Sixteenth Annual Report
of American Society of Superintendents
of Training Schools for Nurses
including
Report of the Meeting
held in conjunction with
The Associated Nurses’ Alumnae
of the United States
1910
The Property of
The Society of
Dependants of
Training School for Moses.
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Miss Julia C. Stimson, Chairman.
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SIXTEENTH ANNUAL CONVENTION

OF

The American Society of Superintendents of Training Schools for Nurses.

The Sixteenth Annual Convention was held at the Academy of Medicine, New York, May 16th and 17th, 1910, and, in conjunction with the Associated Nurses' Alumnae of the United States, in the Auditorium of the Horace Mann School, Teachers College, on the afternoon of May 18th.

The Convention was opened by the President, Miss M. Adelaide Nutting, on Monday, May 16th, at 10 A.M.

The President. I will ask you all to kindly rise while we are led in prayer by the Rev. Dr. Lubeck.

INVOCATION.

REV. HENRY LUBECK, LL. D., D. C. L.,
Rector of Zion and St. Timothy's Church.

Direct, O Lord, the members of this Society in all their deliberations and doings with Thy most gracious favor, and further them with Thy continual help, that in all their works begun, continued and ended in Thee, they may glorify Thy holy name, and finally by Thy mercy obtain everlasting life, through Jesus Christ, our Lord.

O Lord God Almighty, who givest to all their work in life, be with and bless those who are assembled in this place at this time; lead and instruct such as nurse the sick; endue them with strength and health for their exacting labors; endow them with sympathy and tenderness of heart for the suffering among
whom they toil; help them to realize what benefits it is in their power to bring to their fellow creatures in their pressing and awful need. Teach them to see that the restoring of enfeebled and afflicted bodies is the repairing and replenishing of the tabernacle where dwells the soul made in the image of God, and make them do all in Thy name and to Thy glory, for the sake of Him. Who went about doing good, Thy Son, our Saviour, Jesus Christ.

O Holy Father, Whose Son when on earth sent out His apostles and disciples, saying, Preach the Gospel and heal the sick, we give Thee hearty thanks for sending forth a group of noble women trained and gifted to bring health and comfort to Thy afflicted ones. Merciful art Thou and gracious to the children of men, pitying them in their bodily woes and weakness. We acknowledge Thy goodness and beseech Thee to accept our gratitude and praise, for the sake of Christ, our Lord.

Our Father, Who art in Heaven, hallowed be Thy name. Thy kingdom come; Thy will be done, on earth as it is in Heaven. Give us this day our daily bread; and forgive us our trespasses, as we forgive those that trespass against us. For Thine is the kingdom, the power, and the glory, forever and ever.

The grace of our Lord Jesus Christ, and the love of God, and the fellowship of the Holy Ghost be with us all evermore. Amen.

The President. We are happy to have with us this morning Dr. Finley, the President of the College of the City of New York, our very good friend and well-wisher, who will give the opening address of welcome.

ADDRESS OF WELCOME.

In Greek mythology there was one Amalthea, a nymph, the nurse of Jupiter when an infant—she who brought to him
morning and night the unpasteurized milk of the wondrous goat that browsed upon the Isle of Crete, and who afterward carried in the broken horn of this same goat the herbs of the field for the nourishment of the young god. So near was she, this primitive nurse trained in Nature’s school alone, to Jupiter that he not only blessed the horn so that it became the source and symbol of plenty, but he put a new cluster of stars in the sky in token of his gratitude, not an evanescent comet, but a permanent constellation.

I am wishing this morning that I were a son of Jupiter, as you are the vocational descendants of Amalthea, that I might command to fullness the horns which you carry and appoint constellations for you, instead of saying mere words of welcome.

And how infinitely more deserving of such exaltation is the nurse of today, trained to her high calling, for she is not merely a bearer of milk and herbs as Amalthea was, but a warrior, a latter day Joan of Arc, leading in diurnal, patient battle with foes insidious and invisible, or, if visible, seen only by the aid of a microscope, the pathogenic bacilli, and carrying on warfare against them with another invisible host of bacilli, benign and beneficent, as allies in the warfare.

William James says in an essay on “The Moral Equivalent of War,” that “history is a bath of blood,” that “the Iliad, for example, is one long recital of how Diomedes and Ajax, Sarpedon and Hector killed,” without any sparing of the details of the wounds. But a new epic is being prepared for, and when the new poet comes he will tell not how Hector killed, but how Pasteur and Koch saved, not how men went to war over a beautiful woman, but how a beautiful woman out of the horrors of war organized a training school for nurses. And the historian when he comes will remember to tell the new generations not the year of the sack of a certain city and the number killed, but the date of Dr. Flexner’s sack of the meningitis bacillus with a microscope and the consequent saving of human life.

We haven’t finished with the old epic yet which begins with
"arms and the man." When the Chinese prince visited us a few days ago, the first thing we, a highly civilized people did, according to the reports, was to take him to our fortifications and then to West Point. But the new epic is being prepared, beginning with "lenses and the man," and some day, when the highest representative of a so-called inferior people comes to see us, we will take him to West Points of another curriculum, where men and women are disciplined and trained, not to deceive by strategy and to kill their fellow creatures, but to fight bacilli, psychical and physical, the errors that attack the minds of men and the germs that destroy their bodies. He will be taken to our schools, our training schools for teachers and doctors and nurses.

For the nurse and the teacher are trained to much the same vocation, they are bacteria-fighters. As I have just hinted, and as I reminded the graduates of Bellevue about a year ago, there are thought bacteria as deleterious or as beneficent to human souls as those which the bacteriologist has catalogued in his scientific treatises as harmful or helpful to human bodies. There is one, for example, of which I found evidence years ago, a pathogenic thought bacillus which I have named Bacillus Parasiticus, because once it begins its ravages on the moral tissues of a man, there is danger of his degenerating into a parasite, a lotus eater, an idler. It is not found as a rule in newly settled places. I never saw one in my boyhood, when I lived out on the frontier. Its ravages are most apparent in great centres. I did find one whole family suffering from the ravages of this little pest. Some think it is transmissible; I am not really sure, but susceptibility is perhaps inherited. There was a man who in time of need went to the poorhouse, and he was afflicted by this little germ. He thought the world owed him a living, and he went to the poorhouse to get it. But his children were attacked by that same germ. I have not heard from the family for some time, but on last accounts there were fifteen members all attacked by that same germ and all trusting to that Providence. (Laughter.)
There is a germ which I call the Time-waster. It is found everywhere, but especially in the tropics. Down in Porto Rico they call it the Manana microbe. It shows itself in the indifference of the person afflicted to the value of time, in his willingness to sell it for vain and worthless things, to vegetate. I must make an apology. Since reading Maeterlinck's book on The Intelligence of Flowers, I no longer use that word vegetate as intimating a disposition on the part of man not to do any work. It is not fair to the vegetable. (Laughter.) If you read that book, you will realize that the plant, the vegetable, is constantly working, never loses any time. From Maeterlinck, if we applied to the removal of various necessities which crush us, such as pain, old age and death, one-half the energy displayed by any little flower in our gardens, we may well believe that our lot would be very different from what it is. There is just one more to which I wish to call your attention, the microbe of self-consciousness and vain conceit. I have named it the Microcosmus Egotisticus. I wish to call your attention to the fact that it is not to be confounded with one somewhat resembling it, the Microcosmus Altruisticus, which is encountered in the yeast bacillus and which raises that with which it comes in contact. The Microcosmus Egotisticus raises itself, but nothing else. (Laughter.) This germ breeds in the teacher the last and the greatest infirmity. It makes the prig out of the scholar. It makes the quack out of the doctor. It makes the Sairey Gamp out of the nurse.

I have perhaps been led too far by the temptation of such analogies which present themselves in the atmosphere of hospitals and academies of medicine, but they will remind you that those whom you train are no less to be soldiers of the state than those who stood in such splendid array a few days ago before the Chinese prince, and that those whom you are to send into the field have to contend not simply or alone with the physical bacilli, but also with their analogues the psychic bacteria, which are even more difficult of isolation, apprehension and extermination.
And this allows me to emphasize the importance of the highest, richest, fullest possible intellectual training of those who minister to the body, and who, in ministering to the bodies, come often most near to the souls of men. There comes often to me that picture which I got of Dr. Osler through one of his lectures on Immortality. He tells how he often put his ear down to the side of his patient just at death, thinking that possibly he might get some whisper from the other side. He never got a message, but he got nearer to the soul before it went than most men.

Allow me to emphasize the importance of this intellectual training and of the inculcation and cultivation of that spirit which is the supreme virtue of the great soldier, the great teacher—the readiness to forget self, the willingness to be forgotten. (Applause.) There could be no better legend for the walls of your schools than that in which Browning has expressed the spirit of David when he went to heal Saul of his melancholy—

"Could I wrestle to raise him from sorrow, grow poor to enrich,
To fill up his life starve my own out, I would—knowing which,
I know that my service is perfect."

And I can think of no better reward than came to David when after his ministrations his patient was sleeping, to find at the dawn "that trouble has withered away from the earth."

So I give you most cordial welcome to this city, this city so often maligned and misrepresented, but the first city of the world, I think it can be said, in words of one of the highest authorities, in "the nobility of its enterprise." I welcome you as you come to confer concerning those things which must give every human being concern soon or late. I ought to be at my own training school this morning, but I thought I could not do better for this city, whose four millions unite to pay my salary, than to let you know our pleasure in having you here. You have not found undiscovered regions, you have not shot wild beasts, you have not put to flight the armies of the
alien, and so the city has not gone to its docks to meet you; but if every person in this city who is grateful to you and those whom you have trained, and every person who wished you well in your courageous work were to stop work and bid you welcome in person, no work would be done in New York today (Applause), for Saul the soldier “has slain his thousands,” but David, the nurse, “his tens of thousands.”

The President. I will ask Miss Georgia Nevins, Superintendent of the Garfield Memorial Hospital, Washington, to respond to this address.

Miss Nevins. Madam President, President Finley, and members of the Association, I leave it to you if there are any words that I or any one of us could possibly say that would in any way express our thanks for this glorious welcome to the city of New York. I think I may say for all of us nurses who are not so fortunate as to live in New York, we provincials, so to speak, that we look forward with pleasure always to coming to this city, for obvious reasons. I venture to say that there is no class of women workers in the world today that finds it so utterly difficult to get away, regardless of the time of the year, to attend annual conventions. The convenient time never comes, but in spite of difficulties we make desperate efforts to be present. And it is a fact that we take back such inspiration, such help, such knowledge as we did not have when we came that our Boards of Managers appreciate the fact that they must make every effort to make it possible for us to attend, and the proof is that the numbers who come to these meetings increase constantly.

The joy of this morning is clouded by the loss of our great friend and teacher, Isabel Hampton Robb, to whose vision we owe the organization of this Society, who has been the head and front of everything in the way of nursing affairs from the beginning. Born in Canada, trained in Bellevue, her chief work in Chicago and Baltimore, she belongs to the whole world.
This is no place or time to speak of her magnetic personality, her beautiful personal appearance, her gentle voice, her everything that makes a woman charming and delightful and a pleasure and a joy to know, but this we do remember, that just a year ago in St. Paul, we had the great pleasure of being led in our meetings by Mrs. Robb, as President of the Society. It is a delightful thing to remember of this organization, now something like fifteen or sixteen years old, that from the beginning she was intensely interested in it, and that while she then, in its early days, would not accept the presidency, feeling that it was much wiser for someone else to act in this way, the last year she was with us as our leader.

For the absent members, as well as for those who are fortunate enough to be present, I want to bring greetings to New York. We know that we shall take away with us such inspiration, such gain and help, as we have never had before. (Applause.)

After a recess of five minutes the session was resumed.

The President. We gather together this morning under the shadow of a great and common sorrow. From our midst has been taken suddenly, silently, with no note of warning or farewell, one who has been for many years the greatest among us, and I think the best beloved, one whose far-seeing vision swept the whole horizon of our field of labor, saw with true, prophetic insight its boundless possibilities, and gave to its development fully and freely of her best in thought and effort. To her we owe the impulse which brought this Society into being, and we shall always like to remember that she was happy in serving as our last President. Others will speak today of her life and work and pay deserved tribute to her splendid achievements, by which the future will know her. We here who had her so lately with us lose sight of them in mourning the loss of our friend and comrade, with her wonderful warmth, her radiance, her generous impulses, her never-
to-be-forgotten charm. For these she is closest to our hearts, so near indeed that we have had to lose her to know how near.

This week we honor publicly with the best we have to give a great woman, a great nurse, and the world will unite with us in our homage. Let us also honor the woman who upheld and strengthened the work which Florence Nightingale created; let us dedicate to her memory some worthy and enduring memorial through which future generations of nurses may get new inspiration, strength and courage.

We are sharing also today the sorrow of our English sisters who have so recently lost a much beloved and respected leader among nurses, in Miss Isla Stewart, the Matron of St. Bartholomew's. Frank, fearless, staunch, Miss Stewart stood in the forefront in that group of notable women who have for so many years been working for legislation for the protection of nursing, and for the loss of so valiant a worker, so generous and faithful a friend, any words of sympathy we can utter seem poor indeed.

This Society of about three hundred members will welcome today into membership about fifty new members, and if we judge by numbers only, we could hardly fail to feel that in so large a number of women, representing, I believe, all of the leading training schools of the country, we form a body of much importance and we carry many and heavy responsibilities. It is to our training schools that we must turn for improvements and advances in methods of work, and through them alone can our work in nursing be made as excellent as we desire to have it. Whatever we may wish to build up in nursing in the way of standards must react back upon the training school, or they have no permanent value. Through the schools the profession is constantly being recruited, and by them its character is determined—it cannot go higher. Therefore is the school the pivot upon which the whole situation in nursing turns, and therefore does its every act become of vital importance. More and more as the nurse enters into the life of the community does the manner of her education and train-
ing become of consequence to it, as well as to the hospital in which she labors and to the physician whom she assists, and more and more do we need at the head of our great training schools women of exceptional power and ability, of sound and definite educational acquirements, and of the ideals which are their usual accompaniment. How otherwise can our important work be wisely directed and developed, and how can we hope to attract into our schools and to have under our guidance women of the character and calibre who can stand upright against the severe tests which the life of nursing imposes, women who can ultimately become our future leaders. I am aware in saying this that there are those who do not hold this view, but they are seldom found among nurses. Most of us know too well where we have faltered and failed, and most of us will unhesitatingly affirm that our weaknesses and defects are usually due to ignorance, to "under-education" of some sort. Criticism which is nowadays plentiful, if not always thoughtful, will only spur us on to more serious and determined efforts to improve ourselves and our schools, and while ready to listen always to any just criticism, I think we should remember that the entire educational system from the kindergarten to the college is under fire much of the time. No one of our educational institutions wholly escapes censure, and for some of them, notably of late certain professional schools, that censure is sweeping and severe. But its purpose is to help, and not to destroy, and these institutions survive and multiply, and go on, adding knowledge to knowledge. The one essential thing for us to keep constantly in mind is that that door of knowledge shall be kept wide open for us, that the growth in our work can only come through it, and that it is our inalienable right to secure by every legitimate means all knowledge which will best prepare us for our responsibilities, for wisdom, insight and strength, and other things beyond technical efficiency.

To know each other better, to understand more fully each other's needs and difficulties, to study closely the changing
conditions of life under which our graduates must live and work—these are imperative, if we are to meet the needs of the day. Life moves, it is ever changing, ever moving. We grow, and whatever we are doing, if it is to live, it also must grow, and as a proof of our growth, we must be ready if need be to give up many things which have seemed good and to pass on to others,—"The best" must always be for us "yet to be." If only we are true to the best that we know, if we are honest with ourselves, if we with faith and courage uphold the ideals which we cherish, we cannot fail to render the world some useful service in our day and generation.

The President. We will listen to a few words which one of her first pupils, Miss Isabel McIsaac, has consented to say for us in memory of our beloved leader, Isabel Robb.

Miss McIsaac. My friends, we are come together under the shadow of a great bereavement, a tragedy so heartbreaking in its awfulness and a loss so great that our tongues falter and our minds fail to find fitting words to express our sorrow. We are yet too stunned and bewildered to adequately realize how we will go on without the one who was our great leader and the founder of our national organization.

We have had, and still have, in our profession, women with great intellect, with executive ability, with wide sympathies and with personal charm, but we have no one woman who embodies all of these splendid traits as did Isabel Hampton Robb.

The history of all great nations or movements reveals the few great leaders who seem to have been born for the work they do. Florence Nightingale did work that no other woman could have done, and the record of her life and her times makes us feel that she has lived to do that particular work, that the burden was prepared and she created to carry it.

Looking back twenty-four years to my own first glimpse of Miss Hampton as a young and beautiful woman, scarcely more
tion, but up to the last days of her life her time and thoughts were for us.

Words of ours can but feebly express our grief and our deep sense of obligation, but we may at least attempt to convey to those dear ones whose loss so far exceeds ours that our sorrow is not wholly selfish and that thoughts of them arouse our deepest sympathy.

I beg, Madam Chairman, that the American Society of Superintendents of Training Schools for Nurses may send a formal expression of its sorrow and sympathy to Dr. Hunter Robb and his children in their bereavement.

The President. We are all grateful to Miss McIsaac for the difficult task which she has done for us. She suggests some formal word of expression of our feeling (which I think we should make as informal as we can), to Dr. Hunter Robb and his family. Shall a committee be appointed to prepare suitable resolutions?

Miss Riddle. I move that the Chair be empowered to appoint such a committee.

The President. It has been moved and seconded that the Chair appoint such a committee, to present Miss McIsaac's resolutions in a suitable way. I will simply ask you to pass this by a rising vote. (Resolution carried.) I will ask that Miss McIsaac, one of her first graduates, Miss Dock, a faithful friend and assistant for many years, and Miss Nevin, one of her first graduates from the Johns Hopkins Training School, prepare such a resolution.

Before we proceed to other business I have a pleasant little task before me, and though I may meet with some reproof afterwards for doing it, nevertheless I am not willing to have you reprove me afterwards for not doing it. You have all heard during the year of some wonderful things that have happened to us recently in New York, that for the first time in the history of nursing, a gift has been made devoted wholly to the education of nurses; that an endowment for such a
department in a college has been given; and I am sure you will like to know that the woman who has made this great gift is here with us this morning. I have asked Mrs. Helen Hartley Jenkins to come and be with us for a few moments, and I beg her now to stand because I want you to have the pleasure of seeing and knowing her, and I want her to realize what a tremendous responsibility she has undertaken. We shall help her; she need not feel, I think, that any of our three hundred and fifty members will fail in doing anything in her power to make the gift of the fullest possible service in the education of nurses; and I would like her to realize what a substantial body of women are standing ready to aid in carrying on the education of nurses which she has made possible.

Mrs. Jenkins had the pleasure of meeting and knowing Mrs. Robb, and on two occasions had long talks with her on the future of our work. In our business meetings, Council meetings and individually we have discussed the feeling which I am sure will be widespread, that there should be some national, enduring memorial to Mrs. Robb, and Mrs. Jenkins believes with us that something of that nature should be undertaken. I question if there will be a nurse in this country who will not want to make her contribution to something which shall stand forever as a monument to the woman whom we have lost and who has done so much for us. It will need, however, careful deliberation to decide upon the form it shall take. One group will suggest one thing, and one another. It must be something worthy of her and cannot be determined hastily. Later on the matter will be brought up again and probably you will ask that a committee be appointed to decide upon the way that committee shall act. We will now proceed with the business of our program and call for the report of the Council by the Secretary, Miss McMillan.

Miss McMillan. During the year the Council has held five meetings, in Minneapolis and New York, at which members of standing and special committees were appointed, appropriation of money for expenses made, and all other necessary
business taken care of. Seven members of the Society have withdrawn during the year; six have been dropped for non-payment of dues, and fifty-six have applied for membership, fifty-four of whom are recommended for acceptance into the Society.

In order to forward nursing education, the Council instructed the Secretary to send letters to representative members throughout the country, urging the formation of superintendents' societies in large cities and other suitable localities, thus supplementing the work which this Society is trying to do at its coming together once a year. Thirty-five such letters were sent. Of the fourteen answers received, nine reported no society, two hoped to organize and three already had organized into working societies.

Urgent invitations have been received from St. Louis, Atlantic City, Chicago and Boston for the Society to hold its 17th annual convention in those cities.

At the last Council meeting a committee was appointed to draw up suitable resolutions regarding the death of Mrs. Robb, and the appropriateness of an Isabel Hampton Robb memorial, which shall be national in its scope, was discussed.

On motion the report was accepted.

The President. We will now proceed to the election of new members, and the Secretary will read the names. These names, fifty-four in number, have been acted upon by the Committee on Membership and presented to the Council, by whom they are recommended to you for admission. There are two other names which have not been accepted: one is laid over for further inquiry, and the other is not accepted because her school has a two years' course and sends its pupils out to do private duty.

Allen, Miss Caroline E. .......... Supt. Ohio State Sanitarium, Mt. Hermon, O.
Anderson, Miss Lyda W. .......... Supt. Pasadena Hospital, Pasadena, Calif.
Anderson, Miss Lydia E. .......... Teachers College, Columbia University, New York City.
SIXTEENTH ANNUAL CONVENTION.

Armour, Miss Amy A. .......... Supt. S. R. Smith Infirmary, Tompkinsville, R. I.
Arnold, Miss Ida Dunham .... Asst. Supt. of Nurses, Polyclinic Hospital, Philadelphia, Pa.
Bell, Miss Alice F ............ Supt. of Nurses, Maryland University Hospital, Baltimore, Md.
Brouse, Miss Clara F ............ Supt. Park Avenue Hospital, Rochester, N. Y.
Brown, Miss Marie A ............ Supt. St. Luke's Hospital, South Bethlehem, Pa.
Cleland, Miss R. Helen ....... Supt. of Nurses, Butler Hospital, Providence, R. I.
Day, Miss Bernice Isabel ....... Elm City Private Hospital, New Haven, Conn.
Decker, Miss Matilda E ....... Polyclinic Hospital, Philadelphia, Pa.
Detwiler, Miss Frances ....... Supt. of Nurses, Fordham Hospital, New York City.
Dunlap, Miss Mary A ....... Supt. of Nurses, Pennsylvania Hospital, Philadelphia, Pa.
Emmet, Miss Susan E ........... Supt. of Nurses, Post Graduate Hospital, New York City.
English, Miss Augusta H ....... Supt. of Nurses, Hospital of St. Barnabas, Newark, N. J.
Everingham, Miss Arvilla E .... Supt. Rome Hospital and Training School, Rome, N. Y.
Foley, Miss Edna L ............ Supt. of Nurses, Chicago Tuberculosis Inst., Chicago, Ill.
Fulmer, Miss Harriet ......... Supt. Visiting Nurse Association, Chicago, Ill.
Gilles, Miss M. Anna ......... Supt. of Nurses, St. Louis Training School for Nurses, St. Louis, Mo.
Goodale, Miss Anna C .......... Supt. State University Homeopathic Hospital, Iowa City, Ia.
Gordon, Miss Margaret ......... Matron and Directress of Nurses, German-town Hospital, Pa.
Hartridge, Mrs. Agnes C ....... Supt. Pine Heights Sanatorium, North Augusta, S. C.
Hasson, Miss Esther V ......... Supt. Nurse Corps, United States Navy.
Hinch, Miss Janet .......... Supt. Nurses, Grant Hospital, Columbus, O.
Hitchcock, Miss Jane Elizabeth ...... Supt. of Nurses, Henry St. Settlement, New York City.
Irvine, Miss Annie E .......... Supt. Nurses, Huron Road Hospital, Cleveland, O.
Jordan, Miss Minnie Hinch ... Supt. Nurses, The French Hospital, New York City.
Koch, Mrs. Emma E .......... Supt. Chicago Lying-in Hospital, Chicago, Ill.
Kraemer, Miss Elin W .......... Supt. Frederick Ferris Thompson Hospital, Canandaigua, N. Y.
LEWIS, MISS ADELAIDE M. Supt. Ravenswood Hospital, Chicago, Ill.
LONIS, MISS MARIE. Assistant Supt. Bellevue Training School, New York City.
MAYFIELD, MRS. MINERVA. Supt. Nurses, Michael Reese Hospital, Chicago, Ill.
MYERS, MRS. LILLIE A. Supt. Nurses, Wise Memorial Hospital, Omaha, Nebr.
NORTHWAY, MRS. MILICENT B. Supt. Mercy Hospital, Benton Harbor, Mich.
O'SHEA, MISS ANNA M. Supt. Nurses, Benedictine Sanitarium, Kingston, N. Y.
RIDLEY, MISS ETHEL B. Supt. Nurses, Woman's Hospital, New York City.
RINDLAUB, MISS ANNA M. Supt. South Side Hospital, Pittsburgh, Pa.
ROSS, MISS ELIZABETH B. Asst. Supt. Training School, Roosevelt Hospital, New York City.
ROWAN, MISS GEORGIE L. Asst. Supt. of Nurses, Fordham Hospital, New York City.
SARAL, MISS ANNA M. Supt. Nurses, The Jewish Hospital, Brooklyn, N. Y.
SCOTT, MISS ELIZABETH C. Supt. Lane Hospital Training School, San Francisco, Calif.
SELDEN, MISS ELIZABETH Asst. Supt. Nurses, Harlem Hospital, New York City.
SEYMOUR, MISS EDITH W. Directress of Nurses, Hospital of Good Shepherd, Syracuse, N. Y.
STEWART, MISS ISABEL M. Assistant Economics Department, Teachers' College, Columbia University, N. Y. City.
STUEVEN, MISS CLARA A. Supt. Nurses, Denver City and County Hospital, Denver, Colo.
TUNSTEAD, MISS EDITH Supt. Nurses, St. Luke's Hospital, Cleveland, O.
TYE, MISS MENIA S. Supt. Nurses, Washington University Hospital, St. Louis, Mo.
VROOM, MISS MARY Supt. The Greenwich Hospital, Greenwich, Conn.
WHEELER, MISS CLARIHEL Supt. Nurses, Vassar Brothers Hospital, Poughkeepsie, N. Y.
WHITE, MISS REGINE Supt. Nurses, Johnston Emergency Hospital, Milwaukee, Wis.

The President. As the Council has approved the work of the Committee on Admissions, it now rests with the Society to admit these applicants into membership, which I hope they will do with the utmost cordiality.

Motion made and seconded that candidates be accepted.
The President. Mrs. Jenkins is still further earning our gratitude and affection. She has asked me to say that she will endow a scholarship in memory of Isabel Hampton Robb, to be available this coming year, to the amount of $250, with the idea of making it still larger and stronger at some later day. How can we express our gratitude to Mrs. Jenkins? (Applause and rising on the part of the members.)

The President. I have asked Mrs. Jenkins to speak to you, but she thinks she would rather not. We have no further way to express our gratitude but by our work.

We have had a resignation from an old and much valued member of our Society, the first trained nurse in this country, Miss Linda Richards. We cannot accept Miss Richards' resignation. (Applause.) We must keep her with us.

Miss Alline. My heart is so full of love and gratitude to Miss Richards that it gives me the greatest possible pleasure to move that we place her name on our roll as an Honorary Member of this Society.

Miss Maxwell. I second the motion.

The President. Can we not express our approval by something more than the ordinary vote, and send a telegram to Miss Richards, saying that she has today been elected into honorary membership in this Society, and further, I would ask if this Association would not like to send a cable message of affectionate greeting to Florence Nightingale. She has just passed her ninetieth birthday, and on Wednesday evening we are to celebrate her life and work. Although an invalid and so advanced in years, she is able to understand something of such messages, and only recently received one from the King, which I understand pleased her very much. I should like to be empowered to appoint a committee to send such a message.

Moved, seconded and confirmed by rising vote on part of members, that such a committee be appointed, and Miss Goodrich, Miss Maxwell and Miss Hay were appointed to prepare a suitable message to be sent to Miss Nightingale.

Miss Delano. Madam Chairman, there is one absent today
who has been connected with this Association since it was first established and who for many years did splendid work at the Boston City Hospital. I move that a message of greeting be sent to Miss Lucy Drown.

Miss Maxwell. I second the motion.

The President. The motion is made and seconded that we send a word of greeting to Miss Drown, one of our oldest members, long engaged in the work of nursing, known and respected by a very large number of nurses. It is our privilege to honor the women who have done pioneer work in our profession (Applause), and it is with the very greatest pleasure that I present this motion. How shall this message be sent?

On motion it was decided that the President should appoint a committee, and Miss Delano, Miss Stowe and Miss Riddle were therefore appointed to send a suitable message to Miss Lucy Drown.

The report of the Treasurer, Miss Anna L. Alline, was then presented:

REPORT OF TREASURER.

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

January 1, 1909, to January 1, 1910.

Credit.

By cash on hand, January 1, 1909, $468 97
By cash for initiation fees and dues, - 912 40
By cash for sale of annual reports, - 3 00
By one share of Journal stock, - 100 00
Total, - - - - - - - - $1,484 37

Debit.

To postage, stationery and type-writing, - - - - - $ 85 50
To Expenses of Officers to Convention, $202 25
To Reporting Convention Proceedings, 100 80
To Dues to American Federation, 15 00
To Hospital Economics Scholarship, 1908-9, 300 00
Total Disbursements, $703 55

Cash deposited in N. Y. State Nat'l Bank, 680 82
One share of Journal stock, 100 00
To balance, $1,484 37

On motion the report was accepted.

The President. We now come to the reports of the standing committees, and the first is the Committee on Education, Miss Helen Scott Hay, Chairman.

Miss Hay. Madam President, members of the Association: The report that I have to make is brief, and merely to the effect that a number of sub-committees were appointed to look into and discuss the needs of instruction in training schools in the care of children, in obstetrics, in mental and nervous diseases, and in diseases of the eye, ear, nose and throat, and also, later, a committee to study post-graduate work. There will be full reports from these committees this afternoon.

The President. The report of the Committee on Education will really come in the report of sub-committees this afternoon. We will therefore go on to the report of the Committee on Hospital Economics, or, according to our new title, on Nursing and Health, Miss Goodrich, Chairman.

Miss Goodrich. I have the honor to present for the Committee Miss Nutting’s Report of the Course in Hospital Economics.
REPORT OF COMMITTEE ON HOSPITAL ECONOMICS.

There were registered in this Department at the beginning of the year 1909-10, eighteen students, of whom five were students of the previous year taking their second year of work, two taking partial and special courses, and one preparatory work.

With the opening of the new building in September, new and valuable opportunities were offered to our students, and for those desiring it, instruction in Laundry Management, in Institutional Cookery, and in Kitchen and Dining-Room Management can now be had.

Some attempt was made this year to introduce preparation for teaching Materia Medica, and the Assistant Physician in the Department of Physical Education has been much interested in aiding us. Eventually it is hoped that instruction in this subject and in methods of teaching it will be well organized and will furnish a needed addition to our work. Among the new important courses offered next year will be one in Business Administration by a practical business man who is also a professor in the College, and a course in Municipal Sanitation by Dr. Winslow, so widely known for his work in the Massachusetts Institute of Technology.

Through an arrangement made with the head of the Training School of St. Luke's Hospital, a portion of the practice teaching is now carried on in that school, which by reason of its proximity to the College forms an additional field for this work, at once convenient and mutually satisfactory. It has always been difficult to provide suitable instruction in Hospital Administration, and this year is the first time in our history that lectures have been carried on systematically through the entire half year, under the direction of one lecturer, enabling the course to rank with other courses in the College, and the students to receive credit for their work in it. We are glad that
the instruction in this subject is henceforth to be of a nature commensurate with its importance, and we are greatly indebted to the busy heads of prominent hospitals who are helping us to make it so. We have received, and acknowledge here with gratitude, valuable help from Dr. Irving Fisher of the Presbyterian Hospital, and Dr. Young, his Assistant; Dr. S. S. Goldwater of the Mt. Sinai, and Dr. Young of the New York Hospital; and most especially from Dr. W. H. Smith of Bellevue and Allied Hospitals, who organized the course, and has given the larger part of the instruction.

It is interesting to see how many of the students would like to remain for a second year of work. Out of the twelve juniors who entered in the autumn, there are six who are considering returning for a second year of work; and out of the five senior students, three are planning for a third year, in each instance leading ultimately toward the degree of Bachelor of Science. One difficulty in the way is that of expense, and the few opportunities in the College whereby a student can give assistance and earn a part of her expenses are eagerly sought for. No more useful service can be rendered the work at this time than by making entrance financially possible for the many women who are turning to the College for opportunities they cannot obtain elsewhere. Scholarships of one or two hundred dollars might be offered by Alumnae or State Associations or by individuals, and the ease with which larger sums have been obtained from Boards of Trustees or Managers for some unusually promising graduate of a school suggests interesting possibilities in that direction. (I beg you will all note that: that means that you will please all ask your hospital for a scholarship for some promising pupil.) Another way is by a form of "Working Scholarships," whereby a student in her second year, gives a certain number of hours of assistance daily in various departments of Hospital or Training School work, receiving in return maintenance, or some other equivalent. It is estimated that the expense of educating each student at Teachers College is not less than $3065 a year. The maintenance of so large a
body of professors and other teachers, of libraries and of finely equipped laboratories is a very costly affair, and the student's tuition fee of $150 goes less than half way to meeting it. (I would like to explain that this statement is made because it is sometimes felt that the College gives nothing, whereas the College gives a great deal.) The contributions of about five hundred dollars yearly which were made by the Superintendents' Society several years ago have been therefore very helpful in meeting expenses directly connected with our own department of work, such as the supervision of our students by a nurse (Miss Alline for many years), and the expense of lectures on hospital and training school subjects. The actual sum contributed for current expenses of the course since it was established is $5,339.41. Of this sum $1,647 seems to have been given by friends, and the balance of $3,692.41 by nurses. Of equal value to the money contribution, however, and perhaps of greater, really, in the development of the course has been that made for ten consecutive years by training school and hospital superintendents, such as Mrs. Robb, Miss Riddle, Miss Goodrich, Miss Banfield and Miss Dock, who have served as lecturers without payment year after year, in some instances even paying their own travelling expenses. If this contribution could be estimated in actual terms in accordance with the actual cost of such instruction, it would probably show a gift of the value of about $3,000 to the development of the course. The amounts contributed toward the expense of carrying on the course during the ten years are as follows:

<table>
<thead>
<tr>
<th>Year</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>1900-1901</td>
<td>$670.00</td>
</tr>
<tr>
<td>1901-1902</td>
<td>675.00</td>
</tr>
<tr>
<td>1902-1903</td>
<td>507.00</td>
</tr>
<tr>
<td>1903-1904</td>
<td>410.00</td>
</tr>
<tr>
<td>1904-1905</td>
<td>1132.00</td>
</tr>
<tr>
<td>1905-1906</td>
<td>580.00</td>
</tr>
<tr>
<td>1906-1907</td>
<td>No contributions.</td>
</tr>
<tr>
<td>1907-1908</td>
<td>745.40</td>
</tr>
</tbody>
</table>
1908-1909 ....................... $555.00
1909-1910 (March 1) .......... 65.00

Total Contributions .......... $5,339.41
Contributed by friends ...... 1,647.00

Balance contributed by nurses, $3,692.41

We have always felt there could be no permanence or stability to our work until we could secure an endowment for a chair of our own, to be occupied by some able woman of our own profession, under whose guidance adequate and fully developed courses of instruction for the teacher of nurses could be carried out. We have been encouraged in this idea by Dean Russell, and three years ago began in earnest to raise a sum which should finally be large enough to yield us the desired income. $50,000 was named at first as an appropriate amount, but later it was stated that nothing less than $75,000 would give a suitable income. The results of efforts made during the last three years have brought us in nearly $10,000, and they have also brought us the certain knowledge that it would take many years to accumulate the desired amount through the earnings and savings of nurses. The outlook seemed far from encouraging when last autumn Mrs. Helen Hartley Jenkins became interested in the work through Miss Wald of the Nurses' Settlement, and eventually presented a sum to the College which by Dean Russell's advice is devoted to an endowment for the entire Department of Hospital Economics, with special emphasis upon that division of its work which prepares the nurse for district nursing and for educational preventive work in the homes.

A re-organization of the Department became necessary, and since Nursing Education was its original purpose, the title after much consideration was finally settled by the President as Nursing and Health. As now organized, the Department includes four distinct divisions of work: the first prepares for
teaching and supervision in training schools for nurses; the second, for general administration in training schools and hospitals; the third, for public service as teacher nurses, visiting nurses, school and home visiting; fourth, a preparatory department leading to admission to nurse training schools.

The present status of the Department of Nursing Education is that of an independently endowed department with its own corps of instructors, and freedom to work toward the ultimate development of its own needs. Thus after a prolonged period of doubt and uncertainty the reward has come to those connected with this course and responsible for it, who have upheld the principles which it involves with so much faith and courage, and also to the large body of graduate nurses who during the past two years have shown their interest by so many generous contributions. We are all beginning to realize that if we are eventually to have at the head of our great training schools women capable of directing and developing educational work, we must go beyond the limits of the school and elaborate out of its product—the highly skilled, capable, practical nurse—the highly educated, trained teacher and administrator. The call at the College for our students to fill positions is always insistent on this point; we are not asked for any other kind. In all of our higher positions in hospitals and training schools, and in district work, we never hear a suggestion that there can be an over-trained nurse. We hear many intimations of under-education, or of a foundation so weak that no good structure can be built upon it.

The following statistics may be of interest:

91 students altogether have entered the College.
10 have dropped out for various reasons.
81 have had one year's work.
13 have had two years' work, leading to the diploma.
4 have had three years' work.
2 have taken the degree of Bachelor of Science.
### Location of training schools from which students have come.

<table>
<thead>
<tr>
<th>Region</th>
<th>Count</th>
<th>Birthplace of Students.</th>
<th>Count</th>
</tr>
</thead>
<tbody>
<tr>
<td>Schools in Eastern States</td>
<td>42</td>
<td>Eastern States</td>
<td>26</td>
</tr>
<tr>
<td>Schools in Middle States</td>
<td>25</td>
<td>Middle States</td>
<td>24</td>
</tr>
<tr>
<td>Schools in Western States</td>
<td>3</td>
<td>Western States</td>
<td>4</td>
</tr>
<tr>
<td>Schools in Southern States</td>
<td>7</td>
<td>Southern States</td>
<td>7</td>
</tr>
<tr>
<td>Schools in Canada</td>
<td>5</td>
<td>Canada</td>
<td>13</td>
</tr>
<tr>
<td>Schools in England</td>
<td>1</td>
<td>England</td>
<td>4</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Scotland</td>
<td>1</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Germany</td>
<td>1</td>
</tr>
</tbody>
</table>

There has been a considerable increase in the number of applications for information, doubtless due to the widespread newspaper notices of Mrs. Jenkins' gift, about 225 applications in the year; also an increase in the number of applications for our graduates for positions.

### Types of Positions.

<table>
<thead>
<tr>
<th>Position Description</th>
<th>Count</th>
</tr>
</thead>
<tbody>
<tr>
<td>Superintendents of Hospitals,</td>
<td>36</td>
</tr>
<tr>
<td>Superintendents of Training Schools,</td>
<td>39</td>
</tr>
<tr>
<td>Assistants of various kinds,</td>
<td>37</td>
</tr>
<tr>
<td>Instructors of probationers (a new call and title within the year),</td>
<td>7</td>
</tr>
<tr>
<td>For district and school nursing,</td>
<td>19</td>
</tr>
<tr>
<td>Dietitians</td>
<td>34</td>
</tr>
<tr>
<td>Matrons and Assistant Matrons and Housekeepers,</td>
<td>20</td>
</tr>
</tbody>
</table>

We have listened to Miss Nutting's report of one of the most, perhaps the most eventful year of the work. We are standing, I believe, on the threshold of a new era. After years of struggle and uncertainty this little course, the child of the Superintendents' Society, through the beneficence of Mrs. Jenkins, is at last firmly established as a "Department of Nursing and Health," and already includes four distinct divisions of work. But as we stand facing the consummation
of our hopes and desires, we have also to face an irreparable loss, the loss of the member of our Society who conceived of this work, and who placed it in the hands of the Society of Superintendents of Training Schools, who, in the joy of the gift which made possible what she had dreamed for it, still trembled to accept that gift, lest the work should pass from the hands of those she deemed best fitted to direct it—the administrators and teachers of the schools of nursing, the members of this Association. We have lost our Master Builder, but the foundation she has laid for us to build on will endure to the end. The Committee, with the approval of the Council, earnestly request that the Society will consider as a fitting memorial to Mrs. Hunter Robb, the endowment of a Chair, to be called the Isabel Hampton Robb Chair, and that a special Committee of this Society be appointed, that the work may be carried on effectually and expeditiously, and that the Associated Alumnae be urged to do the same.

Respectfully submitted,

(Signed) ANNIE W. GOODRICH,
Chairman of the Committee on Hospital Economics.

(The Financial Report was not included in the Report of the Chairman, but is placed here for convenience in reference.)

FINANCIAL REPORT, HOSPITAL ECONOMICS COURSE.

JUNE 1, 1909 TO MAY 12, 1910.

CONTRIBUTIONS.

Balance in Bank (June 1, 1909), - - - $735 51
St. Mary’s Hospital, Brooklyn, Alumnae Association, - - - - 60 00
Moses Taylor Hospital Alumnae Association, - - - - 10 00
Superintendents’ Society (for Scholarships), - - - - - 300 00
Interest on Investment, - - - - - 100 00
S. H. Cabaniss—for Virginia Nurses, - - 7 50
Interest on Investment, .............................................. $125.00
Graduate Nurses' Association, Cleveland, O., .......................... 15.00
St. Luke's Hospital, New York, Alumnae Association, ..................... 50.00
Interest on Investment, ................................................................ 100.00
Post-Graduate Hospital, New York, Alumnae Association, ............... 100.00
Iowa State Association of Registered Nurses, ................................ 53.50
Georgia State Nurses Association, ........................................ 50.00
Interest on Investment, ...................................................... 125.00

$1,831.51

DISBURSEMENTS.

Clerical Work, ....................................................................... $25.00
Expenses to Cleveland (Lecture) .............................................. 13.00
Scholarship—L. Stewart, ......................................................... 150.00
Scholarship—L. Powell, .......................................................... 150.00
Teachers College Salaries, ....................................................... 200.00
Purchased Bond, ..................................................................... 1,008.89
Teachers College Salaries, ....................................................... 200.00
Exchange on cheque .............................................................. 10
Exchange on cheques, ............................................................ 23
Balance in Bank (May 12, 1910), ............................................. 83.89

$1,831.51

We have audited these accounts and have found them correct.

(Signed) HELEN SCOTT HAY,
MARY M. RIDDLE,
         Auditors.

May 17, 1910.

Moved by Miss Hay, seconded by Miss Noyes and carried, that the report be accepted.

The President. Is there any action which you would like to take following this?
Miss McIsaac. In accepting this report, Madam Chairman, is the latter part of the proposal included?

The President. I think so, but the question will come up, I believe, as to the personnel of that committee and how it should be appointed.

Miss Greenwood. I move, Madam President, that the committee be appointed by the Chair.

The President. It seems to me that the nominations for this committee should come from the floor.

Miss Hay. Will it be in order for the chairman to be asked to appoint a committee to devise ways and means for the raising of this fund, and have that committee submit their report to this body and to the Associated Alumnae.

The President. It might, perhaps. In attempting to raise funds, it is always well to have a definite object in view, and such a committee would need to consider carefully how its request should be presented.

Miss Maxwell. Madam Chairman, I nominate Miss McIsaac to take charge of this and join with her a few others whom she might choose.

Motion seconded.

Miss McIsaac. I certainly will not be misunderstood if I express my reluctance. I should be very glad to serve as a member of such a committee, but it will be impossible to serve as chairman. It is a very great undertaking, and a very serious one—and I am no good whatever when it comes to money matters! It should be someone better qualified than I am.

Miss Nevins. I should like to make a motion, Madam President, that a committee be appointed, with Miss McIsaac as chairman, to appoint a committee which shall be very carefully thought out.

Miss McIsaac. Miss Nevins' idea is right, as we have considered it so short a time. It is a very great undertaking and we want to do it well and fittingly.

The President. May we then call this a preliminary com-
mittee, and would Miss McIsaac accept such a chairmanship?
(Miss McIsaac signifies acceptance.)
Motion made, seconded and carried.
The President. We should have presented here at this
juncture a report from the Committee on Red Cross affairs,
of which Mrs. Robb was chairman. There will, of course, be
no report, and in the ordinary course of events this committee
would, I think, stand dissolved. We would like to ask Miss
Delano, who knows everything there is to be known about Red
Cross affairs, if it would be any assistance to her to have a
committee in this Society to take further action on Red Cross
matters.
Miss Delano. This question has not occurred to me, for it
seemed that the Superintendents were naturally all interested
in it, but I think if we could have an advisory committee
appointed to the National Committee on Red Cross it might be
a splendid idea, because the one thing we are most anxious to
do is to have the cooperation and interest of the superintend-
ents of the training schools—that is, that perhaps on one day
in the year they shall give instruction in Red Cross work,
bringing the matter before their pupils before they graduate.
I should be very glad to move, Madam Chairman, if it is suit-
able for me to do this, that the Society appoint a committee on
Red Cross Nursing Service with which we may consult and
advise in regard to bringing the matter before the schools.
The President. Thank you. Miss Delano moves that the
Committee on Red Cross Affairs be re-appointed. How shall
this be done? I venture to remind the members that there is
a Council and that a council is a very excellent body for the
purpose of appointing committees.
Miss Delano. May I add to my motion that the Council
appoint this Committee?
Motion seconded by Miss Sharp and passed.
The President. A committee has been standing on our
books for some time which I think we shall either have to hear
from or lose altogether, and that is a committee to confer with
the Women's Committee of the National Civic Federation. No report has been made. Dr. Bannister, the Chairman, has resigned, and with no report and no Chairman we must, I think, consider that this committee has no real work to do at present.

The President then appointed the Nominating Committee, as follows: Miss Delano, Miss Samuel, Miss Noyes, and Miss Riddle to serve as Auditor in place of Miss Brown, absent.

The President. There is now but one matter to bring up before this session closes, and that is the discussion which has been announced as to the need of state and local societies of training school superintendents. For years we have been holding an annual meeting lasting for two or three days, and we are finding that so brief a period is all insufficient for any real acquaintance with each other. We see many new faces and carry away memories of helpful and inspiring hours, but we do not learn to know each other, and our common difficulties or troubles, and have come to the conclusion that the annual meeting of two or three days is not enough for the work of this Society. We believe that its work should be carried on throughout the year. The need for more frequent meetings has been felt in various sections, and so acutely felt that small societies of superintendents have been formed in that particular city or section to meet it. I believe we shall have to revise our Constitution, will have to work in new and different ways, and work all the year around, and work very hard if we are going to make proper developments in our training schools. Miss Alline will tell you of some of the work in this direction which is going on in New York State.

Miss Alline. Madam Chairman, and members of the Association. You have just heard of the real need for organization in localities and in states. I would like to bring only one or two points before you, that you may see further how great the need is. We frequently find a superintendent of a small hospital who is so confined to the four walls of that institution that she knows very little of this meeting today.
She will know very little of what is going on this week because she is right in her own hospital attending to her duties. There are superintendents in this city whom I see only in their hospitals, not at these meetings. And as we do not find these women in our meetings, so is the condition the same throughout the State. There we find superintendents so hampered by their duties that they cannot get away from them; their Boards do not realize the necessity. The one thing that the Hospital Board expects of the Superintendent is to find her always at her desk, and she must be there day and night. These meetings are of great inspiration and very helpful—this we all realize—but it is in the family where the young superintendent, the inexperienced woman—the large number of our women—can best come together and speak of their trials and their successes and have them discussed in a quiet family way and where they can get the benefit of that discussion. We have so many things to bring to these annual meetings that it is impossible to reach the details of the work that those women need to take home with them.

The State of New York has been quite busy in organizing local societies. I will bring to your mind the map of the State of New York and note its spinal column running from New York City out to Buffalo. That is our main line of work, with organizations meeting at the main centres along that line. We have in Brooklyn, New York, Albany, Syracuse, Rochester and Buffalo—in all of those centres, meetings bi-monthly. In several of these places some of the superintendents had not met each other until they were called together for the first meeting. In one city where they have fifteen members I happened to be present when they organized, and I had to introduce those people, who came from different hospitals in the same town! They had been two, three and four years in the same town. Now they have a flourishing little association, meeting once in two months, and the discussions are most helpful and most interesting. The first one was organized in New York, and all organizations are most informal; in some of
them there is no permanent chairman, while others have a
dsecretary and treasurer. At the close of the meeting some
superintendent will invite the Club to meet with her the next
time, and she will then be the chairman for that meeting.
She will prepare the programme and present to them whatever
she can of special interest in her own work. After the dis-
cussion there may be a question box, the chairman reading the
questions, and all speaking in turn of how she has handled
that question in her own school. Not only the trials and
troubles are spoken of, but there are many pleasant and en-
couraging things brought up. There is then a little social hour,
but in all places an effort is being made not to have anything
elaborate. Thus has come about the organization of these in-
formal meetings which are giving so much satisfaction. They
are so helpful that in Albany quite a district is covered, superin-
tendents coming in for seventy-five miles to attend, spending
the greater part of the day and sometimes a good part of the
night in coming and returning.

Then as to our state association. I don’t know whether
it is proper for me to call it a state association, because we
have been so very informal in our organization. There were
already so many meetings and so many associations that we
were afraid a new organization would not meet with approval,
so that the superintendents simply came together between
sessions of our state annual meeting. The special interest for
the first meeting was the manner of keeping records for the
nurses in their theoretical and in their practical work. A
collection was made of the methods of reports from all of the
schools in the state, so that we could compare notes and select
some form that could serve as a standard. When the table
was covered with these papers we found that not only at one
spare moment, but at many, superintendents gathered about
the table, discussing the records. From that simple little bait
that was thrown out, it was believed that an organization might
be of benefit, and it was started at that meeting in Syracuse.
We had no permanent officers, but simply made it known to the
Committee on Arrangements that we would like a special hour between sessions in our annual meeting for the superintendents to meet and discuss their own work. We have now elected a President and Secretary (no dues and no Treasurer), and the Executive Committee of the Association has planned for a half-day's session at our next annual meeting in the fall, where the superintendents will have a regular meeting.

The President. May I ask Miss Noyes, Superintendent of St. Luke's Hospital, New Bedford, to add a few words to Miss Alline's statement?

Miss Noyes. Madam President and Ladies: I cannot help feeling impressed with the importance of one point, and that is the necessity for a general secretary to work this thing up in every state. It seems to me one of the most important things to consider because I don't see how we can do this sort of work without making some one person responsible for it. In Massachusetts we have done really nothing, and what little we have done has been on paper.

Following out a suggestion made by the Secretary of this Society, I presented the question of the formation of a Local Society for Superintendents of Training Schools at the last meeting of the "Linda Richards Club," which is an informal association of superintendents of training schools and their assistants from the New England States, about ninety members in all. The Club is named for Miss Richards, who, as you all know, secured the first diploma given to a nurse in America, from the New England Hospital for Women and Children in Boston, in 1873. It meets two or three times a year, over a luncheon, the chairman being appointed at each meeting, consequently there is no permanent organization. Various questions are presented by the chairman at each meeting for discussion, but the club is largely social in its character, and no serious work has ever been undertaken. It seemed, however, a very excellent time and place to present the subject of a local society.
After considerable discussion, the feeling was decidedly in favor of such an organization. The important point for consideration was whether to change the nature of the "Linda Richards Club" and organize, or whether to make it a section, or a preliminary conference of the Massachusetts State Nurses Society. The latter course seemed the wisest to pursue, thus avoiding multiplication of organizations. Consequently I was authorized by the Club to say for them to this national body that they thoroughly approved of the suggestion; that they were willing to coöperate; and that they desired to bring the matter before the next meeting of the State Association and under the auspices of that organization, if found possible, to work out in detail some plan whereby all parts of the state would be reached, groups of hospitals and training school workers organized, and a concerted plan of action decided upon. The Massachusetts State Association has 750 members. There are 60 training schools in the state whose graduates are eligible for membership.

It has been very interesting to note the gradual raising of standards throughout the state, despite the fact that the bill for state registration has only just been effected, through the indirect influence of the State Association, school after school complying with the requirements to make it possible for their graduates to join the State Association. If this has been brought about without any concerted plan of action on the part of the superintendents, what might not be done if superintendents organized in groups all over the state and worked along a well arranged plan, seriously, under the protection of a large State Society. It would seem necessary that all these local superintendents should first of all be members of the National Society, and it is rather discouraging when you find 63 training schools in Massachusetts and only 18 members of this national body, not all of whom are in active training school work, from that state.

We are not so fortunate in Massachusetts as is the State of New York, with its Regents already in existence. Whether
we shall ever be able to secure inspection of training schools is a question. Consequently it looks for the present at least as if local societies for superintendents would be the only possible way of bringing about greater uniformity in teaching and training pupil nurses. This all means hard work individually and collectively, and to be able to bring this about satisfactorily and uniformly it would seem necessary to have a general secretary who did some of the work Miss Alline has done so splendidly in New York. It may be very impractical and visionary on my part, but I can see in the innermost recesses of my consciousness various sections at work under the jurisdiction of the State Association—an Educational Section, composed of Superintendents of Training Schools, a section devoted to private nursing, another to district nursing, another to tuberculosis nursing, etc., etc., working seriously throughout the year, in all the states, then bringing the results of their united work together once a year and presenting them to this national body. It would seem possible to bring about greater uniformity and raising of standards generally, not only in training schools, but in all kinds of organized nursing work.

We have done nothing as yet in Massachusetts but start the agitation, but at the very next meeting of the State Association the question will be taken up seriously, and we hope by next year to be able to report well organized local societies, meeting at regular intervals, working along a definite basis of action, these local branches uniting in two or three general meetings during the year, following out instruction or advice received from this national body in a businesslike way. Until all superintendents of all training schools can be brought under the influence of organized effort, can we ever hope to see any material results, in the smaller schools particularly? I think one of the most pathetic situations today is that of the small hospital and training school working independently, without aspirations, without inspiration, turning out every two or three years partially or imperfectly trained graduates, who, until they are thrown upon their own resources, never realized that
they were not receiving an adequate education or being properly fitted for their life work.

The President. We are very grateful to Miss Noyes for her interesting summary of the work they have been able to do in Massachusetts in so short a time and still more for the possibilities which are pointed out. Both of these discussions point to something which we need to do without great delay, and that is some revision of our Constitution and By-laws. Inasmuch as we welcome into our midst the superintendents of district nursing associations, of school nurses and other similar bodies of workers, our title, Society of Superintendents of Training Schools, is no longer accurate or appropriate. Furthermore, we have brought about registration in various states, but have not altered our qualifications to make an unregistered nurse ineligible. The matter of the registered nurse is not even mentioned in Constitution or By-laws. Further, we have learned that we cannot possibly know the applicants from remote quarters, and believe that they should come to us through or endorsed by local societies. We are obliged to defer action on certain candidates of whose eligibility we have not the slightest doubt, but they do not come endorsed, and are unknown to us. This points to a revision of the Constitution and to the need of a committee for such revision—a definite piece of work which is before us. If you agree with me that such a committee is needed how shall it be appointed?

Moved by Miss Pindell and seconded by Miss Noyes that a committee on By-laws be appointed by the Council. Motion carried.

Miss Goodrich, Chairman of the Committee of Arrangements, here made some announcements and then extended to the members of both societies the following invitations:

From the Co-operative Committee of the Central Club House for Nurses, a reception on Thursday, from 4 to 9, at their temporary headquarters, 52 East 34th Street.
From Mrs. H. O. Havemeyer, an invitation to view her art collection, at her residence, 1 East 66th Street, on Thursday evening.

From Miss Hitchcock, an invitation to visit the Nurses Settlement, 265 Henry Street, on Friday evening.

From the Alumnae Associations of Greater New York, an invitation to a harbor trip on Saturday morning.

From Miss Goodrich, an invitation to a reception at Bellevue Residence, 440 East 26th Street, on Saturday afternoon.

Miss Goodrich. Miss Nutting begs me not to forget to mention the meeting on Wednesday afternoon in the Horace Mann Auditorium of Teachers College. There will be guides at the Subway station to conduct members of the Association to the College. Following the meeting there will be a tea given by the College to the delegates of the Associated Alumnae and the members of the Superintendents’ Society. The following invitation has been received from the Vanderbilt Clinic:

"May I extend a cordial invitation to the American Society of Superintendents of Training Schools for Nurses to visit the Vanderbilt Clinic Day Camp any time between 9 a. m. and 1 p. m., on Wednesday, May the 18th.

Very truly yours,

F. Morris Class, M. D."

The meeting then adjourned.
SECOND SESSION.

The afternoon session was called to order by the President at 2 o'clock.

The President. The first number on the programme is the report of the Committee on Education, Miss Hay, Chairman. Miss Hay will present the report of her committee, in which is included the reports of several sub-committees, and we shall ask her to take the chairmanship of the session until these reports have been finally presented.

Miss Hay. Ladies of the Association: The work of this Committee was really laid out by the Superintendents' Society last year, when various topics were indicated at their meeting as being desirable subjects of discussion and investigation for this year's work. Following these suggestions, there were appointed, as the best means of taking care of its work, five sub-committees, each having a chairman who really was responsible for the work of her section. The members of the Education Committee itself were our lamented friend, Mrs. Hunter Robb, Miss Goodrich, Miss Noyes, Miss Alline, Miss Riddle and Miss Pickhardt, with myself as chairman. Of the sub-committees, the chairmanship was given to women who were specialists along the line indicated. We had one sub-committee on Obstetrics, and the chairman was found for this in Miss Martha Russell, Superintendent of Sloane Maternity Hospital; on the consideration of the Care of Children, Sister Amy, of the Children's Hospital in Boston; on the nursing of the diseases of the Eye, Ear, Throat and Nose, Miss Ayers, of the Manhattan Eye, Ear and Throat Infirmary of New York City; and on the care of Nervous and Insane, Miss Sara E. Parsons, who has had a great deal of work
along this line, and who now is Superintendent of Nurses at
the Massachusetts General Hospital.

The point in the work of these committees was that they not
only investigated present conditions in training schools in these
particular specialties, but that the committees themselves should
present some working formula which would be a basis for train-
ing schools desiring to strengthen their own training in these
branches. We have now to hear from the chairmen of these
various sub-committees. The first has to do with Nursing in
Diseases of the Eye, Ear, Throat and Nose, Miss Eugenia D.
Ayres, Chairman.

REPORT OF COMMITTEE ON NURSING IN DIS-
EASES OF THE EYE, EAR, THROAT
AND NOSE.

Madam President and Ladies: The sectional sub-committee
appointed to study the methods of teaching nurses in general
hospitals the care of eye, ear, nose and throat cases consists
of the following members:—

Miss Florence A. Bishop, Miami Valley Hospital, Dayton,
Ohio.
Miss F. Freese, Polyclinic Hospital, Philadelphia, Pa.
Miss Elizabeth L. Whitman, N. Y. Eye and Ear Infirmary,
New York City.
Miss Mary M. Roberts, Cincinnati, Ohio.
Miss Eugenia D. Ayres, Manhattan Eye, Ear and Throat
Hospital, New York City.

Nearly 500 blanks were sent out. Of these 110 were re-
turned and the following information was received:—

1. Do you affiliate with a special hospital?

   Eight—Affiliate.

   Two—expect to affiliate.

   Length of time, three months. One month on each
   subject.
2. *Text and reference books used.*

A large number used the general text-books.
How to take care of our eyes. Angell.
On Headaches. Peters.
Eye, Ear, Throat and Nose. Miller.
Mouth and Teeth. White.
Hearing and How to Keep it. Burnett.
The Throat and Voice. Cohen.
Wonders of Optics. Marion.
Pharynx, Larynx, etc. Mackenzie.
Diagnosis of throat and ear diseases. Buck.
Anatomy and diseases of the eye and ear. Davis and Roosa.
Eye, Ear, Nose and Throat. Davis and Douglass.
Anatomy and Physiology. Knieber.
Anatomy. Gewish and Gray.
Physiology. Flint.
Ophthalmic Nursing. Stephenson, Friedenberg, Hough and Sedgwick.
Ear. Dench, Blackwood, Jackson, Gould and Pyle, Saunders and Gleason.

3. *Hours of class instruction.*

Two to six hours during the course.


Clinic work and a few cases in the wards.

5. *Do you consider the nurse fitted for the work without special instruction?*

Seventy-four reported the nurse not fitted:
Twenty-three reported the nurse competent except for difficult cases.
Thirteen, no answer.
Many were emphatic as to the value of affiliation and did not consider a nurse competent to care for these cases without the special training. A few were equally emphatic as to its not being necessary and the remainder indifferent as to the importance of the training or the nurse being qualified in caring for these cases.

6. Do you have special wards for these cases? If so, are they in charge of a nurse who is a graduate in this specialty?
Two in Canada have special wards.
Four building new Hospitals, expect to have special wards and desire graduates who have had the special training.

The blanks were sent principally to general hospitals and the replies show that very few are giving special training in nursing diseases of the eye, ear, nose and throat. Very few have the special wards and these wards are not in charge of graduates who have had the special training. A number of Training School Superintendents who consider dispensary work or a few ward cases sufficient experience shows, I think, how little the Superintendents themselves have studied the subject. It seems to the Committee that the need for these specially trained nurses in large cities is not appreciated. One states that there is little demand for such nurses, while those of us in this work experience great difficulty in supplying the number required for outside cases and private floors.

The Committee presents the following suggestions and curriculum.

1. The ideal method of instruction is to affiliate with special hospitals.
2. A graduate of this work in charge of the special wards or special cases.

3. One assistant to be a graduate of this work and who would give close supervision to the ward work.

**EYE.**

*Lecture Course.*

1. Anatomy and Physiology.
2. Contagious Diseases (including Ophthalmia Neonatorum) treatment; nursing.
4. Operations; preparation of patient and room; instruments and their care; dressings; after-care of the principal operations (except senile cataract).
5. Cataract. (Senile.) Preparation of patient; the operation; after treatment; the dressings; general care.

*Class Work.*

1. Structure of the eye.
2. Remedies; anodynes, astringents, antiseptics, mydriatics, (atropine poisoning) myotics, irritants, caustics.
4. Compresses, dry and wet; ice cloths, eversion of lids, application of lotions, drops, salves. Drop bottles; avoid sponges, syringes, etc.


**E A R.**

*Lecture Course.*

1. Anatomy of the ear and naso-pharynx.
2. Physiology of the ear.
3. Diseases of the external, middle and internal ear.
4. Complications of middle ear suppuration (including intracranial complications).
5. Care and treatment of ear cases.

*Class Work.*

1. Outline of the anatomy and physiology of the ear.
2. Examination of the ear. General method and instruments commonly employed.
3. A brief description of the diseases of the auricle and external auditory canal. Their care and treatment. Removal of foreign bodies, etc.
4. Diseases of the middle ear. Importance of early treatment and proper care.
7. Diseases of the internal ear.

**N O S E A N D T H R O A T.**

*Lecture Course.*

1. Function: Anatomy of the Nose and of the Nasal Accessory Sinuses.
2. Diseases of the Nose:
   Operations: Care of patients; care of instruments; subsequent care of wound; instruments for each operation.
   Diseases of the Pharynx and Naso-Pharynx. Infection.
   Treatment palliative; treatment operative; subsequent care.
5. Anatomy of Larynx and Trachea.
   Diseases. Asepsis and antisepsis. Preparation of patient; instruments; dressings; room, etc.

Class Work.

7. Poisoning from iodoform, carbolic acid, etc.
Much of this work is done by demonstration. I will say that one member of our committee from a general hospital, after meeting with us once, having had previously no idea of the importance of the work, returned to her hospital and immediately started special courses on the care of the eye, ear, nose and throat.

Miss Hay. We would like a very full discussion of this paper and we trust there will be a ready response. We want to hear from those who have had experience in teaching this as a specialty and from those whose limitations have made them keep it out of the curriculum or have forced them to give it but scant attention. Do you think it would be practicable in your own cases?

Miss Stowe. I have sent two nurses every three months for special training in eye, ear and throat, and have found it has been a great advantage to our school.

Miss Hay. May I ask Miss Ayres to state briefly what she considers the length of time that should be given to this course?

Miss Ayres. At the Manhattan we have the three subjects, eye, ear, nose and throat. Some special hospitals give only two, eye and ear, but where there are three subjects, it is practically impossible for the special hospital to give that training to affiliated nurses in less than three months, devoting one month to each subject. I know that in a general hospital it is hard to give up nurses for three months. Many have said to us, "Cut your course down to two months, and we will be only too glad to send you our nurses." But for us to give the nurses less than a month on each subject would be impossible. General hospitals who cannot affiliate with the special could follow out either the second or the third suggestion. I am sure I never again should be willing to be in charge of the training school of a general hospital and graduate nurses knowing so little of the care of these cases. I realize now that ear work means anatomical surgery, and that nose work often means brain work, and that operative cases are more easily cared for by an inexperienced nurse than treatment cases. I would rather have such a nurse take care of me after an operation than give me a nasal or aural douche. This is not a simple thing to do, and care is quite as necessary before the operation as after, to prevent taking
cold. The whole subject is very important, though the general hospitals do not seem to realize it.

Miss Larsen. It is my experience that nurses do not know how to care for these special cases, and I believe it is quite essential that we teach our nurses something about this branch of nursing. I was once in a hospital where a patient had an operation on the nose, and the nurse who prepared him for the operation gave him a nasal douche before inserting a post-nasal tampon. It caused hemorrhage.

Miss Hay. When we hear of the difficulties in the nursing of these specialties, we appreciate that some very bad things might happen, and we would not be sufficiently trained ourselves to appreciate the enormity of the offence, as would Miss Ayres. And another difficulty to be considered, of course, is that so many of us are situated so that we could not very well affiliate if we desired it. It is pretty expensive work coming from Chicago to New York, and I am afraid there is no eye, ear, nose and throat hospital in Chicago that could give the sort of special training that would make us willing to put our nurses there for three months.

Sister Amy. I should like to ask, Madam Chairman, if Miss Ayres would approve of having a special ward in a general hospital with a specially trained nurse.

Miss Hay. I believe that is one of the things Miss Ayres recommends in her paper if affiliation is impossible.

Miss Ayres. My second suggestion was that a special ward should be under the supervision of a graduate who had had the special training, and the third was that one of the assistant superintendents should take charge of it and give it as close supervision as possible. I realize, of course, that the special hospitals could not accommodate all the pupils from the general hospitals.

Miss Freeze. It seems to me that the general hospital must necessarily be rather a large hospital in order to need the special one. We do not have a great deal of eye work, so do not need the special ward. Our cases are very short and go out soon. In Philadelphia, too, we have the same difficulty that Chicago finds; there is no place where we can send our nurses.

Miss Hay. I have an idea that Miss Ayres' recommendation for a special ward in a general hospital was not as much based
on the number of cases as on the necessity for having these cases by themselves, and not mixed in with the others. Was that it?

Miss Ayres. It might be a room containing four beds, might be a ward of twelve or twenty-four beds. In large cities like New York many times graduates from general hospitals are doing nothing; and I am hunting all over the city, spending hours at the telephone, trying to find a nurse who understands this work. From a financial point of view New York nurses need the work,—in dull times anyway.

Miss Nevins. I can say in connection with this that in Washington we are fortunate enough to have a very beautiful special hospital which has just recently had a gift of an additional building, and after this discussion my nurses will go there and get their training!

Miss Pinell. In the City Hospital we have one ward for male patients and one for female. On Blackwell's Island we do not average more than 24 patients in each of these wards. Of course 24 beds do not allow a very varied service. We have a full bed capacity of about 700 beds, and only 28 out of the 700 are devoted to these specialties.

Miss Hay. Will some other representative of the large general hospitals please tell us of their arrangements?

Miss Donahoe. In the Philadelphia Hospital the eye wards are connected with the surgical wards. We have a special ward for ophthalmia and one for trachoma, because we have to take these cases from the ships and keep them until the immigration authorities permit their leaving. Our laryngeal service has a special ward. We find that the nurses need a longer service in diseases of the eye than in laryngeal diseases.

Miss Hay. The President reminds me that we must hasten on to our next subject if there are no further remarks on this. There is some question as to whether we should take final action on the reports of these committees this afternoon. As there is some work of this committee that will necessarily be carried over until to-morrow, it probably means that final action will be deferred until then. We will hear next from the sub-committee on Nursing in Obstetrics, of which Miss Martha M. Russell, Superintendent of the Sloane Maternity Hospital, is Chairman.
REPORT OF THE COMMITTEE ON OBSTETRICS.

Miss Russell. Miss Hay, and Ladies: In presenting to you the report of the work done by the members to whom was allotted the task of considering the obstetrical training of nurses, I will give in some detail the work done to get the facts set before you.

The committee of five members divided the task of gaining information on the subject from (1) general hospitals, (2) special hospitals, (3) nurses, and (4) doctors. The inquiries were sent to the members of the Society of Superintendents of Training Schools. More than a hundred replies were received, and in making the report the lines indicated by the original list of questions will be followed.

1. Do all pupils have obstetrical training? There appears to be practical uniformity in the training that hospitals plan to give their pupils as far as reports of careful arrangements for work in theoretical and practical obstetrics can be relied upon. One hospital only reports no systematic effort to teach this branch, and one reported that the work was not required, though two or three pupils were sent annually to an affiliated maternity hospital. With these two exceptions all the general hospitals reporting seem to make a conscientious effort to fit their graduates for service in this line.

2. What training does the pupil receive before having her obstetrical service in (a) dietetics, (b) surgery, (c) operating room, (d) medical, (e) children. This question was intended to bring out the custom prevalent regarding the training given before the special obstetrical training was undertaken. The results are rather difficult to tabulate as the details of the plan differ widely, but they agree in the general idea that a pupil nurse should receive her obstetrical training in the last half of her course, after she has had thorough training in surgical technique, usually including some operating room work, and the opportunity for careful observation of medical cases. It is
very interesting to find this practical unanimity, as it shows the meeting of a distinct need, for a careful surgical technique should be a well established habit, or the efficiency of a pupil as an obstetrical nurse is essentially low. The double responsibility of caring for the hospital patients and teaching the nurses sometimes seems incompatible under actual conditions, and it is encouraging to find so well recognized a mode of procedure among the schools; and perhaps as we study the relations of our work, we may succeed in working out satisfactory schedules of general value. In several hospitals where nurses receive their training in their own institution, the nurse goes to the obstetrical ward for a month in her junior service, and returns later for more responsible work.

The opportunities for work with infants seems to be wanting in many hospitals; the children's ward is frequently largely orthopedic, so that few of the pupils have systematic training in the care of infants before they have their obstetrical experience. As the patients in obstetrical hospitals seldom stay after the child is fifteen days old, and as the foundling institutions seem to be adopting a policy of placing out babies in order to do away with the dangers of crowding, it certainly is difficult to know where practical experience in this important branch of nurse's work can be gained. It would seem that careful theoretical instruction is about all we can compass in most cases. The care of incubator babies, or premature babies, can be watched in the larger maternity hospitals, but where the service is small there is likely to be no material.

3. How long a time is devoted to obstetrical work, (a) in your own hospital, (b) in an affiliated institution?

The length of time reported varies from two months to six.

22% report 2 mos. 4 affiliated, 17 own hospital.
38% " 3 mos. 19 affiliated, 19 own hospital.
11% " 4 mos. 5 affiliated, 6 own hospital.
5% " 6 mos. 1 affiliated, 6 own hospital.
18% " requiring 6 to 20 cases.
The figures show the fact that three months is a very favorite period of time to allot to this subject. The amount of time spent or even the number of classes and lectures is not altogether a reliable guide to the amount of knowledge a pupil may have gained, but it seems the only practical basis for comparison.

4. How many hours class work is given?

Forty-four per cent. report more than eight classes, the remainder less. The number of classes reported varies from twenty to three. The number of lectures varies even more widely, apparently from nothing to thirty-six. Nearly all the replies to this question emphasized the value of practical demonstration and bedside instruction.

5. Can you give any description of successful methods of teaching this subject? The members seemed to hesitate to recommend any new methods in reply to this question. One or two said that they had found a course of lectures previous to the practical training of great value, but the majority depend on quizzes, demonstrations and constant supervision during the practical work to make their pupils understand the questions involved.

6. Is any social work undertaken for patients in which the nurses take part? Only 15% report any social work and that appears to be district nursing in association with some charitable agency.

7. Is it feasible or desirable to give any different training to those who intend to specialize in this subject? Twelve members thought that it was desirable to encourage pupils to take extra service in obstetrics if they planned to specialize after graduation. Several expressed the opinion that post-graduate courses in obstetrics presented the most feasible method of gaining special knowledge of the subject, but the majority thought that a careful training in the principles and practice of obstetrical nursing was all that should be required of the training schools in preparing their pupils for graduation. The majority of young graduates need to work for a time and
“find themselves” before they decide to specialize in any direction.

8. Do you teach pupil nurses to (a) deliver cases, (b) to make vaginal examinations? The reply to these questions displayed less variety of practice in the hospitals than was expected. 30% reported that the nurses were given some practice in actual examination and delivery. The conferences with physicians and with nurses displayed some differences of opinion; there seems to be local custom in the matter, the western replies being more uniformly against the practice than those from New England. Some of the doctors rely on a nurse’s ability to make a report of a vaginal examination, but most of them seem adverse to having her take the responsibility. In the conference the opinion was expressed that if we wished to train nurses and not mid-wives it was most undesirable to give them the little knowledge that might prove the dangerous thing. They thought that in the rare cases when a nurse actually has to deliver a patient, her careful observation of the rules of asepsis and her memory of the work she had seen in the hospital, would be more valuable to her than the actual delivery of a case or two. They considered it more desirable that the pupil’s attention should be concentrated on the observation of symptoms it is always necessary for her to observe.

9. Please give reasons for including obstetrics in a general course? This question drew forth replies that were nearly all alike, “indispensable to well equipped nurse,” “obligatory for hospital claiming to give general training,” “not competent without it,” “absolutely necessary,” were the terms used and repeated by practically every member. Several mentioned the gain in confidence, in sympathy and appreciation of the meaning of the service a nurse can render, and in the humane relation to patients coming to pupils during their obstetrical training.

Now the committee has at their command this abstract of the material gathered from the actual practice of the hospitals
represented in this Association, and the question of making any suggestion or recommendation thereon is before them. In view of the fact that all the hospitals are making an effort to give their pupils training in the care of obstetrical cases, there seems to be no call for radical or revolutionary recommendations. The variations of method due to local conditions are inevitable and must be accepted as affording an opportunity for the exercise of ingenuity in adapting the means at hand to the accomplishing of the desired result. The uniformity of instruction which is desirable is not the cut-and-dried similarity of method that can easily be set down as so many minutes doing one thing, or so many hours studying or even the acquiring of a given amount of information concerning obstetrical cases, but rather it is such a handling of the subject theoretically and practically that every pupil graduating from our schools may have the actual power to give thorough care to a woman and her child. This problem is not an easy one, but its right solution involves the happiness of so many homes through the health of so many women and children, that it is well worthy of our earnest consideration.

Many nurses, those doing private duty, and those doing hospital work have been asked for some explanation of the frequent refusals to take obstetrical work under any circumstances. It is recognized as undesirable for a nurse to make obstetrical engagements that may interfere with general medical or surgical work. In this age of specialization no one questions a nurse's right to accept work along certain lines and to fit herself especially for that, but there seems to be no adequate reason for the strong prejudice existing against this important branch of the work. Several nurses said that they thought the refusals were due to the fact that many nurses felt their training in this line was insufficient; one nurse said that she thought it was due to the nurse's fear of hard work. It seems that both these difficulties ought to be eradicated by proper training.

At the meeting last year the resolution calling for the appointment of this committee asks especially for a report on
the ethical side of obstetrical nursing and for a recommendation concerning the length of time to be devoted to the work.

Your committee recommends that a period of three months be allotted to the study of obstetrical nursing, with careful individual training at the bedside, and prompt recording of observation of symptoms and good theoretical instruction of not less than ten classes and five lectures. The practice of inadequate class work should be condemned, and some measures taken to give the nurses time and strength to attend to it.

The ethical side of obstetrical nursing, connected as it is with the physical beginnings of man, affecting profoundly all social relations, demands that "Ideals should be added to scientific methods." The reverence with which any great mystery should be approached should by some means be preserved in the minds of the pupils with regard to birth and reproduction, and the brutal physical facts made to stand in such relation as not to obscure the human and race importance of the matter. The social importance of prostitution in its relations to the physical and moral health of the community should be brought to the attention of nurses during their course, and it seems to your committee that the weeks when a pupil's mind is occupied with her obstetrical work is the most suitable time to have her receive the instruction, therefore they recommend that a woman physician be employed to give a few lectures covering the fundamental facts of the matter.

During the entire course every reasonable effort should be made to correlate the work with the rest of the course, i.e., to encourage a view of the just proportions of the subject so that pediatrics and gynecology and obstetrics should not seem entirely unrelated subjects.

It is difficult and probably unnecessary to make any recommendation with regard to whether the training is better given in a department of a general hospital or in a special hospital. The present practice with regard to aseptic precautions is such as to make the separation of the nurses doing obstetrical work from all others seem a matter of less importance than it did
a few years since. More than half the hospitals heard from
give the obstetrical nursing in connection with their own institu-
tions, and their theoretical instruction seems to be given to
classes at a certain time of the year without reference to the
ward work the pupil is doing at the time. This is a saving of
the time, strength and energy of instructors and also has the
advantage of not interfering with other class-work as seems
inevitable when a pupil is sent to an affiliated institution. The
advantages of sending a pupil to another institution include
the quickening of interest incident to new surroundings, the
good discipline of learning to work with nurses from other
schools, and the practical certainty of adequate experience from
the large number of cases cared for. There is also a concen-
tration of energy possible when theoretical and practical work
go together that is not attainable under other circumstances.

Several of the special obstetrical hospitals ask for an increase
in the length of time allowed. Your committee is unwilling
to recommend an increase beyond three months as desirable.
They are quite ready to recommend that pupils should be sent
to the obstetrical hospitals with a sufficiently thorough knowl-
dge of anatomy and physiology to render unnecessary instruc-
tion in pelvic anatomy, circulation or indigestion.

Her drill in asepsis should have been so thorough as to make
it easy for her to quickly grasp the application of these prin-
ciples to obstetrical nursing. If her preparation along these
lines is thorough there will be very little loss of energy in
undertaking the new work, and she will work with satisfaction
to herself and those who have the responsibility of the patients.

Respectfully submitted,

Lucy Ayres,
Lydia Anderson,
Margaret E. Johnstone,
M. Jammé,
Martha M. Russell, Chairman.
Miss Hay. I am sure we are obligated for this dignified presentation of an important subject. I recall one obstetrician, and dare say there are many more, who always contends that obstetrics has to take the tag-end of almost everything. I am sure that after hearing a paper like this, he would have reason to feel that obstetrics is coming to the fore, as it deserves. I hope we will have a very full discussion. I am sure there are many who are vitally interested in this subject, either as specialists or as so far from being specialists that they realize their need and want to ask questions or speak out of the fullness of their heart about their difficulties.

Miss Noyes. I can speak very feelingly on this subject. When I took my first independent piece of work, I had had absolutely not one day of training in obstetrics beyond my theoretical work; consequently I approached it with fear and trembling. I do not mean to reflect upon my hospital training, because at that time the course was only two years in length and there was no maternity ward. I went to take charge of a training school that had between three and four hundred cases a year, and was expected to teach the nurses how to examine patients. I did not know exactly what I was going to do, but I went to a maternity hospital and studied up all I possibly could. I feel that every course of training must offer its pupils at least three or four months of obstetrical work, and cannot see how a private nurse can do her work without such training. She must be prepared and prepared well if she is to make herself felt in the community where she settles and begins to nurse. In my own school, I plan to give our nurses four months. I send them away for a part of their junior year, and later on in their senior year, for night duty. I find no difficulty in providing for that.

Miss Hay. May we hear from Miss Jones, of Rochester?

Miss Jones. We give our nurses four months, and I don’t feel that that is any too long. We are fortunate in having a building that is especially set apart for that work. I try to send the nurses in the latter part of their second year or in their third year. I am quite impressed with this idea of sending them for a short time in their first year, and mean to try it when I go back, but so far I have felt that they must have their surgical work first,
to make them perfectly safe, and we have quite a heavy service. When they have finished with the work, they do not feel that they know one bit too much. Every nurse should have thorough training in this work and should be willing to do the work afterwards. I feel rather badly when the physicians come in and tell me that the nurses don't want obstetrical cases, and act as if it were my fault!

Miss Nevins. Madam President, don't you think that the whole principle of sending pupils, not necessarily in their junior year, but in their intermediate year, into any one of these special departments an excellent idea? And then later, when the pupil has learned to grasp better the theoretical points of her work, send her again in her senior year, when she gets a good deal more out of it? This is true in the contagious department. Our first method was to send the pupil for her three or four months altogether. We have now changed that and send her for a partial period in an early year, and then later on, when she goes back again, it is astonishing how much more she grasps the idea of the whole service.

Miss Hay. That is undoubtedly true. One difficulty with us who affiliate for any of these things is, of course, in the adjustment of such a plan. This subject is so important to the district nurse and the private duty nurse as well as to the institutional worker, that I should like to hear from some of them. Is Miss Gardiner, of Providence, here?

Miss Fitzpatrick. Miss Gardiner is not here, but I am one of her assistants. We try to have nurses who have had obstetrical training. We have four pupils under our supervision, two from the special and two from the general hospital. The nurses from the general hospital don't come to us until after they have had obstetrical training, and we find it a distinct advantage to us and to the patients, because they don't need as much supervision as the nurses who have not had that training. (A question: do you give teaching to mothers?) Yes, considerable, but not so much with the nurses who are doing the general work. We have a distinct service with a nurse in charge and three assistants who do the teaching to mothers.

Miss Hay. I believe Miss Fulmer, from Chicago, is here, and
probably she can tell us of the needs as she finds them among her nurses, and also whether this instructive work is given.

Miss Fulmer. I do consider it most important that district nurses should have a special training in obstetrics. It is almost impossible to handle emergency cases and all of the work, in fact, that comes along the line of district nursing without this special training. In regard to the instructive work, all over the country now, and everywhere, nurses are teachers, and I don’t think any nurse can be a teacher of even well people unless she has had this special training.

Mrs. Wright. In many schools probationers are sent as helpers in the obstetrical wards. I should like to know what you think about that.

Miss Nevins. Madam Chairman, I think that is utterly unfair to the probationer. (Laughter.)

Miss Hay. I think probably the attitude of this body on that point is voiced by Miss Nevins.

Our next section is that on the Care of Infants and Children, by Sister Amy, Superintendent of the Children’s Hospital, Boston, Chairman.

REPORT OF COMMITTEE ON THE CARE OF INFANTS AND CHILDREN.

Sister Amy. I was asked to make a report, as I understand it, of the way in which children and infants are cared for in the large hospitals and the amount of instruction given to nurses on this subject, and to offer any suggestions that I could as to how best to make this valuable as part of the regular three years’ curriculum. I found it difficult to obtain just the information I wanted, but from 200 schools I took 50 of the best, all of them registered schools, whose Superintendents are members of our Society. The information obtained in this way I have tabulated as follows:
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| No orthopedic service | 31 |

There are four, and we may say five branches in children’s nursing to be studied. (Many of the hospitals placed a sixth branch, namely, obstetrical work as connected with children. I consider the study of normal infants and under normal conditions simply an introduction to the subject.) The few sick babies in a busy obstetrical ward are usually transferred to special wards, for everyone is too busy with obstetrical work here to make a study of sick infant nursing. So that we may say medical, surgical, infants, contagious and orthopedic branches are to be studied especially with children, as all are quite different from adult nursing in these subjects.

I place orthopedic last as I should think it would be well nigh impossible to do this well in a general hospital. It requires special talent and expensive equipment, and unless done well is better left undone, and it can be more thoroughly studied in a special hospital. So I would suggest a children’s ward having full equipment for the care of 10 medical children, 10 surgical children, 6 infant children, between the ages of 2 and 12, making 26 beds.

It should be in charge of a graduate who has had at least one year of work in a children’s hospital, and who is able and allowed to give at least two hours a week in practical demonstrations and class work, this to be supplemented by a course
of lectures from a specialist in pediatrics and children's surgery.

Each pupil should be given at least four months' consecutive service (I like the consecutive), six weeks surgical and the rest of the time medical and infants. This should be arranged for when possible in the first year. Pupils showing especial aptitude should be given additional time in their senior year for executive work in the children's ward or in contagious nursing.

Courses of instruction should include—

Normal development of child (teeth, growth, stomach).

Observation and study of the child.

(There is a value in teaching the very young nurses when they first come how to observe the child, how to be gentle and patient and tactful and cheerful. My experience has been that where we put older nurses for the first time in a children's ward, they think it is simply nursing work. They don't like it and don't study it properly. Place the young nurse there, and she gets the spirit of it and the love for little children which will help her out.)

Feeding for all ages normally and in illness.

(Breast fed, bottle fed; I don't find that the question of proper food comes in with ordinary dietetics; and then there is the question of dietetics for different diseases.)

Four classes on infant feeding (at least).

One class on artificial feeding (nasal, oesophageal, rectal).

Handling of infants—

Bath, care of skin, etc.

Handling of surgical cases.

Restraint.

(There are many ways of restraining children and keeping them comfortable, but it has to be done by someone who knows how to take care properly of sick children.)

Methods of using utensils in care of surgical cases.
PROCEEDINGS.

Miss Hay. If we could only have Miss Ayres to teach all our nurses in the care of diseases of the eye, ear, nose and throat, and Sister Amy to teach our nurses in the care of children, what might we not do in our training schools! Will anyone speak on this paper?

Miss Maxwell. I should like to ask Sister Amy how many babies ought to be given to one nurse.

Sister Amy. Three is perfect work; six the usual.

Miss Goodrich. Does Sister Amy's report include any recommendation for ward maids?

Sister Amy. None at all—never in the acute wards.

Miss O'Neill. I should like to ask if the children's hospitals are preparing enough nurses to be head nurses in the general hospitals? I have had frequently a great deal of difficulty in providing my wards with suitably prepared nurses.

Miss Hay. Sister Amy, are you able to supply the requests that come to you for competent women as head nurses?

Sister Amy. Not from my own field. We have a very small school, graduating only about 14 nurses a year. Last year we were asked to fill 40 posts.

Miss Hay. It seems to me these specialists ought at least to be preparing head nurses for us, if they can't do the instruction!

Miss Goodrich. It seems to me that, considering what the nurse has to be taught, that it takes a great many nurses in any children's ward. The head nurse has no time to instruct pupils; she must have her assistant give very definite instruction in putting up the feedings; and the number of nurses to take care of those duties is so great that it really requires the graduate nurse, pupil nurses, probationers and ward maids to attempt the care of our children's services.

Miss Hay. It is necessary to end the discussion here, but tomorrow we shall resume the discussion of all three of these papers.

Miss Nutting. I think we all realize that we have been within the last hour or two handling, perhaps, the most, certainly among the most important of those subjects that come into the education of the nurse, and I only wish it were possible to give up the entire afternoon to the preparation of the nurse for work among infants and children, for in that work we have future generations in our
hands. It is altogether the most hopeful and promising work that we can do. We will now listen to a brief paper taking up in a general way "The Problem of the Child in the Hospital," by Miss Amy McMahon; and following that, I have the pleasure of announcing to you that we will have a further discussion of the child in the institution, in the form of a brief address by Mr. Henry Griscom Parsons, Secretary of the International Children's School Farm League, who has been conducting children's gardens in institutions.

THE PROBLEM OF THE CHILD IN THE HOSPITAL.

Miss McMahon. Within the last ten years, there has been an ever increasing interest in child life, which, happily, has not been confined to a few fields, but has been widespread and general. This interest has been so keen that it has led to the development of a new science—Paidology, or Child Study, which deals not only with the child's body, the way in which it functions, and the effects upon it, brought about by different causes, but also with the mental life, its interests, instincts, and impulses, and the way in which these are influenced by surroundings. The thought has been made prominent, by this study, that for the general development of the child, the body and mind cannot be separately dealt with, as the interaction is so close.

We now find this truth influencing the management of children, not only in the best type of home, but in schools and other institutions. The child who, for any reason, has to be removed from the home surroundings, will always be more or less of a problem; and for this reason, only the very ill child, or the one who cannot receive sufficient care at home, is brought into the hospital. As a rule, as soon as the more acute stage of the disease is over, he is sent either to his own home, if this is feasible, or to a convalescent home in the country. We all know that numbers of children, for one reason or another, are not included in either of these classes, but spend weeks, months,
or even years in the unnatural environment of a hospital. This group, of course, is subject to wide variations, but, as a rule, is largely composed of surgical and orthopedic patients, although children recovering from attacks of chorea or of heart-trouble are generally to be found among them, and, not infrequently, little patients who have had some unusual form of disease and whose convalescence is being carefully watched.

What are we doing, as the temporary guardians of these children, to brighten their lives and at the same time to develop them?

It is not uncommon, even now, for the convalescent children to be given a few toys with which to play in the ward, where they cannot make a noise, on account of the other patients. As their strength returns, so does their desire for activity both of body and mind. This play with toys furnishes only brief entertainment, and does not give their increased energy sufficient outlet; consequently, the toys are soon pulled apart in order to see how they are made and whether it is possible to put them together again. This does not come from any wrong motive on the part of the child, but from the natural desire to change and create. The only satisfactory way, then, to prevent the habit of destruction is to provide him with suitable materials, with which he can express himself in his play.

If he were in his own home, he would soon collect and hoard miscellaneous assortment of objects, such as string, spools, buttons, and boxes, which would be made into wagons and houses. In the case of a girl, she would usually have a more or less dilapidated doll on which she could fasten her precious pieces of cloth and silk.

Since the spirit of collecting cannot be encouraged in the hospitals, we must find some other method of employment which will satisfy the same instinct.

Here we shall find some of the kindergarten material and kindergarten methods most useful. The materials, such as colored sticks, colored wooden beads, blocks, etc., are inexpensive and easily sterilized. With a few helpful suggestions,
and even occasional supervision by one of the nurses, the children will be happy trying to carry out their own little plans. We all know how children love to play with dough and make mud pies. As a substitute, clay could be used by the older ones and would supply many happy hours of work and play, for there seems to be no limit to its possibilities, as the children try to represent everything they have ever seen. In order to eliminate all risk of infection, the clay could be marked and always used by the same child. Coloring pictures in magazines, either with paints or crayons, and pasting squares, circles, and angles to form designs, are occupations which children greatly enjoy. It is very interesting to notice how each child’s productions show his individuality more and more, both in the subjects chosen for representation and in the manner of expression.

The roof-garden or porch can be made a bright, happy place, if provided with a sand-box and flower-boxes, especially if some of the children have had a share in planting the seeds. They watch day by day for the first signs of green and finally their patience is rewarded. Each stage of development is then observed by their watchful eyes. The younger ones will amuse themselves for hours playing in the sand with their pails and shovels. When they are getting tired and restless, the nurse can always resort to story-telling, for most children enjoy a good story.

The nurse in charge of the convalescent patient, whether on the roof-garden, in the play-room, or in the ward, should be made to realize that she is there, not only to keep the children out of mischief and from overtasking themselves, but to see that they are all provided with suitable material with which to play, and from time to time to play with them.

In addition to this, I should suggest that in every hospital, where there are children from four to ten years old, there should be, if possible, a daily kindergarten, with a qualified kindergartner in charge. Her time could be divided between the convalescent patients and some of the little bed patients,
many of whom would be much better for wisely chosen employment. She could select suitable games and songs and, when necessary, change and adapt them to suit the peculiar needs of the children. Advantage should be taken of the fine weather and the kindergarten held in the open air.

One point I should like to emphasize here, and that is, that one of the nurses should always act as the kindergartner's assistant, preferably the one who is, at the time, in charge of the convalescent patients. If all the nurses could not get this valuable experience, I think it should be given to those who are unusually fond of children and likely to be making a specialty of this branch of nursing.

I found, on enquiry, that several of the New York hospitals had kindergartens, so I immediately asked to be allowed to visit them. The Hospital for Ruptured and Crippled has a well equipped kindergarten, in charge of a fully qualified teacher, and her assistant. The morning I was there about thirty children were present, of whom fully one-third were in wheel-chairs. It was remarkable to see how heartily most of these children joined in the games and songs. Although some of the words of the action-songs had been changed to correspond to the movements they were able to make, they sang with no less vim. Their table games did not need to be altered in any way, for even the children in wheel-chairs had small tables conveniently arranged. Eight of the children danced a folk-dance very prettily. It was a little dance made possible for them by putting together easy steps from several of the folk-dances. After any game or dance, in which only a few were able to join, the rest being on-lookers and keeping time, I noticed that great care was taken to choose something in which all could join, so that they never lost interest.

At Bellevue Hospital, a kindergarten teacher spends three hours every afternoon with the surgical children. She not only teaches the children who are up, but gives suitable material to the children who are still in bed, but well enough to be employed for a short time.
During the winter and early spring, a kindergartner spends an hour daily in each of the children's wards of St. Luke's Hospital. She, also, gives part of her attention to the children in bed.

Both at the Post-Graduate and St. Mary's, different ladies volunteer their services one or two afternoons a week, in order to amuse the children with kindergarten songs and games.

I understand, that at present, Bellevue is the only place where the materials are supplied and the kindergartner paid by the Board of Education, although, from what the head of the kindergarten department said, I judged that other hospitals might meet with the same consideration if they made their needs known.

In one or two of the hospitals where they have no kindergartens, they are very anxious to have them started, as they feel the great need of something of the kind.

I might mention that in the Hospital for Ruptured and Crippled, where some of the boys and girls are fourteen or fifteen years old, they also have a regular graded school, with several teachers. They also teach all forms of manual training.

At the New York Orthopedic Hospital, where the class of patients is very much the same, they have no kindergarten, but a teacher comes in two afternoons a week for the purpose of giving practice in reading and arithmetic to the more ambitious children, so that they need not lose their places in school. As soon as they are able to leave the City Hospital, they are sent to the country branch, where they continue their studies in the regular graded school.

Miss Nutting. To those of us who falter at the thought of laying any additional burden upon the always inadequate staff of nurses, it is pleasant to think of a kindergartner coming in and taking care, for three hours at a stretch, of the children who do not need active nursing care. I hope the suggestions made here may be carried far. If the Board of Education is willing to help in one place, I can see no reason why it might not be interested
in other places, helping the hospitals and helping the children, and incidentally helping the kindergartners. I am sure we realize one thing, and that is that our nurses who are caring for little children are more often unable to amuse the convalescent child than to nurse it, and any training with which she can provide herself in the hospital and can carry into the homes where the children are, will be valuable. I have asked Miss Brent, who has been in charge of one of the most important children's hospitals in the country, to speak on this subject.

Miss Brent. Madam President. I have listened with a very great deal of pleasure to Sister Amy's paper and to Miss McMahon's, and feel that the question of kindergarten work with children is certainly a very important one. The Children's Hospital, of Toronto, is fortunate enough to have provided by the Board of Education a kindergarten teacher who spends the morning with the children in the school and the afternoon in the wards, going from bed to bed, and teaching them both kindergarten work and more advanced work. I have known boys of thirteen come into the hospital without knowing their letters, able to write to their homes before they had been under the teacher's care six weeks; so that it has been a very great advantage to the children in every way.

With regard to the training of nurses, I think that the great difficulty has been that sometimes superintendents of the general hospitals and the nurses in these hospitals do not appreciate the privilege of working amongst children. We had affiliation at one time with a hospital, and the superintendent of that hospital considered that two months was altogether too long for her nurses to spend in a children's hospital, so the affiliation was broken. Certainly it seems to me, as Miss Nutting has said, that there is nothing of more importance in this world than to nurse children and train them. The nurse in the children's hospital has the added responsibility of the formation of character, and certainly that is one of the greatest things for which we can work. We have these little ones in our care a very long time, the orthopedic children particularly. Their little lives have been handicapped, and we should do everything we can to help them. In the case of some of these children I know (possibly Sister Amy will corroborate this) it is hard to keep up the interest of the nurses and
the interest of the house doctors. The case is only a chronic one, and they don’t care very much about it; there is not very much to be learned in that case. But if they can be made to realize that one false step in the care of the orthopedic patients may mean months and months of added suffering for those children, possibly they will realize that there is something to learn. With regard to the babies, good training is equally important. Infant feeding is now receiving the attention it deserves, and the doctors are demanding so much of baby nurses that certainly two months is not too long for learning how to handle orthopedic cases and look after infants.

Miss Nutting. I think we would all be very much more likely to say six months than two. I was about to call upon Mr. Parsons, but I see in the audience a very well known man who has for years been interested in, and in fact, who has built and maintained for many years a children’s hospital in Toronto. I wonder if Mr. Ross Robertson would like to say a few words to the audience?

Mr. Robertson. Madam President and Delegates. It seems to me that I am always getting into trouble. I came here to listen to the discussion on this subject and to gather knowledge, and I have certainly learned a great deal. But I did not expect to be called to the platform to talk to this very representative assemblage of the chiefs of the Training Schools for Nurses on this continent.

I am not gifted in the line of speaking, especially when I am unprepared. I am not as prompt in talking as a colored bell boy whom I met at the Royal Palm Hotel in Miami. He reeled off a story in response to my request for some information, and when I asked him how he managed to respond so quickly and so well, he said that he spoke just on the “perspiration” of the minute. Well, I am not in the class of my colored friend, and I find preparation necessary.

At the same time, I gladly respond to the request of the Chair, for I heartily endorse all that has been said in that very excellent paper read with regard to occupations for children in the children’s hospitals and in general hospitals where they have wards for children. It is a subject that has created a great deal of discussion in Toronto—how to secure, in the first place, teachers, and then how to occupy the minds of bed patients who have not the
advantage of assembling in the schoolroom. We have overcome that difficulty, as Miss Brent has explained to you, and now the condition of things has very much improved. Our purpose is when we get a new wing for our building to endeavor to have a playroom or rooms for children where they can be given some technical training, with tools, and endeavor to occupy the minds of those youngsters in the surgical wards who are not very far removed in many instances from the wild boys of Borneo. It is satisfactory, however, to know that we have improved very much in occupying the minds of these children and are ready to adopt any suggestion that will cover the situation, for, as you know, it is a difficult problem to solve.

In connection with our hospital work you will all be glad to hear that during the past year Toronto has taken a step in advance in connection with work among children—we have inaugurated medical inspection in our schools. (Applause.) The Board of Education in our city has secured the services of Miss Lina L. Rogers, formerly the Supervising Nurse in medical inspection in the schools of New York. Miss Rogers has for eighteen months past been occupied in organizing medical inspection in the schools of Pueblo, Colorado, and she entered on her work in Toronto a few weeks ago. The nurses employed under her are graduates of the Hospital for Sick Children, Toronto. I need not tell you that the nurses from the Hospital are high grade nurses, thoroughly well informed in the work of caring for children. I suppose that my life would hardly be safe if I were to say that our nurses are the best in the world (laughter), but you all know the kind of nurses that graduate under the training of Miss Brent, our Superintendent. Of course, we shall have to have more nurses in the work by and by. The difficulty is that the supply from the Hospital is limited, for our graduates are never out of commission, as there is such a demand by doctors for them.

The Chair has been good enough to allude to some work that I have been able to do for nurses. Well, I am inclined to congratulate myself on what I have tried to do for so worthy a class of women. They deserve all that I have done for them, for I don't know of any class of women in the world who deserve to be better done by than the hospital nurse. It was my examination into the condition of women nurses in many of the large hospitals of
this continent, in Great Britain and in Europe, that inspired me with the idea of building a nurses' residence, not a home, but a residence, that would meet the conditions in Toronto. I am glad to say that the plan of the building, its structure, its exterior and interior, has been commended by a large number of hospital authorities that have not only examined our plans, but who have by personal inspection assured themselves that the building is in every detail up to all requirements.

I thank the Chair very much for giving me the opportunity of standing before my friends, the Superintendents of Training Schools in the United States and Canada, scores of whom I know personally, and speaking as I have spoken. My hope is that I may be spared to do more work in the future than in the past, not only for the sake of the sick little ones who come under our care, but for those angels of mercy who have devoted their lives to the care of young and old, who are fortunate enough to seek renewed health in the wards of our hospitals.

Miss Nutting. If we judge by what Mr. Robertson has done in the past, I think we may be very hopeful for the future, and I hope he may live long enough to carry out every plan that he has! (Applause.) We must apologise to Mr. Parsons who is, I believe, in the audience, and who was to speak to us a little earlier in the day, as I have just told you, on "Children's Gardens in Institutions." Mr. Parsons.

Mr. Parsons. Madam President, and Ladies. I must admit that I was very much pleased when Miss Nutting offered me this opportunity. I represent an organization that is very anxious to spread the movement of children's gardens, and each year we try to do something new which will emphasize some one specially valuable side of the movement. Before we attempted any of these special pieces of work we had a great deal of experience. During the past eight years we have thoroughly satisfied ourselves of the value of children's gardens, and last year we took advantage of an opportunity that presented itself and built a children's garden on the grounds of Bellevue Hospital—and of course you want to see it. It is in connection with the clinic for the tuberculous children, down on the old Bellevue pier. A ferryboat which has been withdrawn from passenger service is tied alongside, and there
they have a number of children, between forty and sixty. On this
boat they have a school and kindergarten, and a number of other
interesting things which you ought to see. At the gangway is the
children's garden, accommodating at first 20 children, but last
year we had to cut each little plot in half, making 40. The child-
ren are really very anxious to have them. Fortunately for us and
our desire to spread the movement, you and your nurses and your
hospital authorities believe a little more each year in the value of
fresh air and sunshine as necessary for children such as these
are, tuberculous children, orthopedic cases, and similar cases out
of bed. We add one more ingredient that we consider quite as
essential as either good food or fresh air and sunshine, and that
is happiness. We think the child grows well much more quickly
if it is happy, and do you know any happier child than the one
that is digging in the dirt? I don't. It remains for the person
in charge of the garden in the hospital (I would always prefer a
nurse who had had this extra training, but, of course, we can't get
that yet), it remains for her to remember that in each different
kind of children's garden emphasis must be placed on some one
point. If it is a garden in a public school, emphasis should be
placed on education. We must get all the educational value out
of the garden that is possible. The difficulty in the public park
garden is that it is largely conducted during vacation and after
school; for the children there, we place the emphasis on recrea-
tion; we try to eliminate everything that looks like a forced lesson.
We make it just as joyous and free as possible. But in the hospi-
tal garden, first and foremost we must get the health of the
child. Now there is very little difference in the actual practice
of these different children's gardens, only in the school life or the
recreational work we take it for granted that the children who
come in are apt to be pretty well. But in the hospital we know
they are sick, and therefore we give special attention to guarding
against wet feet or exposing their heads to the sun; and those
are the only parts where there is danger—the rest doesn't matter.
We have one iron rule, that from the first of July the children
may not work in the sun in their gardens without a hat. A child
can be very happy sitting on the path opposite his little plot,
watching the ants and the bugs and perhaps fingerling the leaves.
We frequently find small boys and girls caressing the leaves of
their plants.
The work under reasonable management gives splendid results. I am very glad to say that we have this year a garden under way at Bellevue, in charge of a girl who was cured in the garden last year. This girl was a very able assistant to the teacher who was in charge of the garden last year, and now we are able to put her in charge of this garden as practically cured in that garden. I don't say that she was cured by the garden, for she, of course, had excellent treatment, but the sunshine and fresh air and happiness in that garden, the flowers and vegetables, the work with the children, and learning how to handle the soil, did much to assist—and others tell me so.

Another garden that I should like to have you see if you find an opportunity while you are here, is one that was just opened on Friday last, at Public School, No. 177. It is a little over 50 feet square, and has 56 plots. About one-third of the children who are going to be farmers in that garden are deficient. It has been my experience that many deficient children do excellent work in a garden. Part of their deficiency seems to be an inability to form a mental picture from a word picture, but if they see the thing itself, and we show them what to do with it, they often can do it in a very practical way. There is one girl of this kind who has done particularly good work—whether because she is deficient or in spite of it. She works steadily. If you speak to her suddenly you have to speak again.

There is a garden that I think a good deal of because it was the beginning of this work in New York, started by my mother, over on the west side, at 54th Street and Eleventh Avenue. In that garden, started in 1902, we have tried out every theory we have. We never give to the public anything that we have not proved to our own satisfaction, and in that garden for the last three years we have had 150 orthopedic cases a year, children collected by the Crippled Children's Driving Fund, which goes about and picks up the children who cannot get out. One of those brought in this way was a girl of seventeen, weighing 175 pounds. She was suffering keenly with just that need, the need of being next to the ground, next to growing things that all of us have in us. Her delight actually would bring tears to your eyes! There we have to have wider paths in order to accommodate the children in plaster casts who have to lie down flat on the paths. Some could
not get down to the ground at all if they had to bend. These children in plaster casts do not come often, but we assign them certain plots, and we let the well children work on them. It is a good thing for the well children to assist the crippled ones. There are all classes of children, all kinds of sickness: some quite sick who need assistance, and some pretty nearly cured. The well children help the sick. We often see crippled children being wheeled around the garden by the well farmers, who are showing them their plots—farms, as we call them. In these gardens, all but the one at Bellevue, the work has been carried on in the same way. The children grow vegetables, and not flowers. Vegetables grow faster—and the child can’t wait. They have a tremendous amount of energy, at high pressure, and they want results right away. They work about as do chickens in coming out of the shell. Tremendous struggles for three or four minutes and then apparently dead. When rested go at it again for all they are worth. The amount of energy they put into it is tremendous. It is not so startling with the child, but the same rule would hold. They will work quite hard for five minutes, and one must know something of the laws of fatigue in running a children’s garden. One child can be given so much, and for the next child half of that is enough. If the child feels under compulsion, it destroys all the good that has been done. He can lose more energy in the last six inches of weeding than he has gained by all the time spent in the garden during the day. I know, because I was born tired and have been tired ever since. I feel like an expert on this question of fatigue.

This freedom, this letting them do as much work or as little as they choose in the garden has much to do with the improvement that comes to them. Gardening appeals to all human beings equally. When you think of it, this was probably our first occupation, and probably was also the occupation of women, for we don’t know how many thousand years before man would deign to touch the soil. Woman was the first farmer, the first person who wanted to get any food for her young, and she did all this farming for thousands of generations. You know our own Indians are near enough in history to tell us that the Indian woman always hoed the ground with a broken stick. Children prefer to work with just such implements, rather than with first class
tools; all children like to use a little stick. They have a better appreciation of tools a little later on, but it is not necessary to buy elaborate ones at the beginning. There are two or three interesting things that come to the child when he is down close to the ground. It is excellent for children who are deficient in writing. I believe, too, in the child working alternately with either arm, developing both sides of the body. Then, too, these children are fed on selected food, eggs and milk, mainly. They ought to have some idea of the things that surround them, the earth and the growing plants, and so we grow the plants that they are going to see the rest of their lives—corn, peas, radishes, beets, carrots, lettuce and onions. I am very much afraid of talking too long, and so I am just going to leave you an invitation to visit any or all of our various gardens. (Locations of the different gardens with best hours for visiting.)

Miss Nutting. I am sure I speak for the entire body of superintendents present in thanking Mr. Parsons for something entirely new to most of us and rich in suggestions and possibilities. Our students at Teachers College went last year to the garden at Bellevue and were much delighted, bringing away some very interesting ideas. The afternoon is now so far advanced that we cannot wait for anything further. We will finish with one or two brief announcements.

Miss McMillan. Madam President, I wish to move that the Council appoint a committee to draw up suitable resolutions upon the death of the English nurse, Miss Isla Stewart.

Resolution seconded and passed.

Miss Nutting. Tomorrow morning the business meeting of the Society will be held until eleven o'clock, and it is requested that only members of the Superintendents' Society present themselves for the early part of the session. For the first hour we must devote ourselves strictly to business matters. After eleven, the meeting will be of the usual type, with papers and discussions. The meeting will stand adjourned until ten o'clock tomorrow morning.
THIRD SESSION.

The morning session opened at 10 a.m., the President in the Chair.

The President. Before proceeding with the work of the morning I think the members would like to hear the message that was sent to Miss Nightingale. Will Miss Maxwell kindly give it?

Miss Maxwell. "Warmest greetings American nurses celebrating fiftieth anniversary Nightingale Training School." (Applause.)

The President then extended to the members of the two societies an invitation from Miss Anna W. Kerr, Superintendent of School Nurses of New York City, to visit the schools.

The President. Yesterday this Society appointed several committees, and as soon as we have listened to the report of the Council, we will discuss some of their work.

Miss McMillan. The Council has appointed the following committees: To draw up suitable resolutions on the death of Miss Isla Stewart: Miss Dock, Miss Goodrich and Miss Delano. Committee on Red Cross Affairs: Miss Parsons of Boston, Miss Hay of Chicago, and Miss Brown of San Francisco. On the Revision of the Constitution and By-Laws: Miss Noyes and Miss McKechnie. Committee on Resolutions of Thanks: Miss Carr, Miss Nevins, and Sister Amy.

The Council reports that resolutions of regret on the part of the Council in the great loss of one of its members have been presented by the Chairman of that Committee, Sister Amy; also that six more applicants have been recommended for acceptance into the Society:

Miss Helena Toothaker...........Asst. Supt. Manhattan Eye and Ear Hospital, New York City.
Miss Belle Secord...................Supt. St. Clair Hospital, Cleveland, O.
Miss Elsie McDonald................Supt. Sheltering Arms Free Hospital, Richmond, Va.
SIXTEENTH ANNUAL CONVENTION.

MISS ESTHER T. JACKSON.........................Supt. of Nurses, Ellis Hospital, Schenectady, N. Y.
MRS. L. LOWRY..................................Supt. Malden Hospital, Malden, Mass.

The President. These names, which have been acted upon by the Committee on Membership and presented by the Council, are before you. What will you do concerning them?

Moved by Miss Noyes and seconded by Miss Greenwood that the names be accepted. Passed.

The President. The resolution offered to the Council, while it actually should not be presented at this meeting, I am sure you will wish to hear, because we intend to send it to the Society and to Dr. Robb and his family. I should add that Mrs. Robb was, I think, from the very beginning almost uninterruptedly a member of the Council, and we have had the benefit of her help all of these years.

"The Council of the American Society of Superintendents of Training Schools for Nurses, moved by sorrow and sense of keen personal loss in the tragic and unlooked-for death of Isabel Hampton Robb, desire to convey to Dr. Hunter Robb and family their most heartfelt and lasting sympathy in the grief that has befallen them."

Miss McMillan. The following letters have been received:

From Miss E. Bertha Bradley:

"My dear Miss Nutting:—

"May I have an opportunity to give greeting from the National and State W. C. T. U. I will not take much time."

From Mr. Courtenay Dinwiddie, Secretary of the New York City Visiting Committee of the State Charities Aid Association:

"My dear Miss Nutting:—

"I should like to suggest the subject of the use of toothbrushes by hospital patients, for discussion at the Convention of the"
American Society of Superintendents of Training Schools for Nurses, and, perhaps, at the Convention of the Nurses Associated Alumnae, if you think well of it and there is sufficient time on the program. From an academic point of view, it would probably be admitted by all that it would be a very desirable thing to supply tooth brushes to all hospital patients, except, of course, to typhoid and other special cases. However, from the point of view of the hospital authorities, there are undoubtedly a good many practical difficulties to be overcome before such a general distribution of toothbrushes can be made. The cost of the brushes is slight, those used by Bellevue Hospital this year costing only 30 cents a dozen, but there are a number of other questions to be considered: for instance, whether a hospital should undertake to distribute brushes only to patients that demand them, in case the nursing force is inadequate to supervise the use of the brushes; how the indiscriminate use of brushes by the patients may be prevented; in general, just what are the practical difficulties and obstacles that must be met and overcome, and for what particular classes of patients, with reference to disease or length of stay, etc., the use of the brushes is recommended.

"Personally, I have not gone into the subject at all deeply, and I have no doubt that you could secure much valuable information from Miss Goodrich, of Bellevue. The distribution of the brushes to such of the patients as demand them has been in effect in Bellevue for over a year.

"So far as I know, this important subject has never been carefully considered by a representative body of persons familiar with the needs of the patients, and also the administrative hospital problems. For that reason, I offer this suggestion for your consideration."

From the Society of Great Britain for the State Registration of Trained Nurses:

LONDON, April 29th, 1910.

"Dear Miss Nutting:—

"At the meeting of the Executive Committee of the Society for the State Registration of Trained Nurses, held in London last week, it was my sad task to acquaint the Committee with the grie-
vous news, conveyed in your cablegram, of Mrs. Hampton Robb's sudden death, and I was asked to convey to the American Society of Superintendents of Training Schools for Nurses the deep sorrow and sympathy of our Society in the irreparable loss sustained by the American Superintendents in the death of so distinguished a member, as well as by the nursing world at large.

**Ethel G. Fenwick,**  
*Honorary Secretary.*

From the Matron's Council of Great Britain and Ireland:

**London, May 1st, 1910.**

"Dear Madam:—

"I am instructed by the Matrons' Council of Great Britain and Ireland to convey to you their deep sympathy with the sad loss you have sustained in the death of Mrs. Hampton Robb. Mrs. Hampton Robb was an Honorary Member of our Council, and her grand work for the nursing profession had caused her to be admired and appreciated throughout the English nursing world. Her sudden and unexpected loss is a terrible blow to the many friends she has left in England and who looked forward to meeting her again at Cologne. I trust you will assure your Society of our unaffected sorrow at so tragic a close to such a brilliant career.

"Yours sincerely,

**M. Mollett,**  
*Honorary Secretary.*

**Miss McMillan, Secretary,**  
*American Society of Superintendents.*

The President. These matters are before you and some of them require action. I have had a brief word with Miss Bradley, who represents the National W. C. T. U., and have told her that I feared, owing to the crowded state of our programme, we should not have time to give place to the subject, but that I would gladly present it to you and abide by your decision. It is needless to say to Miss Bradley, who is a nurse, as well as a member of the Women's Christian Temperance Union, that we have the heartiest sympathy with the work which that body is doing, and if you feel
that you would like to have a few moments devoted to it, I should be glad indeed to place the matter before you. Would you like to accord a few minutes to Miss Bradley, if she is here this morning? (Reported that Miss Bradley was not present.) We will have to pass on then, and simply express to Miss Bradley through the Secretary our regrets that we were unable to present the matter at this meeting.

We should take up the letters from the British Society for the State Registration of Trained Nurses and the Matrons' Council of Great Britain and Ireland, and act upon them, expressing our appreciation of their sympathy. I am sure you will agree with me that such a response should be made.

Miss Tracy. I move that the Secretary be instructed to speak for the Society.

Miss Maxwell. I second the motion.

The President. It is moved and seconded that the thanks of this body be conveyed to the members of the two societies in England who have sent us such sympathetic messages.

As to Mr. Dinwiddie's interesting letter, I think we might take that up for a few minutes now. Miss Goodrich, perhaps you will be good enough to tell us how you handle that subject in Bellevue, and reply to some of Mr. Dinwiddie's questions.

Miss Goodrich. I need not tell a body of superintendents the practical difficulties in the way of the use of toothbrushes in the wards. I will say that we are trying very hard to use them, that they have been placed in the children's wards very effectually, because the nurses do, I think, take a good deal of trouble to see that the children use them. Each patient's brush is presented to him as he leaves the hospital. We thought that we were doing it very successfully, but Mr. Dinwiddie found some statistics somewhere in the hospital which showed that we had issued a thousand toothbrushes and sent out two or three thousand patients, so that at that rate we were apparently giving only a fraction of our patients the benefit of the toothbrush. I tried to explain to Mr. Dinwiddie that a very large proportion of patients' mouths are taken care of in a different way, and that it was not fair to say that a number did not get this care because there was no evidence. There is not any question, however, as to the desirability of placing the brushes in the wards, and especially in the children's wards.
I doubt whether we could teach adults the advantages of using the toothbrush, but at the same time, it is very well to give them the opportunity. I would like to ask if any other institutions are using toothbrushes?

Miss Maxwell. We have used them for two years. Of course the purchase of the brushes necessitated the purchase of mugs, so we have a little white agate mug for each patient in the wards. At Mt. Sinai the brush is kept in a large test tube strapped to the side of the bed.

Various other speakers reported the use of toothbrushes in their hospitals, and considerable interest was manifested in this subject.

Miss Parsons. In connection with this subject, it seems to me that the subject of Home Hygiene is pretty well neglected in our hospitals. We are going to introduce some lectures that will be illustrated with lantern slides showing the bacteria of the mouth.

Miss Goodrich. I would like to ask how many hospitals have dental clinics for their patients. We have one at Bellevue, held every day in the week, and it is very valuable.

Miss Ehrlich. We have a dental clinic in our dispensary.

The President. At a recent very important lecture given in London by Dr. Osler, he said that many serious troubles arose from our lack of appreciation of the importance of the care of the mouth and teeth.

Various other dental clinics and lectures on the care of the teeth reported.

The President. I think we shall be able to say to Mr. Dinwiddie that the subject he proposed was presented and met with a favorable reception, and that a good deal of work is reported being done in various hospitals.

I would like to mention one interesting fact following yesterday’s discussion of the advisability of having local associations of superintendents. Sometime during the busy day the superintendents of Philadelphia met in some part of our room here and organized their Superintendents’ Society, with a preliminary organization of at least ten members, with Miss Milne as President.

The resolutions from the Society, on the death of Mrs. Robb, have been prepared, and Miss Dock will read them.

Miss Dock. They are very imperfectly drawn up, but, of course, can be amended.
"WHEREAS, in the death of Mrs. Robb, the American Society of Superintendents of Training Schools has lost its founder and one of its most loyal, brilliant and far-sighted members and leaders, who, during the years when all her talents were unceasingly devoted to the interest of her profession, inspired the movement toward the grading of instruction to pupil nurses and the coördination of theory with practical work; the three years' course and the eight hour day; the formation of the Associated Alumnae; the creation of the Hospital Economics Course; was one of those most interested in establishing the American Journal of Nursing and the first to suggest Miss Palmer as its editor; and one who as an individual was an unfailing source of enthusiasm and helpfulness in every nursing interest and every social movement relating to health; who was active in the hospital and visiting nurse work in her own city; in the state work of organization and attainment of registration; in national movements affecting nurses, such as the Army Service and the work of the Red Cross; and in international organization, under which she had but recently become chairman of an international committee on education:

"Therefore, Be it Resolved, that this Society place on record its lasting recognition of her inestimable services and offer its profound sympathy to all the members of her family."

The President. We will now proceed with the programme, and Miss Delano will give us a report of progress in Army and Red Cross Nursing.

REPORT OF COMMITTEE ON ARMY AND RED CROSS NURSING.

Miss Delano. Madam President, and Members of the Association. When I was asked last fall to go to Washington and take charge of the Army Nurse Corps, I hesitated for a long time. It seemed to me a tremendous opportunity for work with the prospect of some difficulties. I think the one thing that reconciled me to it was the feeling of certainty I had that back of me in anything I undertook to
do for the nursing work of the army I would have this splendid body of women. Feeling that, it seemed to me a duty to go.

As I said before, I went with some doubts. It was new work; I had not served during the Spanish-American War, and knew none of the nurses in the corps. However, I went, and I come to you today, as in a way your representative, because, although not officially so, still in my own heart I felt that I was your representative—and so I come today to give an account of my stewardship.

I spent the first four months doing practically nothing. I think any of you who have gone into a perfectly new place can understand the wisdom of that. During the winter we undertook what seemed to me perhaps the first thing to do. I went on the principle that we would undertake in the beginning the things that seemed most obvious and that we had the most hope of accomplishing. Soon after I began, in December, after a meeting of the Red Cross, this Red Cross National Committee was formed, and I was made Chairman of the Red Cross Committee on Nursing Service, which really brought this and the Army Nurse Corps under one head, and which seemed the most possible and practicable working basis for the organization of this large body of women. The first thing we undertook was the passage of a law providing for an increase in the salary of the nurses. The Army Nurse Corps had, since the close of the Spanish War, received forty dollars a month in the United States, and fifty outside, and the supervising nurses, or the chief nurses, ten dollars additional. We asked for an increase all around of ten dollars a month. We also asked for an increase of five dollars a month at the end of the first period of three years (they enlist for a term of three years); for an increase of five dollars at the end of the second period, and for an increase of five dollars at the end of the third period, and a continuous salary after that of sixty-five dollars a month. Then we asked for ten dollars additional increase beyond the United States, with the same periodical advance. Then we asked in addition to that for
cumulative leave. Nurses going into the service may be sent at the end of the first year to the Philippines. Of course, with the heavy travelling expenses they can’t come back for their vacation of one month a year. Under the old law, if they failed to take it during the current year, they lost it, so we asked for cumulative leave. If the nurse stays nine years, say, and does not wish to take her vacation during that time, she can take nine months at the end of that period. We hoped that this bill would carry with it a retroactive clause in regard to the past services of nurses already in the army. The passing of this bill had the most hearty cooperation of the officers of the Red Cross, who would provide the same conditions for their own nurses if they called them out in time of emergency or war. After some difficulties the bill was passed without any amendments or changes. Then the question of the retroactive aspect of the bill came up, and to put this to the test, we sent in the test payroll of a nurse whose term had expired, but who had gone over a few years of her service in the second period. We had learned the value of precedent which in the army is everything. Once a precedent is established, it is safe for all future generations. We put this test in promptly, and just before I came to New York I heard that the allowance was granted, which means service pay granted for all past service in the army, no matter whether continuous or interrupted. Miss Hasson will tell you later that all of these reforms apply equally to the navy.

Then there are other things that we have gained through regulations. In the army there are certain things that must be provided for by laws enacted by Congress, and others provided for by regulations recommended by the Surgeon-General of the Medical Department and approved by the Secretary of War. Another thing that we have arranged for is the laundering of the nurses’ uniforms; that has been allowed. Then in regard to the nurses’ travelling expenses. To my great joy, not more than a month ago an order from the Secretary of War came in to the office, outlining the conditions for the
travelling expenses of the various people in the army. I forgot to bring a copy of it with me, but it outlines the people who shall be entitled to first class transportation—the Pullman or a standard sleeper. It states that all officers of the army and members of the army nurse corps shall be entitled to this first class transportation. It goes on and gives other classes who may be entitled to it under certain conditions, but only to nurses is it given absolutely, without any qualifications, under all circumstances,—a matter of regulation. Then they have put in an estimate for another year for an increase of 25 nurses, so they must be convinced that the Corps is a good thing.

In justice to my predecessor, I want to say that nearly everything that has been accomplished in the Corps is no new thing. Mrs. Kinney had made these recommendations many a time; it simply happened to be the psychological moment. I think it was largely due to the fact that we had the cooperation of the Red Cross. Miss Boardman went personally to many of these people, talked with them and interested them. Then I really think that the members of the whole staff of the Surgeon-General's office really want to make this a thing to be proud of. Then, in regard to the question of quarters. I visited Fort Meyer last winter, where the nurses have charming quarters. You would call it a residence, but in the army it is quarters. Every nurse has her own room, opening out onto a balcony, and having a view of the mountains on all sides. There is another thing I want to mention. They are planning quarters now in connection with the Walter Lane Hospital in Washington, which I think will compare favorably with the residence in any training school. Each nurse has her bedroom; there is a very comfortable suite of rooms for the chief nurse; a large sitting-room for the nurses, writing room and dining room. When they planned these buildings, there was no provision for closets. Fortunately, I asked to see the plans, and of course saw at once that there were no closets. So we simply beset every man in the War Department until we had
the whole plan changed and gave up one room on each floor, giving each nurse a splendid closet.

You probably all know by this time that there is a national committee of the War Relief Board, and that of this committee a majority are nurses, nine out of ten being your own representatives. I will read the names of the Committee. Miss Georgia Nevins, Washington, D. C., Secretary; Miss Anna C. Maxwell, New York; Mrs. Isabel Hampton Robb, Ohio; Mrs. George Lounsbury, West Virginia; Miss Sophia F. Palmer, New York; Mrs. F. Tice, Illinois; Miss Margaret A. Pepoon, California; Mrs. Whitelaw Reid, New York; Mrs. William K. Draper, New York; Miss Linna G. Richardson, Oregon; Miss Emma M. Nichols, Massachusetts; Major Charles Lynch, United States Army; Surgeon Middleton S. Elliott, United States Navy; Dr. William H. Welch, Maryland; Miss Jane A. Delano, Chairman, Washington, D. C.

Of course you all know that the first Chairman of this Red Cross Board was Mrs. Isabel Hampton Robb, whom we all mourn and regret. Many things which we have incorporated in the plans of the Red Cross work were her suggestions, made when she was on this first committee and did the first work. In planning out the work of this committee, it seemed best, rather than to have all the work go out from Washington, to divide the country into sections as far as we could, and let each member of the committee take charge of the states in her own locality. I am a firm believer that the nearer you bring the organization of any work to the people you wish to reach, the safer you are in your results. This is the division of the country, as we agreed upon it. To Miss Nichols, of Boston, we gave the whole of New England; to Miss Maxwell, of New York, New York and New Jersey; to Miss Nevins, the District of Columbia and Maryland; to Mrs. Lounsbury, West Virginia. I, as the mother of the family, took what was left, which sounds a great deal more than it is, as a great many of the states have not state organization. In Massachusetts we have state organization, with Miss Mary M. Riddle, of Newton
Lower Falls, as Chairman; in New York, with Mrs. Dewey, of Brooklyn; in the District of Columbia, with Miss Anna J. Greenless, of Washington; West Virginia, Mrs. H. Camp Lounsberry, of Charleston; Tennessee, Mrs. Lena A. Warner, of Memphis; Michigan, Mrs. L. L. Grettner, of Detroit; Louisiana, Miss Emma L. Wall, of New Orleans; Oregon, Miss Jennie V. Doyle, of Portland; Maryland, Miss Mary C. Packard, of Baltimore; Georgia, Mrs. A. C. Hartridge, of Augusta; Illinois, Miss Adda Eldridge, of Chicago; Iowa, Miss Helen Balcom, of Cedar Rapids; California, Miss Mabelle Richie.

Just one word in regard to the necessity of this work. We need only look back over the past. This country within the memory of some of us has had two wars, the Civil and the Spanish-American. During the Civil War there were no graduate nurses in this country. From the records in Washington I have put down a few figures, because I think there is nothing that will really convince us of the need of an organization of nurses more positively than to think of the people there are to be cared for in the event of war. Of course we all hope there never will be war, but, to quote the remark of a physician, "as a means of peace it is well worth while." If it is worth while to build warships and to keep up a standing army, it is infinitely more worth while to establish an adequate nursing corps. During the four years of the Civil War there were 6,454,834 patients admitted to hospitals. Out of that number, over six million were admitted for disease that had nothing to do with battle. Now if there is not work for nurses, I cannot imagine where you will find it. Out of that total there were admitted on account of injuries only 425,270. It does not seem possible. Fourteen times as many admitted on account of disease. I thought it could not be possible that that would hold true of the Spanish War, so looked up the figures. Of course that war was very short, during the season of 1898. However, during that short time there were admitted to the hospitals 210,444 patients, of whom nearly two hundred thousand were admitted on account of disease, and
not for injuries received in battle, an average far higher than during the Civil War, fifteen times as many, as compared with fourteen times in the Civil War—really an astounding statement to make. Now if this is the condition in time of war (and I suppose it always will be) and there should ever come another war, on us nurses would come the care of these people. In the enrollment of nurses for Red Cross work, we have tried to make very clear the distinction between calling out nurses in time of emergency and in time of war; that we do not expect any nurse in time of emergency to give up any work already assumed for emergency work, but that any nurse who enrolls in the Red Cross should say to herself when she enrolls that if her country ever needs her services in time of war, her country will receive them.

The President. While Miss Delano has been presenting the Red Cross and the Army Nursing work, I have felt how excellent a thing it would be if she could so present it in every training school in the country. She can't do that, but perhaps through this committee which we have appointed something as near as possible to what Miss Delano might say may come to the knowledge of the young student nurse before she graduates, so that she can know what the actual conditions are in army nursing and what service she can render to her country if it needs it. That may be the function of this committee, so to organize work that somewhere in the courses of instruction in training schools talks on this work may be given. I will now ask Miss Hasson, the chief of the Navy Nurse Corps, a new member whom we are welcoming today to our Society, to give some account of the work.

Miss Hasson. It is not quite two years since the work of organizing the Nurse Corps of the Navy was begun. I want to tell you about the steps which led up to it, and what difficulties there were in the passing of the bill authorizing it, difficulties, I am sorry to say, in a good many instances made by the naval officers themselves. We were an unknown quantity in the navy. There seemed to be a feeling in naval circles that nurses in the navy would not be satisfactory. I am glad to say that this prejudice has now passed
entirely away, and I think we have no more loyal supporters than the line officers who were at first against us. Before the women nurses entered the navy the naval officers could not be induced to go to the naval hospitals, and now we can't keep them out. At Washington we have a waiting list of officers who want to come in for operations, etc.

I am sorry I can't tell you that we have done a great deal toward increasing the pay of the nurses; we simply profited by what the army nurses have done. When the army bill was passed it was worded in such a way that the nurses of the navy enjoyed all the privileges the army nurses receive or ever will. The pay is the same and the privileges the same.

We have now 48 nurses in the navy. It does not seem to be a very large showing for work of over one and one-half years, but we have not been able to provide for living accommodations for the nurses at the naval hospitals. The navy had to build quarters, and have had to go about the work slowly. There is a small hospital at Yokohama. There will also soon be one opened at the Great Lakes, where they are building a large training school for naval apprentices. At Newport they are building a hospital and also in Boston. There are naval hospitals in Washington and Annapolis, very excellent ones of the modern type. Some of the older ones are not so satisfactory, but the navy intends that in time all the old ones shall go. In Norfolk there is a beautiful old hospital of granite, built in 1890, recently entirely remodelled throughout, so that it compares very favorably with the newer hospitals of the country.

You will like to hear, I think, about the living conditions of the nurses. As there were no provisions made for them, we had to quarter them as we best could, but now their living conditions compare very favorably with those of nurses outside the navy. They are very much like the quarters at the Walter Lane Hospital which Miss Delano has just told you about. The living allowance is very generous—75 cents a day per nurse for subsistence alone. Everything else is provided—rooms, light, heat, and service. The eight-hour day is the requirement. I don't mean by that that they are not sometimes asked to do twelve-hour duty, as in special cases it is necessary, but, fortunately, I was able to induce the Surgeon-General to place in the regulations the statement that the unit of
the day's work for the navy nurse would be eight hours, so that when nurses go to a hospital where there have not been any women nurses before, the regulations can be consulted as to their hours of service. That was a very good point to make, because some naval officers and doctors have been accustomed to demand from the naval apprentices sometimes as much as fourteen and sixteen hours a day.

Soon after I began my work I felt that it was necessary that the position of the nurse in the naval hospital should be clearly understood. So I had an interview with the Medical Director in Lane Hospital, Washington, and after he had said a good deal that was very satisfactory, he startled me by saying, "Of course, Miss Hasson, with your knowledge of military rules which you gained in the army, you know the necessity for a military head in each ward, and I think that the hospital steward should be this head, and the nurse under him." I knew that that was not the case in the army, but with a wisdom that I have not always shown, I decided to let that point take care of itself. It was simply the question of the trained woman against the untrained man, and I felt that our nurses would win in the end—which is precisely what happened. They went in in that way. At the end of four months it was necessary to get rules and regulations to be sent with the nurses who were being transferred to the Brooklyn Hospital. When we formulated these rules and regulations, the following was incorporated, which, I think, is very excellent, because it fixes the status of the nurse: "Nurses in charge of wards, permanently or for the time being, shall, for all purposes of direct care of the sick, order and cleanliness, have complete direction and control." After that went into force, we had very little trouble with the hospital apprentices.

I will just say a word in regard to these naval apprentices. They are nearly all boys, ranging from seventeen to twenty-two, and have not had any special instruction. The nurses give them their practical instruction in nursing in the wards. There is a Naval Apprentice School where these boys go for training of about five months, and I was amused to see the curriculum laid down for the school, for I think any hospital superintendent would deem herself fortunate if she could teach to her nurses in two years all that it contains. It would not make nurses of the boys at all.
It would give them a smattering of pharmacy and hydrotherapy and X-ray room work and everything of that sort, but would not make nurses of them. The one thing that the curriculum does not touch upon is the practical training given them by the nurses in the wards. In the time in which we have been at work I do think we have made a very fair beginning, but, of course, it will take a long while to train a number of hundred of apprentices, when only a few come under the jurisdiction of the nurses.

The President. I am sure that it is a great pleasure for us to add to our knowledge of army nursing the fact that it is well established and that naval nursing has now come into being. I am sorry that we cannot stop to discuss these papers, but we must now call for the report of one of the special sections, Number IX, outlining a course of training for the Nursing of the Nervous and Insane, of which Miss Sara Parsons, Superintendent of Nurses at the Massachusetts General Hospital, is Chairman. Miss Parsons has had some very special opportunities in this work, covering a number of years.

REPORT OF THE COMMITTEE ON THE NURSING OF THE NERVOUS AND INSANE.

Miss Parsons. Madam President, and Members of the Society. I think the person who is presenting a specialty last, after having her feelings of responsibility harrowed by those comprehensive preceding papers of yesterday, is to be pitied. When I was asked to take the chairmanship of the committee to present recommendations on the nursing of mental and nervous cases, as to whether that experience should be incorporated in a three years' course, or given as a post-graduate course, the task seemed rather formidable, and the first thing I did, in trying to form my own opinion, was to think seriously of what superintendents of training schools must give their nurses in three years. The majority of nurses graduating from the training school go out to do general private medical and surgical nursing. Usually obstetrics is taken up as a
specialty, and I think it is pretty generally conceded that a nurse who is to be an expert in district work, social work or any other kind of specialist, must have post-graduate experience. I believe that in the three years we are required to give only such instruction as will best fit the pupil in an all-around way to go out and assume general nursing, trusting that the graduate will refuse to nurse cases that she is not trained for—otherwise, of course, there are unfortunate mistakes occurring. Many times she has to assume the care of a case because there is no one else to do it, even when she feels that she is not sufficiently educated in that particular branch.

On my committee there are four other people who are specialists in this line: Miss Amy Hilliard, Miss Susan Tracy, Miss Linda Richards and Miss Elizabeth May. Miss Richards has not only been the organizer and superintendent of several large general hospital training schools, but has organized three training schools in state hospitals for the insane—a heroic thing, I think, to undertake. Miss May is Superintendent of Nurses at the State Hospital in Rochester. We were not able to get together to talk the matter over, and so the work all had to be done by correspondence. We could not come to any real agreement, so I must apologize for offering recommendations that really embody my own feeling. Miss Richards thought that if anything was done in this line, at least six months should be given to it, and preferably nine months. Others felt it was out of the question to introduce it into the general curriculum. Others thought perhaps three months might be given to it.

I am sorry not to be able to tell you how many hospitals incorporate this training in the three years' course, but I think there are very few. I believe the subject has been so thoroughly agitated that it is not necessary to say what an important branch of work it is, and how much misunderstood by the majority of physicians, as well as nurses, but I have come to think that in the general hospital we must give the medical, surgical and obstetrical experience, and not try to
add the eye and ear, nervous and mental, children's work, the district work and the social service work. I believe that we can only recommend that the schools affiliate with such departments so as to give optional or elective courses to the students in the third year, if they have an inclination toward any of these specialties. I do think that experience in mental work would be very desirable, I do think that it would make better private nurses of those who would take it. They would get a broader vision, would learn to know something of this most sadly misunderstood phase of sickness. I would like to see all pupils have at least one month in the ward for mental cases, one month at least in the ward with depressed cases, and one month with convalescents. One interesting and important phase is the social side of it, and the nurse in order to do it well must have mental resources, the more the better; and I think our nurses are most often criticized for their lack of mental resources, for their inability to interest and entertain their convalescing patients, to say nothing about the mental cases whose minds need to be nursed as well as their bodies. Of course we talk glibly about nerve and mental work as if it were one specialty; it is not. They are two specialties, distinctly so. It is perhaps more difficult to nurse nerve cases than mental cases that are strictly classified as such.

Miss Tracy has given an interesting outline for a post-graduate course which I shall read to you:

1. Lessons in mental approach, i.e., the realization of mental disturbances as disease and value of the nurse's mental attitude ("Mental attitude; I agree that that is extremely important. Of course all our nurses get that, I suppose, in their general training, but emphasis should be placed particularly upon it.)

2. Lessons in conditions favoring relaxation.

3. Full course in Dietetics.

4. Elementary lessons in the Anatomy and Physiology of the Nervous System.
5. Aids in management of organic cases.
6. Hydrotherapy.
7. Electricity and Massage.
8. Well-developed courses in voice-training and reading.
   (Needed by all nurses, I think.)
9. Systematic study of occupations. (Also, I think, bound to come as a part of the regular curriculum in general hospital training schools.)
10. Gymnastics, including dancing and out-of-door sports.

Miss Tracy gave her nurses two most interesting lectures recently, illustrated with models that you will all see at Teachers College, and the nurses were extremely enthusiastic about them, and those lectures were full of suggestions that could be made use of even without actual practice.

The State Board of Education of New York has a very interesting outline for a three months' course in mental work. Anyone could easily consult it, and would find it a great deal of help in planning such a course. The introduction of elementary and applied psychology would be necessary for training in these branches, and would, I think, be a very good thing for nurses in general.

The following books are recommended as interesting and instructive reading and desirable additions to a nurse's reference library.

*Talks to Teachers, and Psychology, Briefer Course,* by Prof. William James, of Harvard.

*Manual of Psychiatry,* by de Fursac, translated by A. J. Rosanoff, M. D., published by John Wiley & Sons, New York. (I notice great differences of opinion among the alienists about classification of this, but it is easy reading and interesting, and gives a pretty good idea of what some specialists think about these diseases.)

*Outlines of Psychiatry,* by White, 2nd edition. (Very good indeed.)

*Nursing the Insane,* by Clara Barrus, M. D., published by The Macmillan Company, New York. (Well spoken of.)
Another book that I would recommend you all to read is *A Mind that Found Itself*, by C. W. Beers, published by Longmans Green & Company, New York. That is the autobiography of a man who spent three years in three different hospitals in the state of Connecticut, private and public institutions. He gives the patient's point of view of conditions in these hospitals, and sums up by recommending conditions that will improve the nursing of patients and help them toward recovery. It is extremely interesting and full of valuable suggestions.

*The Psychic Treatment of Nervous Disorders and The Influence of Mind on Body*, by Dr. Paul Dubois, of Berne. (Very good reading.)

I have also had recommended a book with which I myself am not familiar, *Elementary Psychology of the Nursing of the Insane*, by Burr, published in Flint, Michigan.

Miss Nevins. Madam Chairman, I should like to ask Miss Parsons one question. She speaks of having the senior pupils in the schools take this elective course. Now if the special hospitals are in any way dependent upon the pupil nurses from the other schools, what would be done if none elected to take the course? It would seem necessary, in order that all might be satisfied, for the Superintendent to select from her senior nurses those who are to go to the special hospital, in order that it might not be very uncomfortable for all concerned.

Miss Parsons. I think there are always opportunities for nurses to enter the service in hospitals for mental and nervous cases. They, I believe, are usually very glad to get pupils from the general hospitals. They are extremely anxious to improve their nursing staff. I think Miss Alline could give some very interesting facts about New York City. The need for nurses who are trained in this branch as well as in general work is felt so keenly that they have offered a salary of twelve hundred and living to the superintendents of the training schools. Within one and one-half years, I think there have been only eight nurses who went up for this examination, and I believe only four or five passed. That shows that the need for nurses who have both kinds of training is enormous.
The President. Is Miss Helen Cleland, Superintendent of the Butler Hospital Training School, present?

Miss Cleland. I feel that it could easily be arranged to give that special course in training if we felt that the nurses were benefited by it, and before long I think we will be able to arrange a course between the general and the special hospital of at least three or four months. We find that the affiliation is a great help to our nurses in private work as well as in hospital work, and we are having a number of calls for nurses with both kinds of training to fill posts as superintendents and assistants and night supervisors—more than we can fill. At present we have a three-year course at the Butler Hospital and have an affiliation with the District Association of Providence, which is of great benefit to our nurses.

The President. Will some private nurse who is interested in the care of the nervous and insane say a few words as to the necessity of special preparation for such work. There is one who I know has had a great deal of this kind of experience. Miss Mary Cloud Bean, Johns Hopkins Hospital.

Miss Bean. I don’t know whether I have anything worth saying that I should be invited to speak, but I do want to commend the very interesting paper of Miss Parsons and to express my approval of the idea of the elective course. I don’t see why in the last year of the nurse’s training in a great many of our large schools, this might not be offered, not only in the care of nervous and mental cases, but in other lines in which nurses might wish to specialize. If two years was thought sufficient ten years ago, and now we find three years a very short time to equip the nurse for all the work that is best for her to do, it seems to me that we might give her the opportunity that is given in colleges to follow the line in which she is particularly interested, and for which she has special qualifications. The superintendent at the end of two or two and a half years knows the nurse and can advise her and the teaching nurse can advise her—and I think that is a large part of teaching. Some one said yesterday that we teach the nurse, but we can’t compel her to do the work afterward. I think we do compel her by the inspiration which we give her for that work. I do think everyone should know something about this work. Very few hos-
pitals at the present time have special departments, but in every school the nurses can have some theoretical training. The doctors are very much interested in the care of the nervous and insane, and I think the nurse would inevitably be, and such nursing care for these patients means so much to so many people. I hope the superintendents will take up this idea of Miss Parsons' committee and push it.

The President. Miss Parsons' suggestions are extremely interesting, and I think they have probably found an echo in the hearts of many women present. The only thing that stands in the way is the thought as to how we shall nurse our patients, have enough pupils to do the work of all kinds and yet give them their choice as to what they will do and not do. We can imagine what the situation would be if there were a favorite specialty. I don't see that we can, under present systems, entertain the idea of electives, except in a very limited way. We are face to face, not with the things we would like to do, but with the urgent necessity of nursing every patient in our hospitals, every hour of the day and night, by means of our student body. It will need all the consideration of this body, all the year around, and not just once a year, to solve this problem which has been presented. That is why I have urged the idea of local societies, hoping that training school workers may get together and see what the difficulties are, and see if there is any way in which the work of the students can be supplemented by paid workers. Miss Goodrich will now give us a report on Post-Graduate work, a paper which will not take a long time, but which will point out something worth considering as to a possible remedy for some of these troubles.

REPORT ON POST-GRADUATE WORK.

Miss Goodrich. Madam President and Members of the Society. The Special Committee on Post-Graduate Work has the honor to submit the following report:

To obtain information concerning post-graduate courses, about 180 training schools were sent the following list of questions:
POST-GRADUATE WORK IN NURSING.

<table>
<thead>
<tr>
<th>Hospital</th>
<th>Superintendent of Hospital</th>
<th>Training School</th>
<th>Superintendent of Training School</th>
<th>Number of Beds</th>
<th>Number of Free Patients</th>
<th>Number of Private Patients</th>
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**SERVICES:** Number of Patients in—

<table>
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<tr>
<th>General Medical</th>
<th>General Surgical</th>
<th>Gynaecological</th>
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<tbody>
<tr>
<td>Maternity</td>
<td>Infants</td>
<td>Children</td>
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<tr>
<td>Contagious</td>
<td>Nervous and Insane</td>
<td>Eye and Ear</td>
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<tr>
<td>Throat and Nose</td>
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</table>

Do you offer post-graduate work to nurses? 

What previous training in nursing do you require? 

Length of post-graduate course? 

Number of hours on actual ward or operating room duty? 

Do you give any regular theoretical courses of instruction to post-graduates? 

Do you give any regular practical instruction, such as demonstrations? 

Are the duties of the post-graduate students specially selected, or do they simply work as intermediate or senior nurses? 

Do the students pay tuition? or give services in return for experience? 

or are they paid an allowance? 

Do you have any tests or examinations? 

Do you give any certificate for post-graduate work? 

Signed: 

Date: 

The Superintendents of 75 of these schools were members of the Society, the remaining 5 being institutions in which it was understood post-graduate work was being done. Answers were received from 116 institutions, 80 of which did not offer any post-graduate work, 30 had definitely established courses, and 6 gave post-graduate experience. The statistics which we obtained were tabulated, and are given as follows:
**TABULATED STATISTICS FROM HOSPITALS GIVING POST-GRADUATE COURSES.**

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<tbody>
<tr>
<td>Alexander Maternity College and Hospital for Children, San Francisco, Cal.</td>
<td>Special</td>
<td>125</td>
<td>Obstetrics and Children</td>
<td>Yes</td>
<td>Yes</td>
<td>3 months</td>
<td>Graduate of General Hospital</td>
<td>Senior</td>
<td>$15.00</td>
<td>10</td>
<td>Yes</td>
<td>Test paper</td>
<td></td>
<td></td>
<td>1</td>
<td>1</td>
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<tr>
<td>Adams Nervine Asylum, Jamaica Plain, Mass.</td>
<td>Special</td>
<td>83</td>
<td>Nervous diseases, Hydrotherapy, Massage, Occupation, etc.</td>
<td>Yes</td>
<td>Yes</td>
<td>6 months</td>
<td>Graduate of Recognized School</td>
<td>Senior</td>
<td>$12.00</td>
<td>10-12</td>
<td>Yes</td>
<td>Two or Three</td>
<td>Yes</td>
<td>1</td>
<td>1</td>
<td>1</td>
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<tr>
<td>Boston City Hospital, Boston, Mass.</td>
<td>General</td>
<td>1000</td>
<td>General</td>
<td>No Special</td>
<td>No Special</td>
<td>3 months</td>
<td>Graduate of Boston City</td>
<td>Senior</td>
<td>$20.00</td>
<td>10-12</td>
<td>No</td>
<td>No</td>
<td>No</td>
<td>30</td>
<td>12</td>
<td>5</td>
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<tr>
<td>Brooklyn Hospital, Brooklyn, N.Y.</td>
<td>General</td>
<td>196</td>
<td>Obstetrics and Children</td>
<td>Yes</td>
<td>Yes</td>
<td>2½ months</td>
<td>Graduate of Recognized School</td>
<td>Selected</td>
<td>No</td>
<td>9½</td>
<td>Statement of Experience</td>
<td>No</td>
<td>30</td>
<td>12</td>
<td>5</td>
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<tr>
<td>Boston Floating Hospital, Boston, Mass.</td>
<td>Special</td>
<td>130</td>
<td>Infants and Children's Diseases</td>
<td>Yes</td>
<td>Yes</td>
<td>2½ months</td>
<td>Diploma of General Hospital course not less than 2 years</td>
<td>Pupils</td>
<td>No</td>
<td>10</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
<td>8</td>
<td>Yes</td>
<td>Yes</td>
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<tr>
<td>Battle Creek Sanitarium, Battle Creek, Mich.</td>
<td>Special</td>
<td>500 to 600</td>
<td>Hydrotherapy, Swedish Movement</td>
<td>Yes</td>
<td>Yes</td>
<td>6 months</td>
<td>Graduate of Recognized School</td>
<td>Selected</td>
<td>No</td>
<td>10</td>
<td>Yes</td>
<td>No</td>
<td>Yes</td>
<td>8</td>
<td>Yes</td>
<td>Yes</td>
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<tr>
<td>Hospital</td>
<td>Type</td>
<td>Code</td>
<td>Duration</td>
<td>Program</td>
<td>Graduate of School</td>
<td>Junior, Intermediate and Seniors</td>
<td>Final Examination</td>
<td>Year</td>
<td></td>
<td></td>
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<tr>
<td>Bellevue and Allied Hospitals, New York City.</td>
<td>General</td>
<td>1502</td>
<td>3-12 months</td>
<td>Yes</td>
<td>$8.00</td>
<td>10</td>
<td></td>
<td>174</td>
<td></td>
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<tr>
<td>Cook County Hospital, Chicago, Ill.</td>
<td>General</td>
<td>1600</td>
<td>3 months</td>
<td>No</td>
<td>No</td>
<td>$5.00 for 6 months course</td>
<td>9</td>
<td>Yes</td>
<td>No</td>
<td></td>
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<tr>
<td>Children's Hospital, Boston, Mass.</td>
<td>Special</td>
<td>100</td>
<td>4 months</td>
<td>Yes</td>
<td>Yes</td>
<td>No Tuition Fee $25.00</td>
<td>8</td>
<td>No</td>
<td>Occasionally</td>
<td></td>
<td></td>
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</tr>
<tr>
<td>Corel Hill Hospital, Brookline, Mass.</td>
<td>Special</td>
<td>34</td>
<td>3 months</td>
<td>No</td>
<td>No</td>
<td>Pupils</td>
<td>75</td>
<td>No</td>
<td>32</td>
<td></td>
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<tr>
<td>Infants' Hospital, Boston, Mass.</td>
<td>Special</td>
<td>25</td>
<td>4 months</td>
<td>Yes</td>
<td>Yes</td>
<td>$35.00 for 4 months</td>
<td>9</td>
<td>Yes</td>
<td>Yes</td>
<td></td>
<td></td>
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</tr>
<tr>
<td>Johns Hopkins Hospital, Baltimore, Md.</td>
<td>General</td>
<td>561</td>
<td>3 months to 1 year</td>
<td>No</td>
<td>No</td>
<td>Selected, Intermediate, Seniors</td>
<td>8</td>
<td></td>
<td>Occasionally</td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>J. M. Morton Infirmary, Louisville, Ky.</td>
<td>General</td>
<td>100</td>
<td>6 months</td>
<td>No</td>
<td>No</td>
<td>Pupils</td>
<td>9</td>
<td>No</td>
<td>Yes</td>
<td></td>
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<td></td>
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<tr>
<td>King's Park State Hospital, King's Park, L. I.</td>
<td>Insane</td>
<td>2200</td>
<td>4 months</td>
<td>Yes</td>
<td>Yes</td>
<td>Intermediate and Seniors</td>
<td>12</td>
<td>Yes</td>
<td>Yes</td>
<td></td>
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<tr>
<td>Laura Franklin Free Hospital for Children, New York City.</td>
<td>Special</td>
<td>64</td>
<td>3 to 6 months</td>
<td>No</td>
<td>No</td>
<td>Selected</td>
<td>10</td>
<td>Yes</td>
<td>No</td>
<td></td>
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<tr>
<td>Manhattan Eye, Ear and Throat Hospital, New York City.</td>
<td>Special</td>
<td>138</td>
<td>6 months</td>
<td>Yes</td>
<td>Yes</td>
<td>Intermediate and Seniors</td>
<td>15</td>
<td>Yes</td>
<td>Tests</td>
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# TABULATED STATISTICS FROM HOSPITALS GIVING POST-GRADUATE COURSES.

<table>
<thead>
<tr>
<th>Name of Hospital</th>
<th>General or Special</th>
<th>No. of beds</th>
<th>Service Offered</th>
<th>Practical Instruction</th>
<th>Theoretical Instruction</th>
<th>Length of Service</th>
<th>Requirements for Admission</th>
<th>Ranking</th>
<th>Salary</th>
<th>Daily Number Hours</th>
<th>Certificate</th>
<th>Entrance or Final Examination</th>
<th>Letters of Inquiry in Year</th>
<th>Applications received in Year</th>
<th>Applicants entered</th>
<th>Completed course</th>
</tr>
</thead>
<tbody>
<tr>
<td>Manhattan Maternity and Dispensary, New York City.</td>
<td>Special</td>
<td>26</td>
<td>Obstetrics</td>
<td>Yes</td>
<td>Yes</td>
<td>3 months</td>
<td>3rd year nurse with experience in operative work preferred</td>
<td>Senior</td>
<td>No</td>
<td>Yes</td>
<td>No</td>
<td>30</td>
<td>20</td>
<td>52 with affiliating Pupils</td>
<td>48</td>
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<tr>
<td>Massachusetts General Hospital, Boston, Mass.</td>
<td>General</td>
<td>320</td>
<td>General</td>
<td>No</td>
<td>Yes</td>
<td>6 months</td>
<td>Graduate of Mass. General School</td>
<td>Intermediate</td>
<td>No</td>
<td>8</td>
<td>Yes</td>
<td>No</td>
<td>789</td>
<td>400</td>
<td>40</td>
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<tr>
<td>New York City Hospital, Blackwell's Island, N.Y.</td>
<td>General</td>
<td>710</td>
<td>General</td>
<td>Yes</td>
<td>Yes</td>
<td>6 months</td>
<td>Graduate of N.Y. City Tr. School</td>
<td>Head Nurses</td>
<td>$25.00</td>
<td>9</td>
<td>Yes</td>
<td>Yes</td>
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<tr>
<td>New York Hospital, New York City.</td>
<td>General</td>
<td>234</td>
<td>Executive and General</td>
<td>No</td>
<td>No</td>
<td>2 months General</td>
<td>Graduate of N.Y. Hospital Tr. School</td>
<td>Intermediate</td>
<td>No</td>
<td>8</td>
<td>Yes</td>
<td>No</td>
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<tr>
<td>Nebraska Methodist Episcopal Hospital and Deaconess Home, Omaha, Nebraska.</td>
<td>General</td>
<td>100</td>
<td>Service Desired</td>
<td>No</td>
<td>No</td>
<td>1-2 months</td>
<td>Graduate of Recognized School</td>
<td>Pupils</td>
<td>No</td>
<td>9</td>
<td>No</td>
<td>No</td>
<td></td>
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<tr>
<td>Ohio State Sanitarium, Ohio.</td>
<td>Special</td>
<td>208</td>
<td>Contagous Tuberculosis</td>
<td>Yes</td>
<td>Yes</td>
<td>3 months</td>
<td>Graduate of Recognized School</td>
<td>Selected</td>
<td>$12.00</td>
<td>Yes</td>
<td>Yes</td>
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<td>Presbyterian Hospital, New York City.</td>
<td>General</td>
<td>229</td>
<td>Service Desired</td>
<td>No</td>
<td>No</td>
<td>3 months</td>
<td>Graduate of General Hospital</td>
<td>Graduate</td>
<td>$30.00 and some without salary</td>
<td>9</td>
<td>No</td>
<td>No</td>
<td>184</td>
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<td>Peterson's Hospital, Ann Arbor, Mich.</td>
<td>General</td>
<td>12</td>
<td>General</td>
<td></td>
<td></td>
<td>2 years</td>
<td>Graduate of Certain Hospitals</td>
<td>Pupils</td>
<td>Yes</td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>Hospital, Location</td>
<td>Type</td>
<td>Year(s)</td>
<td>Yes/No</td>
<td>Degree/Education</td>
<td>Salary</td>
<td>9½%</td>
<td>Yes</td>
<td>No</td>
<td></td>
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<tr>
<td>Polyclinic Hospital, Philadelphia, Pa.</td>
<td>General</td>
<td>1900</td>
<td>Yes</td>
<td>General</td>
<td>No</td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>Passavant Hospital, Jacksonville, Ill.</td>
<td>General</td>
<td>50</td>
<td>Yes</td>
<td>Medical and Surgical</td>
<td>Yes</td>
<td>1 year</td>
<td>Diploma in 2 years training</td>
<td>Senior</td>
<td>$8.00</td>
<td>10</td>
<td>Yes</td>
<td>No</td>
<td></td>
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<tr>
<td>Rochester State Hospital, New York</td>
<td>Insane</td>
<td>1500</td>
<td>Yes</td>
<td>Nervous and Insane</td>
<td>Yes</td>
<td>7 months</td>
<td>Graduate (amount not given)</td>
<td>No</td>
<td></td>
<td>Written Examination</td>
<td>31</td>
<td>13</td>
<td></td>
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<tr>
<td>St. Mary's Hospital, Rochester, Minn.</td>
<td>Surgical</td>
<td>225</td>
<td>No</td>
<td>Surgical</td>
<td>No</td>
<td></td>
<td></td>
<td>No</td>
<td>No</td>
<td>No</td>
<td>1030</td>
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<tr>
<td>St. Luke's Hospital, New York City</td>
<td>General</td>
<td>300</td>
<td>No</td>
<td>Service Desired</td>
<td>No</td>
<td>2-3 months</td>
<td>Graduate of St. Luke's Seniors</td>
<td>10</td>
<td>Yes</td>
<td>No</td>
<td></td>
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<tr>
<td>Sheppard and Enoch Pratt, Towson, Md.</td>
<td>Insane</td>
<td>129</td>
<td>Yes</td>
<td>Nervous and Insane</td>
<td>Yes</td>
<td>3 months</td>
<td>2 years in General Hospital</td>
<td>Senior</td>
<td>(amount not given)</td>
<td>10</td>
<td>Yes</td>
<td>Yes</td>
<td></td>
<td></td>
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<td></td>
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<tr>
<td>Sloane Maternity, New York City</td>
<td>Special</td>
<td>130</td>
<td>Yes</td>
<td>Obstetrics</td>
<td>Yes</td>
<td>2 months</td>
<td>Graduate of General Hospital</td>
<td>Pupils</td>
<td>No</td>
<td>9</td>
<td>Yes</td>
<td>Yes</td>
<td></td>
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<tr>
<td>Society of Lying-in-Hospital, New York City</td>
<td>Special</td>
<td>110</td>
<td>Yes</td>
<td>Obstetrics</td>
<td>Yes</td>
<td>6 months</td>
<td>3 years in General Hospital</td>
<td>Selected</td>
<td>No salary Tuition fee $10 for 3 ms., $20 for 6 ms., $30 for 9 weeks</td>
<td>Yes</td>
<td>Yes</td>
<td>200</td>
<td>4</td>
<td>4</td>
<td>4</td>
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<tr>
<td>Toronto General Hospital, Toronto, Canada</td>
<td>General</td>
<td>400</td>
<td>Yes</td>
<td>Service Desired</td>
<td>No</td>
<td>3 months</td>
<td>Graduate of School for Deaconesses</td>
<td>Pupils</td>
<td>12 hours</td>
<td>No</td>
<td>No</td>
<td></td>
<td></td>
<td></td>
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<td></td>
</tr>
<tr>
<td>Tuberculosis League Hospital, Pittsburgh, Pa.</td>
<td>Special</td>
<td>70</td>
<td>Yes</td>
<td>Tuberculosis District Nursing, School Nursing</td>
<td>Yes</td>
<td>6 months</td>
<td>Graduate of Recognized School</td>
<td>Selected</td>
<td>(amount not given)</td>
<td>9 hours</td>
<td>Yes</td>
<td>No</td>
<td></td>
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<td></td>
<td></td>
</tr>
<tr>
<td>Women's Hospital, New York City</td>
<td>Special</td>
<td>114</td>
<td>Yes</td>
<td>Gynecology and Obstetrics</td>
<td>Yes</td>
<td>6 months</td>
<td>2 years training in General Hospital</td>
<td>Pupils</td>
<td>$19.00</td>
<td>10 hours</td>
<td>Yes</td>
<td>Yes</td>
<td>428</td>
<td>142</td>
<td>121</td>
<td>66</td>
</tr>
</tbody>
</table>
That the pupils be graduates of recognized schools is an almost uniform requirement for admission. The length of the course varies from two months to one year. By this, we do not mean that the general hospital offering various services requires one year, while the special hospital requires three or four months in its specialty, but that the length of time deemed necessary in any given subject shows great variation. For instance, one hospital offering medical and surgical service requires one year, while another offering the same service requires only six months; one obstetrical hospital requires three months, another ten months and two weeks; a third offers a course in obstetrics and children in two and a half months. 22 institutions give salaries ranging from $5. to $30.; 9 give none, and 2 charge a tuition fee. The total number of hours in the wards varies from eight to twelve. 23 hospitals give theoretical and practical instruction; 2 give theoretical only, and one gives a final examination only, 6 not any and one occasionally. 24 give certificates, 6 give none, and 1 gives a statement of work done. The ranking of the post-graduate is generally that of senior pupil.

From 12 of the hospitals, information was received concerning the number of letters of inquiry during the past year, the total of which was 2,742. The number of applicants who entered was 529, and the number who completed their course 343.

The Committee deemed it desirable to obtain, if possible, the student's viewpoint; a Students' Division was, therefore, issued, and copies sent to the Superintendents of those 30 hospitals. 31 replies representing 22 hospitals were returned. The questions and answers were as follows:

1st. What was your object in taking a post-graduate course?

13 replied to specialize.
9 to broaden and refresh their knowledge.
5 to prepare for institutional work.
1 desired a New York diploma.
1 took the course to enable her to register.
1 desired to become conversant with the methods of American Hospitals.

2nd. Have you accomplished that object?

20 replied—Yes.
4 stated they were still in training, but were satisfied.
4 replied—to a certain extent.
3 had gained more than they expected.

3rd. If the course failed to meet your expectations, will you state in what way?

9 reported that it failed in some respects.
9 were very favorably impressed.
3 felt that its failure was owing to their own incapability.

In answer to the question as to what portion of the course has been most valuable, the majority answered, that portion that had the most direct bearing upon the work for which they entered, the practical instruction in the form of demonstration in that specialty, and the actual practical work. The last question in this Division was, Would you kindly embody in your report, your opinion of the advantages and disadvantages of the post-graduate course from the student’s standpoint? We would appreciate as free a discussion as possible. The answers to this last are too varied to be summarized accurately, but the majority seemed to feel that the experience gained was sufficiently valuable to outweigh the disadvantages attendant upon the courses. One or two made mention of the long hours, improper food and lack of practical instruction; two felt that the courses were too short to obtain the experience
they desired; one of these referred to a ten weeks' course in infants and children.

Post-graduate work is in its inception. The data obtained and herewith submitted is fragmentary and incomplete, but it is sufficient to demonstrate clearly the need of a careful study of the problem by a special committee. The reports of yesterday afternoon have a very direct bearing upon it, and the work of these committees will be of great assistance.

It will be remembered that 23 of the hospitals offering post-graduate courses were special hospitals. The recommendations of the different Special Committees, therefore, concerning the length of the courses, will do away with the lack of uniformity which now exists, examples of which were given at the beginning of the paper; the courses that have already been, or will be, outlined in the theoretical and practical instruction, will solve that problem; but to the general hospital that has opened its doors to the post-graduate pupil, the Committee begs to make very definite recommendations, and if these recommendations seem impracticable, I beg you to appreciate that the member of the Committee who is presenting this matter represents a hospital that has had pass through its wards in the past three years over 400 post-graduate pupils, and to whom has come over 950 of the 2,742 letters of inquiry that were mentioned, and that her conclusions are, therefore, based on a very definite experience. We have not been, and will not be at present, able ourselves to accept the recommendations, but we believe that unless they can be eventually carried out, it is doubtful whether the hospital should be encouraged to carry on its work with these pupils. The Committee lay much stress upon the entrance examinations, both practical and theoretical, and believe that such examinations will be of assistance in properly and justly ranking the pupil. They strongly disapprove of placing post-graduate pupils under pupil nurses, and they believe that not only should these pupils be under competent graduate nurses in the ward, but that the schools accepting even a moderate number of post-
graduate pupils, should be prepared to place them in charge of a special instructor. They advise that instruction be given to small groups of student nurses at the bedside of the patient, as it is to the medical student, and that opportunity be allowed these students to observe in the operating room, and to visit different institutions in the city offering the courses in which they are specializing; that they should be on duty only eight hours, and that the housekeeping duties, of which these pupils have, or should have, had a sufficient training in their own schools, should be delegated to a grade of employees, such as ward maids or orderlies.

The chief purposes of the post-graduate courses, as at present established, seem to be: first, to supply the deficiencies of the mother school, in which the pupil has already taken a two, and very frequently a three years' course. This purpose, we contend, the post-graduate course should not be called upon to serve. Institutions unable to offer a general experience should not establish training schools unless they are ready to supply their deficiencies through affiliations. The remedy of this evil, we believe, will be found in state legislation. The best result of the Nurse Practice Act of the State of New York—and I believe Miss Alline, New York State Inspector of Training Schools, will bear me out in the statement—has been the compelling of the registered schools to give definite experience and instruction to their pupils.

The second purpose, and a commendable one, is to offer opportunities to graduates to refresh their knowledge, and to become acquainted with more recent methods. Thirdly, and I believe that this is the best purpose, is to offer opportunity for specialization. The almost unanimous expressions of appreciation of their experience and instruction by the students from whom we heard in these investigations, who had taken courses in the special hospitals, evidences the value to the pupils of these courses when properly conducted, expressions of appreciation that I am sure would in a measure compensate the
superintendents of these schools for the efforts they have made in these students' behalf.

Respectfully submitted,

AMY E. HOLMES, Supt. of Nurses, Bellevue Training School for Men, New York City.
ETHEL RIDLEY, Supt. of Nurses, Woman's Hospital, New York City.
LOUISE POWELL, Dept. of Nursing and Health, Teachers College.
ANNIE W. GOODRICH, Chairman Committee.

The President. We have a brief moment for discussion of this report.

Miss Hay. I would like to ask, at the risk of being unpopular, whether some of us in the large general hospitals have not some duty to these women who had the ill luck to be unwisely directed when they entered the training school, who are just as conscientious as the best and trying to do their best and would like to supplement the poor training they had in these poor schools—these women who are going to train other women? Out of our large opportunities, ought we not to be willing to give them something?

The President. Miss Hay brings up an interesting point.

Miss Eugenia Ayers. I would like to ask if it is right for us in the special hospitals to accept graduates of special hospitals, such as the obstetrical hospitals, or if we should always require two years in the general hospitals. I have on my desk now several applications from graduates of these special hospitals, in affiliation with a general perhaps for six weeks, perhaps for three months, and I find myself unable to decide whether it would be permissible for me to issue a diploma to any such student. I have waited for the decision of this body to help me in deciding.

The President. Perhaps the attitude of this body might be that this applicant should be referred to some general hospital to get further training. I believe some of the large general hospitals are quite willing to give this training to those who have, unfortunately, entered through the special door, instead of the general door. Am I correct in that, Miss Parsons?
PROCEEDINGS.

Miss Parsons. It is surprising how many things can be taught in the special hospital—the fundamental things. Pardon me if I give just one illustration of how one of the nurses at the Enoch Pratt Hospital made herself useful and demonstrated to me that the nurses in that special hospital were better equipped than I had supposed them to be. A general hospital, in Maryland, applied to me in sore distress for help. It was in great need of someone to come in and take care of the patients. The Superintendent had applied at other places and the nurses asked so much that she could not afford to take them—they had not the money to pay graduates. I told her frankly that the only nurse that I could possibly send her had had no training outside of this special hospital for mental diseases, but that she could make very good beds, give baths and medicines, various forms of treatment, and was very keen in making observations, pulse, respiration, etc., and that I thought she might be very useful, except in the operating room. The Superintendent was very glad to take this nurse, and she told me afterwards that she proved so useful and took up the surgical work so readily, that she was very glad to pay her forty to fifty dollars a month for her services, and to retain her as long as she wished to remain.

Miss Carr. I would like to say that I think sometimes general hospitals take in post-graduates with reference only to their own temporary needs, and without any thought of the needs of the graduates themselves. It seems to point to the necessity for the general affiliation of training school methods so that the general hospitals shall not need to accept post-graduate students except with the idea of giving them what they want, and not of getting out of them what the hospital temporarily needs.

Miss McKechnie. I would like to speak in behalf of the small school. No one except those who have had small schools can understand the difficulty of keeping up the standards. Is it not well to conclude that the probationary time and the preparatory course and the first two years of the pupil's training are perhaps the most important of her whole course? If she has not that groundwork, she cannot take in the post-graduate courses that are offered her, no matter how valuable they may be. If there were some way of bringing together a number of small schools and making one large one, we might then compare very favorably with
the large schools of New York and would not have these heart-rending inquiries as to how to prepare our pupils for state registration. In our reorganizing of nursing work we are spreading out in all lines, but we should bear in mind that one of the chief points to consider is the getting into line of the small schools—trying to amalgamate them into one or more larger schools wherever it is possible.

The President. The time for the discussion has drawn to a close, and I will simply add a few words. I am sure that those who have worked in small hospitals have long ago come to the conclusion that as good actual, practical nursing can be taught in the small as in the large hospital. I have long been convinced that superintendents of nurses can get near to their pupils, can teach them in a close, personal way just as well, and perhaps better, than in the large ones. At the same time, there is something in the large school that the small one cannot give. It is the necessary variety in experience, the larger opportunity, more power, better discipline as a rule.

Miss Hay. Madam President, your Auditors have examined carefully the report of the Treasurer of the Superintendents' Society, and everything is found satisfactory and carefully made note of. The same may be said of the Hospital Economics Fund, in the hands of Miss Nutting for disbursement. The statement is correct and the Auditors approve it. See pages 27 and 35.

The President. We will now hear from the Nominating Committee.

Miss Delano. I have the honor to present the following nominations: For President: Miss Mary M. Riddle, of the Newton General Hospital, Newton Lower Falls, Massachusetts; First Vice-President, Miss Annie W. Goodrich, of Bellevue Hospital, New York; Second Vice-President, Miss Francina Freese, Polyclinic Hospital, Philadelphia, Pennsylvania; Secretary, Miss M. Helena McMillan, Presbyterian Hospital, Chicago, Illinois; Treasurer, Miss Mary W. McKechnie, Nassau Hospital, Mineola, Long Island; Auditor, Miss Helen Scott Hay; Councillors, Miss M. Adelaide Nutting and Miss Lauder Sutherland.

The President. The ballot will be taken today, after the afternoon session. The meeting is now adjourned.
FOURTH SESSION.

The afternoon session opened at 2 p. m., the President in the Chair.

The President. I will briefly speak of the meeting tomorrow night. It is to be held in Carnegie Hall, which holds a large number of people, and we want all student-nurses who are free to be present. There will be music by the choir of St. George's Church. We open with a hymn—I think you will all approve of that—and it is requested that the audience shall join in singing it. Following that there will be a brief opening address by Prof. Henry Fairfield Osborn, Professor in Columbia University and President of the American Museum of Natural History. The name of Osborn you will at once associate with Bellevue Training School. The next address will be by Dr. John Van R. Hoff, Director of the Army Medical Corps, who has chosen as his title, "The Soldier Nurse," which seems to us a very beautiful title. Then after more music, there will be an address by the Hon. Joseph H. Choate, on "What Florence Nightingale did for Mankind," and the final address will be by Dr. William M. Polk, Dean of the Cornell Medical School, "The Influence of the Trained Nurse upon Developments in Medicine." We had hoped to have an address from Bishop Greer, but he is ill and unable to come. The hall will be decorated with English, American, French, and German flags, but the English flag will be draped in mourning for the King, in deference to our English and Canadian members, and to the country in which our training schools arose.

We will now proceed with the programme, and the first paper will be on "Student Government in Colleges," by Miss Julia Stimson, Superintendent of the Training School of the Harlem Hospital.

STUDENT GOVERNMENT IN COLLEGES.

Miss Stimson. Madam President, Members of the Society, and Guests. The object of this paper is to present the subject.
of Self-Government in Women's Colleges, in many of its aspects, keeping in mind the possible future usefulness and interest of the idea in connection with training schools for nurses.

It will readily be seen, as we discuss some of the details of the subject, that young women students in colleges and young women students in hospitals, live a life that presents many problems and many phases in common. The young women in both groups are of about the same age, though possibly the weight of maturity is on the nurses' side of the balance. In the majority of cases, both among college girls and nurses, the girls are away from home for the first time, and for the first time are thrown entirely upon their own responsibility, often in places and amongst conditions of absolute newness and strangeness.

There is a common end in view in both instances, that of obtaining a training. Some might say, and do say, that the training of nurses is very limited and narrow in its scope compared to that of college women. Is it not rather true, that both are limited and must be intelligently supplemented, in order to fill the functions of education as defined by Herbert Spencer, "the preparation for complete living?" The college woman in her college course has presented to her the accumulated wisdom of the ages; science, art, literature, and the broader social movements of our time as known to the greatest scientists, artists, writers, the great minds in every sphere of activity. It is, however, largely theoretical to her, and needs the supplement of close contact with "the world of men." The nurse has this practical experience of human nature in ordinary life and among ordinary people. If we believed with Pope that "the proper study of mankind is man," it must be conceded that the nurse who can assimilate and use the immense amount of educational material that is presented to her mind from the endless stream of men, women and children with whom she comes in intimate contact, is becoming edu-
educated and developed in a very true sense. To make that education "the preparation for complete living" the nurse needs the supplement of the idealism for great minds and the inspiration of sharing in great ideas, to transfuse her practical and sometimes depressing experience. Both colleges and hospitals are training schools, with the common aim, but neither is complete and both need supplementing and development.

It may appear then, that if self-government has been and is of value to college women, it will also be of value, perhaps of more value, when adapted to the uses of young women in training schools for nurses.

There are 110 colleges for women in the United States (not including co-educational institutions), of which 16 are first class and 97 second class, according to the report of the Department of Education of 1909. Thirteen of the 16 on the first class list have self-government. Besides these, there are 9 co-educational colleges known to have some form of self-government among the women.

The following is the list of first class colleges that have self-government.

<table>
<thead>
<tr>
<th>College</th>
<th>No. of Women students</th>
</tr>
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<tbody>
<tr>
<td>Barnard</td>
<td>498</td>
</tr>
<tr>
<td>Bryn Mawr, 1892 (1907)</td>
<td>420</td>
</tr>
<tr>
<td>Elmira</td>
<td>292</td>
</tr>
<tr>
<td>Goucher</td>
<td>345</td>
</tr>
<tr>
<td>Mt. Holyoke, 1890</td>
<td>748</td>
</tr>
<tr>
<td>Radcliffe</td>
<td>459</td>
</tr>
<tr>
<td>Randolph-Macon</td>
<td>414</td>
</tr>
<tr>
<td>Rockford</td>
<td>181</td>
</tr>
<tr>
<td>Simmons</td>
<td>570</td>
</tr>
<tr>
<td>Smith</td>
<td>1,572</td>
</tr>
<tr>
<td>Vassar, 1889 (1901)</td>
<td>1,018</td>
</tr>
<tr>
<td>Wellesley, 1901</td>
<td>1,282</td>
</tr>
<tr>
<td>Wells</td>
<td>180</td>
</tr>
</tbody>
</table>
Co-educational colleges having some form of self-government among the women:

Mills College (Cal.), 116
Trinity College (Washington, D. C.), 123
Newcomb Memorial College (New Orleans, La.), 392

Co-educational colleges having some form of self-government among the women:

Adelphi, 773
Allegheny, 1901, 142
Brown, 210
Cornell, 401
Leland-Stanford, 1909, 534
Rochester, 121
Swarthmore, 1899, 206
Syracuse, 1908, 1,609
Tufts, 134

In all of these institutions self-government is still in an experimental stage. Constitutions are being revised continually and in practically no institution is it considered in an entirely satisfactory and perfect form, but it is unlikely that it will ever reach such an ideal state, for fortunately for women's colleges as well as for broader communities, as practical methods improve and progress, so do aims and ideals keep on in advance.

The earliest venture was made at Bryn Mawr, 25 years ago; but for many years, although there government was by the students, it was largely a matter of public opinion and was not organized until 1907. Many student governing associations are of even more recent date.

There are practically no statistics from the smaller institutions of the South and West, where academic and preparatory work is done in connection with so-called college work, and where the degree is not of accepted standing, and where there
are many students of boarding-school age, say under 18. In these institutions self-government is impracticable.

The statistics are all from north of the Mason and Dixon line and east of Pittsburg, with the exception of 2 colleges in California, 1 in Virginia, and 1 in Maryland. There are 8 in New York State, 6 in Massachusetts, 4 in Pennsylvania, and 1 in Rhode Island—all from that part of the country where the highest standards of preparatory work and entrance requirements cause the highest average age (18-22) and that stage of development which is capable of grasping the self-government idea.

As a result of the general interest among eastern college women, there was organized at Wellesley in 1904 a "Woman's Inter-collegiate Association for Self-Government," for the purpose of discussing (for mutual help) the self-government interests of the various colleges. Conferences have been held annually at different colleges. At the time of the first conference there were 11 colleges that had self-government, and at the last meeting of the Association 18 reported it. Great interest has been shown at these conferences, and the delegates have said that definite results have been obtained in inspiration and helpfulness. Certainly the existence of such an association shows the increasing importance of the self-government idea in such institutions.

Perhaps the simplest and clearest way of explaining the purpose of self-governing organizations in the colleges will be to quote briefly from the constitutions or the letters of representatives. Parenthetically it must be said at this point, that our survey of objects, methods of organization and jurisdiction will of necessity have to be somewhat summary.

At Adelphi, the purpose is "self-government"; at Barnard, "To form an authoritative body to give expression to the opinion of the members of Barnard College upon matters affecting them as a whole;" at Bryn Mawr, "the government of the student body" and "to formulate public opinion." At Goucher College (formerly called the Woman's College of
Baltimore) it is "the regulation of student conduct" and "to maintain the highest possible standard of honor in matters academic and social." At Mt. Holyoke the object is "to further the interests of the students and to form an official body to give expression to the opinion of the students upon matters of general college interest" and "specially to work for increase of personal responsibility." At Radcliffe, it is "to represent the students, further their interests, and to add to the sense of unity and need of working together for the best success of the college." At Randolph-Macon, it is "to preserve student honor, to regulate the conduct of students as residents of the dormitories and to enforce such regulations of the institution as do not fall within the province of the faculty."

The curious contrast between this and the purpose of Radcliffe is noticeable. Ease of management, rather than communality of interest is evidently the object at Randolph-Macon. The whole student body is said to be too cumbersome, so a representative device is used to prevent the necessity for frequent meetings of the student body. At Rochester the purpose is to consider matters of general interest to women students. At Smith the purpose of the "Council" or joint committee of students and faculty is "to represent the students' interests and to serve as a common medium of communication between the faculty and students;" and to "influence the students towards definite public sentiment and the regulation of social life." At Swarthmore, the object is "cooperation with the faculty and controlling management of all matters not strictly academic concerning women students in their college life." At Syracuse it is "to bring the women together in all activities and in social life and to establish a feeling of responsibility and honor in everything." At Vassar "to transact the business pertaining to the whole body of students and to further the interests of the students as far as possible." At Vassar there is an unusual special aim: "to assist the maids in their service at the college." This is accomplished through
a student body philanthropy, the maintenance of a Maids' Club House, with many classes and social clubs. At Wells, the aim is to promote mutual action in matters of general college interest and to enact and enforce laws in accordance with their charter. Wellesley's constitution says the object of their self-government is to develop self-control and promote loyalty. They believe "that individual and community responsibility for conduct makes for growth in character and power and promotes loyalty to the best interests of the college."

Now as to the general organization of these self-governing bodies. In almost every instance the student-governing associations are composed of all of the undergraduate women in college. At some colleges it includes graduates and even day students. At Leland Stanford, there is self-government only in the dormitories, where one-third of the women of the university live. The other two-thirds are scattered in sorority and boarding-houses. At Randolph-Macon there is a government vested in a representative body of forty members, instead of a general student body organization. This "Student Committee" is elected by the students and is vested with full power, though an appeal from its decisions can be made to the faculty. Smith is another college that has no general governing organization, officers or meetings. The government is a joint affair between a faculty and student committee called "The Council of Smith College." The student members are elected by the classes.

Most of the student associations have the usual officers, and an Executive Committee, or Self-Government Committee, or Advisory Committee, or Senate, or whatever it may be called, consisting of the officers, and varying numbers of students from the association at large, a definite number from each class, usually elected by their respective classes, and possibly including the President of each class. In some instances the government is divided between dormitory self-government and the general student association.

There are also various methods of coöperating with the
faculty. Sometimes this is brought about by consultation of
the President of the Association with the Dean of the women;
the Executive Committee may contain one member of the
faculty; or the Student Council may meet with a faculty com-
mittee if occasion demands, or the Dean of the college and one
or more of members of the faculty may be invited to monthly
meetings of the Executive Board; or a joint committee of
faculty and students, including the President of the college, and
the President of the Students' Association may meet to discuss
questions submitted to it, and to promote mutual understand-
ing. In most of the colleges some form of conference between
representatives of the faculty and representatives of the
students is found valuable to decide disputed questions of
jurisdiction, or to combine in matters of entertainments, organi-
izations and so forth, and to interpret rules and to discuss
proposed amendments to the constitution or rules.

In many colleges the student associations have a definite
agreement or charter granted by the faculty of the college or
Board of Trustees. In some cases, however, the powers of the
Students' Association are not limited by a charter, but almost
without exception the associations are responsible to the college
authorities who have the power to assume full control of stu-
dents' affairs, should the occasion demand.

At Swarthmore there is a joint control by executive authority
of the college, and the executive board of the student association,
in athletics, formal entertainments, societies and publications.

The jurisdiction held by the student organizations differs
widely, in its scope, but it usually includes all matters not
strictly academic, and not pertaining to the public health and
safety of the students, household management, and the use of
college property.

The list of matters that may be controlled by the students
includes registration for absences, cuts from chapel exercises,
recitations and lectures, quiet hours, order and decorum on the
campus and in the college buildings, guests and chaperonage;
regulations as to exercise, musical clubs, athletics, the hours for
lights to be out at night, oversight of library and study rooms, seating and order in chapel, grants for new organizations, investigation of cases of dishonesty, wearing of caps and gowns, seating in dining room, college work with pledge to report cheating, administration of some faculty laws about absence from college exercises, student publications, fire brigade, the point system for officers and honors.

Then there are more detailed matters of conduct such as posting posters on doors and walls, leaving grounds without hats, wearing athletic or men’s clothes, entering or leaving residence halls after closed for the night, social engagements between students and men of the faculty, going on trains in the evening alone, limitation of the time allowed for preparation for entertainments, prevention of hazing, special permission for social functions in the evening, hours for men callers, punctuality at meals, drying hair in windows or on fire-escapes, food on window-sills, throwing waste paper in the grounds. The Sunday regulations in some colleges are much more strict than in others.

At Radcliffe, self-government has no connection with the dormitories, but has reference only to the common interests centered in the student building, Agassiz Hall.

The methods of control have a pretty general type. There is usually a Head Proctor or House President, with corridor proctors elected by each hall. Or there may be a Home Committee. The proctors under varying forms of committees and for varying terms of office, act as executive officers for carrying out the purpose of the Association. There may be off-campus committees and also recitation hall and library committees. The Head Proctors are generally responsible for the conduct of the hall, and from them in some instances permission must be obtained for absence over night. There may be a census committee appointed by the Association for keeping honors and offices properly graded and distributed, by a point system.

Then there may be a social engagement committee, whose
duties are the regulation of time and energy by the arrangement of a calendar schedule for social affairs, keeping large events far apart, etc. Then possibly an Honor committee, to whom are referred for investigation and necessary action all irregularities of conduct, which violate the highest standard of honor. A suggestion committee at Radcliffe handles a suggestion box, through which girls constantly present ideas, complaints and petitions. The Maids' Club House Committee at Vassar is responsible for the policy of the club house, its actual work and expenses. At Wellesley there is a device for bringing new girls into touch with the spirit of the Association. Members of the Senior and Junior classes have certain groups of new girls to visit to tell the purposes of the rules and explain the ideas of self-government. Randolph-Macon controls its affairs entirely by committee, that are sub-committees of the student committee of forty, in which their Self-Government is vested. Nearly all the associations have copies of rules and regulations, and possibly printed cards giving the exact times for quiet, and for baths, piano-playing, etc.

The penalties for the infringement of rules range from fines, for failure to register absence, non-attendance of student meetings, and first violation of rules, to loss of privileges, summons before the President of the hall, then President of the Association, then the Self-Government Committee, or Executive Board, having name read before the meeting of the Association, removal from committees, temporary forfeiture of right to live on the campus, change of location on campus, suspension from association, up to the final recommendation to the faculty for suspension or expulsion.

Many colleges have the honor system regarding honesty in academic work and some for chapel attendance. Results reported are hard to classify. At Vassar the honor system for quiet and chapel attendance was tried for some years. It proved unsuccessful and was given up for a proctor and monitor system. At Cornell a non-proctor system was tried and was
found unsuccessful. At Bryn Mawr the honor plan for quiet hours (no proctors in the corridors), is being tried for the first time this year. Students are responsible for speaking to offenders twice and then reporting to Head Proctor. The scheme seems successful. The result is thought to be more individual responsibility. Wells College has an unusual amount of honor system. There are no proctors, and each student is directly responsible for her conduct. To some extent the honor plan is reported unsuccessful at Cornell, Vassar and Mt. Holyoke, and successful at Bryn Mawr and Wells. At three other colleges (Goucher, Adelphi and Wilson) it is used, but results are not reported.

The effects of the self-government idea as a whole in these colleges are much more easily expressed. The general opinion is that self-government has been a remarkable success. Standards of conduct have been higher under its influence; team spirit has been fostered; the sense of individual responsibility has been strengthened; the feeling of power as a part of a powerful community has grown, and the tendency has been towards stronger public opinion. From one college it was reported that by the middle of the year new girls feel pride in the association and loyalty to its rules and ideas, and sympathy with its aims. Activities of broader scope are promoted by contact with people of different types, as in the Maids' club work.

The regulation of dress and conduct with men, show the sense of the best element in college, that the best mannered are able to set the pace, and necessarily the taste of girls from less cultivated and refined environments is improved. The dignity of self-government and its educational powers is shown in many of the plans of administration, and in the carefully defined legislative, executive and judicial functions. The drawing up, administering and merely understanding such a plan, in itself, is disciplinary. Then, too, the training involved in elections, meetings, the conduct of business, presiding, re-
cording, etc., cannot but be of great value. Self-control is
developed by the regulation of time and energy, note the social
schedule; habits of life, the sleeping hours; consideration for
others, quiet rules; the equality of opportunity, the point
system; and the importance of social conventions.

In conclusion, the greatest significance of this whole subject
of self-government lies in the fact that it is in the line of
progress. The trend of the day is towards more true democracy
and the organization of individuals of common interests for
common purposes.

It may not be inappropriate at this point to quote from Mr.
Roosevelt’s Cairo speech. “Nobody can give a people self-
government, any more than it is possible to give an individual
self-help. . . . In the long run the only permanent way for the
individual to be helped is to help himself. This is one of the
things one must keep in mind. The slow, steady and resolute
development of those substantial qualities, love of justice, fair
play, the spirit of self-reliance and moderation, alone will
enable a people to govern themselves.” This is as true of
small communities of women as it is of nations. But long
experience has taught that all communities need a certain de-
gree of development before they can safely be trusted with the
execution of the highest ideals, fit to possess or competent
to deal with the responsibilities and privileges which ideally
belong to those who have reached this stage of intellectual and
moral fitness.

The question today is, have or have not our groups of women
in community life in hospitals reached this stage, and may they
gain further development and inspiration by sharing in a
movement that has proved helpful to college women?

The President. We will not take the time to discuss Miss
Stimson’s paper now, but will listen to the next speaker, Miss
Luella L. Goold, Superintendent of the Fannie Paddock Memorial
Hospital Training School. The title of Miss Goold’s paper as
she has named it, is “Suggestions as to Possibilities of Student
Government in Hospital Training Schools.”
SUGGESTIONS AS TO POSSIBILITIES OF STUDENT GOVERNMENT IN HOSPITAL TRAINING SCHOOLS.

Miss Goold. Madam President, and Members of the Association. Most of us have pet phrases and quotations that come to our lips easily and often. One of mine is this: “Console yourself, dear man and brother, whatever else you are, you are dreadfully like other people.” And I have consoled myself with it during the preparation of this paper, for although most of the ideas and experiences I have set down are purely personal, I may be so much like other people that I shall be voicing the thoughts of many of you.

The possibilities of Student Government in training schools—a linking of most interesting things! “Possibilities” is such an awakening, unlocking, vista-opening word, and when used in connection with training schools and their government is enough to set any superintendent of nurses to dreaming dreams and seeing visions.

I distinctly recall the occasion of my first interest in training school discipline. I was a very new probationer, two or three hours old. I arrived at the hospital, had the first impressive interview with the superintendent of nurses, was shown to the probationers’ room and as my trunk had not come I spent the time as so many of us spend an hour or two of our early probation, in communing with myself. We smile at the thought of it, but it is rather a tender smile for we know now how true the realization that swept over us. Life was opening a new doorway, and in this little breathing space we perhaps perceived for the first time how strange and terrifying was the country on which we were venturing, and that no matter whether our stay in the hospital was long or short we would go away very different women.

In this sober mood I went down to the dining-room. Nobody paid much attention to the new probationer, and I was
glad when the meal was finished and I could go back to the
friendly shelter of my room. My seat at the table was nearest
the door, and I was intending to slip out as hastily as possible
when a hand grasped me firmly by the arm and a stern voice
said, “The newest probationer always goes out last.” And
so was I introduced to the military discipline or rule of
seniority. I questioned it, rebelled against it, accepted it,
believed in it and finally used it, and it was with the using of
it that I began to question it again.

Just why we should have this system in hospital training
schools was one of my first queries. Even now I cannot fully
explain it. To a certain extent, it has perhaps always been
found in hospitals. Probably its use in modern training
schools can be traced, more or less directly, to Miss Nighting-
gale’s influence. In her work in the Crimea, under soldiers
and for soldiers, it was in keeping with her ability and common
sense that she should see how well such a system was adapted
to the requirements of the situation and how easily it would
be understood by the nurses and all others concerned.

That the transplanting of the same system to the training
school established in a civilian hospital was wise is proved in
many ways: its almost universal adoption and firm entrench-
ment; the character of the women trained under it; the ease
and smoothness with which the work goes on in the wards;
the adoption of the same system by the medical staff, especially
in hospitals where medical students are permitted.

One of the common criticisms of women who enter the
economic field is that they do not have a realization of the
necessity for law and order; they are too individual, too per-
sonal in their views. We know that a woman who is to be a
nurse must not have this fault; she must be a good soldier,
recognizing rightful authority and obeying necessary orders
unquestioningly. The same discipline that inculcates these
virtues in the raw recruit will undoubtedly foster them in a
woman if used by the hospital where she is training.

I have been interested in noticing how much of Kipling,
PROCEEDINGS.

who is the singer of the beauty of law and order and discipline, is quoted by nurses. The probationer who is scrubbing bath tubs seems to get a great deal of help from repeating

"The 'eathen in his blindness bows down to wood an' stone;
'E don't obey no orders unless they is 'is own;
'E keeps 'is side-arms awful: 'e leaves 'em all about,
An' then comes up the regiment an' pokes the 'eathen out.
All along o' dirtiness, all along o' mess,
All along o' doin' things rather-more-or-less."

And perhaps it isn't long before she realizes just what is meant by a later verse of that same rhyme, where the regiment after its trying times with the old color-sergeant, at last goes under fire.

"Of all 'is five years' schoolin' they don't remember much
Except the not retrettin', the step an' keepin' touch.
It looks like teachin' wasted when they duck an' spread an' 'op,
But if 'e 'adn't learned 'em they'd be all about the shop!"

Then there is the lesson to be learned from the regiment that hadn't profited by drill and that went to pieces in its first actual warfare.

"We was rotten 'fore we started—we was never disciplined;
We made it out a favour if an order was obeyed;
Yes, every little drummer 'ad 'is rights an' wrongs to mind,
So we had to pay for teachin'—an' we paid!"

From a different standpoint but the same theme in McAndrew's Hymn, you remember the description of the song of the rods and cranks and dynamos—

"'Now, a' together, hear them lift their lessons—theirs and mine:
'Law, Order, Duty an' Restraint, Obedience, Discipline!'"

Yes, all these things must become a part of us, but is it not possible to acquire them in a broad and educational way?

I am going to suggest as that way, self-government, and yet I cannot think of it as new in the sense of being a radical change. It is only a process of evolution. There is no abso-
lute line of demarcation. We cannot say *this* is self-govern-
ment and *that* is military discipline. I think you will find
in many schools (I am not speaking now of nurses' training
schools alone) a form of government in which the pupils have
a voice, but in which the change has been a matter of so
gradual growth that the school itself does not realize how
different is its method of control.

I think it is pretty universally conceded that the surest way
to make a person wish to do a thing is to absolutely forbid
him to do it and give no reason for the prohibition, and yet
this has been done constantly, and has been, I believe, the
cause of the feeling that has existed time out of mind between
school children and their teachers. To the average child the
teacher is a natural enemy, and the tactics observed are "All's
fair in love or war." Possibly I am wrong, but it seems to me
that in the training schools governed by strict military disci-
pline a great deal of this feeling exists, particularly with the
younger members. If something is done which the authorities
have forbidden and the offender is caught, the authorities have
won—if not, the honors are with the pupil. The question
as to whether what is done is intrinsically right or wrong
seldom comes up. If it is right or wrong for the individual
it is easily settled, and the larger aspect of it, its effect on other
individuals, on the school or on society, is never seen. Disci-
pline means, in such a case, orders on the one hand, unreason-
ing obedience or rebellion on the other.

The nurse in training has responsibilities, anxieties, worries,
and temptations, but after all, while she is in training the
heaviest anxieties and responsibilities are carried by others—
the right response to the situation is only routine—she is
safeguarded in many ways, but from this guardianship, this
protection, she goes out to begin life for herself. Is the
semi-paternal, semi-military system the one that best fits her
for this—the paternalism that has shielded her from unknown
dangers, the militarism that has said, "Theirs not to reason
why?"

What is the real goal we are trying to attain by the disci-
pline in our schools? We wish the machinery to run smoothly, but after all isn’t it character building for which we are working? Aren’t we trying to send out efficient women? That term “efficient women” recalls a discussion I heard recently as to its meaning. It was finally decided that an efficient woman was one who accomplished her purpose, who had the ability to control new situations, who could do her work with economy of time and effort and without friction. Could we ask for a better description of the kind of women we wish to see graduating from our schools?

I sincerely believe that in the development of such qualities self-government would be invaluable, and yet the general opinion of training school principals is perhaps something like this: “It is a good thing in theory, but not practicable for training schools.”

A tentative arrangement of the objections to self-government might be put under three heads.

First, a lack of knowledge of just what it means. It is not anarchy, it is not individualism, it is not the reckless turning over of all power to the student body. It is education, the teaching of what discipline means and why it is needed. It is the development of the social spirit, the comprehension of the bigness of the world. It is the explanation of why we must say “yes” to the question, “Am I my brother’s keeper?”

The second objection comes of ignorance as to its form of organization and an uncertainty as to the method of initiating it in the school. Miss Stimson’s paper has given an extremely clear idea of the scheme of arrangement in colleges, and I should think a quite similar plan might be followed in our training schools. As Miss Stimson has said, we cannot have student government just because the principal of the school decides that it is advisable. It must be a thing of growth, and how soon the school will be ready for it depends on how much the spirit of questioning and reasoning has been encouraged.

In the National Hospital Record for April, 1908, there is a very clear and interesting account of one superintendent’s
method of initiating this system. I am sorry I cannot give due credit to the author, but the article is not signed. To me it is so full of interest, so helpful, that I am going to quote liberally from it. This superintendent, who had between forty and fifty nurses in her school, called them together, talked to them of the necessity for a proper observance of rules, and asked them to select a council of seven,—three seniors, two intermediates and two juniors. Each class then elected its own representatives and the seven members appointed one of their own number to act as chairman. The superintendent reserved the right to question their judgment, to refer questions back to them for further consideration and to disagree with their rulings if the interest of the hospital or school seemed to demand it. She goes on to say:

"The first question that arose was regarding a probationer who seemed in several respects promising, but who had in less than two months reported ill four or five times and showed a disposition to give up for very minor ailments. I had always found more or less of a spirit of criticism among the nurses when a probationer or pupil was dropped. Therefore I decided to refer this case to the nurses' council and ask them to recommend whether Miss S. should be retained or not. I told them that I had found out that she had not stated the exact truth on her physical examination blank; that if she remained, they must remember that each time she failed to report for duty some other nurse or nurses would have to assume her duties in addition to their own, but that on the whole, her work seemed to be fairly well performed. The question was one that had often perplexed me in my younger days as a superintendent, though I had this case pretty fully decided before referring it to them. They held a meeting after duty hours that night, and the next morning the chairman presented in a written note the opinion of the council that Miss S. ought not to be accepted as a pupil, and she wasn't accepted."
Several other interesting cases were reported, involving the acceptance or dismissal of probationers and the punishment of nurses, even to the point of expulsion. This writer especially notes the point that there is no tendency on the part of the council to minimize offences, but rather to err on the side of over-severity. She ends with a statement based on her experience that self-government is a powerful factor in creating and maintaining high standards.

The third objection is voiced in the statement that in the hospital training school we have conditions unlike any other school. The presence of a large number of dependent people would seem to preclude the possibility of any experimentation. Again, the training school is not an independent organization. It is most intimately bound up in the hospital, its association with which is an essential factor of its very existence. The hospital having taken the responsibility of these sick people, rightfully demands that proper care be given them and certain punishment follow on neglect and carelessness.

While all this is true, I believe every point raised can be satisfactorily met. The power of self-government should not be placed in the hands of the pupils until a careful study of the subject has been made by the superintendent and other officers, and the school has been made ready for it.

Then a check may be placed on it as in many of the college organizations by having the principal and other members of the faculty constitute an advisory council. Certainly something is wrong if the superintendent of the training school is not the one to whom the student-board instinctively turn for advice, and if her opinion does not have great influence.

A still further safeguard is the proviso that appears in some form in the constitution of every college self-government association—that at any time if the necessity arises the governing power may be taken over by the school authorities.

I spoke earlier of Miss Nightingale as the exponent and possible founder of the military system. I shall close with some words of hers on this question of discipline:
"Training has to make us not servile, but loyal to medi-
cal orders and authorities. True loyalty to orders cannot
be without the independent sense or energy of responsi-
bility which alone secures real trustworthiness."

The President. These papers are now open to discussion and
I will call upon Miss McKechnie.

Miss McKechnie. Madam President, I think both of these
papers have been exceedingly interesting. The idea of student
government in the training school is entirely new to me; and be-
yond the teaching of ethics in the junior year to the young pupils
and probationers, and the nurse's relation to the school and the
community and drawing attention to the relation of one pupil to
another in the school, I don't know that any special effort has been
made toward student government. It seems to me that it would
be a very great benefit if we could develop such a spirit in the
training schools. There are always trying and weak members in
every school, and the weaker ones have to be held up, and if
through self-government a feeling of individual responsibility
could be developed in these latter, it seems to me it would be
well worth trying. Miss Stimson brought out one interesting
point, the difference between the student in the college and in the
nurses' training school. The college student is always associating
with the highest ideals of men—in literature and in art—and does
very little in the way of practical work. The pupil nurse, on the
contrary, has the larger part of her time taken up with practical
work, and while I am firmly convinced that there is not a pupil
who comes into a training school who does not come in with ideals,
still it is a difficult matter to hold on to those ideals always dur-
ing her years of training. Our aim is to keep and maintain
those ideals so that at the end of the three years a student comes
out with them strengthened, rather than weakened for her work,
and if student government can help in that aim, we ought surely
to introduce it.

Miss Greenwood. I should like to speak of a practical ex-
periment in self-government that I made last year. Each class
elected two members to constitute a committee, and with this com-
mittee I had an hour's meeting once a week. They brought to
me matters of discussion simply regarding the conduct of the nurses' hall, having nothing to do with the acceptance or rejection of probationers. I found that it really worked in a satisfactory way. I don't think I should be willing to let that committee exist without me as an advisory committee, because their decisions were not always wise, but in this limited way it was of value.

The President. Could Miss Hay not say a few words on the subject of student government in colleges?

Miss Hay. I should like to be able to contribute some testimony based on my own experience. I must admit that I began in a similar way to Miss Greenwood about two years ago, but the movement died an early death. It was premature and did not get beyond the incubative stage. I am sure, however, that the principle is all right, and I should like to have it born again and nurse it better than I was able to before. I believe that as far as nurses in the Home are concerned, the life there and all such points as are usually included in the rules that confront the nurse, this opportunity for self-government offers some splendid possibilities, and the effect on the individual nurse would be only good. I don't feel enthusiastic enough about it to take it into my councils as to the acceptance or rejection of probationers, for there is too much involved, and if I had such a body and was continually gainsaying its opinions, it seems to me the members would very soon lose interest, and I feel that this question is really beyond them. Otherwise I believe that we will get a much better spirit when we give nurses larger liberties and expect of them the judgment that we expect of mature women, and not make mere machines of them, so to speak.

The President. Will Miss Carr contribute to the discussion?

Miss Carr. I can't contribute anything more than has already been said. I am almost persuaded, but not quite. I am inclined to think that in the very large schools, especially where those schools are connected with equally large medical schools, the question assumes a very difficult phase. But I think that I have come to this point after hearing the papers, that to have a committee in the training school to confer with the superintendent of nurses and her assistants on the government of the home itself, would perhaps be an excellent thing. Beyond that it seems as yet quite an impossibility, as for other matters I believe older and wiser minds are needed.
Miss Maxwell. I would like to say a few words from the experience of many years and as interested in the question of student government. In the school of which I have charge we have tried what we might call class government. It has not extended to the appointment of any general committee, but in each class the president confers with me regarding the constitution and by-laws which they intend to use to govern the work and study and deportment in the school. We began it for co-operative purposes, but it has extended beyond that. We have tried it for about six years, and the results seem very favorable indeed. I never consulted them regarding the dismissal of a student, nor in any important question of discipline, but in one case we were obliged to suspend three students for three months, their class held a meeting and asked to send a communication to me stating that they entirely upheld the discipline which had been given. They did this voluntarily and I felt that it did perhaps strengthen our hands. I also think it strengthened the classes that have come after, and will continue to do so. I believe in it very fully. These women have to govern themselves after they leave us, and we ought to encourage every attempt at self-government in the schools.

The President. The question I think resolves itself into this: are our measures of government in our training schools usually worked out with reference to the development of the pupil, her future development and her later life, or are they worked out with reference to the daily urgent, pressing needs of the school in that hospital? We must always, before we can consider the student in that way, put first the urgent needs of those patients. We can’t leave out the question of government by authority, because the responsibilities of the head are of no common kind. They are of a very uncommon kind, and that is what lies back of the measures that seem so stringent and severe. You can’t make your wards, where you have numbers of sick people, a place where people can do as they please and say as they please. The place is a battle-ground where we want to order the work, and want workers who know why they are fighting and just how every moment should be spent. Whatever we do, we should retain the good things that have been developed in our military system for the effective care of the helpless ones on our hands, and then do
everything that we can to develop and strengthen the women who after they leave us will always have serious responsibilities, and great tests made of character. I can't think that anywhere else in the world, as far as I am able to see, are such burdens put upon human beings as upon nurses. However, when we come into little closer relations, as we are now trying to do, we may find that we have common problems and after all, are not so peculiar.

Sister AMY. Madam President, I want to ask if it would be feasible to suggest that a committee be appointed to draw up some practical suggestions for next year, so that we could have a plan upon which to go?

The President. A very feasible suggestion indeed.

Seconded by Miss Alline and Miss McKechnie and passed, that a committee, consisting of three, be appointed by the Chair, to consider the principles of self-government in training schools and report at the next meeting.

The President. Before proceeding to the next paper I would like to add one word and that is to emphasize and endorse what Miss McKechnie has said as to the ideals which students bring into the training schools. I am firmly convinced that there is hardly a more important time in a woman's life than in the first few weeks and months in the training school. Every best thing that is within her is uppermost then in response to the needs that she finds before her. It seems to me a tragedy that any of that precious spirit should be lost anywhere through the life in the training school.

The next paper is by Miss Lydia Anderson, on the "Preparation of the Teacher for the Training School."

PREPARATION OF THE TEACHER FOR THE TRAINING SCHOOL.

Miss Anderson. Madam President, and Members of the Society. The fact that our training schools should be educational in their aims and methods, is no new conception to the minds of those vitally interested in nursing. It is a feature, however, to which attention must be drawn more insistently, and upon which greater emphasis must be laid, as our schools
multiply and develop. In the evolution of the training school there have been two serious hindrances to the maintenance of high educational standards. One of these is found in the phenomenal growth of the work, and the other in the relation of the training school to the hospital.

In alluding to the growth, let me ask you to recall how, in less than a generation, the number of the schools grew from 15 to 1026, while the number of pupils increased from 300 to 26,000. This was possible, because, on the one hand, the work opened up opportunities which appealed directly to the instinctive interests of women, and, on the other hand, because of the very great demand for skilled nursing of the sick. Wherever such an imperative demand exists, before the supply is adequate, there is an inevitable lowering of the standards of quality in order to meet the need for quantity. There is little wonder that in meeting this emergency, some entered the work who were not qualified, and the amount of practical nursing to be done in the wards left little time for the systematic education of the pupil in the school. Again, although the first school, whose beginning we are now commemorating, started apart from the hospital, and under a separate board, that condition was not a lasting one. The improved methods of nursing, the character of the women who undertook the work, and the economy in thus obtaining nursing care for the patients by the pupils, all demonstrated the value of the training school to the hospital authorities, and the school was soon merged into the older and larger institution. Under these circumstances, the emphasis came almost of necessity to be laid upon the amount of work to be obtained from the pupil during her training, rather than on the amount of education she should receive for her future efficiency.

It is owing to the character of the women who have been the pioneers of our profession that these hindrances have been in measure overcome, and constant effort has been made to raise the educational standard in the training schools throughout our country. These leaders have insisted upon the education
of the nurse, realizing that unless she is something more than a nurse, she will be something less than a woman. To the high ideals and unswerving devotion of our superintendents, we owe the legislation regarding nurses now found in so many of our states, state registration, constant efforts to improve the curriculum, state inspection, and state examinations, all tending to emphasize the educational requirements. Shall we be able to maintain our standards, however, by means of legislation, governing boards, inspectors, and examiners? We answer that as it has already been answered by educational authorities: "These may arrange the conditions of education, but the teacher directs the process." "As our ideal of education rises, we demand better teaching, and better prepared teachers." If the teacher is to direct the process of education, it becomes at once obvious that she must receive special preparation for her work.

In outlining a course of preparation for a teacher, it may prove of practical advantage to follow the general lines adopted in the course at Teachers College, that course which is an enduring monument to the far-sighted wisdom of the leading members of this Society.

The preparation should be grounded in a broad view of education in general, with special adaptation of the principles learned, to the needs of the nursing body. The student of today is taught that the aim of all education is social efficiency, an efficiency that not only adapts the individual to his own environment, but also renders him capable of effective service to society. In this connection it is inspiring to note the educative possibilities of the training school, as its aim in producing the efficient nurse runs so closely along the lines of other educational institutions. The study of the relation between theory and practice also brings some of our training school methods into prominence. True, we have doubtless erred in unduly emphasizing the practical at the expense of the theoretical teaching, but the great educational value of much of our practical teaching is not to be gainsaid. We certainly need now
to turn our attention to the development of the theory, for, as Oliver Wendell Holmes has said: "We cannot successfully eliminate and teach by itself that which is purely practical. The easiest and surest way of acquiring facts is to learn them in groups, in systems, and systematized knowledge is science." The problem for the teacher is so to adjust the balance between the theory and practice that she will best secure the aim she seeks to gain.

The teacher must have a thorough preparation in the subject matter which she is to teach. Unless her knowledge is wide and comprehensive, she will fail to select that which is most essential for the use of her pupils. It is the teacher who can draw upon her own accumulated wealth who can make the wisest distribution of her knowledge.

The methods of teaching must also be included in the preparation, for, often, a teacher fails, not because she does not know her subject, but because she is unable to present it and impart her knowledge concerning it. These methods must be studied and practiced until they become in measure unconscious, else the "purpose" may be lost in the "process," and the teaching at best will be artificial and mechanical rather than simple and direct.

There must be added to these subjects a course in mind-study. No matter how wide the outlook or earnest the purpose, how comprehensive the study of the subject, how well-planned the methods of teaching, unless the teacher understands the capabilities of her pupils, unless she knows how to appeal to their interests, to awaken and hold their attention, she cannot hope to succeed. She must realize the ignorance and the limitations and, as well, the possibilities and capabilities of those whom she is instructing. From a knowledge of their natural instincts and capacities, she must learn how best to develop those habits and powers which are necessary in transforming the pupil into the efficient nurse.

The preparation must give the teacher also a knowledge of the history of nursing, and of the concrete problems connected
with hospital and training school organization and administration, that she may enter upon her work equipped with sympathy and judgment gained by her study of educational questions in general, with their particular relations to those encountered in the training school.

Thus, briefly, we have alluded to the conditions in the training school making desirable the advent of the teacher, and then to the preparation considered adequate for the equipment of the teacher for the work. In closing, it may not be out of place to consider some of the qualifications essential in the woman who wishes thus to prepare herself. It is obvious to all that she must have the required education and mental grasp in order to undertake this work, but there is an equal, if not greater, necessity that she shall be possessed of—a high moral character. The conscious influence exerted by what a woman says and does, cannot compare in power or extent with that unconscious influence emanating from what she is. Her sympathy should be of that broad type that enables her to be of service to all the varying grades of intellect and efficiency that she will encounter in each of her classes. Professor Palmer, of Harvard, in writing of the ideal teacher, has said: "She must have a 'possibility of vicariousness,' thus putting herself into the place of each of the pupils. Her personality must inspire her pupils to learn not only the subject matter taught, but how they may enrich life by means of their knowledge. This woman who aspires to be a teacher of nurses must realize the wonderful opportunities offered in nursing for the development of the entire woman, her intellect, her emotions, and her will, and with the inspiration gained from this knowledge, she will call forth from her pupils that love and loyalty for the work itself, that will ever transcend any merely intellectual interest in it."

This gives us the picture of the woman we desire to see teaching in our training schools, her innate qualifications and her acquired equipment. Lest this enumeration should prove
a source of discouragement to some one who knows how far short she falls of the standards set, may we remind ourselves that it is only as we set up high ideals, keeping them always in sight, and constantly endeavoring to approximate them, that we may have any ground for the hope of their ultimate realization. In so far as it is possible, then, let us demand for our training schools that teaching, with its preparation, which we believe to be vital to the best interests of nurses and nursing.

The President. We are all in hearty accord with all that Miss Anderson has presented, and very grateful to her for so presenting it. The next paper, on "Ward Supervision," will be presented by Miss Georgina J. Sanders.

WARD SUPERVISION.

Miss Sanders. Madam President, and Members of the Society. Fifteen, or even ten, years ago, I should have sat down to this paper with unmixed feelings of relief that so simple a subject had fallen to my share. Joyfully I should have recognized a theme that presented no problems, hid no conundrums. I knew only one form of ward supervision, and, to my mind, it was very good.

Probably I should have begun by painting my ideal of what the head of a ward should be—a portrait pieced out from the several characteristics of some of those rare women, who, in the eighties or nineties, were the very salt of hospital life; women for the most part of education and culture, women of character, and mental resource, to whom we of the succeeding generation of hospital workers owe an unpayable debt of gratitude and affection. These were devoted women, taking the little world of their ward, their patients, their nurses, their fellow-workers, more as a mother takes the little world of her home than anything else I can think of. Strict though the discipline of those days was, there was at the same time a wonderfully cordial understanding between us all, a confidence
in our mutual interest in our work, a spirit of happy, good fellowship, which immensely lightened the then long, long hours of our busy days.

Each ward had its permanent head, remaining for long periods, often ten or fifteen years, and longer; this fact alone, gave to our work an atmosphere of continuity; the restlessness, the sense of constant change and amateur ineffectiveness, so common and so trying in modern hospital life, was almost unknown. The position of Head Nurse, Sister, as we called it, was one of recognized dignity and authority, and seemed to us, then, a worthy goal for our ambition.

Under the Head Nurse in each ward were, in the large schools at all events, two graduate nurses, these also usually remaining several years at their posts. While the head nurse would be chosen largely for executive ability, and certain personal qualifications, these two were generally thoroughly good, practical nurses, whose chief duties were with the practical business of caring for the patients; usually they took alternate night and day duty, changing at regular intervals. If the wards were very large, say over fifty beds, there would be a larger number of these second nurses, and the ward would be portioned out in sub-divisions, so that each graduate had not more than two or three pupils at the outside to look after. The practical teaching was thorough and most excellent, the patients were protected from unskillful handling, and the nurses had, besides, the benefit of supervision and criticism from a head nurse who took a personal pride in sending us out of her ward better equipped than when we entered. The head nurse was also expected to teach us a certain amount of our theoretical work, to explain cases to us, and so forth, and some did so very efficiently. Rightly, however, this method of imparting information has long been condemned as at best desultory and not thorough.

To-day we have to realize that we have totally different conditions to deal with. The old order has changed, it is a time of re-adjustment, of a passing away of much that was lovable
and picturesque, to meet the insatiable demands of modernity. The habits we have grown up in, the tools we have known are hard to part with, but to cherish them too long is but to put new wine into old bottles. All the work, and especially the surgical work, has so increased that what used to be the work of exceptionally heavy days is now the normal daily proposition, and in very few institutions has the number of workers been increased to meet the demands.

The quality of the work has also changed. Not so long ago the patient was emphatically in charge of his doctor, and his own doctor carried out the entire treatment of his case with but little outside assistance. Now, for each and every patient, we have, on the heels of the chief, the specialist for this, that, and the other symptom, the laboratory expert, and so forth; together with long visits to X-Ray room, to departments for highly specialized treatment, all augmenting and qualifying the ward work in a way not sufficiently appreciated. The housemen now do much of the work that twenty years ago was done by the chief himself, and much is required in the way of tests, blood-counts, and other time-devouring methods, that are entirely latter day developments. In turn, a great deal of the house surgeon’s work is turned over to the nursing staff, many complicated treatments, and in particular the keeping of minute clinical records—the latter often become so exacting an item that it would seem to be a question sometimes whether we shall carry out treatment or keep the records. Emphatically, in former days, we nursed the patient; it is not the fault of the nursing staff that emphatically to-day we are generally forced into an attitude that recognizes the cases before the patient.

And, almost more important as regards my subject, our workers themselves are changed. In place of the woman who, after some years of an ordinary life in the world, gave her life devotedly to hospital work, we have the immature girl, seeking in the first instance a means of livelihood and eager to get to work and through with her training at as early a date as
possible. These bright-faced girls are often very nice, intelligent, capable, adaptive, often in earnest; but responsibility, poise, the practical sympathy that comes from human experience we cannot expect; and yet would not any unbiased person at once say, "How in the world are we to do without just those qualifications?"

I should say that in nothing are the shortcomings of our available workers more apparent than in just this question of ward supervision. I think we may take it that the ward, while not only representing the entire raison d'être of the hospital, is to the nurse by far and away the most important part of her education as a nurse. Eliminate class rooms, preliminary courses, demonstrations and lectures or subjects allied or extraneous, training is still possible if we have the bedside nursing in the ward, and nothing can take its place. For the nurse and the patient alike, skilled bedside nursing is the fundamental necessity of our work, indeed it is what the patient has an absolute right to exact. And how are we to reconcile skilled nursing with nurses who are all of them being taught? Clearly the pupils are not skilled nurses, or we should have no reason for our lengthy course.

I am, of course, merely presenting a problem that we have each of us solved in some way or other in our hospital work, and the effort to solve it in the best possible way, as affecting both patient and nurse, is the basis of all ward organization.

Let us glance for a moment at the personnel of our modern hospital wards. Here we have patients who are seriously sick, patients who are convalescing, patients with complicated treatment, patients with the simplest requirements, exacting patients, and still more commonly patients too timid or too ignorant to complain of the shortcomings of their nurses, all herded together in the long familiar rows we should probably condemn as barbarous, if we were not so accustomed to them.

Here we have nurses in all degrees of training and experience, nurses almost graduating, from whom it is right to expect initiative, who ought to have the opportunity of exer-
cising their judgment, their discretion, as well as their nursing skill, before leaving the shelter of their training school; nurses in their intermediate year, always a difficult year to handle, and requiring, I think, special individual guidance; junior nurses and probationers, at all stages of ignorance and awkwardness.

Nor does our problem end with what are our chief concerns. Here also we have the busy, usually overworked internes, the crowding students, with apparently time to burn, and the visiting staff to whom time means money, the progress of medical science, and often the life of a fellow being.

Granted that the patient is the beginning and the end of all our work, can we fail to recognize in the hospital ward a little world of entirely conflicting interests, of varied and often opposing duties; a little world where organization, order, and efficiency are absolute essentials?

Certainly such a ward is not going to run itself. There must be some one to introduce order, to induce efficiency, to satisfy conflicting claims. Who is this to be?

This brings us to our most important consideration. On the face of it, one would answer of course, a good graduate nurse, "one with executive ability, perfect tact, etc., etc., etc." We all recognize the list of perfections enumerated with every post we are asked to fill. And the answer, I think, is right, the best graduate nurse is none too good. But frankly is the best graduate nurse available?

We have to recognize that at the present day the hospital and hospital work fills, in the mind of the average American nurse, an entirely secondary position. The majority of our workers have not had the early training, domestic and social, that accustom them to the idea of serious responsibility. The conscientious are alarmed, the frivolous impatient. To the large, large majority of our nurses private nursing appeals to quite an extraordinary degree. One patient, a simple set of duties, independence of institutional restraint, and certainly also the large immediate salaries, all form an appeal that the
majority understand. Will the appeal be quite as great when we have learnt to make the life in our schools more acceptable to its inmates, when we realize that as well as irreproachable hygiene, and a sound moral atmosphere, which, I think, we may flatter ourselves, now obtains in the average school, we owe our own nurses some of the graces and joys of life, greater privacy, real means of recreation, meals not only well thought out, but served with such refinement that they are not a daily martyrdom to overwrought bodies and sensitive nerves?

The appeal of the larger salary is to many one of practical necessity. For one who spends her money on unsuitable clothing and expensive pleasures, I should say there must be nine who are helping to keep the home together, to put a brother through college, shouldering burdens entirely beyond their capacity to bear. Twenty-five dollars a week is a solid fact there is no good arguing against, especially coming after three years where pocket money has been at a minimum. It may not be every superintendent’s experience but I myself, have also always found that the best of the graduating class are generally encouraged by the doctors to take up private nursing, with promises of work and immediate good pay. It is done, I dare say, in all good faith, the need for the best in hospital is actually not realized, and there is a natural desire to help, perhaps also to be on good terms with a nurse who shows unusual promise. If we do have some of the graduating class available, a year is usually the outside limit of the time we may expect to keep them. We know from our own experience in our own first charges, that it was just about the end of that time that our work began to be of any real value. At the end of a year the young graduate wants a change of work or hurries enthusiastically out to private nursing.

Failing our recent graduates, who then have we to fall back upon, as head nurses? I expect we all have the same experience—graduates from smaller schools, special hospitals or foreign hospitals, seeking wide or different experience, private nurses frankly wishing to brush themselves up in modern
methods, or—the senior pupils. Contrasted with the permanent head nurses spoken of above, this is a grave situation to face.

The nurse from other hospitals may have done excellent work in her own school, but even where she does not meet with actual prejudice, she is hampered by having to learn different methods, to adapt herself to different requirements. She is often, too, lonely and homesick, and her work suffers in consequence. Occasionally also we happen on the aggressive variety who sets us all to rights, and is for ever bringing delicate matters to most upsetting issues. That we do now and again come across a jewel does not materially change our average.

The private nurse (from our own school) has at least the advantage that she knows the work and the people, and may be expected to have the interests of the place at heart, and to settle in contentedly. But private nursing is totally different from hospital work. She is impatient of what she classes as "red tape;" she is quite unused to team work, to reconciling conflicting interests; generally either she tries to do everything herself and gets overwhelmed by the impossible task, or she defines her own duties so definitely that the work of those under her suffers from lack of supervision and criticism. Either attitude is disastrous from the ward point of view. If the nurse stays long enough, she does sometimes prove a valuable hospital worker, usually we find she either gets discouraged and leaves abruptly, or she gets what she wants from the work, and at the end of the year goes happily back to the more congenial life of a private nurse. I will not touch on that other group of applicants, sad to us all, who come begging for hospital positions because they are no longer able to find work as private nurses. They are another problem.

Lastly we have the senior pupils; at the first glance far from ideal, but, as we all know, in actual practice so often fitting into the position more efficiently and with infinitely less friction than either of the other two propositions. Though the
senior pupil has still much to learn, she has no methods to unlearn; she has a pride in doing her best in a conspicuous position; quite often she develops a sincere delight and interest in her work; her initiative, and powers of management, leadership, and so forth, are brought into play, and frequently exercised with really astonishing success. Every one she works with is interested in helping her, she meets with encouragement and explanation where the nurse from outside may too often find criticism and impatience.

As regards her junior fellow nurses, although in matters of discipline she may find difficulty, the pupil head nurse has often very excellent control over the work of the juniors, and over the kind of instruction that a head nurse is bound to be obliged to give in the daily routine work in her ward whatever independent instruction the pupils are also having. Probably it is on the principle that we all learn most readily from our own generation. The pupil will ask one of her own kind questions, and bring her difficulties she is diffident of bringing to a graduate head nurse; the senior pupil on her part has less hesitation in frankly owning ignorance, and suggesting and helping in a search for the required knowledge. From our point of view, we know her personally, we know just how far we can count upon her and where we must give help, she is still in statu pupilari towards ourselves, gratified by our confidence, and anxious to obtain credit; our personal relations are thus infinitely simpler and pleasanter than may be the case with an unknown worker, coming in from outside.

But there are drawbacks and serious ones. For the pupil’s sake she cannot be left indefinitely in the position. Few of us would feel justified in keeping a pupil as head nurse in one department more than three or four months at the outside, seeing that in order to do the work at all she has already spent some appreciable time in that department during her training. Almost as soon as things are going smoothly, we are forced to change and begin again, keeping up a condition of constant readjustment impossible to contemplate if we had not, alas!
become acclimatized to it. Again, as we must think as much of the needs of the work as of the training of the pupil, we have literally to give the pupil work according to her experience and not, as should be in an educational institution, to her inexperience. We do not put our best medical nurse in charge of an accident ward, or keep a good operating room nurse over time in the diet kitchen. But since we undertake to teach our nurses and make them efficient isn’t this, more or less, what, from their point of view, we should do? We know, however, it is not practical.

I have not usually found the pupils themselves showing much emulation for head nurses’ work during their training. There is a certain gratifying flattery in being selected, and many find unexpected interest and pleasure in the work once it becomes familiar, but the average pupil would, I have found, always, if given the choice, remain as pupil dividing her time equally in all departments. I am so convinced of this that I should always recommend the pupil head nurse being paid a reasonable increase in her salary while acting as head nurse, in order to do away with any possible idea that the services of the pupil are being exploited by the hospital. If the pupil head nurse is the best thing we can procure, it would, would it not, seem reasonable to pay for it?

Another scheme I have often thought of to relieve the pupil head nurse proposition of some disadvantage, might be put briefly as an elective system for the last six months of the three years. According to capability, fitness and also inclination, which I certainly hold should be studied, the pupil might spend the last six months of her training in special work. The usual hospitals would offer head nurses’ work, for example, assistant in the operating room with some special responsibility, and quite a few executive positions such as assistant to the various heads of important departments, as in our own office in the dietitian’s department, and others according to the opportunities the hospital offers. To carry out such a scheme it must be practicable to give each pupil a fair time in all the depart-
ments for the last six months, and we know when we have to deal with a hospital with the departments sub-divided and separate, when we begin to subtract holidays, time in the diet kitchen, several months spent in purely theoretical work, time in the amphitheatre, and out-patient department, and time spent outside the hospital, as is often the case, for obstetric training or district work, the time left for the hospital wards is apt to be too seriously curtailed to make it practical to take six months out for any such scheme.

We have come thus far only to reach the conclusion that the best we have available as head-nurse is far, far, from ideal. The wards are, I think we shall agree, our most important charge, and of all departments in the hospital they are generally the least competently officered. What means are available to overcome this disability?

The plan I have found most workable is that of the ward supervisor. Wherever she has been instituted she has met a felt want and is coming, I think, more and more to the front as a necessary part of our training school organization. Her duties and her qualifications place her as something much nearer the old time permanent head nurse than anything we have available for the wards. Indeed the position seems to attract a very good class of candidate, and as there are only a small number of these posts in any hospital, we are more likely to be able to pick and choose and get the best. The applicants for such posts are frequently superintendents of the twenty to fifty bed hospitals, or heads of small training schools in remote districts, who value the opportunity of getting back to more central work; where these are also our own graduates, they are really excellently equipped for the work. For this post too we can usually get the pick among those of our more recent graduates who have remained in the hospital.

It seems to me quite natural that these posts should appeal. The salary for one thing contrasts well with what the nurse might be earning at private nursing, where she has many personal expenses, or in smaller institutions. The ward head
nurse frequently begins at twenty-five or thirty dollars, and does not rise beyond this, unless she stays an unusual time at her post. The supervisor can command a salary of from sixty to seventy-five, according to her duties and experience. She feels the post is an excellent stepping stone to the chief executive posts of hospital or training school. She remains in close touch with practical nursing, with patients, pupils and doctors, and is able to exercise her own initiative and powers of management much more than is possible in the officially higher position in the office of the superintendent of nurses.

Granted the ward supervisor, what are to be her duties? Can she exist without clashing for ever with the ward head nurses? My point is that the chief reason for the ward supervisor lies in the inadequacy of our available material as head nurses. Where we have experienced head nurses, the ward supervisor may cease to exist; each ward would then have its supervisor, and the official rounds of the superintendent of nurses, and her assistants, will be all the other supervision necessary.

Of all the ward supervisors' duties the most important, far and away, are concerned with good, skilled, bedside nursing. Do we realize that at the present day there is a tendency to overlook and to underrate the immense importance of just this branch of our work, the one that both in theory and practice is in the first rank of importance? I know many nurses who can pass a good examination in the class room, to one who can do everything for her patient in a truly finished manner. Believe me, the finished practical work of the older days is slipping from us, and valuable indeed though the educational advantages we have fought for certainly are, we have to guard against the real danger of developing the pupil at the expense of her most important duty.

Here comes in the important difference between head nurse and supervisor. During all the hours of the ward's greatest activity, those busy morning hours, the head nurse's own duties are too onerous for her to give time that can be counted on to
the details of the nurses' work. While beds are being made, the bath giving, etc., she is receiving reports, passing on orders, writing out lists of supplies, making out her time table, seeing her patients individually, a dozen duties before the ward visits begin. Few are the modern wards that have only one chief to attend to, and one house-surgeon. Usually the head nurse is kept on her feet the best part of each morning with visits, visits, visits; and what time is not so occupied is usually filled with receiving new patients, and seeing to the requirements of those that are going.

Can she then possibly supervise the nursing? Can the typhoid bath be postponed till she is ready to see it done, the diet wait till she can see it served, the new nurse hang about till she can show her her duties? Of course not. And yet, if nursing is to be well done, it is just these matters that must have eternal, unremitting vigilance.

And here lies the chief use of a ward supervisor. Her time should be nearly all margin, so that she can adjust it to meet the needs of each day. No matter how carefully a pupil may have been taught technical duties in preliminary classes, or class room demonstrations, there is always a different attitude when she comes to carry out the same duties in the ward, often against time, and for really sick patients. It is now that bad habits are formed, mistakes happen, and the patients literally suffer from unskilled nursing. Does it not seem important to have some one person, whose place is in the wards, whose duty it is to follow up the work of each nurse, and to give to the minutest details of practical nursing the constant supervision they absolutely demand if our standards are to be maintained?

As regards the head nurse, generally as we see more or less new to her work, the supervisor has certainly to exercise tact. Where the system is to have pupil head nurses, there is usually no trouble. The pupil is thankful to have one to whom to go for help and advice, and we are generally sufficiently interested in our own pupils to be anxious to help them and place them in a good light. With pupil or graduate alike, the supervisor
has to avoid assuming the executive control of the ward, at the same time seeing that all the duties are adequately carried out. She must, in fact, be a good general, getting results through her staff without assuming their duties.

To the doctors she represents the executive staff of the training school, and if she bears herself towards them with tact and good sense, she will generally win their confidence, straighten out misunderstandings, and bear the brunt of those small complaints and frictions that grow to alarming proportions when brought formally to the office.

Her relationship to ourselves is that of a special ward assistant. I think it is a good system to require from each supervisor regular reports morning and evening, of all that concerns her department. At this time matters can be brought up that it is not expedient to discuss in the visiting rounds, and the day's events can be brought to our notice. The supervisor should be our most reliable means of getting at the individual pupil's capabilities and attainments; often, as we know, in a large school, a difficult matter on which to get definite, conclusive information.

Nor will a good supervisor neglect that sorely tried and much abused scapegoat, the wardmaid. Why wardmaids are as good as they are is more strange than why they are bad. Dumped suddenly into their duties, usually at the busiest hours of the morning work, everyone about them too preoccupied to show them their duties which they are left to gather from a complicated schedule they can, often, not read, scolded when in fault, and otherwise unnotic ed, what wonder we generally have only the roughest and least satisfactory seeking these situations. A good mistress makes a good servant nine times out of ten, as the supervisor will find directly she begins to teach her wardmaids as painstakingly as her probationers.

One more consideration before finishing a paper that has grown out of all proportion. Should the supervisor have any class teaching to do? How much actual practical teaching she should do, of course, depends on what, outside her efforts, the
pupils receive in this respect. Where this is not organized, or purely elementary, I should say she is certainly the best qualified to do so, taking the pupils in her own division in groups of three or four and going over and over practical points till perfection is reached.

As far as theoretical teaching is concerned, care should be taken that that given to the supervisor is not so arduous as to form a conflicting interest, taking time and thought away from the wards. Generally speaking, however, where it works in well with the school scheme of teaching, the supervisors can well be given some quiz work, attending one set of lectures and taking a limited number of the pupils in class over each lesson and reading and correcting their written work. The greater number of assistant teachers this gives, enables us to break up large classes into the much preferable small ones, each supervisor keeping one set of pupils through the whole course. I have a strong feeling myself that ward head nurses should never be relied on for systematic teaching, either practical or theoretical; their duties are too exacting and their time too subject to unexpected demands.

Care should be taken in dividing the wards among the supervisors, not to make the individual charges too large, otherwise the work degenerates into merely superficial inspection, lifeless, and almost useless. For an active teaching hospital I should be inclined to place the maximum at a hundred medical or eighty surgical beds. But naturally there are many conditions that might modify this.

For practical reasons the charge should be as concentrated as possible, so that the supervisor has all parts of her division within easy reach, and can be readily sent for or consulted when wanted.

Not least of the supervisor's advantages are that she immensely lightens our labors in those particulars which we cannot undertake to do thoroughly without neglecting those other matters which no one can or should relieve us of. I know no
woman's work more than ours in which calmness, good judgment, far-sightedness, and happy good spirits are more absolutely called for at all times, and to my mind it is impossible to expect them from mortal flesh and blood, if in addition to the many complex demands upon us we are personally to take the practical responsibility of the details of nursing. We cannot drive the team and run in the traces, but with a good team and time to look to our manner of driving, we should be able to get far towards the goal we have in view.

The President. We are all very much indebted to Miss Sanders for such a careful study of a very important phase of our administrative work. Those who have had any experience with the older type of head nurse, the highly trained, highly successful and efficient head nurse, and those who have had experience with the system which is rather extensive today, of placing undergraduates in charge of wards and other departments, will realize that it is an important point in organization and one which this Society ought to study, and not only as it can be presented at one meeting, but pretty carefully through the year. Much might be learned by a committee working through the next twelve months on the relative merits of undergraduates versus graduates, as head or supervising nurses. The former practice, often employed because of the urgent and pressing needs of the hospital, is of value to the hospital, sometimes of value to the student herself, but it is always of value to all the pupils under her, and what shall we say about the care of the patients? Having heard a good deal during the last few years in the way of complaint from pupil nurses who had received a good part of their training under their own classmates as head nurses, and having heard also complaints from those nurses appointed to such posts, that they could not keep up with the course of study and pass their examinations on account of the exacting and responsible nature of their work as head nurses, I think there is room for varieties of opinion and for careful investigation. It is undoubtedly a measure of economy, but we must ask, as responsible women, whether economy alone is to govern our every procedure. Not three days since I had a letter saying, "Our institution should not have a training school,
by good rights; it should pay graduates. But for measures of economy, we must establish one."

Miss McKeechne. I would like to say a few words in connection with the influence of Florence Nightingale’s work and methods. Those training schools in this part of the United States that I know the best are perhaps most indebted to the methods brought over by one of the first superintendents, Alice Fisher. Miss Fisher’s methods and management of the hospital I knew. A great number of her head nurses were graduates of the school, and it was her idea to have paid graduates in charge of the wards. I think we are indebted to her for a great many valuable helps of the kind mentioned in the modern management of training schools.

Miss Parsons. I would like to say that at the Massachusetts General Hospital, where Miss Sanders inaugurated this system of supervision, it is working admirably. We all know how very difficult it is to get fairly competent women in the position of head nurse. In these wards where the supervisor is, the pupils are eager and interested, following her about and feeling that they are getting good instruction, and the senior pupils who have charge are very grateful for the opportunity, and feel that they are learning a very great deal.

The President. Somebody has suggested a committee. Does it seem to you that this would be profitable for study, or is it too near all of us? If not appointed now, the matter stands over till next year. A committee might be able to present something another year which should be helpful. I feel that the question of how our wards are governed and controlled, and how the practical teaching is carried on is a matter of supreme importance, and considering that we have probably about sixty hours of the week in the wards, and our theory covers about two, I am inclined to think that the teaching in the wards is of paramount importance.

Motion made and seconded and passed that a committee be appointed by the Council to study the relative merits of under graduates and graduates as supervisors.

The President. We now have great pleasure in asking Professor Frank M. McMurtry, of Teachers College, to speak to us on "The Relation of Theory to Practice."
THE RELATION OF THEORY TO PRACTICE.

Professor McMurty. I am not sure but that I should apologise for daring to venture before you here, inasmuch as I know nothing about nursing. The problem, however, that calls for discussion is one that I have thought about a good deal with reference to other fields, and I suspect that the ideas that I have would apply here.

The importance of the topic is suggestive of the fact that the common tendency is toward short courses in vocational training. The student of law is willing to settle down for a few years, merely for the study of theory. He is reconciled to that from the start. Likewise the student of medicine. That is, with the professions there is an attitude favorable to a very exhaustive study of ideas merely—that we call theory. When it comes to vocations, however, the situation is very different—when we consider domestic art or domestic science, or manual training, or nursing. In the case of domestic art, if people are going to learn to sew, if they are to become professional workers in that field, they want to begin immediately with the work, and are impatient if checked by much attention to theory. The prospective cook, likewise, is unwilling to spend very much time on theory. Now why is this? Why in vocational work should we find this impatience with the worth of ideas? That is what it amounts to. I think that throughout life wherever there is a field involving both theory and practice, we are inclined to view the field upon the side of practice—we feel that we don’t really begin our work until we begin the motions. You can see that very plainly in arithmetic in school. Boys and girls have a common feeling that until they have begun to figure, they are not doing arithmetic, although the brain work is the main part of arithmetic.

We have the same difficulty in teaching. Formerly the idea was very commonly fixed in the minds of people that teaching consisted of holding a book, gripping a rod, and asking ques-
tions. People had been in the habit of viewing even teaching from the mechanical side.

I think doubtless they had the same view in regard to nursing in the past. I am not sure to what extent they still have it, but I do know that in the past nursing consisted primarily in doing things, and then the training would consist of such doing, with scarcely any room for theory. I suppose, too, in that field there is special excuse. Skill is required in your field to an extent that it is not required in other fields. It does not make much difference if the woman who is cooking makes now and then bad bread. We appreciate good bread all the more when it comes. But we cannot afford to sacrifice a life. The skill of the nurse is constantly demanded, to the maximum degree, and on that account the pressure is in your field toward overthrowing of theory for the sake of practice. I am going to discuss that question: whether it is wise to neglect theory.

My first proposition is that the dignity of any subject is to be determined by the quantity of theory in it. You all perhaps remember the young man who was called to open a safe. The combination had been forgotten. He tapped it with a hammer here and there for a few minutes, and listening, heard the bolts moving back and forth, and finally, at the end of a half hour, opened the safe door. He sent in a bill for $25.50—fifty cents for the mechanical work and the time, and twenty-five dollars for knowing how. Now that is the worth of theory. The knowing how is the gate to the whole thing, and I say the dignity of any field is found in the richness of the theory in that field. And I might say that the pay that the world will give for work in any field will be commonly proportioned to the richness of the theory there. Take shovelling dirt, for instance. The pay is from $1.50 to $2.00 per day. I suppose that is just as necessary to life as anything else we do. We could not open up a sewer, or provide for the introduction of gas without this kind of labor. The shovelling of dirt is essential to living. But why do we pay so small an amount for it? It does not take ideas to any great extent;
there is not a large amount of theory back of it. In teaching we formerly paid low wages, because a man could teach a part of the time and be a farm-hand the remaining time. He made the transfer very easily. The moment, however, the world became convinced that a great body of thought was necessary for teaching, we raised the wages and expected people to take time to master the thought. Theory, in other words, is the condition under which the doing really becomes intelligent.

We often hear about the dignity of farming. There is not very much in merely handling a plough or harnessing a horse. We often do not quite know what we do mean by dignity. But suppose that when the farmer fertilizes the soil he has ideas as to what elements are put into the soil. Suppose the underlying ideas that are connected with each action are well conceived in his mind. Then the work becomes dignified, because the mind is fully occupied. It realizes the connection of the mechanical movement. A person can raise stock in the sense, that he can merely feed them so many times a day; that is not work on a high plane. But suppose he realizes the principle of stock raising and the relationship of food to growth; there the field is rich and the work is dignified, and that man will make money or be paid a high salary.

We are apt to contrast theory with practice as though we might spend a certain portion of our time on theory and then a portion on practice. Theory and the practice of theory—those are the two terms we ought to use or theory and the application of theory. Practice without theory would be senseless, would be unknown, and we ought to realize that the work that we do, whatever it be, is a body of fact, it is simply the use of ideas in that field in some way. A study consists of some ideas. It is true of manual training or cooking or anything else, and you might say that my proposition is that to the extent that a body of thought is rich, people will give it respect.

Leaving that point, let me take up the question, what is to be the proportion of theory to practice in vocational training?
That question means to me, what degree of one's energy and time should be devoted on the one hand to theory, largely apart from practice, and on the other to the application of that theory. Centering there on the time application, what proportion of one's time and energy should be given? I want to discuss that point without reference to the richness of theory in any particular field. I want to make reference to this point, as it strikes me entirely as an outsider.

The other day I ran across a statement made by Florence Nightingale that nursing was "helping the patient to live." That reminded me immediately of the printed statement you often find in kindergartens, made by Froebel—"Come, let us live with our children." Now we have come to feel that the training of children in the kindergarten involves an abundance of theory, and it seems to me that this definition of nursing on the part of Florence Nightingale puts nursing on the same plane as other phases of education, even though it be so practical. I suppose the world is not clear at all about this matter of the proportion of theory to practice that ought to be required in your field. Last evening I asked a physician, "What are the requirements for a good nurse?" His answer was, "Gentleness and patience." Those are qualities that we want in a nurse, but we probably also want them in a cook. I was interested to see that he did not first of all refer to intelligence and to knowledge, so it might seem that we are not quite sure whether the nurse must know very much or not. The amount that a nurse ought to know, or anyone in a vocation should know, will depend first of all upon the amount of theory necessary to make that person happy. A vacant mind soon grows tired of itself and of everyone else, and becomes hard to get on with. We find that true among servants in the home. One truth with this whole servant question, to my mind, is the fact that servants are living dull, monotonous lives. They have not enough to occupy their minds and change for new experiences. They ought to change. The whole matter is wrong. We must have enough ideas in any voca-
tion to keep us alive. Take the matter of teaching. The teacher who is rich in ideas in her field will be impressed from day to day with the worth of her work. The little annoyances will cease to be of moment if she has large things to occupy her mind. I make a great deal of that point. One reason why I want an abundance of theory offered to prospective teachers is that I want them to be inspired with the largeness of the thoughts that they possess. I believe in urging teachers to have hobbies; they get a great deal from hobbies. If anyone has a hobby, you know he is alive. If the teacher can be known to have something on which she wants to experiment, is looking forward to that, and planning for it, then the probability is that she is happy and doing good work, other things being at all equal.

Sometime ago I was putting up a house, and had a tinner on the veranda, putting on the tin. "Where does it come from, do you know, and what does it cost?" I asked him. "I don't know," he replied. There he was, just working from day to day, probably getting all he was worth, and probably grumbling more or less. People are always doing some thinking of some kind, and if their minds are partly starved, their whole dispositions are going to show it. We can allow a tinner, perhaps, to have few ideas, but people engaged in a higher vocation we can't allow to have few ideas.

A second thought in this connection is that the proportion of theory depends again on the amount of theory necessary to make one resourceful in his vocation. First he must have enough ideas to keep him happy, next enough to be resourceful in his field. I sometimes tell a story that I think illustrates this point. Some years ago I lived in a house in this city, and the rats gnawed a hole in the pipe leading from one of the laundry tubs. The consequence was that when we wanted to empty the tub the water flowed out onto the kitchen floor. We called a plumber in, to stop the leak, but he said, "Here are shelves supported by framework in front of the pipe. You will have to get a carpenter to take all those things away."
Then after having a new pipe put in, we would have to get the carpenter to put back the woodwork. "How much is that going to cost?" "About fifteen dollars." It seemed to be rather expensive. We called in another plumber and gave him the same problem. He looked it over and named the same amount. I asked both of those plumbers if they could not at least do something with the leak so that we could wash on that day. No, nothing at all. In the meantime a nephew of mine living in the house got some waterproof cloth which he fastened around the pipe and we were then able to have our washing done. Later a hardware merchant in the neighborhood was asked if he could not send a plumber down who could put a thin metal plate over a hole about an inch or two in diameter. The place was somewhat hard to reach, but he could do it if he would. The man came down and did the work, and it cost seventy-five cents. The point of a story of this kind, of course, is that these plumbers knew the routine of their work, but nothing beyond. First of all, according to them, you had to have room to stand up straight, and secondly, you must get the pipe out where you can work on it, and have a new section and not a mended pipe; and they could not yield an inch. They could not even adapt themselves so that we could have laundry work going on for the day. A person with a more fertile brain, with a larger quantity of knowledge, would be more able. One of the effects of his independence and of his ideas is that he can see one side from the other side, can see the thing from different points of view. It takes a well-filled mind to be resourceful.

I venture to refer to this matter of nursing, because, while I have not had any experience as a nurse, I have had some experience in the employment of nurses, and realize how narrow their training is. They may be able to do everything which the physician suggests, and yet not be a success. There are so many other things involved; the question of housekeeping, for instance. I have known patients to worry nearly to death because the nurse did not know how to keep the one room
clean, or did not have enough psychology to realize that the patient was of more importance than the doctor. I recall one nurse to whom I was paying twenty-five dollars a week whose patient was worrying constantly because the nurse did not seem to have her mind upon the patient and did not seem to be doing the things that were wanted. She went to the telephone, to telephone to the doctor, and as she came away, I overheard her saying, "Great goodness, I called him Mister!" I don't think that represents the average nurse, by any means, but it shows a tendency.

As far as I see, the nurse must know a good deal about medicine, cooking, housekeeping and games (for convalescent patients and children). She ought to know more about games than the school teacher, and we are introducing games into the preparation for teaching with the same seriousness that we long ago gave to the kindergarten. I see a tremendous field here, it seems to me, for nurses. We so often put nursing on the plane of a servant's work. If resourcefulness is to count, one requirement in her training must be a large quantity of theory somewhere taught. And that is my third point; it depends upon the direction in which growth is most likely after the training period is over. After that is passed, practice is the main thing, is it not? The training period, if it puts the emphasis upon anything, should put it upon theory upon that account. Thus I suggest three reasons why there ought to be a large quantity of theory in training for any vocation: 1, there must be enough ideas to keep one's mind really occupied, so that it shall be contented; 2, enough that he shall be resourceful, being able to do things in different ways; and then 3, enough so that later he may put his time in practice and still be growing. Unless one has loaded himself up well with theory during the training period, reaching the main principles involved, he is not likely to work along new lines after his training period. That is my experience with teachers, and I suppose it will hold here. We have been in the habit of having a good many studies in college called theoretical studies
that have no practice connected with them. I have learned to feel that that is faulty. We have also been teaching in a good many fields of mainly practice and no theory. Now that is bad. We must combine the two, give theory and practice and make up another field to be called technical.

Finally, in closing, one precaution. I have said that we ought to have a good deal of theory. That is extremely indefinite. It was very enlightening to me to hear your President remark a few minutes ago that at present you had 60 hours of practice to 2 hours of theory. That means a remarkable slighting of ideas in this whole field. There is only one escape from that suggestion: can you master a field of thought simply by practice of it or from that approach, remaining in the practice all the time? We used to train teachers that way. But we long ago abandoned that way, and I think it is generally understood that we cannot master a field of thought simply through the practice involved, and I think that applies to vocations as well as to professions. If you had asked before I dropped in here this afternoon what proportion of theory to practice should be insisted upon in vocational training, I was about ready to say one-half. (Applause.)

I can merely give you the result of my experience. For five or ten years it has been my duty to observe as closely as I could instruction in domestic science, domestic art and manual training. Now in those fields the teachers have a general impression that the ideas are to dominate, I think, but there is a natural gravitation toward the practice, to the neglect of the theory. In almost any school in this country, I should say the chances are at least four to five that you might observe any class in manual training, or cooking, or sewing, and would say, “As far as I can judge, there does not seem to be much theory behind it.” The teachers are just like the children in arithmetic. The children want to figure, and in these fields there is a drift toward the mere doing, with a minimum of emphasis upon the thinking. While teaching in history, geography, science and so on begins with a review of the facts
and ends with reviews, with frequent summaries, these things are uncommon in domestic science, domestic art and manual training. What is the remedy for that evil? As far as I can see, it is to determine as nearly as we can upon the fraction of time to be devoted primarily to the ideas. If in supervising teachers we have it definitely understood that approximately half the recitation time shall consist in the discussion of ideas, it would have a tendency to overcome the emphasis upon simply practice. I would not urge at all that this fraction would hold in your own field, but I should think that it would be your duty to determine roughly the relation of time that ought to be spent upon your theory. You see I have been making the point that while skill is a great requirement in your field, breadth of skill as well as degree of skill is vital, and breadth of skill means fulness of knowledge. You cannot avoid it, and you must then change that ratio of 60 to 2 very radically, it seems to me, before you have the properly trained nurse. (Applause.)

The President. Your applause has already thanked Dr. McMurry, to whom we are so very grateful for having come here to-day. I do realize that we stand apart, after all, when the mere suggestion of an equal proportion of theory and practice in teaching nursing would be almost sufficient to close up a good number of institutions devoted to the education of nurses. Yet we cannot fail to obtain some helpful ideas from the methods of training in other fields where they have been so much longer at work and where they have had very much better trained minds than we have ever had to apply to our problems. We are now striving all the time to fill our higher posts in nursing work. For every skilled nurse who is capable of managing a hospital, there are twenty-five positions vacant now. For every single woman capable of teaching at all well, there will be twenty requests for teachers. And every one of our higher posts we are filling more or less inadequately because we are not bringing into our schools the women who are capable of being trained to fill such posts—and we might as well face it now as later! This brings up too, another problem. We can't bring into our training schools the women
we want, because they are going elsewhere, and will not come to us for sixty hours of practice weekly, to two of theory. This is a problem that we are leaving in the hands of the officers who will carry on the work of this Society next year.

A vote of thanks to Dr. McMurry was moved, seconded, and passed by rising vote.

The President. Our programme is now over. The members of the Society will remain to elect officers and transact the business that remains.

Miss Delano. I have begged Miss Nutting's permission to say a few words in regard to our nominations. When Miss Nutting was elected President in Minneapolis last year, I think we all hoped that we should have her as President for more than one year, and many of the Superintendents I know felt that the work of the Society would perhaps go on better if the same President served twice—though I don't feel that there could have been any improvement made on the perfectly splendid meetings we have had. But Miss Nutting feels that it will be absolutely impossible for her to serve again, and so we must reluctantly accept her decision. The ticket as announced this morning is now before you.

Upon motion made and seconded, the entire ticket was elected by a single vote deposited by the Secretary of the Society.

The President. Miss McIsaac will report upon the work of her preliminary committee.

Miss McIsaac. It was left to me to appoint the other members of the Committee, and I have asked Miss Dock and Miss Nevins to serve with me. We all of us feel that in so short a time and where there was so much to be acted upon that it was perhaps best not even to suggest the field of the committee. We got as far as this in discussing it: that the committee ought to be a large one, representing all parts of the country, and should be perhaps divided into two parts—-the nurses who were Mrs. Robb's colleagues and friends, the older women among us, and the other half should be of the younger women whose duty it is to perpetuate her work. Miss Dock also made this suggestion, that the committee should perpetuate itself, because the work they are going to undertake
is a very great one, and one that will probably extend over a considerable length of time, and that if care and thought is given to the selection of members in the beginning, they should perpetuate the committee. We got no further than the suggestion of a few names—Miss Maxwell, Miss Goodrich, Miss Nutting, Miss Nevins and Miss Hay. We felt here that we had better wait to receive instructions from the Society.

After discussion it was decided that a committee be appointed to be ready to confer with a committee from the Associated Alumnae, with power to collect money for a memorial to Mrs. Robb, which memorial is to be decided upon at the next meeting of the Society.

The President. One more committee has been appointed, the Committee on the Application of Student Government to Training Schools, consisting of Miss Carr, Miss Stimson and Miss Van Kirk.

We have one more matter to speak of, and that is the resolution which is in the hands of the committee to present to the English Society. Miss Goodrich will read it.

Miss Goodrich. "Whereas, in the death of Miss Isla Stewart the nursing profession has lost one of its most courageous, enlightened and trustworthy leaders, whose whole great weight of character, personality and distinguished position have been steadily thrown on the side of the highest good of the entire body of nurses without regard to self during her whole nursing career as Matron of the Premier Royal Hospital of England.

"We, her American colleagues, many of whom have been privileged to know her personally and to feel the stimulus of her rich and buoyant nature, express our deep sense of loss in her passing and our heartfelt sympathy with her British co-workers."

The Resolution was accepted, and a motion was made and passed that the Secretary be instructed to forward it.

The President. Will Miss Riddle kindly come to the platform and be presented as the future President, for whom I bespeak a long reign.

Miss Riddle. I suppose it would be in order for me to say that I thank you for the confidence which you have expressed, but I am not prepared to say that. If I had known when I left Boston, the day before yesterday, that I should be persuaded to undertake
anything of this kind, I really believe I should have decided to remain at home. As it is, I can only express my great appreciation of this meeting, which has been superb in every respect, by saying that I hope you will come to Boston next year and that you will do as much good for us as we have received from you here during this week. I can assure you that you will have a cordial welcome. I can also assure you that the meeting will be yours, and you are now given notice that you should come prepared with your questions and be able and ready to make the meeting as profitable as it has been this week. While I am not prepared to say thank you for the election, I will say thank you for the very able body of officers which you have elected, which will uphold the hands of, and furnish the information and knowledge for, the presiding officer.
WEDNESDAY AFTERNOON SESSION.

JOINT MEETING OF THE SUPERINTENDENTS' SOCIETY AND THE ASSOCIATED ALUMNAE, IN THE AUDITORIUM OF THE HORACE MANN SCHOOL,

DR. THOMAS D. WOOD, PRESIDING.

The afternoon session was called to order by Dr. Wood at 2 o'clock.

The CHAIRMAN. We have met to-day to consider some of the more peaceful interests of life—of the invalid, of the convalescent, of the nurse, as well as of the doctor. It is a fortunate coincidence that there should have been held in this room this morning a Peace Meeting of the pupils of the Horace Mann School. We have the decorations which were placed here for that meeting, which commemorates the first Peace Conference at the Hague, this being the tenth anniversary. Certainly your profession is preeminently one of peace, although it has had some of its most distinguished successes in relation to war, especially in the beginning of the career of that wonderful woman, the fiftieth anniversary of whose work you are celebrating at this time. The address of welcome this afternoon will be given by Dr. James Earl Russell, Dean of Teachers College.

ADDRESS OF WELCOME.

Dr. RUSSELL. It is a great pleasure to welcome to this institution the representatives of a sister profession. Teachers College has been trying for the best part of a generation to develop a mode of training suited to the needs of teachers. We have discovered that the point of emphasis in the teachers' profession is shifting. Not many years ago
it was looked upon as the chief part of its service to give that kind of preparation that would qualify a few to become leaders of the many. Under an organization of society where the many were expected to follow, to be obedient and submissive, it was of the greatest possible importance that those who were set apart for social reasons or by reason of wealth to positions of prominence and leadership should be fitted for that work.

In a sense, therefore, the work of the teacher of generations past has been remedial, in making good the deficiencies of those who in their time were destined for positions of prominence. With the shift that has come in our social life, particularly during the past hundred years, we have come to realize that education is not merely remedial, but that it must be preventive as well. It is all well and good to say that if you have competent leaders, social stability will result, but it follows as a consequence that the masses must be trained in submissiveness and trained in obedience. A state church, like the great Church of England, may play an important rôle in such a work as this. A military system, such as Germany and Russia have, may be most important, and it is possible too in a state of social caste to fix things so that those who are born in the lower strata of society will find it practically impossible to get out, and for that reason will be forced to keep on in the ruts where they find themselves. Even in the Old World, conditions have changed in the past fifty years. The English Church no longer plays the rôle that it did a generation ago, and the great disturbance that we read of in English political life to-day is due primarily to the demand from the masses for that kind of training which will fit them to earn a decent livelihood and to play their part in the general social life.

In our American democracy it is, of course, of supreme importance that the masses of the people shall be trained not merely in lines of technical skill, but also in the disposition to follow capable leaders and shall be given those ideals of life which make for citizenship. That is the task of the American teacher to-day, not merely to offer a knowledge of
three R's, of the classical languages, of mathematics, and certain suitable courses of study, not merely to give that kind of discipline which will enable people to think through clearly a problem to its end, but it is incumbent upon us, largely because we have no great overpowering national church, no conditions of caste in our social organization, such that it is impossible or impracticable for those born in lowly stations to rise, to train our people to be intelligent, to be skillful, to be obedient and submissive to reasonable laws and regulations, because they know that this is the better way.

In a sense, therefore, our education in these last fifty years has shifted from a process of giving instruction in a few subjects important to the select few, over to the bigger view that takes into account the whole round of life of the oncoming generation. Once you take this larger view, it is obvious that the teacher has need of a much higher degree of general intelligence than ever before. We need, to be sure, instructors in many lines, competent to give that kind of instruction which the few need, but we need to develop, as we have never needed at any time in history, those capable of taking a wide social view, those capable of organizing educational forces of all kinds in such a way as to prevent social disorder, to overcome social unrest, to make unnecessary repressive military measures, and, in a measure, to take the place of the great controlling agencies of state and church such as we have known in generations past.

This, I take it, is preventive educational work. Looked at from this standpoint, the child is not merely an individual to be instructed a certain number of hours a day in the class room, but the child is a physical organism that must be looked after with the most careful scrutiny. The conditions of life in the home must be studied, and the relations of home and school well understood. I have no excuse to offer, therefore, for urging the upbuilding in this institution of a great technical school for women, to give instruction in the household arts—in the hygiene of clothing, in nutrition, in sanitation, in all that goes to make the home scientifically correct and artistically pleasing.
A part of our work for some years past has been the training of nurses for superintendents of hospitals and heads of training schools for nurses. You have a right, you representatives of this nursing profession, to exult in what has been accomplished by you in a professional way in these past few years, and I take it that at no previous meeting have you had so good cause for self-congratulation as you have on this. Yet, my friends, through it all there must run a note of sadness, the minor chord struck by that terrible accident in Cleveland a few weeks ago. One of the most intelligent nurses, most devoted mothers, most noble women dropped out of your work. I would if I could say a word in appreciation of the services of Mrs. Robb to the cause represented by her work in Teachers College, but words fail me. Only a few weeks ago, the last time I ever saw her, she came to my office and told me that she had heard that I expressed an opinion that perhaps our part of the work for nurses was done, that on account of the way being open for a specialized training, possibly other agencies would be willing to take up the burden of training nurses for the headship of these nurse training schools. She begged that I give up that thought, saying that she had devoted the best part of her later life to promoting this one idea; and, pointing her finger at me in this way, she said, "I tell you that no matter what you may do or what your friends may do for nurses, there is no greater work to-day in this country than that which aims at the generous, all-round training of those women who are to head the nurse training schools!"

I had to confess to her that I had dropped the remark of which she accused me, and it had been done mainly because I did not see the way clear to provide the money necessary for carrying on that enterprise. To be sure, we have recently received a most generous gift from a friend (applause) seated on this platform, for advancing the interests of nurses along certain newer lines. It does provide for a certain amount of instruction and for the maintenance of the directorship of such a department, but it does not provide, and I see no way
of providing, for that particular Chair which Mrs. Robb had closest to her heart. If, as has been intimated to me to-day, the appreciation of her services as a nurse and our loving thought of her as a woman should lead to the connection of her name with some phase of this new work (applause) in which we are engaged, I can assure you that it will meet with a very cordial reception on the part of this institution (applause).

We never went to her at any time during these past ten years for assistance, for counsel, for anything that she could give, that we did not get it and get it in unstinted fashion. Surely, it would be a fitting testimonial to carry on for generations to come under her name the work which I believe did lie closest to her heart. (Applause.)

It has been said, you know, that teaching is the noblest of professions, but the sorriest of trades. I think that might be turned to nursing as well. There is no trade sorrier, I am sure, than nursing, and there can be no profession nobler than nursing. So long as the nursing work and the profession that it represents can be looked upon as confined exclusively to the remedial phase, naturally the nurse must be the handmaid of the physician, and naturally, too, it will follow that her professional status must be strictly subordinate to that of her superior. Indeed that is a noble ambition, and yet medicine itself is advancing by leaps and bounds. The emphasis is coming over rapidly from the remedial aspects of medicine to the preventive aspect, and as the medical profession is raising itself in public esteem and is taking itself out of the category of the trades and putting itself high on the roll of the professions, so it must follow that nursing, in proportion as it becomes preventive, far-seeing, intelligent, it too will range itself on this professional scroll of merit. (Applause.) The physician who will say that he wants as little as possible of intelligence in his helpers will some day be forced to make public profession of his own ignorance. (Hearty applause.) The world is all against that kind of professional service. There are, to be sure, some noble men, some keen and capable
men in every profession who do not take the long view, but there can be, bear this in mind, there can be no intelligent work looking to the long future, looking to the upbuilding of humanity, looking to the bettering of social conditions and the righting of social wrongs that is not guided by an intelligence vastly superior to that which is confined to the finger tips, however skilled they may be. (Applause.)

My friends, don't hesitate for one moment in your striving to put those who are capable of leadership in your profession on the highest intellectual plane. There will always be enough, no matter what the efforts you put forth, no matter how earnestly you may strive for these better things, there will always be enough on the lower plane. Theirs the task to do a great service under direction. Others are needed to direct and organize the new movement. We need you in education, just as we need the new type of lawyer, and just as we need the new type of physician, and just as we need the new type of clergyman—so we need the new type of nurse (applause), and we need it all, and them all; for educational purposes, for the upbuilding of man, for the upbuilding of a better social order, and for the improvement in human life in that future towards which we are striving. There is no danger so great for any group of men or women as contentment with things easy to get. The best things are the hardest to get, and if some of these best things looming up now in enormous proportions through your professional service seem almost unattainable, that of itself is the finest argument that can be adduced for working straight forward till you get it. (Applause.)

I bid you welcome, therefore, to an institution dedicated to education in its broadest aspects, to the training of the teacher in the kindergarten, the elementary school, the high school and the college, to the training of the teacher in the normal school, and of the teacher in the sickroom, of the teacher in the tenement district, of the teacher who is called Visiting Nurse in the public school system, and of the teacher who is to train other teachers to a nobler service as nurse. (Applause.)
The CHAIRMAN. I will venture to say, even with some timidity, that there are not a few physicians who are cordially in sympathy with the highest development, the highest standard and the highest education of the nurse. The world is coming to appreciate beyond the immediate work which is to be done in surgery and medicine in the saving of life and the cure of disease, that there is a very important work to be done by the nurse and the physician in the prevention of disease and in the complete cure of the individual before and after disease. That latter, I think, means after all another aspect of the preventive side. It means the prevention of recurrence of certain phases of disease, it means frequently in a more important way, the prevention of the perpetuation of certain diseased states of body or mind or both. It has a very important aspect—all the preventive and completely curative work—in relation to the individual that is to be considered in these papers to-day, and the first paper will be presented by Miss Susan E. Tracy, Superintendent of Nurses at the Adams Nervine, Jamaica Plain, Massachusetts. Miss Tracy’s subject is “The Training of the Nurse as Instructor in Invalid Occupations.”

THE TRAINING OF THE NURSE AS INSTRUCTOR IN INVALID OCCUPATIONS.

Miss Tracy. Mr. Chairman and Ladies. Invalidism always means a more or less complete withdrawal of the subject from his chosen vocation and from the society of his friends. In this withdrawal lies its real sting. Pain is and will be dreaded, physical discomfort will bring complaint, but, if, in spite of all these, one’s work be not interrupted or his friends shut out, he may be congratulated and take courage. If, on the other hand, retirement be forced, we are presented with the double problem of providing a substitute both for the regular occupation and for the society denied.

The question at once arises, “Who is to share with the invalid this retirement?” In proportion to the severity of the illness the list narrows in a gradually descending scale. A few friends, the members of the family, the husband, wife,
father or mother, and last of all, the doctor and the nurse. We belong to the never excluded ranks, all the others may be shut out, the doctor and the nurse go to the very end of the journey. Let us not fail to realize this mighty privilege.

Each invalid is an individual and we are accustomed to consider each individual as a threefold personality—body, mind, and that which we have called the soul. Of these three each of us will hold the first to be of the least value. Deprived of mental power and spiritual development the body becomes a mere incumbrance. A true nurse cares for the whole individual, but if, in her training she receives only such things as pertain to the body, the higher nature will inevitably suffer need.

To supply society is one of the first duties of the nurse. Society for all classes of patients. To what degree are our graduates fitted for this? Some most admirably, but a large proportion, while irreproachable in matters of technique, make utter shipwreck of this most important branch of their work. Society implies mutual interests which alas, too frequently, do not exist, and the poor patient wisely follows the example of the good king Hezekiah of Scripture, and turns his face to the wall. Mutual interests develop around mutual activities, and what have those of a business man to do with those of a nurse, those of a musician, an author, a lawyer, teacher, or actor to do with nursing? People must talk of the things which they do and unless nurses are able to do something more than care for the body they will inevitably make the mistake of talking of the body and its diseases or, in avoiding this, will lapse into oppressive silence. Many more nurses are shifted and dismissed from private duty for lack of ability to make the patient happy than for failure to keep him clean, fed, or dosed. The average patient, given the choice would prefer a little less food for body tissue and a little more nourishment of mind.

Mutual interests develop around mutual activities. Let two people do a thing together and they at once have something
of which to think and talk. The word "together" is all significant here. Should the mistake be made of too literal prescription of any piece of work the whole situation is jeopardized. Simply to present a piece of work for the patient to do conveys the idea of a task, while the nurse becomes the task mistress. Initiation and participation are inseparable in the administration of the work-cure.

When one is side-tracked by disease and cannot do the customary things the only sane treatment is to find out what one can do. Only a few invalids will succeed in finding this unaided. There is always some degree of depression and ambition is necessarily low. There must be careful adaptation and discriminating thought exercised. The invalid is not capable of such effort of judgment. Here it may be urged that the invalid is unfit for work but herein lies the very core of our belief that, excluding only the briefer periods of acute disease, there is something for everybody. To offer to the business man the same work as to a young girl, to an old lady the college youth's, to the child the woman's would be inexcusably stupid. To find just this thing requires trained thought. Teachers may be brought in but, in the last analysis, the work narrows down every time to the nurse who learns her patient's capacities, limitations, and moods as does no other person. A crafts-shop teacher will feel handicapped by the abnormalities; accustomed to well pupils she will find it hard to adapt her teaching to the sick. With the more independent invalid this will prove more successful, but when the work-shop is the sick-room and the bed the bench it is almost a necessity that the nurse be the teacher.

The question may arise as to whether the invalid can turn out truly creditable work under these circumstances. In many instances this is done but it should never be forgotten that the occupation is a means rather than an end. It is far better that one have the sense of being occupied and possess some tangible result even though far from perfect, than that the time go by unemployed save by morbid thought. It is clearly
demonstrated that an imperfect product is better than no product.

In the selection of work and materials it will be wise to give a generous place to beauty. Beauty of color is particularly stimulating, beauty of form, of texture, all constitute an invitation to higher planes. President Emeritus Eliot has recently said, "It is the sense of beauty that needs to be cultivated more than any other thing in the American people." Richard Jeffries writes, "Pure color is rest of heart"—and the invalid needs rest of heart. To begin to teach book-binding by the long and tedious process of repairing an old book is a mistake in invalid work, but the charm of beautiful papers, leather and cloth, the feel of a snug little book in the hand of the invalid binder is a truly therapeutic agent. Introduce early then the element of beauty whenever barrenness of life threatens.

No nurse is a good nurse who does not take good care of her patient's thoughts. Thought centres around objects and activities, hence the necessity that the nurse's equipment in these fields be large and capable of infinite variation. And now comes the great question—"How shall she acquire this equipment?" Beginning with what she already has, let her classify all those things which she has ever learned to do and consider under what limitations these activities may be conducted. No probationer presents herself who may not add to the list of accomplishments, but these are usually chaotic and must be put in order for practical use. From patients themselves much may be learned. Let no example escape you. Keep a comprehensive note book from which something may be produced over against every need and keep it with you. Learn everything possible about materials, where they may be found or bought, and especially learn the value of material thrown away by others.

With the pupil nurse the main difficulty lies in the lack of the realization of the need. She is apt to feel that the experience most necessary consists in witnessing startling and unusual surgical procedures, but outside she will not have to deal with
these. Outside she will have the long twenty-four hour days, the seven-day weeks, the thirty-day months, and even the three hundred and sixty-five day year with only the monotony of diminished powers. It belongs to us as teachers to give her all the insight possible into this matter and to see that she is not without equipment.

The occupation lesson demands a two-hour period. Just as we must allow time in a lesson on cookery for some preliminary principles to be followed by the practice, so in order to get anything like satisfactory results this time is needed in this work also. The class should not exceed eight or ten unless more than one teacher is employed. The time problem being very great this must be decided by relative importance. It is nearly always possible to conduct such a class in the summer when other lessons are over and the great difference in this work from the other study makes it more adapted to this season.

To the graduate nurse this work is of special significance. She has been out and learned something of the need. Postgraduate courses are especially indicated. Selecting pupils from the large body of nurses who have been in active work a sufficient time to feel the need of change and rest, a course in this work to be followed by teaching will be of great value to our schools. Each large city needs a bureau of just such teachers to be sent to invalids of all sorts and conditions, and to whom the private nurses of these invalids may appeal for suggestion or instruction. The example of one very young Alumnae Society may well be followed. They devote a certain sum from their treasury to securing a teacher for lessons in various arts, as leather and metal work, and place these lessons beside lectures and social affairs in importance.

In all this the effect upon the nurse herself must not be overlooked. She too will forget in large measure the tiresome routine if new ideas and methods are being worked out. When this is developed we shall hear less of the tiresomeness of the nursing of the convalescent. This is the true reconstruction
period and the well-equipped nurse feels that she has now one of her best opportunities.

The work taught, however simple, should have certain dignity. In this connection one cannot do better than to refer to Dr. Dewey’s statement that “By occupation is not merely meant any kind of ‘busy work’ or exercise that may be given to the child to keep him out of mischief or idleness. The fundamental point in the psychology of an occupation is that it maintains a balance between the intellectual and the practical phases of experience.” To waken to the realization that this balance may exist even in the sick-room is to apply a powerful lever to the load there imposed. Too often the invalid’s room means a prison and the nurse the warden. Carefully adjusted occupation may prove a true liberation to the captive and the opening of the prison to them that are bound.

The **Chairman.** It seems more than probable that at no distant future and in the broader and higher education of the nurse there will be included such subjects as practical psychology and artistic handicrafts, which are related very closely one to the other, and I may say that I think they are almost as important and valuable in the training of the physician as of the nurse. Somebody has said, I think very well, “There is a sanity about the man who works with his hands,” that comes into my mind very frequently, and it relates to this general discussion, and perhaps in a special way to the next paper, which deals with the problem of the alien mind. The next paper will be “Successes and Failures in the Employment of Occupation for the Treatment of the Insane,” by Dr. Mary Lawson Neff, of the Long Island State Hospital.

**SUCCESES AND FAILURES IN THE EMPLOYMENT OF OCCUPATION FOR THE TREATMENT OF THE INSANE.**

Dr. **Neff.** The subject of occupation for the insane has no claim to novelty. Dr. Delarive, of Geneva, in describing a
visit to York Retreat in 1798 says, "As soon as the patient is well enough to be employed, they endeavor to make him work"—and he mentions straw and basket work, and work under overseers on the land, as among the occupations employed.

In the Case of Percival, published in 1838—a book similar in many respects to Mr. Beers, A Mind that Found Itself, the writer says (of himself as a patient in a hospital for insane), "My need of wholesome exercise and occupation was denied. My idleness of mind and body left me at the mercy of my delusions. My want of exercise produced a deadly torpor in the moral functions of my mind." We can enter somewhat into his feeling when he exclaims in another place. "In the name of humanity—in the name of wisdom, I entreat you to place yourselves in the position of those whose sufferings I describe, before you attempt to discuss what course is to be pursued towards them."

In the American Journal of Insanity for October, 1846, Dr. Isaac Ray reviews a curious poem devoted to the subject of Insanity written by a patient at Duddeston Hall, England. The following quaint verses will bear quoting:

"So far thy care in each particular course
Is well bestowed;—but neither physic's aid
Nor diet treatment, thou mayest here enforce
Will health restore, if maniacs are not made,—
Aye, urged by means resistless—to walk the shade,
Or strike the bounding ball, or use the arms
In labors healthful, and with hoe or spade
Clear well the recreant weed, or fence from harms
The tender plant, and screen the exotic's embryo charms.

"Sayest thou that storms and winter's blast deny
The walk, the game, or exercise in field?—
Think not therefore that his powers should like
In dormant sloth,—nor day-rooms' areas yield
Full exercise;—and be it ne'er concealed
That spacious rooms, alike for light and air,
Are needed here; but most that unconcealed
The torpid blood may motion's blessings share,
And sure within the mansion's bound such boon is there."
"These various games, or such as these, we need,
To rouse the dormant sense, and stir its fires;
And though 'tis not in mortal hands to speed
A cure, 'tis well if sport some joy inspires."

In recent years strong papers have been written on this subject by several writers, among them Dr. Marie in France, Dr. Tomlinson, Dr. Cohn, and Dr. Hall in the United States, and Dr. Moher in Canada. But much as the benefits of employment have been extolled, no one will venture to say that the most has been made of this remedy.

Too often those who uphold the theory have not overcome the practical difficulties that prevent its application. I recall the chagrin of a medical friend who travelled some hundreds of miles to visit a hospital whose Superintendent wrote eloquently of the benefits of occupation, only to find the same pathetic row of idle patients on whose behalf the journey had been made!

It would seem almost superfluous to emphasize the extreme injury that idleness produces. We know that an idle child usually becomes mischievous and incorrigible. We know that an idle young man will probably become vicious and dissipated. We are not surprised when idle women become hysterical and neuropathic. We are familiar with the fruits of idleness shown in vagrancy and crime, as well as in the follies of "the idle rich."

The same condition that is so pernicious that a normal person cannot withstand its fatal blight can hardly be other than deplorable for those already impaired.

Idleness is indeed, a fictitious term, in reference to mental activity. The brain is not a battery from which the current can be turned off. If it cannot function normally it will function abnormally. Nothing is more true than the old proverb, "An idle brain is the devil's workshop."

Yet the duty of classing idleness with hunger and thirst and physical abuse which humanity forbids us to allow, with any class of dependents, has not yet received the recognition that must in time be given it.
In the practical carrying out of our theories, the most desirable plan is to have occupation an integral part of the daily life of the patient on the ward or in the grounds. Like the Kingdom of Heaven, it should come "without observation." It is as unpsychological to say to a patient—in words or conduct—"you are now about to be occupied" as to say "you are now about to be amused." The announcement in either case tends to defeat its own object.

The patient who fits into the industrial departments of the state institution is provided for, so far as mere employment goes, but should be carefully included in all plans for amusement, to counteract the monotony of routine work. Patients who are already skilful, and but slightly deteriorated mentally, are, of course, easy to occupy, and many of them have enough initiative to occupy themselves if materials are supplied. These two classes, therefore, may be eliminated from the number of those who constitute our real problem. These are the patients unskilful in handicrafts of all kinds, absorbed in their own troubles, and often already trained to habits of inaction and apathy. There is a wide gulf between the patient who can be useful in the sewing room or laundry and the patient who is absolutely unable to do anything, yet those who fall short of being able to work eight hours a day to some purpose will too often have neither resource, and what little skill they have will ultimately be lost. If segregation is unavoidable, the question of classification into groups must be considered. Where a limited amount of work only can be done it is often necessary to choose between the attempt to rescue chronic cases of long standing, and to spend the same time and effort in fitting into institutional life patients who are just passing over from the acute to the chronic stage. The latter seems the more fruitful and compelling task, yet when one finds on a chronic ward a patient ravelling out a stocking and knitting up the threads with a hairpin, the appeal seems almost too strong to resist.

The chronic insane with some skill, the acute patient with
increasing mental grasp, the disturbed and exhausted case who can only be amused, the chronic cases who must be patiently led to take up very simple tasks must each be differently environed and instructed. Whatever plan or classification is followed, a regular schedule of occupation which accounts properly for every hour of the patients' time is essential. The matter should neither be decided by the patient, nor left to the initiative of the attendant.

Dr. Meyer says, "Occupation is a matter of prescription"—and again that in certain forms of mental disorder "a training in normal activities and a cultivation in fruitful interests is the sanest and only efficient point of attack. In devising such a schedule, the various aptitudes and acquirements of different officers, nurses, attendants and patients can be skilfully utilized. The motives to be employed in interesting patients are various. Praise will influence some, competition will reach a few, an appeal to the aesthetic sense a limited number. Simple rewards will have a constraining influence on others. Altruism and affection can be appealed to to a large extent—probably as largely as with children.

Many patients will embrace an opportunity to make small gifts for relatives or friends. Some will enter into preparations for an entertainment; making decorations for Christmas trees calls forth almost universal interest. Many will gladly do charity work, which, in this case, will not begin at home, but will be for dependents of some other class, such as orphaned or crippled children; some will take their first steps toward a more normal life by forming the audience which merely watches the activities of patients already able to respond to stimulation. Later some of these spectators will develop an interest in the work they have watched. The personal note,—so easily lost in dealing with large groups of people—should be used repeatedly and to the fullest possible extent. It is far better for a patient to be asked to hemstitch a particular cover for the bureau of a nurse to whom she is attached, than merely to give her a cover and tell her that it is to be hemstitched.
If we will put ourselves in the plane of the patient for a moment, we will see the force of this distinction very clearly. One of the most successful experiences we have seen was interesting the patients in making little gingham aprons and other small articles of clothing for the children in an orphan asylum. The children themselves came occasionally to the hospital to sing, either on the wards or in the amusement hall, and every response to the request that some small garments be made for these children, was as unanimous and hearty as would have come from a group of people anywhere. Here the appeal was made to the deeply rooted feminine instinct of caring for children, the personal note was used in asking them to work for someone they had seen and already felt an interest in, and no doubt the longing to be of some use in the world, which the more intelligent inmates of institutions frequently feel keenly, was somewhat satisfied. The work itself, moreover, was interesting, was more or less familiar, was easily done, soon finished, and of obvious use—all most desirable features. The last of these—its obvious use—is an essential element in all occupation work. Work for the sake of work, appeals to abnormal people just as little as to normal people. Trumped-up occupations that are evidently merely a perfunctory carrying out of the idea of occupation, will prove valueless. A certain amount of institutional work can be utilized, especially if a personal note is added, but much in addition must be devised.

The articles to be made, besides being of obvious use, should be such as are quickly finished, so that results are not too long delayed,—and they should, if possible, have color and form to give them some esthetic value. It is important to remember that no work should require too fine muscular coordination. Very simple forms of embroidery, crocheting and feather stitching are practical, if not carried on until the patient has lost interest. Basket work appeals to a limited number. Patients who are satisfied with monotonous work are sometimes willing to work week after week at basketry. By
varying the colors and styles, and by allowing the patient to make occasionally a small basket for her friends or by limiting the basket work to certain days in the week, the great objection to basketry, which is its monotony can be minimized. The signs of fatigue should be watched for with great care in all work.

In the use of reading matter, great skill can be shown by the person in charge, in fitting the book to the patient, in bringing it at the psychological moment, or in reading aloud the opening chapters until the patient’s interest is secured. A persistent campaign in this respect will often multiply the number of reading patients many fold. No dependence should be placed on the initiative of the patient here or elsewhere.

In the way of amusements, music in various forms is always available, the phonograph, pianola or music box supplementing lack of talent. Home talent programs are most desirable, where every patient with even slight ability to entertain, is utilized. Afternoon card parties, where patients who wish to learn to play cards have the opportunity to do so, have proved a success, and evening card parties for both sexes are a pleasant addition to the weekly dances.

Now and then a patient will have some unusual interest or capacity that will make them easily employed. One patient had studied millinery and for several weeks amused herself and entertained the other patients by making doll hats from cast off straw hats, ribbons, flowers, etc., contributed by employees. Another had been employed in making stock collars, and stock collars she insisted on making. As the demand was limited, the supply was soon more than could be disposed of, and it was with the greatest difficulty that any other occupation would be accepted. Some will prefer to work along the lines of established habit, while some will wish for constant novelty and change. The beginnings of occupation on the acute ward of one hospital were in the room of a convalescing patient who formed a little circle around her which she called
the "Sunshine Club," urging the other patients to forget themselves and do all they could for others. An *esprit de corps* grew up in this little group that was remarkable. The same methods that a successful kindergartner would use, or a capable mother in keeping her children busy and happy are needed on the wards of a hospital.

Dr. Tomlinson calls attention to the fact that there is the same need for actual teaching in hospitals for the insane as in schools for the feeble-minded. The training for such work is provided in the admirable course for attendants in institutions for the insane and mentally defective given in the Chicago School of Civics and Philanthropy. Too much cannot be said in praise of this course, nor in emphasis of the desirability of having hospitals avail themselves of its advantages.

In furnishing motives for work, we must bear constantly in mind that our patients are deprived of the ordinary stimuli of life. The stimulus of necessity is taken away, as well as that of ambition, of competition, of love of adventure and of expressing affection by working for dear ones.

Custodial care practically deprives them of all the more powerful of the normal stimuli of life. It is therefore necessary to utilize to the greatest possible extent those remaining. The play sense must be appealed to wherever possible. One of Gelett Burgess's clever sayings is this, "There is work that is work; there is play that is play; there is work that is play; and there is play that is work; and in only one of these lies happiness."

It is only in furnishing work that is play that we can fully accomplish our object. Play has certain very definite characteristics. It imitates the spontaneous activities of childhood, where we do what we want to do. The desire to perform an activity gives it largely its psychological and therapeutic value. Play should involve as little inhibition as possible, and as large a degree of motor response. It should substitute passive attention for active, and call forth a certain degree of emotion
which must be sustained throughout. It should lessen self-consciousness, than which there is no greater menace to a healthy mental life, and should foster objectivity. Any occupation that makes a person forget himself entirely is a beneficial thing.

Interesting work is, psychologically speaking, play—and in furnishing this will success lie.

In planning work for insane patients, the choice of occupation is greatly limited in several different ways. Expense must be considered first, second—the amount of time required for supervision. Work requiring one nurse or teacher to devote herself entirely to one patient, is obviously impracticable. There are of course times when it is quite worth while for a nurse to give her entire attention to one patient for a few hours, or even a few days, in order to interest her in work that will later give her permanent employment, but many beautiful and interesting kinds of handicraft require a degree of supervision that makes it impossible to use them in a State institution. Occupations producing noise, or requiring sharp instruments, or demanding constant fitting and planning, or many decisions in the course of their development, are almost entirely impracticable.

It is within these limitations, then, that occupation methods must be devised and carried out.

Some obstacles that at first seem real can be easily overcome if the interest in the object sought is genuine. These are the lack of suitable places, furnishings and equipment; the slight expenses involved; the deadly order that often creeps into an institution—not the order that subserves, but that which subverts the uses of a home. A clear distinction between these two very different things should be made.

Less easily set aside are some more essential difficulties. The degree of ability required to supervise various forms of work with patients of varied degrees of intelligence, is not easy to secure. The teaching of an ungraded country school in the old days when the teacher had to revise and make his
own apparatus, required the same sort of ability. The supervising, moreover, must be done by some one in an official position that enables him to correlate all the departments of an institution, or his energies will be wasted in obtaining permissions, writing requisitions, filling in reports and paying tribute in numberless ways to that Divinity that shapes the end of usefulness—too often in institutional life—Red Tape.

The custodial features of an institution and the routine which is unavoidable, are often serious obstacles, which must be compromised with, if not overcome. The constant changing of nurses from ward to ward which seems inevitable in many hospitals greatly hinders occupation work, which depends for its success on the nurse becoming personally acquainted with and interested in, each patient. Some of these articles the patients may keep; some can be utilized on the wards; some may be given or sold to employees; some may be sent home as presents, and in some hospitals patients are allowed to sell their work to visitors or it is allowed to accumulate and a bazaar is occasionally held. The sending of such articles as scrap-books, dolls’ clothing, etc., to children’s hospitals has been one satisfactory solution of this problem. Whatever disposition is made of it, it must seem to the patient to be worth while to make the article, or interest will flag.

Patients should not be allowed to work too long at any one thing, and the day should be properly broken by exercise and amusements.

Some of the best occupations and entertainments will require the coöperation of friends of the hospital in order to make them a success. This last factor is not difficult to secure, however, and contributes effectively to the establishment of the proper relation between the public and the state hospital.

A card index of the patients who are to be occupied is of great value. On the cards can be noted the patients’ likes and dislikes, and special skill or limitations.

Furnishing a variety of work will require a wide knowledge of handicrafts, great resourcefulness, and also a large amount
of preparation, in buying, selecting and arranging, yet the work is so stimulating and fruitful that once entered upon it it will not fail to hold the interest of the worker. To the executive ability required must be added the subtler gift of being able to inspire and sustain the interest of the patient. And here we find the paramount obstacle to this work—the difficulty of obtaining in the hospital service people of ability, and with the spirit of social service, for the salary that state hospitals can offer. Yet this discouragement will be overcome as the need of this work is realized—to quote from Dr. Mahon: "Once that the fact that occupation is an important remedy in the treatment of insanity and that it must be administered in an intelligent and systematic manner are firmly impressed on the minds of the attendants, little difficulty is found to keep patients employed."

It is to be deplored that this subject (of occupation) has not received due attention in text-books on nursing. In Dr. Clara Barrus' book on *Nursing the Insane*, however, there is an admirable chapter devoted to this subject.

In carrying out personally some occupation work failure comes in unexpected quarters. From what I had seen in other quarters, and read, I expected to find reading aloud and calisthenic exercises two great resources. Both these, as well as the perforated brass-work and hammock-making were for some reason of little help to us, though I know this is not the case in other institutions. The reason for failure in work such as designing rugs and quilts would seem more to be expected, and this has to be done by those who plan the work almost entirely. At one time small gifts as prizes in games, knitting or sewing contests, etc., were provided, but this appeal produced quite negligible results and was given up.

For outdoor games a liberal supply of rubber balls and bean bags have been used. Ringtoss, pass ball and basket ball are available, and much enjoyed. A "gymkhana" on a small scale, including obstacle races, tug of war, etc., has been entered into very well. We have tried to get Badminton, which seems
to me the most suitable of all the games of this class, but have not yet succeeded. The folk dances, which the Manhattan Hospital has employed are an unqualified success, and most interesting to the spectator, as well as to the participant. A liberal supply of folding tables, and of small light rockers has been one of the most helpful features of our equipment. A set of dishes for afternoon tea, which the patients themselves prepare, is a highly prized feature. Many of the cups and saucers have been contributed by patients or their friends. Picture post-cards, to be written at any time, are accessible, with ink and pen, and give much pleasure. Such trifling things may seem hardly worthy of mention to those who have not attempted this work, but it seems to the writer that just such trifles give the atmosphere, so to speak, to the occupation work.

In the same way, the simplest and crudest handcrafts are often the best, therapeutically.

The tangible results of occupation methods, while difficult to estimate in the laboratory sense of estimation, are sufficiently evident to be convincing. Large numbers of chronic patients can be re-educated to some degree of usefulness and to a greater degree of contentment; and occasionally, buried talents are discovered that are surprising. The deterioration of patients in the post-convalescent period is often very rapid, and this can certainly be obviated to a large extent.

The degree to which convalescence may be hastened by securing for patients happiness and wholesome employment instead of allowing them to struggle unaided out of depressing or confused habits of thought, is not to be accurately estimated, but is surely considerable. Shortening of convalescence of course means in a purely monetary way a saving of expense to the state, and of labor to the nursing staff. How far, in certain border line cases, the prognosis would be influenced by rescuing a patient from the introspection and unhappiness that accompanies idleness, and the substituting a more normal life is not to be accurately determined. Yet it is very easy to
believe that there are not a few cases where the outcome would hinge on the wise and persistent use of occupation as therapy.

A superintendent of a Canadian hospital, where good progress in occupation work has been made, says: "I have no hesitation in stating that the cure of a large number of patients may be attributed to occupation." Several of the superintendents in our own state have also testified to the actual curative value of occupational therapy, as well as to its beneficial effect on chronic cases.

From the humane point of view, no further appeal is needed than that which is made by a ward filled with idle and miserable creatures. No more ghastly sight can be found than the rows of idle patients which we find in many state institutions. In being deprived of any outlet for their energies they almost inevitably develop all sorts of mischievous habits, taking off and putting on their clothing, hammering, clapping their hands, screaming, etc. These outbursts of unutilized nervous energy are not so often symptoms of their disease as the fruit of the conditions in which they are placed. To restore to these people an agreeable and natural way of carrying on a normal amount of activity is certainly contributing as much to lessen the sum total of human misery as any charity that we could mention. Many cases which have come under my personal observation in different institutions, public and private, have been transformed from unhappy creatures to cheerful and contented inmates of a hospital, which they then come to consider somewhat in the light of a home. In a record of visits to some twenty-five hospitals for insane, public and private, which the writer has kept, nothing is more noteworthy than that the general condition of the patients varies in close ratio to the amount of occupation that is provided.

Never before the present—unless in the golden age of Greece—has the value of happiness been so emphasized. This recognition of the value of happiness lies at the foundation of several of the modern semi-religious cults, and with whatever follies it may be associated, it is a great advance to emphasize
the tremendous value of happiness. No therapeutic agent is its equal. Happiness will produce added blood corpuscles; happiness will stimulate metabolism; happiness will inhibit the growth of bacteria; happiness will restore sleep and renew the powers of digestion; happiness will improve the functioning of every organ in the body, and one of the best definitions of happiness that has ever been given is: "the normal functioning of every faculty and organ." This is not possible without normal stimulation, and the furnishing of this is a task alike for our humanity, and our medical and psychological skill. When we speak of the value of occupation as a therapeutic measure, we are reflecting some of this spirit of the age, for what we are practically doing is to bring about once more this normal functioning which is, in itself, happiness, and thereby calling to our aid, as physicians, the most powerful of all therapeutic agents.

The Chairman. We are fortunate to-day in being able to listen to those who are actually engaged in the organization, direction and supervision of these occupations for invalids and convalescents. One of the first institutions in this country, if not the first, to be devoted to the treatment of nervous illness by occupational methods is the institution at Marblehead, Massachusetts, presided over by Dr. Herbert J. Hall, who will address us next on "Manual Work as a Remedy."

MANUAL WORK AS A REMEDY.

Dr. Hall. Fortunately for those of us who are interested in the functional nervous diseases, the past few years have seen great improvement in the management of these trying cases. It has become evident that the wonderfully varied physical and nervous symptoms observed are frequently but the final protest of an outraged mentality. If we search back into the life of the patient we may sometimes discover that the illness really dates from a tragic event or from the moment of some evil
suggestion, the effect of which has been so prominent in the mental life that balance has been lost and one disproportion has followed another until the effect has constituted what we call a functional illness. It appears that careful analytic study of the neurasthenic history may reveal these early errors making them and their long chain of results as evident to the patient as to the physician. Wise interpretation and skilled correction has meant in many cases a logical readjustment to better premises and so to a relief of symptoms. The recognition of this element of consistency makes clear the reasonableness of a still later form of treatment, the work cure, which has seemed to me to represent a further simplification of the problem.

If we take pains to study the neurasthenic patient we shall see that whatever may have been the original deviation from the normal, the present symptoms are intensified and perpetuated by the fact that the daily life of the invalid has adjusted itself to the illness and has been modified according to the symptoms thereby forming a consistent but vicious cycle which is immensely strengthened in most cases by the elements of self-concern and of fear. The work cure attempts to break into this ring by instituting gradually but surely a new and absorbing interest which has the power of substituting its self for those interests and habits of life which have become too strongly associated with illness. If we succeed in eliminating a good share of the undesirable habits of invalidism, including self-watchfulness, we may have little left of abnormality but the symptoms, which in a surprising number of cases disappear very promptly. Finally, if old or new misconceptions of life persist and lead to further trouble, it is a comparatively easy matter to correct these in the mind of a person who is no longer vacillating and distressed and when physical symptoms if they still exist are less insistent.

In practice the industrial plan is surprisingly successful. The neurasthenic patient is advised to make no especial effort to overcome fatigue, if that is the prominent symptom, because
such direct efforts usually end in failure and discouragement. But he is told that he must perform certain definite tasks, purposely kept simple and easy and within his reasonable capacity. He is told that one reason why the suffering continues is that he has become too sensitive to ordinary fatigue such as all of us experience—that this fatigue sensitiveness is continued partly at least because it is so closely associated with the daily and hourly circumstances of his somewhat abnormal life. If he will take up this new life in a wise way—leaving behind as fast as possible all the old conditions and associations, directing his attention to his work rather than to himself—the old combination will gradually be broken up and a new and more normal order of things will logically be established. This course of training is not always easy for patient, nurse or physician, but it is infinitely easier in the end than the old struggles and the old failures, and the old attempts to amuse and divert. As the interest of the work increases the patient in favorable cases becomes more absorbed, more and more objective, more and more nearly normal. He soon has a taste of the joy of self-forgetfulness such as can come only when mind and body are rationally employed. It is of course essential that the work should be very gradually increased. Anything precipitate at this time may mean relapse and discouragement. The physician must be very watchful for it is almost inevitable that the patient will overdo or give up altogether. It soon becomes evident, moreover, that the work must be worth while, that it must amount to something, that it must lead by progressive steps to more and more difficult and prolonged operations until the patient works steadily, consistently, without undue effort and with adequate results. It is a revelation to see how well in suitable cases this plan brings about the subtle readjustments and increased stability which painful argument and analysis frequently seem to make worse.

My early attempts at industrial therapeutics were rather discouraging. I soon found that as in every other important undertaking it is necessary here to have system, and order,
and preparation. As the result of five years' experiment and experience we now have at Marblehead a complete Craft Shop where the industries of pottery making, hand weaving and wood carving are carried on by skilled craftsmen quite independently of the clinical considerations. We have found this arrangement wise for many reasons. It insures an income from the sale of completed work, furnishes expert teachers in the various crafts, and above all presents the extremely desirable element of a permanent organization. In these shops the pupil has everything necessary to work with and has always before him the example of successful craftsmanship. The work is carefully planned to suit the individual capacity—the designs are prepared by skilled designers and the materials selected by experienced people. The patient is usually at least not subjected to the trial of mistakes and unfortunate results. The work tells from the first stroke. I would not have you infer that the shops are elaborate and that the machinery is complicated—quite the contrary is true. The atmosphere is one of quiet work—without haste—under simple but inspiring surroundings. It must be understood that we have no sanatorium, but that the patients live in boarding houses and come to their work as though they were daily workers. When a patient is too ill to leave his room his work is taken to him if possible and so continued in a modified way.

Last year I reported in the Journal of the American Medical Association a series of one hundred cases treated by the industrial method. These cases received of course such careful diagnosis and medical treatment as they needed, for the work cure does not pretend to be a system of medicine. The results of treatment will compare well I believe with similar series of cases treated by other methods. But whatever the results as to the immediate relief of symptoms, I feel that the training in simple and effective living the value of quiet, unhurried and systematic work and more than all else the experience of self-forgetfulness will always be of the greatest service to these patients.
The little exhibition which has been prepared in the museum will demonstrate to you much better than I can describe, the quality of the work turned out by this shop. It is to my mind a most hopeful thing that a shop maintained for handicapped workers may be capable of very superior workmanship.

It must be evident to you as it is to me that in this undertaking we are simply making use of well known principles of life. We all have trouble and loss, we all make mistakes, but fortunately, the normal onward course of events will under favorable circumstances modify and diminish the effect of these things until they cease to be active factors—otherwise we should all of us inevitably become neurasthenic, for the human mind can bear safely only a limited burden. The work cure represents the normal onward course of events which has so often been lacking and which is then so sadly needed. You will appreciate that here is a new and important field for physician, nurse, and craftsman. You will probably also realize that the graduate nurse from our general hospitals is not well equipped to care for the functional nervous diseases in this way. Especial training for those who elect this work is sadly needed. If the nurse is to be more than a ladies' maid rendering her patient more and more dependent as a result of her ministrations, she must learn how to lift the patient out of the old involved life into a new and more wholesome atmosphere.

There is nothing in modern medicine which seems to me more promising for humanity than a system which may so calm and steady the tortured mind that material opportunity may at least be successfully grasped, and that spiritual truth may at last be understood. I believe there is no clearer sign of medical progress than the present rapid adoption of the principles of the work cure in the sanatoria and in the asylums of the world.

If we are wise enough to call to our assistance the best designers and the best craftsmen, as well as sound diagnosis and treatment, we may not only accomplish something new in
medicine, but we may help to solve some very, very important economic and social problems.

The Chairman. Before announcing the last paper on the programme, which deals with the interesting problem of the application of fine arts to this field, I see that in the audience is Dr. Livingston Farrand, Executive Secretary of the National Association for the Study and Prevention of Tuberculosis. I am going to ask Dr. Farrand to step to the platform and give us a minute or two with reference to the value of work in tuberculosiis. (Applause.)

Dr. Farrand. The only point in this discussion upon which I can pretend to speak with any authority whatever is the question of occupation in its relation to tuberculosis. For some years the treatment of tuberculosis has been summed up under the terms fresh air, food and rest. Now "rest" has been an overworked idea. The treatment of tuberculosis has developed along lines most demoralizing to the dispositions and characters of the patients, and yet to some extent this has been absolutely necessary. Tuberculous conditions with active disease processes, particularly where there is temperature, do require absolute rest. At the same time, during the last two years particularly, there has come about a very different attitude on the part of those who are dealing with tuberculous patients. It is now recognized that under many circumstances work of some sort is advisable. This change of view has been one which has been most gratifying to all of those who are dealing with the problem not only clinically but socially, because, as all of you know, one of the great problems is that many patients are taken from hard-working lives, from the poorest kind of homes, to sanatoria where they are kept in absolute luxury, for them, for six months or a year, and then returned, dissatisfied with the surroundings to which they come back, totally unfitted for the lives which they must take up, and often with complete failure in citizenship as a result. Now the change of clinical opinion to which I have just
referred is of tremendous importance from that point of view, as well as from that of therapeutics. It has been found within the last few years (and I think I am speaking now of what, if not the general consensus, is rapidly becoming the general consensus), that, barring those cases suffering from a decided temperature, patients do decidedly better if given regular work, that work of course being under expert medical supervision. There is nothing more foolish than to recommend a tuberculous patient to get to work, but nothing wiser than to recommend a tuberculous patient whose symptoms have subsided and whose general condition is good to do regular work under strict medical supervision, and there is a rapidly growing tendency in every progressive sanitorium in the country, I think, to provide some sort of occupation for such patients. This is in response primarily to the clinical demand, but naturally along with that we are trying to provide some kind of occupation which will be fitted to that patient when graduated from the sanitorium and returned in an arrested or apparently cured condition to his or her regular environment. I am saying this simply to emphasize the very great importance of the subject which you are discussing from the tuberculosis point of view.

There is another phase of the question which I presume does not touch you so closely here to-day—the question of occupation for tuberculous patients discharged from the sanitoria as cured. It might be brought under the term after-care of these patients. The ordinary procedure has been to tell such patients as soon as discharged to go into some outdoor work, to get an open-air job. Now that is the hardest thing in the world to do. If they are city patients—and I speak more from the experience of New York City, which, however, is not to be taken as typical of the rest of the country, thank Heaven!—the first thing that everybody thinks of here in New York, if it be a man, is to get him a job on a trolley car. It was the idea for years that if we could only make an "arrested" tuberculous man a motorman, he would live indefinitely. Almost invariably those cases within a comparatively short
time come back to the clinic, and the cure has to be repeated. Send them out on a farm—poor, unfitted city people!—and they almost invariably do badly. They don’t know anything about farming, or about taking care of themselves, and the relapse occurs. Within the last six months some interesting statistics have been brought out, based upon observations from several sanitoria where they have followed the history of each discharged patient with great care. So far as possible they have followed up each patient with advice and such aid as might be necessary, and in many cases which have been reported, it is found that they do better when they are sent back to their old occupations, provided they have learned in their sanitorium life, or in their treatment, to observe certain rules, or provided there is someone to see to it that certain hygienic measures are observed. Some cases near here in Yonkers, where they come from the carpet mills, have been sent right back into the factory, and do better there than if they had been put into a new kind of work. The benefit that might be obtained from more healthful occupation is not sufficient to overcome the shock of adapting themselves to absolutely new environment. But when such a case goes back, instead of working in an inside corner it should be arranged that he can sit near a window. It is seldom difficult to get the manager or foreman to coöperate in this, and the results are excellent.

To come back to the other phase, the occupation of patients while they are patients, it is being found that work under the strict supervision of the medical superintendent is one of the most valuable factors we have; the patients almost invariably do better. Then there is the economic side. We are able to get something out of the patients’ work and sometimes to pay them something, and we are now trying in every way to devise occupations which will yield the same sort of result. Of this I cannot speak for I have come here to learn. It is one of the hardest problems to solve that we have. At the same time, it is one of the most important, and the fact that selected work is now regarded as not only not dangerous, but
even beneficial, is one of the most significant changes which has taken place in the clinical aspect of tuberculosis during recent years. (Applause.)

The Chairman. It is possible that this occupational training of the invalid and the convalescent may provide the means for the change from the less wholesome to the more wholesome type of work. We will now have the pleasure of listening to Prof. Arthur Wesley Dow, of Teachers College, who will speak on "How Art may Aid in this Field." (Applause)

Prof. Dow. Ladies and Gentlemen, I have not any paper, because I expect to speak to you for five minutes only, and I know you will all want to come up here to see this beautiful tin lantern. Those of you who have seen the work from Dr. Hall's shops now on exhibition in the Museum have observed what invention, what genius has been shown in finding out and developing all kinds of handwork. All I should like to say is that art will show us how to do more with those things.

Now what do I mean by art? I used to know an old printer who said that in all his life he never set up a piece of type without being anxious to see how it would look. When we do work without caring how it is going to look, that is mere drudgery, stupifying and dull; but when we do care how it will look, it becomes art. That is all I mean by art. Art awakens curiosity, leads to exploration, to discovery, to invention, to the joy of overcoming materials, to the joy of finding that one has the capacity to use tools and materials and can create something new. I want to say something this afternoon about work and play. Dr. Neff I think spoke of that. Art is produced by free choice, by deliberate intention, by personal thought and inclination, hence it is always play, never work.

I want to take just a few moments to tell you what I tried to do in my summer school in the New England town of Ipswich. It is said that there are more insane people among the farming class than among any other class, that in some of these country places where nothing ever happens life is so monotonous
that people actually go insane. That is not the case with Ipswich, but, like many country towns, it seems to have no remarkable or unusual products. I started to find out what art-use could be made of common plants. An old resident of the town had seen his mother weave chair-seats from the cat-o’-nine-tails flag, and had learned the craft. From him I discovered how to cut and prepare the flags, and how to weave them. One of the young ladies in the class taught this craft to a poor old blind colored man who had no other occupation. He could do it beautifully, and it proved a godsend to him. Others found it useful in similar ways.

Then there was the grass curtain. The warp is merely a set of twine strings with pebbles tied to them. Two people weave, laying on the long grass stalks, and passing the pebbles back and forth. (Process illustrated.)

Other forms of hand work required design. I decided to derive that from the environment, as we should if we were Indians. So we imagined that we were aborigines and must find, design motives of our own—as if we had never heard of a design school, or of “historic ornament.” Much of primitive design is derived from the four regions—north, south, east, and west. Taking this hint, I evolved a set of symbols: North, the mountains, tall triangular forms; East, the sea, symbolized by a sail or a wave; South, a river, wavy parallel lines; West, a round-topped hill with a tree on it. Meadows with haystacks, house roofs, boats on the river, cattle, birds, flowers—all could be symbolized and used in pattern. The class took this up with great interest, because each individual could have his own motif.

Wood block printing is a good craft for the use of such symbols. We cut our wood blocks and printed designs upon paper and cloth. (Examples shown.) I think Miss Tracy spoke of using things that other people throw away. Never throw away spools. A cut or two across the end of a spool makes a wood block for printing. You can make book covers, end papers, and even wall paper. If children cannot cut wood
blocks, let them use potato, cut it and use in the same way. Sweet potato is excellent because rather hard and solid.

You will probably say that of course these things could be done in a nice country town, but what about the people in cities? Let me show you what a little boy did who lived with his mother in two rooms in one of our large cities. She went out washing. His teacher told him something about the wood block printing, and he at once began to look for motives for design. The cooking stove, with the flatirons on it, furnished him with a design; here it is. He saw a honey bee on the window, and cut him on a wood block. Looking out, he saw only the woodshed and its roof; he made a design of that. So he was able to see meaning in common things and use them in creative ways.

As to the things that are usually thrown away: this beautiful lantern was made of a rusty wash-boiler. Afterward you would see art students hunting through back lots to find rusty wash-boilers. The color as you can see, is very fine—equal to copper. There was a nice problem in the construction of this lantern—to shape the cylinder and the roof, and fit them together. Then you had to invent a design for it and punch it with a nail. Another craft is stencilling—well known to everyone. Still another is appliqué, as used in this quilt. I have seen old people use illustrations from newspapers as patterns—horses, fowls, vegetables, flowers. With a little art invention and some appreciation of color, it would be possible to make something very good indeed. I will say just one word more, that if we are to have a course for training people in this subject, it would not be merely a course to find projects which might be used, but to get hold of a principle through which one could invent projects. If you only get hold of the principle, you can make the application in a thousand ways.

The Chairman. The meeting is now over, and the guests are invited to inspect the exhibits in the Museum.
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Fredericksburg.
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WASHINGTON STATE.

Seattle.

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Spokane.

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WISCONSIN.

Eau Claire.

MISS S. M. THOMAS, 120 Marston Ave.

Lake Geneva.

MRS. E. M. SIMPSON, care of Mrs. Porter.

Wauwatosa.

MISS HELEN W. KELLY, Principal of Training School, Milwaukee County Hospital.

Milwaukee.

MISS N. E. CASEY, Superintendent of Training School, Trinity Hospital.

MISS REGINE WHITE, Matron and Superintendent of Nurses Johnston Emergency Hospital.
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AMY, MARGARET, SISTER ........... Children's Hospital, Boston, Mass.
ANDERSON, MISS GRACE L. ....... Industrial Institute and College Infirmary, Columbus, Miss.
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ANDERSON, MISS LYDIA E. .......... 109 Greene Ave., Brooklyn, N. Y.
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BIDMEAD, MISS R. ELIZABETH .... St. John's Riverside Hospital, Yonkers, N. Y.
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Brown, Miss Katharine .......... Hospital of the P. E. Church, Philadelphia, Pa.
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Carr, Miss Ada M. .............. Johns Hopkins Hospital, Baltimore, Md.
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Stewart, Miss Isabel M. .......... Teachers College, Columbia University, New York.
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Stewart, Miss Robin L. .......... Toronto General Hospital, Toronto, Can.
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TWITCHELL, MISS ALICE I. Passavant Memorial Hospital, Jacksonville, Ill.

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WARD, MISS AGNES S. Metropolitan Hospital, Blackwell's Island, New York.

WASHBURN, MISS IDA. Eastern Maine General Hospital, Bangor, Maine.

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WATSON, MISS SUSIE A. Winchendon, Mass.

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WEIR, MISS MARY J. Braddock General Hospital, Braddock, Pa.

WEST, MISS LILLIAN O. Holyoke City Hospital, Holyoke, Mass.

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WHEELER, MISS MARY C. Blessing Hospital, Quincy, Ill.

WHITE, MISS REGINE. Johnston Emergency Hospital, Milwaukee, Wis.

WHITE, MISS VICTORIA. Naval Hospital, Brooklyn, N. Y.

WILLIAMSON, MISS ANNE A. California Hospital, Los Angeles, Cal.

WILSON, MISS FREDERICA. Winnipeg General Hospital, Winnipeg, Canada.

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WILSON, MISS MAY. Savannah Hospital, Savannah, Ga.

WILSON, MISS N. DE DION. 385 S. Main St., Geneva, N. Y.

WISE, MISS HELEN. Peninsula General Hospital, Salisbury, Md.

WOOD, MISS ELEANOR W. Bryn Mawr Hospital, Bryn Mawr, Pa.
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WEIGHT, MRS. HELEN L. N. W.
YOUNG, MISS ZAIDEE E. Montreal General Hospital, Montreal, Canada.

DECEASED MEMBERS.

MISS LILLA LETT. Died November 3, 1893.
MISS LOUISE DARCHE. Died June, 1898.
MISS FLORENCE HUTCHINSON. Died December 26, 1902.
MISS EVA MARY ALLESTON. Died January 5, 1907.
MISS ELLA UNDERHILL. Died August, 1909.
MRS. ISABEL HAMPTON ROBB. Died April 15, 1910.

HONORARY MEMBER.

FLORENCE NIGHTINGALE. Died August 14, 1910.