auditor please make her report?
Mrs. Fournier. It is not at all a laborious task to be an Auditor of your Association, especially with such a Treasurer as you have at the present time. I found the books very methodically and neatly arranged and everything perfectly correct.

It was moved by Miss Ross and duly seconded, that the Auditor’s report be accepted. The motion was carried.

The President. Under the head of Unfinished Business, we might allow time for the discussion of Miss Palmer’s report for which Miss Nutting asked yesterday.

The Secretary. Would the Association like to have this report or part of it read again?
Miss Goodrich. I should like to ask that Miss Palmer’s report be read.

The Secretary read the report.

The President. Miss Palmer’s report is open for discussion.

Miss Nutting. What caught my attention in that report was the question of sterilization and the differences in time allowed by different doctors for that purpose; of course the question of time was never settled by nurses. They were simply following up the methods set by the physicians in that institution wherever they were. So that I cannot well see how that question can be settled by nurses or how we can attain very much greater uniformity so long as the views upon the subject differ so widely. The thing to do, it would seem, is to ensure the most careful teaching of the underlying principles of sterilization, that is of elementary bacteriology, and then to find what is agreed upon by all as a minimum time. If we could possibly do that, we might get something approaching uniformity in methods. At all events, we can hardly expect nurses to settle that question themselves when it is not within their province in the places they work to decide it.
Miss Crandall. In this connection we have found a number of instances where we were able to aid the physicians and surgeons a little in an indirect way by showing our nurses in the laboratory the test of boiling three minutes or ten minutes, and then staying up in the operating room and letting the surgeons come in and select their instruments.

Miss Nutting. That is an admirable suggestion for a more careful way of teaching nurses.

Miss Pinwell. Madam President, I would like to ask a question in reference to the length of time that is being devoted in the different schools to the instruction in dietetics, and I would also like to know whether bacteriology is included in the course of instruction in dietetics or whether that is being taught by the surgeons or physicians.

The President. Miss Alline, you probably could tell her something about the length of time that is spent in teaching dietetics.

Miss Alline. I looked into it carefully in the registered schools in New York State. May I tell just what I found?

The President. Yes.

Miss Alline. In some schools where they have absolutely nothing in that line of training at all, they have sent the nurses out to a dietitian for twelve lessons of two hours each. It costs possibly $50 for a course of twelve lessons. They have a small school. They may have four nurses in one class and three in another, possibly five in another. The night of the lesson they will send every nurse they can spare to have her lesson in dietetics. The next night, a week from that time, there are possibly not so many, and those who did not get the first lesson come in for the second, so that they have a different class for the second night. So it goes on. When the twelve lessons are finished, each class in the school must have had three or four, some of them have eight or ten, possibly one or two have had the twelve lessons. Some of the schools in the State have not made any attempt to have dietetics at all. Some of them are having them taught by the superintendent, who is also superintendent of the training school, the matron, housekeeper, and everything, the drug clerk and every other office in the place. Now we have at least twelve lessons for every nurse each year. That is, the twelve lessons are given once a year, and each class has their twelve lessons. We
have not a school in the State where those lessons are taught by the superintendent of a hospital or nurses. It is a dietitian regularly instructed who gives that course. We have increased in most of the schools to fifteen lessons. There are quite a few who have eight or ten. We are insisting on having practical work in the diet kitchen of the hospital, having the nurses assigned four weeks to eight weeks in the diet kitchen to prepare the meals for a certain number of patients. The practical work alone does not answer; the theoretical work alone does not answer. We are working for the combination. We are using every effort to have that list of lessons increased to twenty. For if we can get our twenty lessons, possibly in a graded course, part of them in the junior year, and the advanced work in the intermediate year, and have this practical experience in the diet kitchen, it will be quite satisfactory. We have begun gradually, and the schools are coming up gradually, but in a systematic way, so that we are reaching a better average on the whole. But it is constant and unceasing work to bring it before them time after time, not to the superintendent of the hospital and training school only, but to the Board. Take it to the Board, tell them that the regents insist on better work.

The Secretary. It would seem a little strange that there could be any very marked differences in the principles taught in nursing, inasmuch as the few text-books are so generally used. But the examination papers, as I happen to know, do show in every State differences in the little things, perhaps, rather than in the graver ones, and it seems to me Miss Palmer’s suggestion is a very good one,—for the superintendents of schools in cities to confer on these details of nursing, and decide as to the best methods. Eventually that must tell in the State examinations.

Miss Pindell. I would like to ask as to the course in bacteriology. That question has not been answered.

The President. Can anyone answer Miss Pindell’s question as to bacteriology, whether it is taught in connection with the dietetic lessons or whether a separate course, either of lectures or of quiz, either by the superintendent of nurses or by a doctor. What is the custom in schools?

Miss Fournier. In Fort Wayne, Indiana, we have a city bacteriologist who gives our nurses laboratory work, a course of
lectures, and a quiz on bacteriology, independent of any other courses; we also have our class work under my own supervision.

Miss Goodrich. In the schools of which I know bacteriology has been taught very much in the manner Mrs. Fournier speaks of, not in connection with the dietetics.

Miss Nutting. I do not think we can separate it from the question of food and food supplies, or from air or water or dust, or from the general matter of cleanliness of the hospital. I cannot see how it is possible to prepare nurses for their work in any field without giving them a good, sound, theoretical training. It must necessarily be elementary, but it should be sound, and thorough enough to make it possible for a nurse to apply it in any field. It is quite true that we need to consider carefully how bacteriology is taught and by whom, so that every nurse will be able to make a right application of it in her work. She may work in many different hospitals, and the chances are she will find different methods of sterilizing needles and supplies and gloves, etc., in each.

Mrs. Robb. It seems to me that from the standpoint of the nurse this subject ought to be taught by the nurse. Perhaps some such plan as the following may be arranged through the State Inspector of Schools. That is to have a trained nurse who has been instructed in bacteriology, give a course in this subject, for instance. If a certain number of women were developed as teachers along these lines, why would not it be possible for them to go from school to school in the state, and teach the same methods. We could in this way obtain, so far as bacteriology is concerned, more systematic results in the examinations.

The Secretary. Why doesn't that apply to other subjects as well as bacteriology?

Miss Hay. May I say a word? I, with one or two other women in Chicago, tried, when I first came back from Teachers' College, and we got one of the women who had been there and was anxious to do this. She made her rounds to the different hospitals and she was utterly discouraged. No one would listen to it.

Miss Goodrich. Madam President, I think the great difficulty with us all has been that the hospitals have not been willing to pay for the instruction given in any of those branches. The doctors have given them free. There has been no charge for the doctors' lectures. May I ask Miss Pindell if they pay for their courses
in the New York City school. Bellevue, fortunately, does pay its instructors.

Miss Pindell. We have forty lectures, one hour each; the Department allows ten dollars for each lecture to members of the medical board, and five dollars to the members of the auxiliary board. I was asked whether the doctors have any difficulty about giving their time, and I would state that from my experience in two municipal schools where the doctors were paid, they were always on time. Where they were not paid, there was a great deal of irregularity about the instruction. In reference to the course in bacteriology, I have been told by a prominent physician in New York who was very much interested in the curriculum of several of the schools, that when we explain in detail what we are teaching in bacteriology, it does not sound so astounding. It is the word bacteriology that seems to frighten the public, so that if any one can suggest a different term for the subject, I think it will help us with the physicians.

Miss Goodrich. Madam President, I believe if we could place the teaching in the hands of nurses who are qualified to be teachers, or other teachers who are qualified to give instructions in the various subjects, that a great deal of the discussion as to what we are teaching the nurses would be done away with. I have just gone through a series of twenty lectures by a doctor, who was not a teacher, and it was absurd. He took two hours for a lecture with a very poor result and with very tired scholars. When we take it out of the hands of the doctors, I am sure this discussion will die away. Where the nurses are giving instruction, very little comment is made about what is taught. I feel quite confident that the nurse cannot give too much; she will not know enough.

The President. Very happy remark, Miss Goodrich.

Miss Lawson. I would like to ask how many schools teach their nurses massage? We do not, and I would like to know where it is taught and whether it is wise to teach the nurse massage. I am living in a very poor little town where the nurses have to do a great deal besides nursing. I am very sure that just as soon as a patient discovers that a nurse can give massage, every last one will want to have it twice a day.

Miss Alline. I think it is quite generally taught in New York
State, but it is a course of ten or twelve lessons. That is not enough for any nurse to give treatment in massage, but it helps her to rub the patient properly and to make her comfortable, and that is all she should be expected to do.

Miss Pindell. Perhaps this statement may be of interest. It has been decided this year that the course of training in the New York City Training School should be reduced from three to two years. We have a great many problems to face. The course of study has been thoroughly reviewed since the 1st of January, and last week I was notified by the Advisory Board, that the number of hours that we have been giving to the instruction in dietetics, in their opinion should be reduced from forty to thirty, and our course in bacteriology, which was given by the dietitian, should be reduced from twenty hours to ten hours. This I feel is really quite a victory, because I had feared that the course would be much further reduced, and I was also afraid that the course in bacteriology would be entirely eliminated.

Miss Nutting. Madam President, at a later hour I had in mind the purpose of asking the Society if it could not consider offering something in the way of a scholarship to assist some one student to take the work at Teachers’ College, a student who might not otherwise be able to come to New York and take the course. Might not the offering of such a scholarship be a wise disposal of some of the Society’s funds? A small sum might be given—some of the scholarships are $150 or $200, and if in the view of those who have charge of the treasury here it seems a wise step to forward this particular teaching, I suggest it be done. Could we not form a small committee, consisting of Mrs. Robb, Miss Alline, and Miss Nevins, to look into our finances and see what money there is likely to be available, and advise us if this Society can vote to give a scholarship to aid in preparing some young women to perfect herself in some particular subject. We could then take one small corner of the field and see what effect that would have in bringing this subject into uniformity in the schools? I move that such a committee be appointed.

The motion was seconded by Miss Pindell.

The President. It is moved by Miss Nutting and seconded by Miss Pindell, that a finance committee be named to consist of Mrs. Robb, Miss Alline, and Miss Nevins, to consider ways and
means of providing a scholarship for a special student at Teachers' College.

Miss Nutting. It should be considered a scholarship for this one year, not a permanent scholarship.

This motion was carried.

The President. We have some letters here which we wish to bring up before the Society.

The Secretary read a letter from the American Journal of Nursing:

ROOSEVELT HOSPITAL.

NEW YORK, October 10, 1907.

MISS G. M. NEVINS,
Secretary American Society of Superintendents of Training Schools for Nurses.

Dear Miss Nevins:

At a meeting of the Directors of the American Journal of Nursing Company, held September 18th, 1907, it was decided that the Board could no longer see its way clear to devote an entire number of the Magazine to the report of the Annual Convention of the Society of Superintendents of Training Schools. Will you therefore please present this matter to the Council at its next meeting.

Yours sincerely,

MARY A. SAMUEL,
Secretary.

After some discussion, the motion was made and carried that the Society agrees that it is inadvisable to devote an entire number of the Journal to its proceedings.

The Secretary then read a letter from William Austin Macy, King's Park State Hospital, New York.
State of New York—King's Park State Hospital.
King's Park, Long Island, N. Y.
April 17th, 1908.

Miss Annie Goodrich,
Superintendent of Nurses,
Bellevue and Allied Hospitals, N. Y. C.

My dear Miss Goodrich:

As you know I have for sometime been endeavoring to raise the standard of efficiency of the training school for nurses connected with this hospital, and am pleased to say much has already been accomplished along this line by the kind cooperation of the superintendents of nurses of several of the general hospitals in New York City, in enabling us to send all graduates of this training school to their hospitals for a post-graduate course, or special training along the lines in which our facilities are limited. This has, of course, been of great benefit to the individual nurse receiving this training as well as to the hospital. It has also been of benefit to the general hospital offering this advantage, as it enables them to allow their corps of nurses to take vacations, etc., without crippling their service or calling upon any for extra duty at such times. It has occurred to me that we might take a material step in advance and at the same time increase our usefulness to the general hospitals by the organization of a post-graduate course at our own institution, open to the graduates of general hospitals, or those in training, whose course has sufficiently advanced to permit of their taking this up as an elective course, with the approval of their superintendent of nurses. Aside from the advantages to be gained from the courses we hope to offer in the nursing of mental and nervous diseases, would be the additional opportunity for such experience and training in executive work as can only be gained in large institutions and which would be of great value to any desiring to continue in institutional work.

In addition to maintenance, laundry work, etc., we would be able to offer applicants for this course from $16 to $32 per month, with an increase of a dollar every six months to a maximum of $22.50 and $30, with opportunities for promotion to a position in charge of wards up to $37.50 per month, and should this propo-
sition work out successfully, as we hope it may, it is possible that
an arrangement can be made whereby these amounts may be in-
creased. I would be very glad if you would present this matter
to the National Convention of Training School Superintendents,
and would be very glad to hear from any of them who might be
personally interested or who feel that they could establish some
relations with us for mutual benefits.
I should be pleased to give any information concerning the
course, etc., to any that might desire to communicate with me.

Very respectfully yours,

WM. AUSTIN MACY.

Miss McMillan. In Illinois, the superintendents of the State
Institutions for the last year have been almost beseeching us to
send them trained nurses, either our graduates or the pupils of
our schools. We have been making an effort to assist them.
Some of the schools, I think, are planning that the senior pupils
should have the option of going there for a three or four months'
course. I might say that the Presbyterian Hospital, with which
I am connected, last fall presented it to their nurses, and within
two days we had applications from nine of the older nurses.
Seven of them wanted to take a course of three months. Some of
them liked the work so well that they asked to stay longer. Two
of them have accepted permanent positions in this one institution
for the insane. The superintendent of the institution gives them
a very interesting course of instruction on nursing work and the
special treatment of the insane patients. We have now in our
school a number of other women who expect to go in the third
year. I think there is one other Chicago school which was ready
to send one or two nurses, and the most of the schools in Illinois
who are considering the matter are more than anxious to affiliate.

Miss Hay. I would like to state what Miss McMillan has not,
that the animus for this came from the State Board of Charities,
and it is due to their recommendation that some such plan as
this is to be presented; namely, that the State institutions shall
have a uniform course for nurses for those who are deemed worthy
of the training; that there shall be a separate course for the
attendant class, and that as a means of attracting graduate nurses
into insane hospital work, there shall be offered to such not only a good salary, but also a course of instruction in the disorders and treatment of the nervous and insane, with special lectures by the very best men in the institution on insane hospital administration and management, on Psychology, Psychotherapy, and allied subjects, the whole forming a complete and thorough advanced course for those who want to make a special preparation for this line of work, and who would naturally be attracted to those places where both a good salary and these special advantages were offered them. The interest and effort of the State Board of Charities in Illinois in this connection is, it seems to me, something quite worth noticing.

Miss Goodrich. May I say a few words in connection with that letter? It seems to me that this is one part of our work to which we have never given sufficient attention and assistance. We have affiliated recently at Bellevue with two hospitals for the insane, and that affiliation has made me feel more strongly than ever on the matter. The young women of these schools have not had the advantages of the standard instruction of nurses in the general schools. The curriculum of the State Hospital for the Insane calls for instruction both theoretical and practical, and their pupils came to us with the understanding on our part that they had had a great deal. I think it is of a very inferior quality. Some of the Superintendents themselves, I think, feel that it is unfortunate that they are unable to procure graduates of a general hospital to take charge of the wards. They cannot, however, take these graduates unless they have had some experience in this particular line.

The President. Miss Goodrich, would you like the Society to make any reply to that letter as a Society?

Miss Goodrich. It had not occurred to me, but I think it would be very encouraging to Dr. Macy to express the interest of the Society in this work. I feel that I myself have discouraged them very much recently, because I have refused to continue to take their nurses for a three months' course. I thought it was unjust to our own institution and to their nurses to pretend that in three months we could begin to give them what they required. It is my experience that he is quite right. Our nurses should go to them and instruct their pupils. Until this is done, I feel that it would
not be right for us to take their pupils again. I wish that somebody would move that the recognition of this meeting be sent to Dr. Macy.

Miss Fournier. I take pleasure in making that motion, that a letter be sent to Dr. Macy, expressing the Society's interest in this movement.

The motion was seconded by Miss Pindell and carried.

The Secretary. You will remember at the meeting in Philadelphia last year that there was a discussion on the question of correspondence schools. Mrs. Kinney, of the Army Nurse Corps, also brought up the subject of the type of nurses that were admitted to take the civil service commission's examinations. A committee was appointed, with Mrs. Kinney as chairman, to look into the subject, and to discuss it with the heads of the Commission in Washington, and this is her report:

WAR DEPARTMENT,
OFFICE OF THE SURGEON GENERAL,
WASHINGTON.

April 20, 1908.

To the American Society of Superintendents
of Training Schools for Nurses,
Hotel Sinton, Cincinnati, Ohio.

Ladies:

In accordance with instructions given me at the meeting last year in Philadelphia, I have the honor to report that I called upon the Chief of the Civil Service Examiners and presented to him and to the Chief Medical Examiner (a physician) the protest of our Society against the admission to the Civil Service examinations of nurses graduated from Correspondence and other short-course nursing schools.

I invited the attention of these gentlemen to the fact that while such nurses might be able to answer correctly any questions on the theory of nursing which the Commission might give them, they could not possibly be competent to do the work of the position to which success in the examination might lead. Both gentlemen admitted the justice of my remarks and suggested that our Society
address a communication to the Civil Service Commission, inviting attention to the existing abuse and setting forth in full the reasons why the Society thought this should be corrected, recommending at the same time such changes in the Civil Service regulations as would debar insufficiently trained women from admission to Civil Service examinations. It has been suggested that to make the matter as easy of comprehension as possible the present rules governing examinations of nurses should be taken *ad seriatim* and clauses substituted for those which we wish to have changed.

It occurs to me that the whole situation might be met by simply requiring that all nurses to be eligible for Civil Service examinations or positions should have had at least a course requiring a two years' residence in a hospital, of ........ number of beds (the number to be decided upon by the Society).

Fraternally yours,

DITA H. KINNEY,
*Superintendent, Army Nurse Corps.*

The President. You have heard Mrs. Kinney's letter. It is impossible to minimize its importance, I think. What action do you wish to take?

The Secretary. Madam President, as Mrs. Kinney has already looked into the matter and has great interest in it, how would it do for the same committee to stand and continue this work? I make a motion to that effect.

The motion was seconded by Miss Alline and carried.

The Secretary then read a letter from Miss Dock:

THE INTERNATIONAL COUNCIL OF NURSES.

April 6, 1908.

Dear Miss Nevins. Will you please read the following letter at the meeting of the Superintendents' Society, and oblige,

Yours always sincerely,

L. L. D.

_Madam President and members of the Society:_

It is a source of regret to me that I cannot be present to extend in person an invitation to you all, each and every one, to attend
the regular business session of the International Council of Nurses next summer, 1909. The great success of the International Conference on Nursing, held last June in Paris under the auspices of the International Council, you all know, as the Conference had the pleasure of welcoming some of your members. The power of the stimulus and encouragement brought by these meetings to all those who, in other countries, are striving to advance the status of nursing, we learned last summer to appreciate, if we had never realized it before.

Now, at this coming meeting, we will meet in regular business session, it being the quinquennial period fixed by our Constitution for official meetings, and shall have regularly appointed delegates from our three branches, Great Britain, Germany, and the United States. The number of delegates at present assigned to each country is four; therefore, as your body and that of the Associated Alumnae compose the American Federation of Nurses, which constitutes the unit entering into international relations, there should be two delegates appointed by your body and two by the Associated Alumnae. These officially appointed delegates, with the officers of the International, will be the only ones with voting power.

As to matters to be acted upon, there will be the admission of several other countries, and certain slight constitutional changes in the direction of growth, with new business as it arises. May I hope, then, that this body will authorize its officers to provide for two delegates when the time comes? The meeting will be held at the end of July or early in August,—the meeting place not yet definitely decided, although the first plan of going to Stockholm has been abandoned for the reason that the late summer is not a convenient time to visit that city, while it yet seems a better time to get our members to meetings, and especially the Superintendents and Matrons of training schools. Besides the regular delegates, we hope for and I would urge as large an attendance as possible of the members of our affiliating organizations.

Very cordially and sincerely yours,

L. L. Dock, R. N.,
Secretary.

The President. The letter is before the Association. What action do you wish to take in the matter?
FOURTEENTH ANNUAL CONVENTION.

Miss Nutting. I would suggest leaving the election of delegates until next year, inasmuch as the International Conference will not take place until late in the summer and the meeting of the Society will probably be early, giving abundant time to elect the delegates. It would be of interest to the Secretary, I should think, at that time to know of any members who might propose to go, and during the year those who have any intention of going abroad next summer might let the Secretary know of their intentions, for there is scarcely a year when some members of this Society do not go abroad. If they could time their visit to the time of the Conference, it would perhaps enable the Society to appoint anyway one of them as delegates. It is probably not going to be easy for the Society to send many official delegates in the ordinary way.

The President. Miss Nutting, would you consider that a motion that that be deferred until the next meeting of the Superintendents of Training Schools, or deferred for decision until that time?

Miss Nutting. I hardly see how we could, a year or more in advance, settle a question of that kind. It seems to me there would be an abundance of time at the meeting two months before the Conference.

The President. I may put that then in the form of a motion for discussion?

Miss Nutting. It is merely a suggestion, I do not make any motion.

The President. Any discussion of the suggestion of Miss Nutting?

Miss Goodrich. I move that the letter be brought up at the next meeting of our Association in 1909.

The motion was carried.

The Secretary. I have one other letter which has been acted upon by the Council and is brought to the Association for its decision. This is to the President of the Association. The privilege of the floor is asked for a few minutes.

The Secretary read a letter from Margaret D. Bigelow.
PROCEEDINGS.

OHIO WOMAN SUFFRAGE ASSOCIATION.
HEADQUARTERS, WARREN, OHIO.

February 28, 1908.

MISS GREENWOOD,
Cincinnati.

Dear Miss Greenwood:

The President of the National Suffrage Association, Dr. Anna Shaw, has asked me to be a delegate (fraternal) to your convention to be held here in May.

If you are willing to have the matter of practical citizenship brought to the attention of your organization, I should be very glad to have a few moments granted to me to bring greetings from a sister organization, and to ask your sympathy.

Cordially,

MARGARET DOANE BIGELOW.

The President. I should like to say that Dr. Bigelow is a physician in good and regular standing. The letter is before you for action. Do you wish to grant her the privilege of the floor on Friday morning?

Mrs. Fournier. I make a motion that the privilege of the floor for ten minutes be granted to Dr. Bigelow.

Seconded and carried.

The President. We will now ask the Nominating Committee to submit their report by Miss Pindell, Chairman.

Miss Pindell. The Nominating Committee begs to present for the office of President the name of Mrs. Hunter Robb. (Applause.) The Committee deems it inadvisable to present any other name. Mrs. Robb founded our organization, she usually attends our meetings, is always actively interested and certainly a very great inspiration to the younger members. Speaking for New York, where our next convention will probably be held, I feel very strongly that New York needs Mrs. Robb, so that we present the name of Mrs. Hunter Robb for the office of President, and we also would move that the election should be by acclamation.

Motion was carried by a rising vote.
Miss PINDELL. The other names presented are, for First Vice-President, Miss M. H. Greenwood; Second Vice-President, Miss M. M. Russell; Secretary, Miss Georgia M. Nevins; Treasurer, Miss Anna L. Alline; Councillors, Miss E. P. Crandall, Miss S. F. Parsons; and for Auditor, Miss H. S. Hay.

Miss McMILLAN. I move that the report of the Nominating Committee be accepted and that the Secretary be asked to cast the ballot.

The motion was seconded by Miss Ahrens and carried.

The PRESIDENT. There being no further business, the meeting stands adjourned.
FOURTH SESSION.

The meeting was called to order by the President at 8 p. m. Miss A. M. Lawson, Akron City Hospital, read her paper.

TO WHAT EXTENT MAY THE EXPERIENCE OF NURSES BE USEFUL IN THE PLANNING OF HOSPITAL BUILDINGS.

MISS A. M. LAWSON.

The value of a nurse's experience in this direction depends primarily upon the ability and sound judgment of the nurse. It is presumed that every nurse occupying a position of responsibility either in the capacity of Superintendent of the hospital, the training school or both, has such knowledge of the wants and requirements of a hospital as to be able to make useful and valuable suggestions, if not to make a complete plan of the hospital. Such suggestions are more apt to come from people who have an abiding faith and a great desire to excel in their work.

Obviously, it would seem that the experience of a trained nurse with a constructive mind could be of great value in giving advice to a Board who are not familiar with the practical wants or the equipment of a hospital, when one finds hospitals planned by men, in which there is little or no attention paid to what one may call the utility rooms so essential for the proper performance of the daily routine of ward work. I have in mind one rather recently built hospital with a capacity of about sixty private patients, in which there was but one bath tub, which was shared by both patients and nurses. Since then I believe a separate tub has been installed for the nurses' use. On each of the two floors there was one small lavatory with a screened
closet and a small sink but not a semblance of a slop hopper anywhere, everything having to be emptied into the two closets. No provision had been made for broom and utensils, in fact there was not a place in which the many articles needed in the daily care of the ward could be kept. The linen closets were small and entirely inadequate, the corridors were so narrow that you could not by any possibility turn a stretcher or wheel chair around. There was but one gas burner outside of the operating rooms and kitchens. Here is an instance where the advice of a trained nurse would have been most valuable, presuming she had the ability to convince these men from her own experience how very impractical their plans were and how important these details are in the proper conduct of an up-to-date hospital. Who knows so well the absolute necessity of these details as the nurse?

Another hospital had recently added a new pavilion in which the lavatories were at one end of a long corridor and not even screened originally; these had been added later. There was not a utility closet of any description, except the general linen closets on each floor and a small diet kitchen.

The Sister Superior told me that they had not been consulted in any way about the details of this portion of the hospital which had been built by private parties.

I might cite any number of similar instances, all of which are only too familiar to need further comment.

As a rule the planning and building of a hospital is intrusted to a committee appointed by the Board of Trustees or Governors. These Trustees may have had more or less experience in hospital construction and building in general, but when it comes to the practical working out of the details which relate to the ward and general housekeeping department they are usually at sea, simply because they are men and do not see the necessity for spending any money on such trifles.

The country is full of architects of ability but often they are not familiar with hospital practice, therefore, how are they going to realize so fully as does a nurse of experience how
necessary these details are which often cost considerable and which are so frequently sacrificed for an ornate doorway or other useless splendor.

I firmly believe that the Superintendent of Nurses should be a member of the building committee providing she has been with the hospital long enough to understand its requirements and its financial status, both of which are absolutely essential before she can be of much real value. The smaller the committee the easier the work will be. A large number will find it difficult to come to a final decision, while with a small committee the work is simplified and agreements more readily reached. However, the responsibility is much greater, especially when public funds are used, as is usually the case.

There are but a few public hospitals built by one individual. It has been my privilege to be connected with such a hospital for a number of years. Six years ago it became evident that more room must be provided, but as is so often the case there were no available funds and absolutely no prospects of getting any.

One day the President of the Board of Trustees announced that he had decided to build a hospital providing I would look after the details, which being a very busy man he could not find time to do. I was glad to have the privilege, but let me assure you it was with fear, trembling and many misgivings as to whether I was capable of wisely spending so much money, but it meant do it or go without a much needed building. You know the old saying, "Fools rush in where angels fear to tread." Six weeks from that June day, ground was broken for the new building. We had one Board meeting for the purpose of approving the plans and to decide whether the building should be set by the compass or by the street, and another nearly two years later when the building was formally presented to the Trustees, finished and furnished at a cost of two hundred and six thousand dollars, by the donor, Mr. Barber.

When but one person is concerned in the financing of a building it is merely a matter of deciding what you wish to use
in the way of materials and whether you are willing to pay for the same or not. In this instance cost was a secondary consideration provided the materials appeared to be what was wanted after due investigation, consequently it was possible to put a large amount of money into ventilating system copper cornices, rubber tiling for floors, of which we had twelve thousand square feet, and numerous other things which probably could not have been done had the hospital been built by public subscription.

I cannot in this paper go into the relative cost of hospital construction, which depends upon the class of construction and quality of materials used, and whether the buildings are really fireproof or not. Brick and mortar walls do not constitute a fireproof building by any means and it goes without saying that all hospitals should be fireproof, not only in name but in reality; unfortunately they are not.

In conclusion, it may be well to suggest that all nurses, but more especially those who are doing hospital work, lose no opportunity of acquiring knowledge of hospital architecture and materials used as well as their cost and durability. This must be done largely by observation of hospitals, both old and new, large and small. No hospital is so old or so small that one does not gain something of value by visiting it. From personal experience I can safely say that building committees will be most grateful for any suggestions a nurse can make, and I am equally confident that just as soon as Hospital Boards can be made to realize the value of a nurse's practical experience in making plans and choice of certain materials, no building committee will be complete without numbering the Superintendent of the Training School or Hospital among its members. For it stands to reason that the woman who is responsible for the proper care of the patients should have a voice in the ways and means of accomplishing satisfactory results; especially is this true of the smaller hospitals where so much depends upon the internal arrangement.
I know of several new hospitals which have recently been built or are now in the process of construction, where the plans have been submitted to nurses for final criticism before being accepted by the different committees. Pardon me if I re-iterate. The value of a nurse's experience in the planning of hospital buildings depends first and foremost upon the ability, training and sound judgment of the nurse, and also upon her ability to convince building committees that her advice is of value.

Dr. C. R. Holmes then presented stereopticon views of the plans for New City Hospital and interesting discussion followed.
FIFTH SESSION.

The President. I will ask the meeting to come to order. Miss Pindell's paper was left over from Wednesday on account of lack of time. We will ask Miss Pindell to give us her "What Ground can a Municipal Hospital cover in the Training of Nurses?"

Miss Pindell. I should like to state by way of preface that this brief paper has been prepared with an idea of bringing to your attention certain statistics in reference to the municipal hospitals, with an idea of leading to a discussion on certain points which are of special interest to those of us who are working in them.

WHAT GROUND CAN A MUNICIPAL HOSPITAL COVER IN THE TRAINING OF NURSES.

Jane M. Pindell.

Statistics have been collected from twelve Municipal Hospitals as a basis for this paper. All report medical, surgical and obstetrical services; 9 report a Children's service; 4 Aural; 3 Ophthalmic; 8 Gynecology; 10 Contagion, including cancer, erysipelas (3) and venereal; 5 Tuberculosis—one employs graduates and one experienced attendants, the service for pupil nurses being optional; 4 Nervous; 1 Insane; 3 Skin; 3 Detention Wards; 2 Dispensary.

We may conclude from these figures that the weak points are in the care of children, nervous patients, consumption, private patients and specialties. Some have probably included special services under the head of medical and surgical, where the wards have a mixed service.

Through affiliation, five schools give their nurses experience in the care of children, nervous cases, a general acute service and in obstetrics.
The care of consumptives offers too large a field to more than touch upon at this time. The tendency is to have a voluntary nursing service and comparatively few graduate nurses have taken up the institutional work, which may be due to the low grade of salaries and lack of comfortable accommodations. The New York City authorities are gradually overcoming these objections, by establishing a grade of promotion, and by the erection of new buildings.

Eight hospitals report that they receive private or pay patients. Seven state that patients pay from one to one and a half dollars per day when able. We are therefore gradually overcoming the objection that has frequently been made in the past, i.e., that the nurses are not sufficiently prepared for private duty.

More attention is also given to "special case" nursing. The nurses are given the entire responsibility of a ward division or a patient who is very ill.

In answer to the general question relating to the services in these hospitals, only three mention Diet Kitchens, but as the bed capacity varies from 175 to 2000, the service has no doubt been considered too much a "matter-of-course" to even mention.

The physicians state that the municipal hospitals offer the finest opportunities for scientific research. Groups of medical students, with their professors, may be found at any hour of the day on the wards and in the operating-rooms. Absolute accuracy in the nurses' records and work is required. Complaint is sometimes made by the physicians that they are inconvenienced by the interchange of nurses during the examination of patients. The necessity for a permanent staff of graduate nurses is here apparent, if our nurses are to have instruction, recreation and freedom in the evenings. Again, the municipal institutions require good housekeepers. Every article must be accounted for. This is impossible except with a permanent staff of supervisors.

Six hospitals offer post-graduate courses, term from three to twelve months, salary twenty and twenty-five dollars, with
a certificate. One hospital gives definite instruction in administrative work, and a trial examination for the benefit of those who may wish to take a Civil Service examination later. A careful selection is made, and at the expiration of the course, those who have displayed special executive ability are retained at an increase in salary, when their services are required. Other hospitals too, are giving instruction, a certificate, and offer opportunities for promotion.

In conclusion, may I take this opportunity of thanking those who have furnished so much valuable information through their letters and printed matter, and also quote the following motto as suggested for our Municipal Hospitals:

"Ideal training is not that which covers the most ground, but that which fits a nurse to render the best practical service to the sick."

The President. Miss Pindell's paper is open for discussion. Miss Goodrich, were there any points which you wished to bring out in connection with the paper which has just been read?

Miss Pindell. Madam President, may I suggest a point for Miss Goodrich? I was fortunate in attending the graduating exercises at Bellevue Hospital recently and I have since talked with some of the members who are connected with Bellevue and they have all spoken in the loudest praise of the work which Miss Goodrich has done in affiliation. The President of the Board of Trustees, I remember, spoke of the "indomitable Miss Goodrich," so I am in hopes that she is going to tell us something about the question of affiliation at Bellevue.

Miss Goodrich. Madam President, I wish that I could really add something of value to Miss Pindell's paper. Of course to me Bellevue has offered one of the most interesting propositions that I have ever faced. There is nothing in a large hospital of this sort that we cannot offer to nurses except, as Miss Pindell has mentioned, the private patient service, if the superintendent is allowed to control all the departments. The main plant at Bellevue has some thousand beds now and is planning for two thousand. The Allied Hospitals comprise three out-lying hospitals with one hundred and fifty beds each. It is in these out-lying hospitals that
we have placed our post-graduate nurses. We found it absolutely
impossible to use any of our pupil nurses as we had not all that
we required for the service at Bellevue proper.

Through Miss Alline, the State Inspector of Training Schools,
hospitals that needed a children’s service for their pupils were
put in communication with us, and we are indebted to many of
the superintendents throughout the country for pupils who have
been referred to us. We have not been able to establish yet, what
we very much desire, namely: courses in administrative work, but
that will come. A hospital that provides a staff of forty-two with
an average of one hundred patients, should enable us to enter one
or two women for administrative courses, and in the particular
hospital which seems most available for this purpose, the super-
intendent of the hospital is also the superintendent of the nurses,
and she has therefore the entire plant under her jurisdiction.
The nurse in charge at present is Miss Stone, who acted as super-
intendent of the Presbyterian Hospital Training School during
Miss Maxwell’s absence, and she is very much in favor of such
a course being given to one nurse at a time. We have not all
the services in this hospital, only surgical, medical and children,
but at Bellevue we have in addition to the usual services, two
wards for the insane.

There again is a position open for post-graduate work for such
as desire to enter that field. In other words, we have the oppor-
tunity, it seems to me, of training nurses for any field which
they may desire to enter, if we can have sufficient force and
room for nurses (and we are going to have it), to place a sufficient
number in the wards to get the thorough training in the care of
the sick. It is most interesting to find that the city authorities
are anxious to give the very best that they can to the city poor.
I think that is one of the most interesting and encouraging features
of the work there, that we are planning to do for the poor of the
city, better than can be done except for the private patient who
is able to pay for a special nurse. Miss Pindell gives me a thought
when she says that placing the nurses with special cases will give
them instruction as will fit them for private work. We have
never been able to do that, but with sufficient living room for
nurses, it would be possible. I do not know exactly where we
should find that we were unable to meet the demands of the com-
munity in the training of the nurse. If there is any question I can answer, I will be very glad to do so. I am afraid I have not presented it very well.

Miss PINDELL. Madam President, I would also like to have some further information in reference to the question of the care of private patients, because one of the reasons that was stated by our Board in reference to changing our course from three to two years was the fact that the nurses on Blackwell's Island had the care of a great many chronic patients. We have not so-called private patients, and we have tried to individualize the patients in order to make up to the nurses for the lack of private patients. But that is a point on which I would like further information. Are there any hospitals able to give their nurses the care of private patients either by sending them out to private duty during their three years or by affiliation with some other institution, and if it is done I would like to know how it can be done.

Miss HAY. I would like to state that with our school some affiliations were formed previous to my going there, which meant the sending of the nurse from the small hospital to the large hospital for perhaps children or obstetrics or various departments of the work. Since then we have adopted the plan of sending in exchange our nurse to the private hospital for the private duty training. We are sending now to a single institution and have the option of sending to three others. It happens that the young women who are in the school now came in without the promise of private duty training and therefore we are not able to give them all that opportunity; but those who have entered since last spring have come in with the promise of private duty training, and we expect to give it at these out-lying institutions that have an affiliated connection with us.

Miss PINDELL. One more question in reference to post-graduate work. Another problem we have to solve is whether a one year post-graduate course will take the place of the third year. A great many consider that in two years the nurses are amply fitted for private duty. I hear this from a great many of the physicians, in fact one said he thought that in six months a nurse could learn all that was necessary in order to fit her for private duty and why should she stay in the hospital for three years? Some of the nurses think that if they can have all of their theoretical in-
struction in one year, why should they even stay in the hospital two years for their training? But the question is, can a nurse be trained in two years for private duty. Can the nurses who are especially adapted for institutional work be fitted for that special line of work in one year? Another question, from my paper you have probably noticed that the average length of the post-graduate course is from three to six months. I was authorized to inform our nurses that a one year post-graduate course was offered with a certificate and salary of $25 a month. I posted notices about four weeks ago and so far I have not heard from one nurse who is interested in taking the post-graduate course. It is a very serious problem that we have to solve, and I would like very much to have some help.

Miss Goodrich. Madam President, I cannot fail every time to rise to the question of two against three years. We admit our pupils younger than we did formerly, we now accept them at twenty-one. There is something more that we give them than just the training in the care of the sick. In these three years we try to develop these women to go out to meet the most difficult conditions. We mature them and we train them in a hundred ways. The best material comes from the country homes, where however they have not had certain advantages, where they know nothing of the city life, and where perhaps they have not been accustomed to all the luxuries and niceties that are required in the homes of the wealthy. We have coming to us young women who are philanthropically inclined, who have money and who desire to do some good in the world, and I believe the very best place for these young women to do this good is in the training school. They are certainly doing serviceable work for the community there.

If my sister were a person of wealth, and should ask me in what manner she could be of the most service to the community, I would say go into the hospital. I consider that these three years should do something more than give the nurse so much theory and so much practice. If they enter at twenty-one or twenty-two, twenty-one I think is the average, they are then twenty-four when they are ready to take up their work outside. This is quite young enough to go out to live in boarding-houses with the temptations and surroundings which we all know of, or should know of if we talk with our nurses. If it is their desire to fit
themselves for institutional work, I do not think any woman is fitted for an advanced institutional position until she is perhaps twenty-seven years old. She may work up to the different positions from twenty-five to twenty-seven, but I think that you will all agree with me that twenty-seven even is young to take the full responsibility of a small hospital or school. Now is this too much time to give to their training? (Responses of "No, No.") At Bellevue we have made a compromise, we have a two year and six months' course. I hope we can arrange to have the six months following the course spent with private patients, or we could perhaps arrange to give special care to some of the patients in our own institution.

Concerning the post-graduate courses, three to six months, if a nurse comes from a general hospital, who has been nursing for some years and desires to learn the newer methods, I think three months is sufficient if she simply desires a broader view of the work. If, however, she desires more than one service, we require six months, as we do not consider that any one service can be covered in less than three months. I find that they are generally anxious to stay the six months, realizing that their training will be much more thorough; and while we have had some difficulties with our post-graduate work, I am more interested and more anxious to work it out to-day than I was a year ago when we were forced to it. I am exceedingly interested in giving these women an opportunity to obtain what they feel has been omitted in their training, or could be added to it.

Miss Pindell. May I ask just one more question? Some physicians have suggested to us that it would be a splendid thing for our recent graduates if they could work under the supervision of the training school during the first year that they are doing private nursing, and it does seem to me that that might be worked out and help solve our problem of the third year. Are any of the schools doing that?

The President. Has any one anything to say to Miss Pindell on that subject?

Miss Nutting. Madam President, I wonder if we have left the question of training for private nursing, to go back a few steps, just where we would like to leave it. Inasmuch as something like two-thirds at least of our graduates are steadily occu-
plied in private nursing, is it not our intention to consider that training a matter of a good deal of importance, and while appreciating from Miss Pindell's paper and statements that there are more opportunities for this training in Public Hospitals than I had thought, and perhaps many of us thought possible, still does the care of special patients in free hospitals afford a complete and full training for private nursing? Isn't it possible that the very large number of private hospitals which exist and must exist might offer opportunities for the private training which we think so valuable? In Baltimore, I question very much if we would have felt that our nurses were thoroughly and well trained without some months in our private service, and I well remember the criticisms of the head nurses of the private wards as the nurses came to them from the free wards, where we really thought we were teaching good methods. I do think that our methods of teaching throughout should be so careful, so excellent, so finished that a nurse could go from a free ward into a private ward and be acceptable to patients there, but the fact remains that there is a good deal to learn about handling a patient in the conditions and surroundings of a private ward which cannot well be obtained, I think, in any other way. It seems to me that the head nurses in private wards should be women who have had long and successful experience in private work. We have heard such things as criticisms of our private nurses. As a matter of fact the bulk of the criticism that we cannot overlook or ignore because much of it is just, is made concerning the private nurse, and at least a part of it may be due to the fact that somewhere she has not received, under the right conditions, training in nice, careful and finished ways of working. It seems to me Mrs. Robb might have a few words to add on the subject.

Miss Laws. May I say a word from an outside standpoint? It seems to me that there is one way of meeting that question of private nursing that is rather a good way, and that is to have amongst the student nurses the opportunity to send them out to do private nursing while they are under training under the supervision, during part of the time, of their superintendent, and then you will find frequently that members of the outside community who are employing those nurses will go to the superintendent and will talk to her very confidentially and very frankly about the
things which they feel could be improved, where they would never say one word to the nurse herself. It seems to me there might be a way of meeting some of those questions by sending out the pupil nurse during part of her term in the hospital. That is only a point from the outside.

Mrs. Ross. I did not intend to say anything, as I like to hear from the ones who are working in the hospitals at the present moment, but I would like to answer Miss Laws' suggestion, as I was trained in that way. At Bellevue, in the early days, we received all our practical and theoretical instructions in the hospital during the first year (supposedly during the first year). The second year, as head nurses, we spent in the wards, or were sent out to private duty in families in New York City. It came to be in fact that at any time after we had been in the hospital for six months, we were sent out to private duty, and it further came to be the practice that we were kept on private duty perhaps the whole of the second year. As I had this experience after I had been in the hospital eight months, I speak very strongly and feelingly on the subject of sending undergraduates out to private duty while still in training in the hospital. We have had the subject up for discussion in years gone by, and if you will read your old reports of this Society you will find that some have been in favor of sending undergraduates out to private duty, while others have been strongly against it. I have always opposed it, usually the nurses who preferred it were the ones who had not done it, and while theoretically it sounds all right, practically it is not the thing to do. When the pupil is sent out to private duty she is thrown wholly upon her own responsibility; she has had no special duty training, which is such a very valuable training in the hospital, under the supervision and the criticism of her teachers, to prepare her, and one feels sorry not only for the pupil herself who is thrown so entirely on her own responsibility without the proper experience, but one is also very sorry for the patient and for the family. When I look back to the time I had charge of the Illinois Training School, I realize how bad the system was. The first year I was there the majority of my senior class were sent out to private duty and they were out nearly all the time. There was no possible way of giving these women the supervision and the systematic teaching they should have had. Certainly we have
criticisms enough of the private duty nurse, and she deserves many of them, but I am sure it will not solve the difficulty by giving her this experience outside of the Hospital while she is an undergraduate. The problem will better be solved by seeing that she receives during her studentship a certain number of weeks' experience in special duty nursing in the Hospital, that is, where the patient is so ill that day and night the pupil has to take care of that patient under the most trying and difficult circumstances, and there is where the student gets her experience, there is where she gets the judgment to prepare her for private duty, but never with an unfinished training to go from the schools to the public.

Miss Laws. I do not approve of that as training, only supplementary training. I think that if it is possible to affiliate, as some one suggested, with private hospitals for the special duty that will be found there, it seems to me it is the better solution of the problem and a very possible one.

Miss Twitchell. Just one point regarding what Mrs. Robb has said. As one of the older superintendents I have had all sorts of experiences. I was connected with a school for several years. When I first went there they sent out nurses for private duty at $15 a week, and they were told that they could easily make arrangements for them to come into class. It was never convenient for them to come into class and they did not come in. The superintendent of the school and the Board were criticised for sending out graduates who were doing inefficient work.

Miss Laws. Madam President, may I say I am extremely glad I brought out this discussion. My remarks were perhaps based on an ideal vision of the future when a training school should be really one and that students should be students and everything done for them should be done for the benefit of them while they were in training, and that all their work should be based upon that idea, and not for the benefit of the hospital in relieving it of what should be its legitimate duty to do, and I think I had in view more answering the question of Miss Pindell after the nurse had graduated, after the nurse had left the hospital, it would be a certain amount of protection to her, her interests be looked after as a private nurse and then such criticisms in the people who engaged the nurse, they might go to the superintendent of the training school and express very frankly in what way the nurse
might be helped to meet the conditions which vary in almost every hospital. I thank you very much.

Mrs. Robb. Miss Laws, that is a very different question, and I do think there are very great possibilities in it.

Miss Laws. I think that is going to be a tremendously pernicious thing in every way if it is going to be used by hospitals merely to get trained service for almost nothing.

Miss Nutting. The question is a very big one. The older graduates themselves have occasionally considered this matter and have felt that the younger graduate in going out and charging a lower fee was bringing herself in competition with their fees and making it exceedingly difficult for the older graduate. How would it affect the graduate nurse if a group of twenty-five or thirty nurses came from the training school and offered themselves to the public at a lower than the usual fee found a living wage for the nurse.

The President. Are there any further remarks? It is a temptation to prolong such an interesting discussion.

Miss Pindell. I came to this convention for help and I have received it, and I want to thank the speakers.

The President. We will ask Dr. Lucy A. Bannister to read the paper which is next on the program, A New Field—The Nurse’s Opportunity in Factory Work, with a Brief Outline of Medico-Nursing Relief Work in the Westinghouse Lamp Factory.

A NEW FIELD—THE NURSE’S OPPORTUNITY IN FACTORY WORK.

WITH A BRIEF OUTLINE OF MEDICO-NURSING RELIEF WORK IN THE WESTINGHOUSE LAMP FACTORY.

Lucy A. Bannister, M. D.

At last we have found a niche wherein the nurse can make herself a paying proposition, so to speak, to the business world, and at the same time be a truly philanthropic, and so-called, welfare worker. This is not exactly the way we have been accustomed to looking at things in regard to the nurse’s sphere, but it is nevertheless true and a practical fact.
Heretofore the nurse has figured, for the most part, as an “angel of mercy” in the sick room and hospital wards, and as such, she has done excellent work and is indispensable, but valuable as this part of her work is, she has still a wider range and we find new fields opening to her in many unexpected places. It gives me great pleasure to present to you a brief outline of what is yet an unexplored territory in the realm of nursing, and in which I hope you will be interested.

For want of a better name for the present, we shall call it factory work, or, to speak more generally, it might be called welfare work. But as a matter of fact it is only another spoke added to the wheel of which general social welfare might be considered the hub. This special line of welfare work is at the present time being maintained at the New York Westinghouse Lamp Company, and the degree of its success may be measured by the words of the superintendent, Mr. Jones, who commenting on it a few days ago, he said “this is too good a thing for us to keep to ourselves—others ought to know about it, that it may be more generally introduced,” and it is on account of his opinion, and by the invitation of your council, I am here to-day to tell you something about what we are doing.

The accommodations for the work as present, is not very spacious but has been planned on a larger scale in our new factory. But our present limited quarters have been amply sufficient to test the efficiency of a work, which at first was undertaken most cautiously, and in rather an experimental frame of mind. In other words it has proved what the management desired it should be, unobtrusively effective in its results, and they now feel that another valuable department has been added to what was already a well organized business system. I emphasize the business part of it as very important, because it must take its place as an economic factor side by side with other departments in the factory. That it can do this is its best recommendation to other large business establishments.

Our headquarters or dispensary is a medium sized room situ-
ated on the second floor of the factory. It is well equipped for any emergency, and for minor cases, either surgical or medical, but in addition to the dispensary value, its power for good can neither be measured or estimated. In this room the girls always find a word of cheer and encouragement. Many sad stories are listened to of the struggle of life other than earning their daily bread, and one cannot help but think seriously of the royal battles fought, without a murmur, by these brave souls. It is only when they are not feeling well that we get near enough to them to be taken into confidence and given the opportunity to sympathize and advise.

The work is unique inasmuch as you are dealing with a wage earning, independent class, over which you have no authority other than what your personal influence and ability to help them in times of need will give you. They seem, at first, a little suspicious of disinterested kindness that costs them nothing, but it is not at all hard, if you are sincere, to gain their confidence, and then you have that comfortable feeling of absolute control without authority, which is the best of all.

The following outline will serve to illustrate, briefly, the character of the dispensary work. You can readily imagine that where eight hundred or more girls are employed there may be many cases of sick stomach through indiscretion in diet; headache, due to steady application, probably; a girl may grow faint at the machine because not otherwise well; another girl is not able to work because she has had no breakfast, and is very much alarmed because she feels faint and dizzy. Another cuts or burns her finger and it must be dressed; another may have an infected finger which it is well to open; and there are numerous cases of dysmenorrhoea; epilepsy is not common, but sometimes occurs; a globe will break and glass will fly into the eyes; headache, earache and toothache are without number. In summer many are overcome by the heat and in winter colds and sore throats prevail.

All the above cases are treated according to indication. The girl without breakfast may be given malted milk and crackers,
with a kindly advice in regard to the future. The girl with
dysmenorrhoea, if pain is severe, is persuaded to lie down and
a hot water bag may be applied to the lower part of the abdo-
men and a mustard plaster to the lumbar region, and some
remedy may have to be given internally. Sore throats are
treated by spray, gargle or local application.

We have also, at all times, a number of girls on the tonic
list. This is a very important branch of the department. A
girl will come into the office all discouraged and tired out, does
not know exactly what is the matter with her. She is put on
the tonic list, with a word of cheer (I lay special stress on the
latter), and given directions in regard to diet, sleep, exercise,
etc. Ice Cream sodas and candy are prohibited. With this
treatment there is usually prompt improvement. The girl feels
better, is happy and more cheerful and, as a result, she does
more and better work. This is only one instance of it as a
"paying proposition." But the following will give you a
better illustration: A few days ago I found a girl sitting in the
cloak room who was evidently sick, but she did not want to give
up. She was brought into the dispensary and persuaded to lie
down on the bed. This was about half-past ten and she had
only earned ten cents that day. on account of not being well.
After rest in bed and simple treatment, she was ready to go
back on duty at noon, and from that time until five p. m., she
earned eighty cents. Here is the object lesson. If the girl
had not been taken care of she would have had to go home and
probably some one would have had to go with her, which
would have meant two girls off duty; both would lose their
pay, and in addition, the management would have been incon-
venienced because it was necessary to get out the work.

And again, many of the girls work in pairs and if one goes
home the other must follow, so if anything can be done for the
sick one to improve her condition, and she is thereby enabled
to return to work, great inconvenience is avoided both for the
firm and the girls. And, of course, the moral effect of the
treatment on the girls must not be lost sight of. They appre-
ciate very much being kindly taken care of and look upon their ben-
factor as a friend, but do not feel themselves in any sense objects of charity—and it is not intended that they should, the object of the work being a mutual benefit for both employer and employee, and it certainly seems to bring them nearer to each other.

The work is also far reaching in effectiveness—it finds its way from the factory to the home. But time and space will only permit me to give one or two instances of this kind. My first case is that of a girl sixteen years of age who is the main support of her widowed mother. The child is subject to hystero-epilepsy, and her attacks she calls "spells." When I first knew her they came on quite frequently at an interval of several days and sometimes two or three attacks a day. Her disposition was morose and sullen and she was quite unapproachable. After treatment and careful watching she has wonderfully improved, and will go three or four weeks without an attack, and by persuasive reasoning she has been prevailed upon to come to the dispensary immediately when she feels an attack coming on. This saves confusion and she usually reaches us before the convulsion comes on. Sometimes perfect quiet, that is, rest in bed, for about half an hour is all she required. At the end of that time she will announce that she is better and ready to go back to work. Her disposition is also improved. The latter is very important as it makes it possible for her to live peaceably at home with her family. More than once she has come to me in distress saying that her mother was going to break up the home, and after inquiring into it, I have found that the girl was to blame and have reasoned her into a spirit of submission. The home is still intact and the girl and mother on good terms.

My second case is a boy eighteen years of age who comes in with a neglected cold. He is given proper attention and temporary relief follows, but he is not able to return to his work the next day, and by the end of the week it is reported that he has tuberculosis. After one visit to his home his condition suggests the expediency of sending him to the hospital for treat-
ment and diagnosis, and he was sent. It was decided that he was not tubercular and, as he did not like the hospital, he was brought home where, if he had remained, he would certainly have developed a tubercular condition, but through the aid of an outside co-worker he was sent to the country for two weeks, where he gained seven and a half pounds, and returned quite well and happy.

The far-reaching work of this type is somewhat incidental, and these two cases are only mentioned just to show what has been done. More could be quoted.

The advantage of the work to the management of the factory can scarcely be overestimated, as the following will show. One of their greatest items of loss is the breaking in of new hands. It naturally follows that anything introduced into the factory that will create a cheerful atmosphere, and so make it a desirable place for girls to work, means a great saving to the firm, as the girls will stay longer and become expert workers. Now this is what the medico-nursing relief department has accomplished in the Westinghouse Lamp Company.

The management also appreciates the fact that it relieves them of a great responsibility to have an educated, competent woman in their factory to look after the welfare of their employees and take the sanitary oversight of the building. They realize too, that when a girl is kept in good physical condition, she can do better work and more of it, which is an advantage to her as well as to them, because she is paid not only by the quantity but by the quality.

These are a few more of the advantages of the work from a business point of view.

The time has come when large establishments are more than willing to consider favorably the welfare of their employees, if reasonable methods are presented to them, and after a fair test this medico-nursing relief work recommends itself as expedient. They are willing to provide it, but it is for us to enter the field, make a careful survey and furnish the laborers.
Mrs. Robb. I would like to ask Dr. Bannister if she is talking from the standpoint of the nurse or the doctor?

Dr. Bannister. From the standpoint of the nurse.

Miss Nutting. Is it your opinion, Dr. Bannister, that the nurse could give any of that treatment or would she have to work under the superintendence of a physician?

Dr. Bannister. Of course, in a place where the nurse is not a physician there is always a physician in charge. A nurse could not work independently, but inasmuch as this work was started by a nurse, I feel quite certain that I may present it to the nurses, and I am quite convinced that it is a nurse’s work, but of course, for her own protection she would have to be under the supervision of a physician, but then that physician could supervise many other factories where the nurses occupied the positions of factory nurse.

Miss Nutting. You mean the physician could make rounds and the nurse could stay?

Dr. Bannister. Yes.

Miss Nutting. Do you consider it first-rate preventive work?

Dr. Bannister. I certainly do.

Miss McMillan. Might I say that similar work in the Chicago Telephone Company is being done by a nurse, and whenever she feels that the services of a doctor are necessary she calls in one, and the same work is being done by a nurse in Marshall Field’s store in Chicago.

Miss Crandall. The same is being done in the National Cash Register Company, in Dayton, where the physician is not resident. He is one of the practicing physicians of the city, a member of the hospital staffs, and a very busy man. He can be gotten by telephone between his regular visits to the factory, and he goes there at 11 o’clock every morning. There have been as many as three nurses employed there constantly. They have a beautifully equipped little hospital, a little operating room for the care of the minor emergencies, rest rooms, etc.

Miss Goodrich. Madam President, I think Wanamaker for five years has had two nurses to look after their employees in this manner. They are generous with their provisions for vacations, etc., and this Miss Duncan looks not only after the well-being of the employees, but plans to send them away if necessary for a recuperative vacation. In Chicago, Sears, Roebuck & Co., a large
mercantile house, has this scheme for looking after employees, and one of the strong features of the work is the good done by the nurse in going to the homes of the employees. Also the Western Electric Company has a resident nurse working under a physician, and the Kewanee Tube Company, Kewanee, Illinois.

Miss Nutting. This is extremely interesting and valuable and points to a field of work which is most attractive to nurses, and that is the field of preventive effort. Mr. Jones, to whom Dr. Bannister referred, said to me a little while ago, “I look upon this as a purely business matter. I feel that my workers are so much better from Dr. Bannister’s supervision that it is a commercial asset to us to have a physician and nurse there.” When employers can see, as Mrs. Robb says, that it is economically wise and sound to look after the health of their employees, we have possible opportunities for useful work opening before us in many directions. This leads me to one word upon which I was going to ask the privilege of the floor later, I am going to say it now. There is to be in Washington, in September and October, an International Congress on Tuberculosis. It lasts three weeks and it is expected that great lights in the medical world and that many of the great leaders in social and other work will be present. It will be the sixth congress and is expected to be the very largest and most important yet held. There are to be several medical sections, and under the leadership of Dr. Devine there will be a full section with eight sessions on the social, economic, industrial and hygienic aspects of tuberculosis. Within that section quite recently has been found a place for a nurses’ session. Therefore at this important congress the nurses who are doing work among tuberculosis patients or who are doing work which has any bearing upon the subject, that which keeps the workers in such condition that tuberculosis is further away from them, are to have an opportunity of presenting their work, their methods, their needs, their ideas and of thoroughly discussing them. It is anticipated that this session will be largely handled by those who are actually doing the work, but it is a session in which all of us as nurses must be deeply interested. I was asked to bring it before you to-day to bespeak your interest, your help, and your prompt response when the invitation comes to you, which will be in a short time, to give active aid. Miss Dock has been appointed the Secretary,
and she has a very large piece of work before her. She will need all the help and cooperation she can get, and she begged me to say that any suggestions or any information about new work would be helpful to her in working out the program. She can be reached in two ways, but I think the simplest one for the next few months will be Fayetteville, Franklin County, Pa. The committee, of which I happen to form one, is very hopeful that there will be a large and active congress, full of useful results for the people whom we care for.

Miss Goodrich. May I just say that if Miss Dock is Secretary, there is an equally strenuous chairman, Miss Nutting.

Dr. Bannister. My real object for presenting this subject to this representative body of nurses is because I believe the time is ripe for them to take some definite action. I have been in touch with one of the officers of the Welfare Department of the National Civic Federation, and she informs me that they have decided not to employ workers in their department who have not had a professional training along a special line, as, for instance, doctors and nurses, as they can teach the community more about diet, hygiene and ventilation, because of their wider education and special training. And again, architects are valuable workers on account of their superior knowledge of the construction of buildings, heating, lighting, ventilation, etc.

I have been informed that they have found it difficult to secure nurses fitted for welfare work who would undertake to do it. After having given the matter considerable thought it has occurred to me that this Society might be of considerable service to the Welfare Department of the National Civic Federation if we could supply their demand for efficient workers. I mean, of course, when they desire a nurse in their philanthropic field. The National Civic Federation has recently added to its most efficient organization, a committee of ladies who are interested in philanthropy, and especially that branch of it which will better the condition of the girls in the factory. I might mention the name of Mrs. Harriman and Miss Morgan, of New York, and Mrs. Crocker, of California, as members of this committee, who visited the Westinghouse Lamp Company's factory and were much interested in the work being done there. Might it not be helpful to the cause of philanthropy, and especially the factory workers, if this Association form a
committee to interest itself in placing nurses in all large factories? This might be done by communicating with the Woman’s Committee of the National Civic Federation, and of course, having our nurses trained for the work.

I must now mention something I think interesting, and it is not in a spirit of criticism that I do so. Not long ago I heard a most interesting talk given at the Nurses’ Settlement, 265 Henry Street, New York City, by Miss ———, of Boston. One thing that impressed me, and also very much depressed me, was the fact that out of twelve workers, six paid and six unpaid, only one was a graduate nurse. Being interested, I asked if the workers had any difficulty getting into the homes of the poor. The answer was “No, not at all, because they usually call themselves nurses and in that way gain confidence.” This is perfectly true. I heard it myself. And the first point I would make is this—if it is necessary to call yourself a nurse in order to gain the confidence of the poor, why not be one? Why not have nurses in the work. That is the point I want to make and leave with you, and if you will please not pass it over without consideration, I shall feel as though my trip from New York has not been in vain, because, as a matter of fact, it is all I came for, because I think it important. I know you are quite equal to taking care of the rest of the nursing world, and I feel sure you will take care of this part of it, if only suggested to you.

I want to bring another thing for your consideration. Only a suggestion for welfare work in the factory.” I do not speak lightly of any one here, because I think you are splendid, the Cash Register Company, and everything else, but a good deal of the work has been more from a spectacular standpoint, and for advertising than for the benefit of the factory girl proper, and for that reason some very good firms hesitate, and in fact, will not discuss the subject at all. The Western Electric Company, New York City, would not discuss this subject when we mentioned welfare factory work, but the same man who condemned that, when he came to the Westinghouse Lamp Company’s factory, said “This is all right, this will ‘make good,’ this is all right.” There is nothing spectacular about it. It is simply work. The point I wanted to make here is this—could not we give it a more distinctive name?
The committee, which I hope will be formed, might decide upon the name. I have no suggestion to make myself.

Another thing I want to bring to your mind is this, that more definite lines ought to be drawn for the nurse, medically. I do not hesitate to say this because I make the statement as a physician. At present, unless she takes liberties, a nurse is no more efficient than any other woman of common sense and intelligence. I could give you many instances to prove this, and speak especially for the Bellevue nurse, because we are so thoroughly drilled and trained, and have such a solemn reverence for our House physician, that we would not give a dose of salts without his advice. Even that does not do in factory work. Now I think a nurse might give a dose of calomel or castor oil, and by the oversight of a physician, she might give a simple tonic, if necessary.

Of course, a nurse always requires the authority of a physician when administering important drugs, but minor remedies might be left more to her discretion, and if her training has been worth anything, she is worthy of the trust. Unless reasonable liberty is given to nurses in the administration of simple remedies, she is handicapped by her training and professional ethics, and is not as useful in welfare work as an educated, intelligent woman of common sense. The latter, not having a diploma in nursing to live up to, is free to make many helpful suggestions, even to the physician, and is not criticised. On the other hand, a very good nurse may hesitate to act until she is endorsed by the physician, and by so hesitating gives the impression that she is incompetent. I would not be quoted as advocating any indiscretion on the part of the nurse, but feel that she ought not to be handicapped in small things. I make this statement not to pupil nurses, but as an experienced nurse and a physician of probably more limited experience, to the Society of Superintendents, because this body of women now represents the educating force of the nursing world.

I would like to suggest that on our next program we add to the list of "interesting places to visit," one or two of the representative factories of the place in which the convention is held. You have a well equipped factory in Cincinnati, which I visited yesterday. Its hospital appointments are quite good, and though they have not a trained nurse in this Department, they have an efficient untrained woman of nearly twenty years' experience, for
whom I would not think of substituting a graduate nurse, because the former has the spirit of welfare factory work in mind and is doing very good work along that line.

Miss Laws. Dr. Bannister, may I ask her name?

Dr. Bannister. They introduced me to her but I have forgotten her name; however, there is only one and she could easily be located.

There is still another point I wish to make in regard to this work of the Westinghouse Lamp Factory, to prove its efficiency from a business point of view. It was started in July and August, when there were many cases of heat prostration, which made it almost a necessity, but later, as the weather became cooler, and the financial panic came on, it was still maintained, though expenses were being cut down in every department. Evidently, if it had not proved a good business investment, it could not have been maintained for the mere sake of philanthropy, and would have been promptly abandoned.

Miss Laws. May I ask Dr. Bannister if she will explain to us what the Civic Federation is—the Committee you speak of?

Dr. Bannister. The National Civic Federation is a powerful organization; its headquarters are in New York City, and it concerns itself with all questions of labor—settles strikes, etc. It has its different departments. The one I refer to is called the Welfare Department, and Miss Gertrude Beeks is the Secretary.

Miss Nutting. May I ask if a recent acquisition to this body has not been recently made in the group of the wives and sisters and daughters of employers, who wanted to know how the employees of their husbands and brothers live?

Dr. Bannister. Yes, and unofficially I have been asked to do it. It was thought wise by Mr. Jones because I sent a message to the joint meeting that they had, and they thought it would be a very good idea to bring it before this body of women and have a committee formed to come in touch with them.

Miss Nutting. May I say how much indebted we are to Dr. Bannister for her paper. It is one of the most stimulating and interesting we have had.

The President. What action does the Society wish to take with regard to this committee?
Miss Jammé. I move that a committee be appointed for this work by the council.

The motion was seconded by Miss Lawson and carried.

The President. We will now proceed to the reading of the next paper. I am sure we have all enjoyed Dr. Bannister’s paper and the discussion which followed it.

The Secretary. It is a matter of regret that the writer of the paper is not here to read it herself, but Sister Amy was not able to come from Boston to this Convention.

The Secretary read Sister Amy’s paper.

NURSING OF CHILDREN.

Sister Amy, S. S. M.

Up to five years ago very little attention was paid to the nursing of sick children in hospitals. The few Children’s Hospitals established in different cities were sought chiefly by students who were under age to enter adult or general hospitals. In some of them courses for nurse maids were given only. The work of serious education in a Children’s Hospital is still in many parts of the country unknown; and I feel it to be a great privilege to be allowed to bring before the Superintendents the great importance of this branch of nursing; for I am sure after twenty years’ experience that the ideal way to start a nurse’s education is to begin first with the nursing of sick children.

The tremendous value of having a foundation laid of acute habits of observation, studying the patient from the objective instead of the subjective side; the necessary patience, gentleness, tactfulness which must be acquired even in the first year of her training, are inestimable. Only those who have nursed children know how near the grave a child can come and how, with vigilance and splendid nursing, they will live and make rapid recovery in spite of being given up by everyone but the nurse, who is hopeful and cheerful, for she has learned the
wonderful recuperative power peculiar to the child, and it is her greatest inspiration to do her best. I said vigilance, for on the other hand she knows the least change, however slight, is of the greatest importance and may be serious. A child who has been apparently doing well, may unexpectedly take a bad turn, which if it is not noted and promptly treated may go beyond reach in a few hours: for its organism is so sensitive it is like quicksilver, and every change for better or worse is so rapidly indicated that the power of close observation alone may save life.

The higher education of the nurse is absolutely necessary. Anatomy and physiology must be thoroughly taught with topographical work, and in the most practical and comprehensive way. The normal child must be more carefully studied. Its development before and after birth, dividing it into sections, viz: 1. prenatal development, 2. infants one week to two years old, 3. from two to twelve years, 4. from twelve to twenty-one years—with various physiological changes, etc.

Food values, cookery (special attention being given to milk and laboratory work, modifications, etc.). Some knowledge of chemistry is essential and a practical course in bacteriology and urine analysis.

With this foundation laid, it is then possible to give the student good teaching on materia medica, medical diseases, surgery, asepsis, etc., and special courses on congenital deformities, orthopedics and infant nursing.

One can readily see that this work cannot be done in a four or six months' post-graduate course, unless the graduate comes very well prepared.

In considering the different branches of children's nursing, we will divide it into orthopedic, general surgery, medical nursing (including contagious diseases) and infant nursing.

1. Orthopedic work is undoubtedly the best place to start the student. The children are not very ill, the wards are usually bright and attractive, and if properly and skillfully handled the patients can be made comfortable and happy. It
is here that a foundation is laid of perfect detail work which is absolutely necessary. A crooked strap, or the least mal-position makes the whole treatment useless. The exquisite cleanliness in the care of all such cases, in order to keep the skin, dressings and apparatus in perfect condition, requires the best teachers and supervisors who will inspire the student that these apparently trivial details are the essentials of good orthopedic nursing. Nor is it without its reward to see the many twisted, deformed and often almost helpless cripples enter the hospital and be able in these days to often entirely correct those deformities and train the child to keep corrected, so that he or she may grow up into a physically perfect man or woman, which indeed is an encouraging part of this branch of nursing.

2. The Care of Surgical Cases.

The special point in preparing a child for operation and seeing it through, is a great contrast to that of the adult, the parent suffers for the child in mind. The little one is trustful and happy to the last moment, and those who know how to manage them and etherize them (in the Boston Children’s Hospital a nurse does this instead of a doctor) one is surprised to find the good condition of the patient to start with. Extra warmth in the operating room is advisable (infants should be swathed in cotton batting, with the exception of the field of operation). The recovery is likewise surprisingly rapid. I have often known children a few hours after operation crying for the next meal that is served in the ward, and a large majority do partake of it. For those unused to it, it is a revelation to see the children in the surgical wards playing with books and toys three or four hours after operation, and sleeping quite naturally the first night. The exceptions, of course, are serious appendix cases, accidents, burns, cleft palates and serious plastic operations. Infants have to be watched most closely, they change so suddenly and rapidly. All operative cases between one and four years who have dressings, plasters,
etc., should be put on "constant drainage" to avoid any risk of urine or feces soiling the dressings, etc. This can be done very easily by placing the child on a Bradford frame and raising the frame at the head and foot on covered blocks, then placing the bed pan underneath the opening of the frame (with boys a urinal can also be attached in two different ways and be made quite comfortable). If the child shows any tendency to meddle with the dressing, the hands must be restrained in camisole sleeves, long cuffs (from above elbow to wrist, etc.). The strong point in children’s nursing is the delicacy of their skin and how very easily it may be burned or injured by applying poultices or wet dressings too hot, solutions too strong, etc. The child's crying can be no guide, for it may cry anyway or not at all, the nurse must watch the condition of the skin herself. On the other hand children's skin heals beautifully; clean wounds are a pleasure to see and leave very little scar; unclean cases respond quickly to a good dresser, provided the general health of the child is looked out for, and plenty of good food, sunshine and air given.

3. Nursing of Medical Cases.

This requires a most intelligent and observing student; it is entirely different from adult medical work.

Pneumonias are desperately ill for several days, lying quietly when not disturbed, with labored breathing, hands over head, and are most difficult to feed. The fresh air treatment is almost entirely relied upon, putting stocking cap on child, swathing with blankets and heaters (in winter). It is placed close to the open window and left there night and day. The temperature is often 106 and over; baths are seldom given; after the crisis the child makes rapid recovery.

Typhoid fever is again atypical. Children run more irregular temperatures and if given a soft careful diet all through, do not become very emaciated. Hemorrhages are very rare; the bowels are usually constipated and the mouths are
clean (if they have good care from the beginning). Children bear high temperatures well, and baths nearly always have a disastrous effect sooner or later. They are not borne well, for the children fight them and often struggle throughout the bath, and they cool so quickly that one has to watch the heart most closely.

Cerebro-spinal meningitis is a different picture since the introduction of the Flexner Serum. The children now are feeding themselves, and are conscious and sitting up in bed by the fourth or fifth day.

The many other diseases are somewhat different in children and have to be specially studied. A great many enter the hospital without any history, with wrong diagnosis or none at all, and it is a hard study for the doctor and nurse to find out what is the matter with the helpless sick child in their care. They may come in for meningitis and have otitis media or appendicitis and have pneumonia, or osteomyelitis and have scorbustis, etc. Children need few drugs and the physiological effect is a new study in relation to the child. They bear quinine, the salicylates and many others in relatively larger doses than adults, while opium and atropine in ordinary doses often alarmed the nurse by the consequences.

Feeding is as a rule a simple matter. When unable to swallow, tube feedings (oesophageal or nasal) are so easily administered that it saves the child's strength not to struggle with it in trying to force nourishment by mouth.

Contagion is to be expected and watched for in a children's hospital. Measles, scarlet fever, chicken pox and mumps are children's diseases, and it requires the greatest vigilance on the part of the doctor and nurse not to admit children in prodromal or last stages of these diseases to the hospital; they may come in for operation or something else and develop one of these diseases one or two weeks after admission. With the care of children there should be isolating rooms; the least unexplained temperature, the slightest eruption of any description should be immediately isolated either day or night.
and kept under strict precautions until diagnosis is made. This will save hospitals many epidemics. Measles is most dreaded; it is almost certain to go through a ward if a case develops without these necessary precautions being taken.

The nursing of children with contagious diseases is again a separate and important branch and should be given to as many students as possible.

4. A trained nurse who has not taken up infant feeding as a specialty feels perfectly helpless when confronted by a sick baby. It is entirely different from anything else. Older children may be able to give some clue as to localized pain, while with a sick infant the nurse and doctor are helpless unless they understand symptoms and know just how to handle and care for them. The clothing, bathing and feeding require special instruction, and the modifying of milk is a study by itself. Each nurse should have at least four to six months in this department; all nurses are not fitted for it. It requires a most observant, patient, careful and conscientious nurse, who realizes that successful infant nursing depends upon her faithful constant attention to the smallest details.

I sometime hope to see in all the general hospitals a special department set aside with proper equipment where the study of children can be thoroughly and scientifically taught under supervision of a specialized nurse.

The President. We have listened with a great deal of pleasure to Sister Amy’s paper, and thank Miss Nevins for reading it. We are sorry Sister Amy is not here to answer the questions which I am sure some of you may wish to ask.

Miss JAMMÉ. I should like to say, in Boston, where Sister Amy is, that the floating hospital is one of the most valuable schools for nurses obtaining a post-graduate course, and yet the preparation of food for the children is done by students, and a nurse never has an opportunity to know what food she should give the babies.

Miss LAWSON. I believe the floating hospital gives two weeks’ training to all nurses who wish that training.
The President. If there are no further questions on this subject, you will remember that the privilege of the floor was granted yesterday to Dr. Bigelow, representative of the National Woman's Suffrage Association. Dr. Bigelow, you have the privilege of the floor for ten minutes.

Dr. Bigelow. I would be glad, Madam President, if you will tell me when I overstep my time. I feel in coming before you that half the time should be given in thanking you for the privilege of having the floor. It seems at first quite a long, long way from the Nurses' Convention to a National Convention in the interests of peace, and yet, I believe, if I were to explain my being here I would say that it is because I believe that to-day I share in a small way in this great thing that is springing up, which is a world thing—cosmic consciousness. And then coming to our own America, I believe that I share in a small way in this thing which we used to call patriotism and which to-day some are calling national consciousness. What does America stand for? What are her ideals, and in our recent war with Spain were we true or not? We paid a price for peace and then we proceeded to kill Filipinos in the same old way that Spain had been killing Filipinos; and I think and I believe you think that woman's voice would have been raised in protest as a citizen, as a mother, in every way, as a sister, as a nurse, if you please. For where have nurses shown their splendid achievements better than on the battlefield? And to-day we are in a new battlefield where the ballot has taken the place of the bullet. Times are changing; you and I can help make them change.

Now let us go a step further. We have come from cosmic consciousness to national consciousness, to patriotism; let us come down to our own cities—civic consciousness. Have you heard those two words used together? Are there any women in your cities who are spending all of their energies that they have for social service in making more beautiful, more cleanly, more perfect cities of their city home? Have you such women in your midst and are they denied when they go to our city fathers, are they denied the power that comes with city fatherhood and city motherhood? As the father is interested in the city so the mother. And to-day we have women springing up all over our nation. I suppose no one name stands at the head more than another in a way,
and yet I believe that Jane Addams—if you raise your ideal of individual motherhood to universal motherhood and feel that the heartbeat of Jane Addams is the heartbeat of the world and of the nation and of the city and of the individual citizen, I believe that then you will catch something of what I mean, when I say that no matter whether you feel called in that direction, nevertheless it must seem to your sense of justice that it is an injustice that Jane Addams should stand before the nation and before the world as one of a disfranchised class. What do our greatest historians say of the disfranchised class in any nation? Lecky, who stands as one of the best historians, to whom we can turn because he is in keeping with all the evolutionary doctrines that are springing up, what does he say of a disfranchised class? He goes over the history of English women and he tells of their struggle to gain citizenship. They have been voting on civic matters in England for almost forty years, and we women in America feel some of us that we must apologise when knocking at the door of the nation for the right of citizenship. We work on in this social service five or ten or fifteen years, bearing all the slurs that come with it—"It is a fad, she will neglect her home, she has no business here." When we find glass broken on a sidewalk in a city and we suggest that the policeman would do well in these days of peace to have a little whisk broom in his pocket to sweep up the broken glass and help keep this city clean, we are told that that is meddling with things that we know nothing about. When we go to take the street car and we see on the sidewalk—we can't see the germ, but we can see the occasional hemorrhage thrown out upon our city walks. Now as a matter of fact you nurses know, for the physicians have told you, that the tuberculosis germ is found in blood and sputum, but the blood lies there on our walks. This is not exaggerating and that can be seen. This brings us into all kinds of problems, the labor problem. Where is the laboring man to get the rest, the nutritious diet, the lack of worry, all these problems that the physician meets, and the nurse knows them? Now how about it? Should Jane Addams and those women who stand to-day for all these things for the city, should they be told that political enfranchisement is not for them? Lecky says that when any class is disfranchised they turn to frivolous interests. You as nurses know
the women of our nation. Is it true? Do the mothers care more about going to the card party? Do they care more about going to the store for shopping? Do they care more for these frivolous interests? I am not saying that the doors of beauty and harmony and all of these things should be denied to women, not that, but I am pleading that in order to rouse women as a class to these greater and higher ideals we must be an enfranchised class, and that is what brings me here, an individual simply, an American citizen by right of being born in America, I demand that right of vote. And I stand here as a representative of the American National Association demanding that right for women as a class, and after we are enfranchised we shall join hands with any brother or any sister to push these great movements for the home, for the city, for the nation, for the world. Am I forgetting the home? You who know the children in the home, you who know that these preventable diseases can be wiped out only by the rousing of this civic consciousness and the putting it into restrictions in the city and laws in the nation an ideal for health the world over, can we save our children? What is the price of peace? I have a resolution, may I read that? I should like to put it into the hands of the Resolution Committee and have it considered and brought to a vote if you are willing.

The President. We have no Resolution Committee.

Dr. Bigelow. You have no Resolution Committee?

The President. No.

Dr. Bigelow. All right, I thank you.

Miss Nutting. May I ask that we thank Dr. Bigelow for making the effort to come and place before us something in which we may not be individually interested in at the moment, but which is a matter of extreme importance. I should be very glad if we could feel that we were grateful to Dr. Bigelow for coming and giving us ten minutes, even though she has not had time in that few moments to present the subject as she might wish. I sincerely hope at some future day we may have an opportunity of hearing the question of woman's suffrage discussed and the reasons why we may need the ballot.

I wish to move that we express our thanks to Dr. Bigelow. Dr. Bigelow has told us something which perhaps while we do not
know about now or care about now, we will both know and care about before many years are over.

The motion was seconded and carried.

The President. I have much pleasure, Dr. Bigelow, in presenting you this vote of thanks of the Association.

Miss Goodrich. Madam President, may I ask to speak one moment concerning the welfare work at Bellevue. Much is being said on the question of welfare work and, as you know, this department is being established in a few hospitals in connection with the wards and in many of them in connection with the dispensaries. At Mt. Sinai and Bellevue in New York it has been established in connection with the wards and with a nurse in charge, who at Bellevue requires an assistant and a stenographer. This department is the connecting link between the ward patients and the charitable organizations. It is a very valuable and growing work and the hospitals that are considering opening the department are looking for graduates of their schools, qualified to take charge. Miss Wadley, the nurse in charge at Bellevue, has suggested taking into her office any nurse who desires to prepare herself for it. She would have to come recommended by the superintendent of her school and she would have to meet the expense of her board, lodging and laundry, but she would have the opportunity of learning a great deal concerning the organization of such work. I merely wished it known that such an opportunity is being given so that should anyone desire to prepare any nurses for the work they would know of where to send them.

Dr. Bannister. I would like to say one word in regard to what Miss Goodrich has said. You would probably be interested to know how far-reaching that welfare work at Bellevue is. The boy I referred to in my paper as having been sent away for two weeks and returned, having gained seven and a half pounds, in perfect health, was sent first as a patient to Bellevue for diagnosis and treatment if necessary. They decided that he was not tubercular, so that brought him in range of this relief work, and they sent him away. We are grateful for more than one instance of help from that department.

The President. We promised in the first session that we would give Miss Nutting an opportunity to make some further remarks about the hospital economics report.
Miss Nutting. Madam President, I almost think it ought to be left to the Society to determine whether it was to hear anything more about this course of study. Nothing but the fact that I have been asked a great many questions by individuals which I have not had time to answer, makes me feel that perhaps five minutes now devoted to those points might be helpful later. About the course of study at Teachers' College, it is almost presumptuous to add anything, because year after year both Miss Goodrich and Miss Alline have gone over the ground of the work and have placed new developments very carefully before you. But some questions asked have made it clear that there are still one or two points that ought to be brought before you. They relate to some of the subjects of study, to the opinion of the graduates about the course, to the opportunities it offers. Teachers' College has for its sole purpose the preparation of teachers, and the preparation of women for superintendents of hospitals, can in only a certain way be carried on there.

The preparation for teachers is admirable, for the kindergarten, primary school, high school, manual training, domestic science, domestic art, fine arts and physical education; and quite recently they have opened up a further department which covers the ground of institutional administration in which they have placed the course in hospital economics. It has been brought before you that one year did not answer for a full and suitable preparation; that the pupils going to the College had to take up many new subjects and had to go more deeply into the subjects with which they were already partly familiar, such as physiology and the chemistry of food. They had some preparation in these subjects, but they needed to go much more thoroughly into them and to prepare themselves as a teacher should be prepared, and then to get some practical teaching under criticism. It is almost impossible to do all of this in one year, which does not mean one year—it means eight months. The one year course does give a certain amount of preparation, and we have included in it all we possibly can. We, however, are looking toward a two years' course, which will give a more ample opportunity for study and for practice under supervision and for taking up some special subjects which cannot be done in one year. We are looking to the time when we can say there will be no one year course. In the two years' course
the first year will probably be much alike for all students; but in the second year there will be a sharp differentiation, and the woman who wishes to teach will go on and prepare herself for teaching, while the woman who wishes to prepare herself for hospital work will give careful study to the matter of hospital administration. We have not thought it advisable, however, after consideration, to do away with the one year just yet, and under certain conditions, students may obtain the certificate, go away to work elsewhere for a year, and return to take the second year and secure the diploma. It is not always advised, but it can be done, and that arrangement makes it possible for many women who otherwise could not take the full course to take one year, come back and finish the course later.

Now as to the opportunities for work. I think I mentioned in the report that there were 71 applications came in last year for women to fill hospital positions. Some of the applicants have said, Will I be sure of getting a position? I have answered that I could not say, but I was quite sure if they did get a position they would fill them infinitely better than they would have filled them before. We do not lay emphasis upon the idea that one will secure a better position by taking the course; that is not the point to dwell upon, although as a matter of fact it will probably be the case. The point is, that the women who go back to the hospital go back very much better prepared to meet all their problems. A few weeks ago I wrote to the fifty women who have graduated from the course to ask their opinion about it, to ask what they had been doing in the interval, to ask for suggestions as to where they had found themselves lacking; and I have had some of the most interesting letters from them in commendation of the course—almost without a dissenting voice; in fact, out of the whole group of letters there was but one dissenting voice. They all spoke warmly and frankly and enthusiastically of the work. They pointed out the fact that they had been students in the early days when the organization was still going on, when the course was not perfected, and they spoke especially of some points which I am going to lay before you. Several of them spoke of the much disliked subject of psychology as found later to be one of the most useful; that they found it necessary to use much of the teaching which they had received under the head of psy-
chology. That is a subject which it almost seems as if every woman should have had somewhere, somehow, before going into a training school, because it takes up matters with which we continually deal—questions of the human mind, questions of habit and memory and attention and will and character, and it opens up to us a field of knowledge which should enable us to deal with many persons and situations very much more wisely and rationally than we often do; we should bring psychology into the preparatory year.

The graduates also speak of the other subjects, not each one speaks of the same thing, but during the course of the letters almost every subject was dwelt upon as having proved of value to the writer in her work; and the points dwelt upon that had proved less satisfactory were just such points as the Committee were aware of. I could not help thinking last night that the course in hospital economics was progressing when nearly four months of the year could be devoted to lectures by an architect and a course of lectures by Miss Goodrich, who has had the curious and unusual opportunity of studying hospital construction in four different hospitals, in two of which at least she has had a share in advising about the erection of buildings. And so the discussion of hospital planning has been in the hands of competent people, and the pupils tell me that they have profited greatly; while on the other hand I have in my hands something like nineteen letters from young hospital superintendents who tell me that they are expected to know how to advise in planning new buildings, and in some instances to do the entire planning. One superintendent said to me, "I am going to Europe next week and though we are needing a new laundry badly, they will not touch the plans until I come home." I can confidently look forward to the time when there will be a first-rate, practical, thorough course which will provide excellent opportunities for study and observation, and for such experience as can be suitably brought into such a course. New York is an immense laboratory—with every kind of hospital and other institution and limitless opportunities. One student said to me the other day, "If I value the course for anything, it is for just that enlarged outlook." She said, "I had lived in my own rather restricted field until it was the whole world to me, and now I have come and visited other
hospitals and seen their systems, and I go back and I see in a so much larger way." Another says, "I am thankful that going to the College has released me from the feeling that I must work as fast as ever I can to earn a certain amount." This student came for one year and stayed three years. So it seems the more I look into it the more desirable the work, the greater the opportunity it offers. What do we need? It not only needs time and attention, but it needs assistance, and you can help in securing means to endow a chair which shall place a nurse permanently in our own field of work. But I am inclined to say you need two chairs. You need one which might be filled by some one representing the educational side, the training school; and another which will take up the matter of administration, of hospital superintendency. But meanwhile we have subscribed something like $7,000, and we are still a long way off from the large sum which we must have. If we can get that sum in the course of three or four years, we shall do very well. In five years if we have $75,000 collected, I shall think we have done splendid work. But in the meantime the work must go on. There are special lectures and those special lectures must be continued, and in many ways the courses of study need to be developed. We want means for the development of those lectures and we want a continued interest in it; and your thoughts should be directed toward it as one of the things which belongs to no school and to no group of women, but to every one of you. It is for the benefit of every school or hospital that that course exists, and it will be precisely what we make of it, and I think the idea that this Society could give a scholarship or something to aid our special work there, for which the College does not make any appropriation, is very important. But we need another thing; we need the very best women, the brightest and best and ablest women you have ever graduated, because better women bring better conditions, and better conditions will bring better women, and we shall go on improving and improving. We cannot expect unless our better women are ready to sacrifice something in a material way and come there and take up that work, that it is going to be built up as other kinds of work are built up. We know it has taken centuries to improve the teaching of such subjects as Latin or Greek or Mathematics or Grammar, and here we are at the end of seven years wondering
why our course is not perfect. It seems to me that some of the many women who might like to go there and cannot afford to go, could be helped from the hospitals of which they are the representatives. I think if you have some bright, capable, able student whom you would like to send us to be improved and come back to your school, it seems to me you could do nothing better than to try to get your Boards of Managers to aid that student. $600 or $700 seems very much to spend, but it seems to me quite legitimate to ask the Board of Managers to assist that student to go to the one place where at present she can be prepared for better work in certain directions. It seems to me there is great opportunity to get together in one place the best women we have and to continue to get them together as we try to perfect the thing of which we already have just reason to be proud so far. Thank you very much, Madam President, for giving me the floor for so long a period.

Miss Lawson. I would like to ask Miss Nutting what is the minimum cost of one year at Teachers' College at which she can live comfortably?

Miss Nutting. I think the minimum cost for one year at Teachers' College, as expenses in New York are at present, would be about $550. The tuition fee is $150 for the year, and books and other expenses bring it to about $200. At least, in New York, about $350 would be necessary to live like a human being. I know some who did housekeeping together, who did it for a little less.

The President. The Finance Committee was appointed yesterday, of which Mrs. Robb was Chairman. We would be glad of their report.

Mrs. Robb. Madam President and members of the Society, your Special Committee, consisting of your Secretary, Miss Nevins, your Treasurer, Miss Alline, and myself, met this morning and went carefully over the finances of the Society, and found, after considering the income from our annual dues and deducting the possible expenses for the coming year, that we were in a position to recommend that not more than $300 be applied as a scholarship to assist some student in taking the hospital economics course for one year, such student to be selected by a competitive examination. The members of the Association recommend those who apply
for the course to the Secretary of the Association for the competitive examination and the scholarship.

The President. The report of the Finance Committee is before you. What is your pleasure?

It was moved by Miss Hay, seconded and carried that the report of the Finance Committee be accepted.

The Secretary. It is growing late, but in connection with this gift of $300 of our funds, I wish to say that if each member would be prompt in her business relations with the Society, we should not have had any hesitation in giving more than that amount. It is a curious thing that a body of business women, like ourselves, should be so careless in these matters. The treasurer sends out repeated notices of dues payable, and there are now something like fifty or sixty members in arrears. There is one other matter. The Secretary cannot keep track of the changes of address. There never was such a peripatetic set of women. She gets some addresses through the magazines, or hears indirectly that such and such a person has gone to such and such a place—but without a word to the Secretary of this organization of a change of address. Then comes the Annual Report, which you should receive, for they are your due. This year, after they were sent out from as carefully revised list of addresses as could be secured, something like thirty copies, on which we have paid eleven cents postage, are returned. Out goes eleven cents more to get the report back. In a few months someone writes asking why she did not get her report? Out goes eleven cents more. On some copies I have paid between thirty and forty cents postage in order that you shall get them. I do not think I will do it next year. If a report comes back I am not going to pay any attention to it. If you write to me and say that you forgot to give me your address, I shall request the postage in advance. It really is important that we take care of every penny when there is so much of importance to be done with them.

There is one subject that I think ought to be put before you for your opinion. You will have noted that throughout the country more and more all the time, there are being established home nursing classes. What do you think about home nursing classes? Shall we stand for them or not?

Mrs. Robb. To give an individual opinion, do you not think
we should start with the first row and have each one say whether she is for or against it.

**Miss Goodrich.** How can we say that unless we understand how it is to be done? That would have to be very carefully considered before we could say whether we are for or against home nursing.

**The President.** I think Miss Goodrich's point is well taken.

**Miss Alline.** I had a little experience in home nursing, and there were not many channels through which I could get any information as to what had been done or should be done in organizing home nursing work. I took it on this ground. We had Teachers' College students, and I said that a nurse could teach the students of Teachers' College a little of the first aid to the injured, give them some idea of how to relieve a nurse in particular cases when she has her off duty, as every nurse has to have, also how to take care of the convalescent after the nurse has gone. With that limitation, I think we are only teaching women what every woman should know, and the nurses are the ones to teach it. A course of twelve to eighteen lessons could thus be given which would not only be interesting but valuable to mothers or young women. Prevention, as well as relief, is a central thought in all such work.

I think the teaching of home nursing by the right women and in the right way cannot fail to give the laity a more correct and wholesome appreciation of all that trained nursing really means, and so make them better able to discriminate between the trained and untrained women. Home nursing taught in women's clubs, colleges, schools of domestic science and the like, seems to me not merely the unusual opportunity for dissemination of needed knowledge among women, but also that of bringing the profession and the best that the profession stands for, before intelligent lay women as could scarcely be accomplished in any other way.

**Miss Laws.** If there were more training and more understanding on the part of the non-professional women, there would be much less criticism of the professional nurse.

**Mrs. Robb.** Would it not be a good plan for the superintendents to work out a definite course that we could use all over the country? Some give six, others give eight; Miss Alline confines us entirely to her outline. I think we ought to know what and how much
each of us is teaching in the different parts of the country, so we may not teach beyond what is right for the public to know and not to interfere with the professional teacher.

Mrs. Fournier. Might I have a few moments bearing on this subject? I would like to speak to the superintendents in a heart-to-heart way about something that is keenly placed upon my shoulders. It seems that I must give it to you. I have not had the experience that many of you have had, and I want you to bear with me and not criticize what I am going to say until you have given it some serious thought. I have been thinking on this subject for over five years; it is because I do not know how to present it to you, and what your ideas are about this, that I have not given it before. But all these subjects just referred to by one and another present, seem to hinge around the central thought of my ideas. It seems to me what we are worrying about is for fear we are going to fit some unfit person to nurse, or they are going to think they are fit to nurse; you are afraid of giving some instruction that somebody is going to use causing injury to the public welfare. As superintendents of training schools we realize that we have been doing this to a great extent for a number of years. Every one of us have had in our training schools, if only during the probation period, women whom we know are doing harm, women who were not fit to enter any one’s home, women who were not trustworthy in many, many ways. Now it is hard for us to know where and how to remedy these matters. The only key that I can find that will turn this thing in the right direction is for us to get hold of all the nursing in this country, and I believe we can do it. I believe that we can license; I do not mean register. I want you to be patient and not grasp my meaning as being too radical. I believe it is possible for us to insist on any woman who is going to do nursing for hire, having to receive a license to do so. Before issuing a license, make such an inspection of her character as we do of our probationers. Some system by which any woman who is to be titled nurse-attendant, nurse-assistant, or nurse-maid, I do not care what you call her. I do not mean that she is to be a trained nurse, far from that; but until we can take every step of this nursing under our care, it is going to be as free as it is now. This is what we want to accomplish, and then we can prevent so many of these women, who
have been turned out of our training schools, we can prevent so many women of immoral character and every other evil in the category, from preying on the public innocency or ignorance, whichever you might call it. We license peddlers, milk dealers, draymen, etc., etc. If you have a trunk that must be taken from the hotel to the depot, it can only be taken by a licensed drayman, and before he can receive a license to do so, his horse and wagons, etc., are inspected by a certain Board of Inspectors. Now, if it is necessary for the safety of your trunk and mine to have a man who is licensed to handle it, I say it is necessary for any woman's character and ability to be inspected before she is allowed to go into any home, even as a domestic, to say nothing about going as a nurse where there is sickness. I feel that this body is leading the nursing affairs of this nation, and I believe we are the only ones who can do this. I have scheme upon scheme; last night I did not sleep two hours for these various schemes floating through my head. I cannot get away from them. I have three or four different plans. I am not giving you some new thought, but inexperience makes me almost afraid to present it to you. I will not present any particular plan, but some of the things that appeal to me, I want to present to you.

We hear the constant demand for nurses to assist in the more moderate, say wage-earners' homes. Those of New York and such cities as that, have no idea of what I am talking about unless they have lived in smaller places, because you have your free hospitals, as we have just heard, of two and three and seven thousand beds. Other cities do not have these. They do not have free beds in the city of Fort Wayne. We are trying to establish one free bed in the city. We have no visiting nurses, we have no deaconesses. What are our wage-earners going to do? We have in the city of Fort Wayne sixty graduate nurses, who are supplying the needs of a territory of one hundred miles in every direction from Fort Wayne. Are we taking care of the sick of that district, do you think? We know better. For every thousand children born into the world, nine hundred and ninety-nine are cared for without a trained nurse. What are we doing as a profession for all those nine hundred and ninety-nine obstetrical cases in that district? Absolutely nothing, so far as I can see. Now I think our responsibility is great right here. At least
it seems so to me. It has been crushing me. I do not look very much crushed, but I feel it just the same. The responsibility on my shoulders I want to share, and I want your help along these lines. I can see how it will work out. I believe we can do much for this class we are wanting to assist. Again, how many times do two trained nurses get along in a very harmonious way on the same particular case? As superintendents we all know they come back jealous and complaining of the lack of ethical arrangements, the family disliking the one, the older one having to step out when she should have kept the place, etc., and in the majority of cases when I looked into it, I found it did not need two trained nurses. The trained nurse was doing work that is being done in our hospitals by our probationers. They were filling hot water bottles, they were running up and down stairs, fetching and carrying, and it was because they had so much of that to do that they needed two nurses. The real supervision of that case could be done by one nurse if she only had someone to help her in the mechanical work. I believe there are women who have livings to earn and who will come to your assistance and do for you this mechanical work without any desire to fill your place. I believe they would be only too glad to assist you, and I believe they would look up to you and think what a wonderful thing to know what a trained nurse knows, and if you permit me, I can see how from that rank many schools will receive wonderful help along the line of pupils. Having come into contact with our nurses, many of them will be stimulated to take the course, because they will see their own insufficiencies and shortcomings and feel that they want to progress. My idea is to make this thing possible of progression.

Now we cannot get away from the fact that these women are with us, will be with us as long as the world stands. What I want is to regulate it. Every one of us can think, if we will, of some noble woman who is working along this line and is not a graduate nurse. We heard of her this morning. The doctor in her paper said there was a woman over here in the factory that she would not take out to put in a trained nurse. We all know of many such women as that. Now it is up to us, I believe, as the leading body of women, to control those who are doing work along our own lines, and by that means our hands will be strengthened and
our arms lengthened. My plan is to control, to license, and to handle these people who are going around, many of them impostors. I would like the ideas of some present, if any of these thoughts have been in your minds, or if anything has been done that will prove this thing utterly impossible, if so I can lay it down and say I have done my duty, I will not carry this load any longer.

The President. Any remarks or discussion on the matter which Mrs. Fournier has just presented?

Miss Goodrich. May I just say one word. I think Mrs. Fournier is quite right as to the instruction of any kind of nursing being in the hands of nurses. It seems to me we cannot be afraid of giving all we possibly can to better nursing conditions in any way. In New York we have a trained attendants' course. It has been under a graduate nurse. I have used these trained attendants many times. I do not think that they necessarily interfere with a graduate nurse's work. I remember in one instance, a nurse felt very strongly that a trained attendant would have quite sufficient knowledge to carry the case, and the limited means of the family made it seem wrong for her to remain. The family, however, refused to allow her to leave, and I think her very interest in helping them to meet the expense of the illness made them appreciate her more. I also agree with what Mrs. Fournier says concerning these attendants entering the School. I think we had in one school, three who entered for the three years' course, and were most excellent. We have used attendants frequently in hospital wards to sit by patients who were delirious, and we had very little friction, in fact I do not recall that we ever had any.

Miss Alline. The doctors tell us all the time they want practical nurses to take care of the middle class, because they cannot afford to do any better. This world is depending on the middle class and they must have the best nursing. It seems to me that this supplemental work by the practical nurse is not to be depended on. It is at best a poor grade work where skill and ability is needed and really with little difference in the actual expense, as economy would be a specialist for a shorter period of time. Hourly nursing, district visiting or a special fund should meet the need where patients cannot for reason be cared for in the hospitals. The doctors, the public and the nurses must meet
on common ground and work out this problem. It is of vital
importance to us all.

Miss PINDELL. Madam President, this question was brought
up recently in New York, and we had a general discussion at the
last meeting of our County Association. The general opinion
seemed to be it was all right for the proper people, trained nurses,
to teach women in their own homes how they should live; but one
of the Trades' Unions had brought up the question as to whether
young women who were temporarily thrown out of employment
during the winter, could be taught enough of the elementary
principles of nursing to enable them to support themselves by
acting as attendants during the term of unemployment, and that
we voted against, after a very thorough discussion. Miss Dock
was present at the time. We had a number of the Red Cross
workers with us, also their Field Agent, Mr. Hurd, and altogether
we had a very profitable discussion. It was, if I may use the word,
thoroughly "threshed" out, and that was the conclusion to which
we came, that to teach women in their homes how to live was all
right, but that we should be guarded about teaching a little to
women who wished to support themselves only for a short time.

It was then moved by Miss Lawson, seconded by Miss Good-
rich, that this Society appoint a Committee to arrange a course
in home nursing.

Miss NUTTING. May I speak one word to that motion, although
I promised I would not? We find the subject of home nursing
covered in some instances in six classes, in others in something like
forty. There is in one school a course of thirty or forty classes
in what is called Anatomy and Physiology in its relation to nurs-
ing. I think if you could look over the outlines of some of these
courses, you would be surprised to see what it is considered proper
to include in the teaching of home nursing.

The motion was carried.

The President. Who will appoint the Committee?

Miss NUTTING. I move that the Council appoint the Com-
mittee.

The motion was seconded and carried.

Miss PINDELL. Madam President, I beg to offer the following
resolutions: That our Secretary shall be authorized to send a
letter to the Ohio State Association of Graduate Nurses, the
Graduate Nurses Association of Cincinnati, the Alumniæ Associations of the City Hospital and Jewish Hospital, to Miss Annie Laws, Chairman of the Hospitality Committee, to Mrs. J. C. Montfort, Chairman of the Woman's Club Domestic Science Department, in which she shall express our appreciation of the hospitality extended to the members of our Association; also that she shall acknowledge to Dr. C. R. Holmes our appreciation of his very interesting lecture.

The motion was carried by a rising vote.

The President. I am very glad to accept on behalf of the Ohio State Association and the City Association and the Alumniæ Associations this very appreciative resolution. Miss Laws is here and I think she might speak for herself. They thank you, Miss Laws, for the hospitality which they have received in Cincinnati, and they especially mention the Chairman of the Hospitality Committee.

Miss Laws. I want to express my own appreciation at having been present at your meetings. I think you are handling tremendous problems. It seems to me that the burden always comes down on the heads of the trained nurses. But I want to say, furthermore, that I do regret one thing about it, that is that all the laity could not get together and discuss all these problems from their standpoint, and then you all get together and discuss them from your standpoint. I am glad you have one little outside bond to-day to bring them together, because I look at some things differently from what I did before I came. But I wish there could be more of the interchange. I wish there could be a course of lectures arranged by your body dealing with these various phases of work which are so very important. And I wish those could be kept with your Council, and when there are various organizations looking for light they could send to your organization and get the expert knowledge that you have developed in the years of discussion and of the experience which you have added to the discussion. Of course, I think the standpoint does not amount to much unless it is backed up by practical experience, and every one of you here is a woman of wide contact with life in every topic, and with wide experience, and I believe that that experience ought to be shared with other organizations. And one other word. I am very glad to see that all over the country this one thing is
happening. There is now growing to be a looking toward each body that is an expert body along its own line for all the help that comes from that particular line of work. I think the watchword is coördination.

Now there is this effort to look toward the body that is experienced, that is practical along certain lines, and get from them their expert knowledge. Now I do believe that your organization ought to come in wide contact with all of these national bodies that are looking after these various lines of work, and it is your duty to bring your knowledge to them. I am extremely indebted personally for all I have gotten out of this meeting, and I wish you would all come back to Cincinnati. I wish you would consider this an invitation to make Cincinnati your permanent meeting place.

Miss PINDELL. May I have just a moment? As Chairman of the Nominating Committee I want to say how deeply we all appreciate the honor that Mrs. Robb has conferred upon us in consenting to be our President for the coming year. Also I think you ought to know how very difficult it has been for us to persuade Miss Nevins, our hard-working Secretary, that it is her duty to serve us another year. She has been very loath to continue this work. We simply felt that we had to have her, and she did finally consent to have her name presented; I move that we have a rising vote of thanks to the Secretary for the work that she has done and that she is going to do for us this coming year.

The motion was carried by a rising vote.

The President. Mrs. Robb, it becomes my pleasant duty to ask you to take the Chair.

Mrs. ROBB. Members of the Society of Superintendents of Training Schools for Nurses: I am very deeply sensible of the honor that you have done me in appointing me as your President. For so many years I have counted myself as out of the running for holding office in your Society, that your Nominating Committee coming to me yesterday to inform me that you had given me this nomination, came to me with such utter surprise, that I was quite unable, in fact had not sufficient time to collect my wits, to place before them good and sufficient reasons why they
should have selected some one else; so that, on the impulse of the moment, I was forced against my better judgment to accept.

At our first meeting, on Wednesday, I had a curious little thrill up and down my spinal column, when I realized from something that was said that I am the only member not on active hospital duty to represent those who attended the first meeting of our Society, and I thought you might wonder just why it is that I have persisted in holding my membership among you all these years. I have two very good reasons for this, aside from the pleasure, the very special pleasure it always gives me to meet with my fellow nurses. One is that I realized very shortly after I was married, that I could not be a sufficiently intelligent private citizen unless I continued my education as a nurse, and so I have continued coming to your meetings simply from an educational standpoint, to keep in touch with what you were doing, that I in my place as a private citizen might be able to do my share to help nursing affairs on. Then the other reason is a professional one, and that is, all we who have turned our faces toward a standard for nurses, must realize that we cannot afford to drop any one member from amongst us, so long as that standard is not attained; no matter whether they stand for great or little work, we need standing shoulder to shoulder, and we need cooperation in every individual member until that has been accomplished. I again thank you for the honor, and assure you my best services are yours.

I beg to announce that we now stand adjourned to meet in New York at whatever date may be fixed later on.

The meeting adjourned.
HONORARY MEMBERS.

Miss Florence Nightingale. Miss Mabel T. Boardman.
Mrs. M. Cadwalader Jones.

LIST OF MEMBERS.

Ahrens, Miss Minnie H.……...Providence Hospital, Chicago, Ill.
Albaugh, Miss R. Inde.……...Grace Hospital, New Haven, Conn.
Alline, Miss Anna L.……...132 Lancaster St., Albany, N. Y.
Amy Margaret, Sister……...Children’s Hospital, Boston, Mass.
Anderson, Miss Grace L.……...Ellis Hospital, Schenectady, N. Y.
Andrews, Miss Mary A.……...Waterbury Hospital, Waterbury, Conn.
Apted, Mrs. R. C.……...40 Ransom St., Grand Rapids, Mich.
Ashby, Miss Alice……...Reed Memorial Hospital, Richmond, Ind.
Ayers, Miss Eugenia D.……...Manhattan Eye, Ear and Throat Hos-
pital, New York, N. Y.

Ayers, Miss Lucy C.……...Rhode Island Hospital, Providence, R. I.
Baker, Miss Grace E.……...St. Luke’s Hospital, Cedar Rapids, Iowa.
Balcom, Miss Helen……...Finley Hospital, Dubuque, Iowa.
Banfield, Miss Maud……...Polyclinic Hospital, Philadelphia, Pa.
Banks, Miss Christina J.……...Fort William, Can.
Bannister, Dr. Lucy A.……...Westinghouse Lamp Co., Bloomfield, N. J.
Banzhof, Miss Magdalen……...Ellis Hospital, Schenectady, N. Y.
Barker, Miss Jane Merwin……...Flower Hospital, New York, N. Y.
Bath, Mrs. Carrie Elizabeth……...St. Luke’s Hospital, New York, N. Y.
Beecroft, Miss Laura A.……...Minnequa Hospital, Pueblo, Col.
Benton, Miss Nellie J.……...Buffalo Homeopathic Hospital, Buffalo,
N. Y.

Berry, Mrs. Jennie S.……...Worcester City Hospital, Worcester,
Mass.
Besley, Miss Florence……...University of Virginia Hospital, Char-
lottesville, Va.
Bishop, Miss Florence……...8 E. 8th St., Cincinnati, Ohio.
Black, Miss Frances……...Buffalo Homeopathic Hospital, Buffalo,
N. Y.
Bowen, Miss S. A.……...Lowell General Hospital, Lowell, Mass.
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BREEZE, MISS J. .......................... 1646 W. Congress St., Chicago, Ill.
BRENNAN, MISS AGNES S. .............. 36 W. 17th St., New York, N. Y.
BRENT, MISS LOUISE C. ............... Hospital for Sick Children, Toronto, Can.
BRIDGES, MISS MILDRED ............... Drs. Thompson and Johnson's Sanitarium, Fort Worth, Texas.
BROBSON, MISS ANNA E. ............... 1123 Madison Ave., Baltimore, Md.
BRODE, MISS ARLETTA E. .............. Wesley Hospital, Chicago, Ill.
BROWN, MISS CHARLOTTE .............. City Hospital, Boston, Mass.
BROWN, MISS ELEANOR ................. Post Graduate Hospital, New York, N. Y.
BROWN, MISS KATHERINE ............... Hospital for Children, San Francisco, Cal.
BRINK, MISS CARRIE J. ............... Bellevue Hospital, New York, N. Y.
BUSHNELL, MISS LOTIE ................. Watertown, N. Y.
BURGESS, MISS ELIZABETH C. ....... Roosevelt Hospital, New York, N. Y.
CADMUS, MISS NANCY E. .............. S. R. Smith Infirmary, Staten Island, N. Y.
CAMPBELL, MISS MARY C. ............. Maryland Homeopathic Hospital, Baltimore, Md.
CAMPBELL, MISS J. R. ................. 116 W. Second St., Oil City, Pa.
CARR, MISS ADA M. .................... 219 1/2 E. North Ave., Baltimore, Md.
CATTON, MISS JESSIE E. .............. Springfield Hospital, Springfield, Mass.
CHESLEY, MISS ANNIE A. ............. St. Luke's Hospital, Ottawa, Can.
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CURTIS, MISS CONSTANCE V. ......... Phenixville Hospital, Phenixville, Pa.
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DAVIS, MISS NELLIE .................. Erie County Hospital, Buffalo, N. Y.
DECU, MISS CLAIRE ................... Children's Hospital, Buffalo, N. Y.
DELANO, MISS JANE A .................. 430 W. 118th St., New York, N. Y.
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DOYLE, MISS M. Civil Sanitarium, Bagno, Benquet, P. L.
DROWN, MISS LOY L. Boston City Hospital, Boston, Mass.
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KING, MISS JULIA ............. Chester County Hospital, West Chester, Pa.
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MULGREW, MISS GERTRUDE..........Johns Hopkins Hospital, Baltimore, Md.
NEVINS, MISS G. M. .......... Garfield Memorial Hospital, Washington, D. C.

NEWMAN, MISS KATHERINE .......... Rome Hospital, Rome, N. Y.


NUTTING, MISS M. ADELAIDE .......... 417 West 118th St., New York, N. Y.

OBERG, MISS C. IRENE .......... Sherman Hospital, Elgin, Ill.

O’NEIL, MISS ANNA .......... Utica General Hospital, Utica, N. Y.

O’NEILL, MISS MARTHA .......... 

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PARSONS, MISS SARA E. .......... Sheppard and Enoch Pratt Hospital, Baltimore, Md.

PATERSON, MISS MARY H .......... Newport Hospital, Newport, R. I.

PATTON, MISS MARY .......... Fairbanks, Alaska.

PAYNE, MISS EMILY ADA .......... Pennsylvania Hospital, Philadelphia, Pa.

PERRY, MISS CHARLOTT E .......... The Faxon Hospital, Utica, N. Y.

PETERSON, MISS ELIZABETH .......... Swedish Hospital, Brooklyn, N. Y.

PETERSON, MISS JANETTE F .......... Pasadena Hospital, Pasadena, Cal.

PHILLIPS, MISS HATTIE M .......... Home for Destitute Children, 46 Park Ave., Chicago, Ill.

PICKHARDT, MISS LILIA .......... Augusta Hospital, Chicago, Ill.

PIERSON, MISS ALICE E .......... Lincoln Hospital, New York, N. Y.

PINDELL, MISS JANE M .......... New York City Hospital, Blackwell’s Island, N. Y.

PLUMER, MISS PERSIS M .......... Wentworth, N. H.

PORTER, MISS ESTHER .......... Swedish Hospital, Brooklyn, N. Y.

PORTER, MISS VIRGINIA M .......... Mercy Hospital, Kansas City, Mo.

PRATT, MISS LAURA S .......... Holyoke City Hospital, Holyoke, Mass.

PRINGLE, MISS MARTHA E .......... U. S. A. General Hospital, Fort Bayard, N. M.


REID, MISS ELIZABETH B .......... Western Pennsylvania Hospital, Pittsburgh, Pa.

RICHARDS, MISS LINDA .......... Kalamazoo, Mich.

RIDDLE, MISS MARY M .......... Newton Hospital, Newton Lower Falls, Mass.

ROBB, MRS. HUNTER .......... 702 Rose Building, Cleveland, Ohio.

ROBERTSON, MISS A. C .......... Elliot Hospital, Manchester, N. H.

ROGERS, MRS. MARGARET L .......... Brooklyn Hospital, Brooklyn, N. Y.

ROSS, MISS GEORGIA C .......... Johns Hopkins Hospital, Baltimore, Md.

RUSSELL, MISS MARTHA M .......... Sloane Maternity Hospital, New York, N. Y.

RYKERT, MISS A. M .......... Post-Graduate Hospital, New York, N. Y.
Samuel, Miss Mary A. Roosevelt Hospital, New York, N. Y.
Sanborn, Miss K. A. St. Vincent's Hospital, New York, N. Y.
Sanders, Miss Georgina J. Low Buildings, Bryn Mawr, Pa.
Schultze, Miss A. D. 822 Newington Ave., Baltimore, Md.
Shackford, Miss Clara L. John Sealy Hospital, Galveston, Texas.
Shaw, Miss F. Madeleine. Montreal General Hospital, Montreal, Can.
Shields, Miss Annie M. Deaf and Dumb Asylum, Philadelphia, Pa.
Silver, Miss J. Amanda. New York City Training School, Blackwell's Island, N. Y.
Simpson, Mrs. E. M. Albany General Hospital, Albany, N. Y.
Smart, Miss Lucretia S. Athol, Mass.
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Smith, Miss Amelia L. Maine General Hospital, Portland, Me.
Smith, Miss F. E. S. St. Luke's Hospital, St. Louis, Mo.
Smith, Miss M. K. Memorial Hospital, Richmond, Va.
Snively, Miss Mary A. Toronto General Hospital, Toronto, Can.
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Southworth, Miss Harriet. Thrall Hospital, Middletown, N. Y.
Stanley, Miss M. E. Victoria Hospital, London, Ont., Can.
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Stewart, Miss Rhoda L. Alleghany General Hospital, Alleghany, Pa.
Stowe, Miss Emma L. Connecticut Training School, New Haven, Conn.
Struble, Miss Mary B. George Washington University Hospital, Washington, D. C.
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Tracy, Miss Susan E. Adams Nervine Asylum, Jamaica Plains, Mass.
Twitchell, Miss Alice I. Passavant Memorial Hospital, Jacksonville, Ill.
Underhill, Miss Ella. 426 East 26th St., New York, N. Y.
Van Blarcom, Miss Carolyn. Lonaconing, Md.
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VAN VORT, MISS R. Z.…….Memorial Hospital, Richmond, Va.
WALLACE, MISS MARGARET M.…….Grant Hospital, Columbus, O.
WARD, MISS AGNES S.…….Metropolitan Hospital, Blackwell's Island, N. Y.
WASHBURN, MISS IDA…….Eastern Maine General Hospital, Bangor, Me.
WATSON, MISS GRACE G.…….Children's Memorial Hospital, Chicago, Ill.
WATSON, MISS SUSIE A.…….Noble Hospital, Westfield, Mass.
WEBSTER, MISS JENNIE…….Montreal General Hospital, Montreal, Can.
WEBB, MISS MARY J.…….Braddock General Hospital, Braddock, Pa.
WEST, MISS LILIAN O.…….Holyoke City Hospital, Holyoke, Mass.
WHEELER, MISS MARY C.…….Blessing Hospital, Quincy, Ill.
WHITE, MISS VICTORIA…….St. Luke's Hospital, South Bethlehem, Pa.
WILLIAMSON, MISS ANNIE S.…….Jewish Hospital, St. Louis, Mo.
WILSON, MISS FREDERICA…….Winnipeg General Hospital, Winnipeg, Man.
WILSON, MISS MABEL…….St. Luke's Hospital, New York, N. Y.
WILSON, MISS MARGARET S.…….Orthopaedic Hospital, Philadelphia, Pa.
WILSON, MISS MARY BLYTHE…….Savannah Hospital, Savannah, Ga.
WISE, MISS HELEN…….Peninsula General Hospital, Salisbury, Md.
WOOD, MISS ELEANOR WHARTON…….Bryn Mawr Hospital, Bryn Mawr, Pa.
WORSELL, MRS. FRANCES A.…….Cooper Hospital, Camden, N. J.
YOUNG, MISS ZAIDEE E.…….Montreal General Hospital, Montreal, Can.