Seventeenth Annual Report
of
American Society of Superintendents
of
Training Schools for Nurses
1911
HEADQUARTERS
NATIONAL LEAGUE OF NURSING EDUCATION,
370 SEVENTH AVE., NEW YORK CITY.
Free Copy

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PROCEEDINGS

OF THE

SEVENTEENTH ANNUAL CONVENTION

OF

The American Society of Superintendents of
Training Schools for Nurses

HELD AT

BOSTON

May 29, 30, and 31, 1911

BALTIMORE

J. H. FURST COMPANY

1911
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SEVENTEENTH ANNUAL CONVENTION

The American Society of Superintendents of Training Schools for Nurses.

The Seventeenth Annual Convention was held at the Park Street Church, Boston, May 29th, 30th and 31st, 1911.

The Convention was opened by the President, Miss Mary M. Riddle, on Monday, May 29th, at 10 A.M.

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

INVOCATION.

REV. A. Z. CONRAD, D.D.,
Pastor Park Street Church, Boston.

Almighty God, our Father, our Saviour, our Sanctifier, we thank Thee for this world of beauty. We rejoice in these springtime days of splendor, in the tokens of Thy love everywhere seen. In the great Book of Nature, illustrated, we read Thy love. But in the great world about us there is sorrow and suffering, and we thank Thee for the privilege of ministry. We rejoice in the opportunity to serve our fellow men, for in this service we are serving Thee. We thank Thee for the new humanism of our day, for the powerful influences operative among men and women to create sympathy. We rejoice in the compassion of Jesus manifested anew in His children.
We thank Thee for this organization and all it represents in the way of contribution to humanity. God bless all those who are engaged in alleviating the woes of earth, in lessening the burdens which rest heavily upon human hearts and in lightening and brightening the way. We thank Thee, Almighty God, for the auspicious circumstances under which this seventeenth annual convention assembles. Grant guidance to those in official relation. May they be wise in all administrative affairs. May the conference result in larger inspiration to service for Christ and humanity. May these days be rich in their suggestions of opportunity, in their declarations of divine love.

And we pray, O God, that all this may be done in accordance with the divine will, and that during the coming year great advance may be witnessed in all the movements which are represented by this organization and assembly.

Now let Thy blessing rest upon them during the coming days. In each meeting may the presence of the Lord be manifest—wisdom from on high dictate and direct, and everything done to the honor and glory of our Lord and Master. We ask it in the name of Him who taught us, when we pray, to say:

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

The President. We are privileged in having with us this morning Dr. Snedden, Commissioner of Education for Massachusetts, who will give you the address of welcome, and who will, I am sure, point us the way in which we should go. It is with pleasure I announce Dr. Snedden.
ADDRESS OF WELCOME.

Madam Chairman, Ladies of the Superintendents of Nurses Association:

I feared that it was in a moment of weakness that I accepted the very kind invitation of your officials to make a few remarks on this occasion, and I am confirmed now in that fear when your chairman suggests that I should point the way you are to go. I know very little about the profession you represent, and must view it as an outsider.

But as one who has but lately come to Boston, in so far as I can arrogate the function of welcoming you and your association to Boston, I do so most heartily, and wish to congratulate your association on the very auspicious circumstances, climatically and otherwise, surrounding your seventeenth session.

I have been wondering why I should attempt to make any remarks on this occasion, and I have been trying to shape to myself the motives in the minds of your officials in asking me to speak. And it occurs to me that perhaps there is a reason why one chosen to represent the public school system of the state of Massachusetts might say a few words, because Massachusetts in recent years has been giving more attention than any other state in the union to an attempt to go a little back of the accepted practices in the field of what we now call "vocational education," something for which Massachusetts is now striving in all ranks and divisions of society. We have come to apply this term to any education designed to fit one to do his share of productive work in the world; preparation for the professions, for commercial, industrial and agricultural callings, and for that other great field in which our women must work,—the home or the household callings.

And it seems to us who are working in this field at the present time that we are slowly formulating a general theory of vocational education,—a set of principles, if you please, that
must underlie any kind of education designed to fit men and
women to do effectively their apportioned work in this world.
I think we must all be impressed with the fact that this is
certainly the golden age of those professions which deal with
the conservation of health, with redeeming those who have lost
their heritage, so to speak, in this field. But vastly more im-
portant is it that we conserve that as heritage which ought to be
given to all of us at birth, as a start in life. (Applause.)

And those professions—medicine, nursing, and others that
might be differentiated perhaps, have today reached a point
where they are able to rest on perfectly wonderful founda-
tions of controlled scientific knowledge, control of the forces of
nature. The great thing that the nineteenth century brought
to civilization at the outset was control of natural forces, so
that men, by virtue of their knowledge, by virtue of the
discoveries that had been made, were able to harness natural
forces to the service of man. And as the nineteenth century
has rolled on and has brought us into the twentieth century,
it becomes more and more evident that in various fields, par-
ticularly in those which you touch, the knowledge that we
have attained gives us to a marvellous extent, one is tempted
to say, control of all those forces, of all those conditions which
enter into the conservation of health.

Now in the theory of vocational education we are begin-
ning to realize that there are several factors. Whether we
think of the professions, or of the great group of trades, or
production from the soil, or commercial callings, or even of
the household callings, those elements of preparation enter.
When once the question has been decided as to the calling to
be pursued, it seems to me there are two great phases which
may be made a matter of study and approach in a sound theory
of vocational education.

There is the element of the old apprenticeship method, the
slow process of trial and error. There was a time when that
was the only way of approach to the callings. There was a
time when the prospective physician came up as an office boy
in the office of the physician, gradually building up his experience, acquiring—not the science of medicine, because there was no science of medicine—but acquiring what we call, worthily enough, the "arts of healing." There was a time when the financiers thought that this apprenticeship method was the only way to learn that profession, if I may call it so. The future financier started out as a messenger boy and learned what he was to learn by the painful route of experience, which has been alleged to be a dear teacher, though an effective one. And so in all the fields where men and women have worked they have, under this system, acquired somehow the training for their work, superior, or inferior. And today, in the home, in many workshops, in many callings, the apprenticeship system in some form is the only training men and women receive.

But why is it that today in all walks of life, in the commercial, industrial, no less than in the professional, we are asking for schools wherein training shall be specialized as it was long ago specialized in medical and theological colleges, in law and engineering colleges? Because under modern conditions the splendid contributions of an apprenticeship method no longer suffice for the training of the capable, all-round worker. It is becoming more and more recognized that in addition to those things that may be acquired by practice, there is an accumulated body of enlightenment, a body of science and art, that can be acquired by vastly more expeditious and effective methods, than by the slow route of apprenticeship.

And that is the thought that seems to be the basis of our vocational attempts in Massachusetts; that this is an age when men accumulate knowledge in any field of activity, when they test it and organize it. And when once tested and organized it becomes available for those who wish to acquire that foundation. These two elements,—the practical, and the more abstract or scientific, are the two phases of preparation that we are recognizing in these days as necessarily combined in any
effective preparation which will give one a broad basis for entering into his calling. We now have some twenty-four vocational schools in Massachusetts, and we find that we can give the youth even between 14 and 18 supplementary training that will tend to make him a more capable person, an adaptable person, and one capable of engaging in and growing in his trade.

There are vocations in which for a long time the preparation was one-sided. When the medical colleges were first established they confined themselves very largely, I think, to the theoretical and to the abstract in their work. There was very little of the practical for the student. He read books and listened to lectures, but had very little contact with actualities until after completing his course. But in recent years, as you know, many of the medical colleges have steadily tried to conjoin with their theoretical preparation contact with actualities. In the dissecting room, in the laboratory, in the clinic, in hospital practice, the prospective physician today is brought into contact, along side of his theoretical training, with the elements which make for practical efficiency.

The time was when the system of training in our law schools was very abstract. The students read text-books and listened to lectures. But now the case system tends to come in and supplement the theoretical with the practical. The time was when in our engineering schools there were courses in mathematics and mechanics and the like, and the student went out into the world to do his work with only theoretical training and had to take a long time to become efficient. But today every attempt is made to supplement the theoretical training with the practical work in the laboratory and in the summer field work of three or four months, where the students grapple with real problems.

Then, on the other hand, coming down to us from the ages of the apprenticeship system, we have the over-emphasis on the practical,—where practice alone has been held at a premium, and where the student or the man never reaches the
point of grasping the principles which underlie his work. Only a few years ago business men asserted that there was no theory of business; that the only way for a boy was to begin and grow up in the business, and that so much of theory as he might need he would absorb—by accident, as it were. But today this is largely changed. Business men are themselves endowing business departments in our universities, students are induced to study economics and the subjects which contribute to the broader grasp of principles which make for business efficiency.

Agricultural schools springing up all over this country are working wonders in a field which has suffered too long from the apprenticeship system, where every farmer's boy is apprenticed to his father. The boy can now supplement his farm experience by the study of that magnificent body of science which has been accumulated, and agriculture, almost in a decade, is being transformed by that combination of school and practice that brings about the broader efficiency.

Unfortunately I know too little about your profession to know what are the constituent elements in thorough training. I have heard it alleged that the apprenticeship system survives over long among you. I have never heard it alleged that you dwell too much on the abstract theory. I do feel confident, however, of the wonderful possibilities of scientific knowledge in your profession. I have some little contact in a theoretical way with the school nurse. To my mind there is no more promising development in the whole field of public education than the school nurse. The school nurse comes into more intimate contact than the medical examiner with the children, is an intermediary between the home and the school, can accumulate a body of practical experience in connection with school children, and is in fact the person to whom we must look in the future for progress in the whole health program in the oversight of school children.

But you will agree with me that this can only come about if the school nurse has a broad training. She must be some-
thing of a pedagogue, must be acquainted with the problems of the schoolroom. She must be a master in the whole field of bacteriology. She must understand school hygiene and must know about the hygienic conditions of the home, must she not? She must be familiar, must she not, with the whole range of children's accidents and the more simple children's complaints and defects?

And, looking on, I cannot help feeling that in this golden age of the arts of healing and the more important arts of conserving health, there are wonderful possibilities of combining these two fundamental elements in training: the deliberate and purposeful acquisition of experience by contact with real situations, and the apprehension, the grasp, of that wonderful accumulation of knowledge which our modern methods of organization are placing at the disposal of any one who wishes to become a school nurse.

There is one other thing that lies back of all fundamental education, and that is the selection of the right individual for the right occupation. That is, every child comes into this world with more natural aptitude toward one line of work than another. Although we are not conscious of it, the process of selection operates with tremendous effect at every step in a boy's progress up through the elementary school, high school and college. In the professions of medicine, engineering, law, and the like, every step tends to eliminate those who cannot be expected to reach the standard. In these professions exceptional qualifications are needed, and those who are not endowed with these exceptional qualifications must stand aside.

And so in all professions which have recognized standing we seek to put a premium on the entrance to them of those who are by nature qualified. And so far, we have to do that largely by what we call our general program of education. It may be that a person who is to become a nurse, for instance, may not need the study of algebra or of geometry, or others that might be named. We are not wholly clear upon this point ourselves.
But we do know that on the whole the person who cannot get through these general studies that we have put in our cultural programs, the person who is incapable of the abstract thinking and the industry necessary in mastering these studies, to a large extent demonstrates his unfitness to go into these higher fields of endeavor.

And so to a large extent we have made our preliminary, and secondary and college programs agencies of selection. They serve other purposes also. They give a broad cultural foundation for the person who by virtue of the position to which he is called is able to exert the influence, socially and otherwise, which the world has come to expect from those who follow the professions. In each of the professions there is a steady tendency to raise the standard of general education for admission to the schools. This is a phase of the subject which each school must work out for itself. But when once this cultural foundation is laid, when once one has reached the adequate measure of liberal education which is deemed fitting for the collegiates, then one begins the study of his vocation.

Now this may sound like abstract theory, but I cannot help feeling that it underlies the entire range of vocational education for the future. First, the exercise of the selective element, then the setting of proper foundations of culture appropriate to the calling, then within the calling the combination of practical knowledge and the study of all that contributes so essentially to the enriching of life and to the full and prolonged exercise of the calling itself.

In all the professions we are going through a pretty rapid evolution. Old standards are giving way to new. More and more we are coming to appreciate—not merely for the sake of the worker but for the sake of society which that work is to serve—the desirability of broad equipment. In no profession, I suppose, has a finer spirit of devotion been shown than in that of nursing. In the olden days when we had no science, no accumulated knowledge, the tender touch and the fine sympathy and the painstaking ministrations of the nurse repre-
sented the maximum contribution possible to human service. But today we should say that supplementing that fine sentiment and fine devotion, the person who undertakes to follow the career of nursing without a grasp of the accumulated knowledge which the world has put at our disposal, would be falling far short of any reasonable measure of human service.

Ladies, I am glad to welcome you to Boston and to express my own intense gratification in being allowed to say a few words to you on this occasion.

The President. I am sure we all feel greatly strengthened in having our favorite theories upheld by one in authority. I will ask Miss Nutting of Teachers College, Columbia University, to respond to Dr. Snedden’s address. I announce Miss Nutting, Director of the Department of Nursing and Health at Columbia.

Miss Nutting. Madam President, Members: Memories come very keenly to me as I attempt to respond to this address of welcome. I am carried back in mind to a day about sixteen years ago, when as a young superintendent of nurses I was ushered into membership in this society under the wing of Isabel Hampton. I felt that I was entering into the holy of holies. It was my first touch of companionship with women with whose names I had become familiar,—Mrs. Robb, Miss Darche, Miss Palmer, Miss Kimber, others who are not here today, others who have gone before long ago. That meeting is quite unforgettable and is entirely clear before me now. I remember Miss Palmer’s paper on alumnae associations and the possibilities in such associations for effective work toward improvement in the education of nurses. I remember how Mrs. Robb urged upon that association the three-year course, the eight-hour day, non-payment of pupils, etc., in her plea for better educational methods.

It is now sixteen years since, and we are bringing to Boston today the very same problems which we considered at that meet-
ing. The three-year course has been quite promptly adopted because it served the hospitals well. The eight-hour day and the non-payment system has made very little headway indeed. The number of pupils needed has been so large that it became necessary, in certain places where they have tried to adopt the non-payment system, to go back to the payment of the pupils to attract enough to do the actual work of the hospital.

So it seems to me that we are bringing back the same problems with which we struggled sixteen years ago, and we are bringing also new and complicated problems. And we are going to need all that Boston can supply in the two or three days we are here in the way of inspiration and atmosphere and tradition to help us to the solution of the smallest fraction of these problems.

For many centuries nursing was under ecclesiastical control, and we know that under this direction the nurses did interesting and valuable work for the world. The sisterhoods had their day,—that is, certain phases of their work have passed, others are passing, and nursing has by degrees passed over into the control of hospitals and the medical profession, quite as distinct a hierarchy as any ecclesiastical organization that ever existed. Under that control and direction nursing has prospered in certain ways and has done valuable service, but that service has been strictly subordinated to hospital and medical needs.

But today, with the newer ideas in regard to the conservation of health and the prevention of disease, the function of the nurse takes on a new significance. A new call is made upon our nurses. Social workers call upon the nurse for assistance in numbers of social fields. Municipalities seek her aid. You have heard what Dr. Snedden has said about the call of the public schools, and we know that this is to be an unending call. The opportunity for public service by nurses was never, it seems to me, more promising; we have never had a more interesting outlook.

How can we prepare ourselves for these needs if we are to
continue our educational work under the control of the system into which we have gradually slipped during the last half century? It seems clear that from religion, from medicine, we must turn to other sources of help; and we are turning now, all of us, with great hope, toward the body of educators. We are saying that this matter is primarily an educational problem. It isn't a problem for hospitals to solve unless they can solve it in the right way. We are turning to the truth-seekers, to the people who open wide all doors of knowledge and say, Come in. You can never by any effort acquire too much knowledge to serve you and others in the work which is before you. And therefore, when we thank Dr. Snedden, who represents Education in Massachusetts we feel that at last, perhaps, we have come to a door which may open and give us what we need and have not been able yet to get.

In the university connected with the hospital in which I received my training I used many times to look at the motto on the insignia used by the university: "Veritas vos liberabit." "You shall know the truth, and the truth shall make you free." It is the truth that the nurses are seeking today and the opportunity to know enough of the truth to serve all humanity, not in one hospital, or group of hospitals, but to make their fullest contribution to the world. Dr. Snedden encourages us to believe that we have come to the right door and that it will open wide to our persistent effort to educate ourselves, an effort which we must make ourselves because no one will make it for us. No one can make it for us.

PRESIDENT'S ADDRESS.

Miss RIDDLE. The trained nurse has rounded out an even half century; she is now one of the most useful members of society; her sphere of usefulness is constantly increasing; the demands laid upon her are heavier than they were last year and she must grow to meet them.
How best to promote that growth is the purpose of our meeting here and we hope the nurse instructors, the superintendents of schools for nurses, and others interested, may get an inspiration from the fellowship of the meetings and from the discussions, that shall eventually make for progress in the work and send it far forward.

It is hard to understand how the sick can forget the esteem due the faithful nurse who has followed him down to the brink of the grave and gently, carefully and quietly led him back to his family and his place in life.

That she is forgotten, or remembered with dread is true; that the world has been slow to grant her a place in the professions is true; that she is censured and criticised is also true; that she is human and worthy of criticism as are all other men and women is true; that she is acquainted with society in its weakest and most pathetic and evil places is true; that she for the most part meets her share of responsibility in adjusting the wrongs of society is true; that she has given to it her strength and thought in her youth and maturer womanhood is true; that she must be better prepared to meet the new and additional requirements is evidently true; that, according to all precedents, the initial move for her better preparation devolves upon this body of women is true beyond a doubt. Individually and collectively we must make it if made it is.

Never in all the history of the race was she more necessary than today, never was her work more complicated and far-reaching and never since the days of the very beginning of her work has the demand so far exceeded the supply of nurses; never was there such a dearth of women of character and refinement willing to undertake even its apprenticeship. These are some of the problems confronting the directors and teachers of nurses in this present "Year of our Lord."

On the one hand there seems little inducement (as the world recognizes inducement), little of fame or position to
offer; on the other hand there is the great demand—the great need. Apparently one condition augments the other.

How shall they be met? Which shall receive our first attention and what shall be our first move?

If we consider them in their natural sequence, we must first get the young women desirable for nurses and keep them until they are prepared to take their places in the world as the future teachers and leaders of the profession as well as props for the mentally, morally and physically deficient.

No doubt our committee upon "How to Approach Women's Colleges" will have some recommendation for procedure; possibly they will tell us how the educated young women may be interested in this work of ours which is paradoxical in offering so much and so little—so much of opportunity for usefulness and so little in worldly advancement. Having heard their instructions we shall do well to follow them and try to interest the college graduate in our work. It might be well for you to appoint a number of superintendents (or better still ask them to volunteer) to really act upon the recommendations, prove their usefulness and report back to this body next year—thus should we prove our practicability and show the world as well as the young superintendent searching for methods that we are not merely sayers but doers also.

We now and then hear of some school that advertises in the secular press for probationers and we are a little shocked—but why? Other institutions of learning do it—each setting forth its own peculiar advantages—why may not we? To the minds of many the disgrace is not in the mere act of advertising but in the fact that the peculiar advantages do not exist.

Having secured our pupils, how shall we keep them and prepare them for that which they have undertaken, and the first answer is by keeping our agreement with them.

There is a pretty general feeling that the schools do not all live up to their curricula, do not give all they promise. It would appear that this fact is in a measure responsible
for the complained-of dearth of young women. Let it not be attributed to the mismanagement of the superintendent but to existing conditions and prevailing sentiment. The majority of training school directors have not yet learned what is due the pupil nurse nor her value. Doubtless the superintendent can do much by now and then pointing out the danger in failure to keep agreements. Most business men at least feel very keenly the knowledge that they have failed to keep an agreement or broken a contract whether it be with a nurse or with one of their own business associates.

In the early history of this society a movement was made toward plans for obtaining knowledge of such nurses as attempted to gain admission to one school after having withdrawn from another. It being considered an offence against their high calling. There was no doubt good obtained for the schools in this way years ago, but today we have applications from many who have resigned from other schools and who come to us with the statement that it is not what they thought it would be, not what was promised and my plea now is against the old custom of a wholesale ostracising of those who resign from one school and try to enter another. Let them be at least heard.

We believe on the whole that shorter hours should be encouraged in all our schools. A ten or twelve hour day of such strenuous occupation and close attention to detail can but vitiate the nurse’s force and this must re-act unfavorably upon the patient.

Various arguments have been advanced against shorter hours but the only one requiring our attention is that which contends that unless nurses are pretty constantly at work they lose sight of the importance of their tasks, and incline to the belief that any time will do. But will not the additional time thus given for study and reflection added to the better material we might thus induce to work with us—overcome that danger? It would seem to be worth the trial.

More exactness in granting the time off duty would help
immensely. The exigencies of the hospital should not interfere too often. The hospitals and schools too are being helped considerably though they little realize it, by the growing demand of patients for more constant attention from the unworn, untired nurse.

Better instruction for the pupil other than that given by the overburdened superintendent of nurses would also aid greatly. This is due the pupil by reason of the price she pays when she gives three years from the best of her life. The special training school committee of the American Hospital Association with courage struck the root of this matter when it made the recommendation that Training Schools ought not to be maintained even in small hospitals without at least two paid resident instructors being provided for the teaching of nurses. This number should be considered the absolute minimum, irrespective of the size of the school. To quote:—the Committee further recommends "that paid medical instruction should be employed by all hospitals that can afford to employ them; that a few hundred dollars per year will furnish competent paid instructors for the work. Where paid instructors cannot be maintained, arrangements should be made to have lectures and strictly medical teaching of the school presented by two or three medical men, rather than by a larger number of physicians."

It is to be hoped that many superintendents of the smaller isolated schools took advantage of these recommendations and aroused their courage to make the demand. But, we fear they did not for we hear of schools not far remote from where we are assembled that have had no class instruction during the past year. Is there any wonder that a dearth of competent young women exists in those localities?

Happy that school and happy those nurses that have given them means for general culture as well as good systematic training school instruction. That there are such schools is attested by the fact that we know where nurses are taught how to wisely employ their patients, and how to amuse them,
where they are given lessons in singing for their own culture and so on and on.

Better housing and better food play an important part in the successful development of the schools. Surely our nurses need it by reason of their arduous tasks; surely they have earned it by the same reason. It has recently been said that no one has contributed more to the public weal than the nurse in training in our public hospitals. The soldier in the field, who does his work amidst the excitement of battle is no more a hero than the nurse who maintains her post at the bedside in the silent watches of the night. And if the most competent mathematician were to compute the respective values and averages we believe we might hear the result as said of the faithful nurse—"She is not the least of these."

Boards of trustees and training school committees appreciate this in many instances, for we see better and better equipment for these purposes. Comfortable nurses' homes are almost the rule and the food in all our hospitals receives no less attention than does our aseptic surgery.

When it is known that all these conditions are met there will be little difficulty in obtaining and keeping students,—the fame of the institutions will do the rest and by way of digression let me say that herein we see why the moderately sized school may possibly come to the fore; it is because greater attention can be given individual pupils.

This brings us to the part this society should take in obtaining, keeping and properly instructing the future nurse.

We believe we should devise some way of being of actual use. We believe it should be a moral support as well as a real visible, practical help, that we offer.

Possibly it could be done through a committee—a "Committee on Work." It might be a great help to the young or the overburdened or inexperienced member to know there is some one to whom she can apply for guidance. We know those who are too busy to even frame a curriculum. This committee could gather information as to material for such a
curriculum as that particular school needs and advise regarding it. Possibly it is courage or encouragement the member needs—then let that be given. Above all things, let the committee itself be not too wise for the ordinary every day worker to approach comfortably. Let the committee forget its hospital airs and remember it is not starting the young probationer who must be kept in line and at the foot of the line too, but let it invite confidences and distribute assistance.

Countless ways of help might be mentioned but suffice it to say that doubtless opportunities at present unheard and unthought of would arise.

Let us not separate without some action being taken toward these ends. Let it be no longer said of us as in the past that we talk but seldom do. If it is right and expedient for us to approach women’s colleges, let us approach. If it is right that the newer younger superintendent of the smaller or the larger school should add to or take from her curriculum and seeks our help—let us unite our intelligence with hers and help her solve her problem.

If trustees or boards of managers need prodding or to put it more mildly, if they need to be allured—why do we not aid in it. Perhaps our services are not required but we believe they are—let us at least ascertain.

The meetings are open to you—they are yours. Bring up your questions. Do not think to convince by your silence that you have none. Every superintendent of a school for nurses has them. The more in earnest and the more active she it the more problems she has.

As we deliberate may we be guided by the spirit of conservatism that has characterized the makers of law or custom in the “Old Bay State.” Conservatism that makes for equal rights without regard to class or condition. Conservatism that even at the risk of being labelled unprogressive, forbids training school superintendents to advertise for their schools opportunities that are not but are To Be. Conservatism that in the making of law or history has known no backward steps.
May we here mingle with our conservatism some of that fervor for which the spot wheroin I stand is noted. Conservatism and fervor—caution and zeal should accomplish much in the best way.

[Recess of five minutes.]

At the close of the recess the President called for the report of the Council, which was read by Miss Nevins in the temporary absence of the Secretary.

REPORT OF THE COUNCIL

For the Year 1910-1911.

During the year the Council has held three meetings in New York City for the transaction of business.

Special Committees have been appointed and vacancies in standing Committees filled

Through the resignation of Miss McMillan in October, on account of pressure of work, the office of Secretary became vacant. Miss McKelvie was appointed by the Council as Acting Secretary for the balance of the year.

The Chairmanship of the Committee on Education has been filled by Miss Nutting following Miss Hay's resignation on account of ill health.

During the year the Society has lost three of its members through death, Miss Anna A. Chesley, late Supt. St. Luke's Hospital, Ottawa, Canada; Miss Constance V. Curtis, for several years Supt. of the Phoenixville Hospital, Phoenixville, Pa., and Mrs. Eleanor Underhill Snodgrass, Manila, Philippine Islands.

Four members have withdrawn from the Society for various reasons. Forty-two (42) have applied for membership, all of whom are recommended for acceptance.
During the year, the Society through its Secretary has entered into affiliated membership with the following sister societies:


Miss E. P. Crandall of Teachers College was appointed as the Society’s official delegate to the first annual meeting of the American Association for the Study and Prevention of Infant Mortality held in Baltimore, November, 1910.

During the winter the Secretary attended two regular meetings of the Society of Sanitary and Moral Prophylaxis held in New York City.

Cordial invitations have been received from the following cities for the Society’s 18th Annual Convention,—the City of Washington, the City of St. Louis, Atlantic City, Niagara Falls, and the City of Chicago.

MARY W. McKECHNIE,
Acting Secretary.

Report approved and accepted.

The President. We will now proceed to the election of new members as presented by the Secretary.

NEW MEMBERS RECOMMENDED BY THE COUNCIL FOR ADMISSION.

ALLEN, MISS BERTHA W.................2d Asst. Superintendent Newton Hospital, Newton, Mass.

ALLISON, MISS GRACE E.................Asst. Superintendent, of Nurses, Elect, Lakeside Hospital, Cleveland, Ohio.

BARNABY, MISS MARIELLA D.............Superintendent Henry Haywood Memorial Hospital, Gardner, Mass.

BLOOMFIELD, MISS HELEN R..............Superintendent of Nurses, Evanston Hospital, Evanston, Ill.

BROMLEY, MISS ELIZABETH M............Superintendent Albion City Hospital, Albion, Mich.
CARSON, Miss Agnes Douglas, R. N., Superintendent of Nurses, Polyclinic Hospital, New York City.

CLAYTON, Miss Sarah Lillian, R. N., Superintendent of Nurses, City Hospital, Minneapolis, Minn.

ELICOTT, Miss Nancy P. . . . . . . . Superintendent Rockefeller Institute, New York City.

ERRICKSEN, Miss Theresa . . . . . Superintendent of Caroline Sanitarium, Redding, California.

GRANT, Miss Alma E. . . . . . . . . Superintendent Melrose Hospital and Training School, Melrose, Mass.

GREGORY, Miss I. M. . . . . . . . . Supt. Training School, Children's Memorial Hospital, Chicago, Ill.

HARRIS, Mrs. Betsy Long, R. N. . . Principal of Training School, Methodist Episcopal Hospital, Brooklyn, N. Y.

HARVEY, Miss Flora . . . . . . . . 1st Asst. Superintendent, Newton Hospital, Newton, Mass.

HEAVRIN, Miss Rose N. . . . . . Principal of Training School, Homeopathic Hospital, Albany, N. Y.

HERSEY, Miss Mabel F. . . . . . . Superintendent of Nurses, Royal Victoria Hospital, Montreal, Canada.

HIGBEE, Mrs. Lenah A. W. Sutcliffe. Superintendent Nurses Corps, U. S. Navy, Washington, D. C.

HOOLE, Miss Elizabeth C. . . . . Supt. Somerville Hospital, Somerville, Mass.

HURLEY, Miss Mary Jean . . . . . Superintendent University of Virginia Hospital, Charlottesville, Va.

JOHNSON, Miss Eliza . . . . . . . Superintendent of Nurses, Louisville City Hospital, Louisville, Ky.

JORGENSEN, Miss Anna Metha, R. N. Acting Superintendent of Nurses, Augustana Hospital, Chicago, Ill.

LAUGHLIN, Miss Anna E. . . . . Directress of Training School, Jefferson Hospital, Philadelphia, Pa.

LEE, Miss Harriet L. . . . . . . Superintendent of Nurses, Babies' Dispensary and Hospital, Cleveland, O.

LORD, Miss Inez Clarke . . . . . Superintendent of Nurses, Rhode Island Hospital, Providence, R. I.

MCNELLY, Miss Jean . . . . . . . Superintendent City Hospital, Washington, Penn.

MADDEN, Miss Kate, R. N. . . . . Superintendent of Training School, City Hospital, Hamilton, Ont., Canada.

MEIER, Miss M. L., R. N. . . . . Superintendent of Nurses, Brunswick Hospital, Brunswick, Ga.

NASH, Miss Jane E. . . . . . . . Superintendent of Nurses, Fordham Hospital, New York City.

NICHOLS, Miss Emma M. . . . . Superintendent of Nurses, Boston City Hospital, Boston, Mass.

PECK, Miss Clara B., R. N. . . . . Superintendent of Newburyport Homeopathic Hospital, Newburyport, Mass.

POWELL, Miss Louise M . . . . . . Superintendent Training School, University Hospital, Minneapolis, Minn.

RADFORD, Miss Annie E. . . . . . Superintendent, Charlestown Hospital, Cambridge, Mass.
RANDALL, MISS HULDAH, R. N. . . . Superintendents Reading Hospital, Reading, Pa.
RANDOLPH, MISS AGNES D. . . . Superintendents Virginia Hospital, Richmond, Va.
ROBERTS, MISS MARY M. . . . . . Superintendant Dr. Holme's Private Hospital, Cincinnati, Ohio.
SCHAAR, MISS MILICENT . . . . . Superintendent of Nurses, Iowa Methodist Hospital, Des Moines, Ia.
SHEPARD, MISS IDA FRANCES, R. N. . . . Superintendent Mary Hitchcock Memorial Hospital, Hanover, N. H.
SMITH, MISS HELEN K., B. A., R. N. . . . . . . Directress of Nurses, General Memorial Hospital, New York City.
STEWART, MISS ELLEN . . . . . . Superintendent Clarkson Memorial Hospital, Omaha, Neb.
STOUTERS, MISS FLORENCE, R. N. . . . Superintendent Faxon Hospital, Utica, N. Y.
SWANK, MISS CLARA MAY . . . . . Superintendent Harrisburg Hospital, Harrisburg, Penn.
VAN COR, MISS NELLIE J. . . . . . Superintendent Leonard Morse Hospital, Natick, Mass.
VAN LUVANCE, MISS LYDIA R. . . . . . Asst. Superintendant of Nurses, Cooper Hospital, Camden, N. J.

The President. You have heard this list of proposed members presented to the Council by the Committee on Membership and approved by the Council. You are to decide whether they shall be admitted to full membership, which I hope you will do with the greatest cordiality.

Moved and seconded that the candidates be accepted.

The President. The Secretary has a few other names which she will present to you from another standpoint.

Miss Nevins, acting for the Secretary, read the following who had sent in their resignations to the Society:

MEMBERS WHO HAVE RESIGNED.

MISS ELIZABETH M. ELLIS.
MISS HELEN WISE.
MISS GEORGINA M. ROSS.
MISS L. L. DOCK.

The President. Shall we accept these resignations as offered?
Miss Nutting. Madam President, I would like to ask if we may know why Miss Dock is resigning.

The President. We will have Miss Dock's letter of resignation read later in the session. We will omit the reading of the Treasurer's report for the present, and proceed with the reports of the various committees, and we will ask first for the report of the Committee on the Isabel Hampton Robb scholarship Fund. In the absence of Miss Hay, who is Chairman of this Committee, Miss Nutting has kindly consented to read the report.

**Statement of Chairman of Isabel Hampton Robb Educational Fund.**

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(Interest due July 1st will approximate $48.00. Largest single contribution $500, from the Massachusetts State Nurses' Association.)

Approximate only:

- From Alumnae Associations: $2,386.75
- State Associations: 785.00
Graduate Nurses' Clubs and Local Associations $227.50
Pupils ........................................ 437.25
Individual contributions......................... 1,242.95

For the appeal 153 circular letters were sent out, to which have come 27 responses, and 3676 copies of the appeal have been sent in response to demand for them. Of the 5000 reprints made there still remain 1300, which we are sending on to the national meeting. While it is possible a larger number of these could be used, still your chairman believes a new form would have new value.

A check received from the Roosevelt Alumnae Association for $100 was held over by your chairman from December 2d to December 29th before banking. On December 27th the bank on which the check was drawn failed. The bank has since settled for 50 cents on the dollar and check to cover remaining $50 due on account is gladly handed over by your chairman.

In closing up the work of the year, your chairman deplores the fact that a lack of time is to a large measure responsible for the campaign for the Robb Fund not having been conducted with more vigor and with larger results. She appreciates that lack of experience is also to blame for her not having devised other ways and means that would have lead to greater accomplishment. It is hoped, however, that the beginnings are sufficiently vigorous to insure the growth in the future that is necessary.

In closing the chairman desires to thank the members of the committee and also the executive committee for their responses and assistance, at the same time regretting that her inadequate leadership has given each one less to do than would have been desired.

HELEN SCOTT HAY,
Chairman.
The President. You have heard the report. I am sure you will appreciate the very great and full meaning it has when you consider the amount of work that was done in collecting this sum of $5,000. It would seem as if to that committee, and especially to the chairman of the committee, we were under everlasting obligations. It was a hard work to inaugurate. Things go better sometimes after they are started. This work is well started, and we believe that the future chairmen of this committee will have a much easier time. What shall we do with the report?

A motion was made to approve the report.

Miss Nutting. Madam Chairman, before this report is accepted I would like to make the motion that the chairman of this committee be not allowed to make good the check for $50, and I suggest this as an amendment to the motion.

The President. The motion is that the Society accept this report, with the understanding that the chairman of the committee shall be told to withdraw her check for $50, and that she accept instead our heartfelt thanks for her devotion during the year.

Motion seconded, and Society so voted.

The President. The next report is that on Publication, and the most the committee has to offer in the way of a report is in your hands as the program.

The next report is that from the Committee on Hospital Economics as given by Miss Goodrich.

Miss Goodrich. It seems to me that there never was a time when we needed to be so active in this department as now. I believe the preparation of our women for administrative and teaching work is the most important consideration today. Upon them must hang the future of our schools. And I think we should make the greatest efforts, not only to turn our women to Columbia University, but to try to get the universities in all the states to start such departments.
It is a very crying need. I cannot speak too emphatically about it. Constantly applications are coming to me from superintendents for appointees as teachers in their schools, and constantly I am obliged to say that I do not know where they can obtain the prepared teacher that they desire.

REPORT OF THE COMMITTEE ON HOSPITAL ECONOMICS, TEACHERS COLLEGE.

At the beginning of the year there were registered in the Department of Nursing and Health, the new title for this Department, 35 students in all; comprising 20 Junior students, 9 Senior, and 6 Special or unclassified students. For physical or other reasons 3 of these students were unable to complete the year’s work. At the close of the year 1 student received the degree of Bachelor of Science, 7 have completed two years of work and received the special Diploma, 9 have received the Certificate for one year of work, and 15 are planning to return for the second year and to work for the Diploma.

Of the students who are leaving us 12 have been appointed either to new positions or are returning to the positions from which they came to us.

The resident teaching scholarship offered by St. Luke’s Training School last year is offered again for the coming year and a student in her second year will be in residence at the Training School, carrying on some teaching there, and working for her diploma at the College at the same time.

Two Senior students will also probably carry out the same plan of work at the Bellevue Training School.

Among the appointments it may be of interest to note that two students who had had considerable experience previously have received appointments as superintendents of Nurses and two as Assistant Superintendents. One has been appointed instructor in a New York hospital, one as assistant in the Research Laboratories of the Board of Health. One under the Women’s Board of Missions goes to India.
Of the Visiting Nurses group, one returns to take over the Training Department of the Visiting Nursing Association where she was formerly engaged; one has been appointed to a hospital social service department; another to work in connection with one of the charitable associations of New York City; while still another student, who was unable to quite complete the year's work, has taken charge of one of the Board of Health milk stations.

The students have done excellent work on the whole during the year, and the fact that many of them are so anxious to return shows how much they have enjoyed the opportunities which the College offers in increasing measure. Among the new courses which were found of much interest were those of Mrs. Simkovitch, "The Life of the Industrial Family" and "Social Progress in Cities"; Dr. Winslow's course on "Municipal Sanitation" and Dr. Josephine Baker's "Municipal Health Nursing"; also the course of lectures by Miss Lilian Wald on the organization, management and development of District Nursing, rural nursing, welfare work in industries, and other forms of preventive nursing.

Of special interest also was the important course, extending through the whole year, on Public Health Protection, consisting of lectures given by prominent physicians and sanitarians—Dr. Biggs and Dr. Lederle of the Board of Health, Dr. Flexner, Dr. Janeway, Dr. Peterson, Dr. Lambert and others. The students have also enjoyed their work in the School of Philanthropy with Miss Richmond, Professor McCrea and Dr. Miller, where the problems of social economy, methods of relief and hospital social service have been presented. It is hoped that through this work our nurses will be able to respond to the demand that nurses who are doing public work should at least acquire the "social point of view." Owing to the distance between the College and the School of Philanthropy there is an appreciable loss of time for the student in going to and fro. It seems probable that before very long it may be necessary to try to arrange to have the courses now
given in the School of Philanthropy which our students re-
quire repeated at the College for our benefit.

At our meeting a year ago mention was made of the rapidly
increasing demand that is made upon the department for
nurses capable of filling administrative posts. To indicate
the rate of increase in these requests it may be stated that
they have numbered 96 during the past year, as against 77
for the preceding year. While the majority of these appeals
for aid, as in previous years, have been for Superintendents
of Training Schools, Superintendents of Hospitals, and Assis-
tants in both kinds of work, there is a rapidly increasing
demand for nurses to carry on district work and other forms
of social service. 75 such calls have been received during the
past year as against 8 during the previous year. In practi-
cally all of these latter calls emphasis has been laid upon
the necessity for teaching, which is of various kinds, includ-
ing instructions to mothers and to groups of young girls, in
the elements of hygiene and in the care of infants and young
children.

Among the new courses arranged for next year will be a
course on "Industrial Hygiene" to be given by Dr. Winslow,
whose "Municipal Sanitation" has been so much enjoyed, and
very special courses in the care of infants and children; and,
in response to a very considerable demand, the Department will
also offer next fall, for the first time, a combination of courses
leading to a Certificate in Sanitary Inspection. It may be
stated, however, that the purpose of the work here is not of
necessity the development of further courses, as the College
already offers so much of which our students may well take
advantage.

One year ago Dr. Winford Smith, Superintendent of
Bellevue Hospital, was appointed lecturer in our course in
Hospital Administration and we were feeling that for the
first time we could give a full and complete course in that sub-
ject and not trespass further upon the kindness of a large
number of individual lecturers, when Dr. Smith was called
to the superintendency of the Johns Hopkins Hospital. His work will be carried on next year by Miss Noyes, and in view of the fact that the nurses will hardly accept large municipal posts, but will turn more naturally to the moderate-sized hospitals, we feel sure that Miss Noyes' work, from her long experience in this great field, will prove of great value.

The hospitals and training schools of New York have been most generous and hospitable to our students, and we must thank several busy heads of our training schools, notably Miss Maxwell, for continued kindness, for which as a Department we can hardly express our gratitude.

Many requests have come to us during the year for talks, papers and articles before high schools, colleges and associations, and these have all been responded to by the three members of our Department. One very careful and serious piece of work done by Miss Isabel Stewart, Assistant in the Department, was a very comprehensive paper entitled "The Nurse in Education," discussing the nurse in public schools, which formed the greater part of the second half of the year book of the National Society for the Scientific Study of Education.

It seems clear at the end of this first year of work of the Department under its new name, and with a sufficient endowment to enable us to develop in certain directions, that the outlook for the future is good, and we look forward to next year's work with hope and courage. We believe that in the main the students who go out from us are able to do helpful work in the training schools and other posts to which they are called, and we know that such assistance as they should be able to render is very much needed.

The President. You have heard the report, so comprehensive and interesting and so full of promise. What is your pleasure?

Voted that the report be accepted.

The President. The next report is that of the committee on Red Cross Work, Miss Parsons, Chairman.
Miss Parsons. I have to make an excuse, rather than a report. I didn’t know just what was expected of me, but found myself on the local committee here in Boston, and learned that the national committee in Washington had seemed to lay out the work so well all over the country, that the work was being looked after and that the people who would naturally have worked with our committee were really doing it in connection with the committee appointed from Washington.

The President. We know that such must really be the case because we know there are more nurses enrolling under the Red Cross—especially in this locality—than ever before, and I had supposed it was due to the work of the local committee. It doesn’t make any difference who does the work, so long as it is properly done.

Miss Nevins. I think we should not let this opportunity pass without a plea to all the superintendents that they become members of the Red Cross, and that they influence their students to do so. From some sections—notably this section—we have had a remarkable enrollment. The committee in Washington have almost been unable to keep up with these applications. It isn’t necessary to dwell on what the Red Cross is and does. We all know what it went though during the Spanish War. And yet, extraordinarily, every little while this question comes up as to the need of this enrollment. It is not only in connection with war, either, but in disease, that it is necessary that we have the right type of woman enrolled, and it is a matter of wonder to me that every nurse in the country isn’t enrolled. I think perhaps Miss Delano’s report will make it clearer than we can here as to what is demanded of the graduate who enrolls. Any person who makes application may have the rules and regulations and know exactly what is necessary.

The President. There are individual nurses far removed from their state organizations, or alumnae, or school, who are quite in the dark as to how they should make application to become members of the Red Cross.
Miss Nevins. Madam President, there is no difficulty at all in applying to Washington directly. Information can be obtained nearer home as you can get it through your local committees. Of course in a large national organization we have to depend upon the localities to get the material and pass upon it. But if there is any question send straight to Washington, D. C., War Department, and you will get the information you want.

The President. I am sure that is very plain, and I hope some of the numerous questioners we have heard from during the past year will have their questions answered.

The committee on membership has reported through the Council concerning the names upon which you voted a little while ago.

We have a little time now and might take up one of the reports from a special committee. We have one very important committee that has been hard at work, and cannot begin too early to make its impression upon you. I will therefore call for the report of the committee on the revision of the constitution and by-laws, Miss Noyes, Chairman.

Miss Noyes: It seems to me that I can hear a sort of inaudible groan go up when revision is simply mentioned. Everybody seems to wilt down at the mere idea. And I want you to understand that there is absolutely nothing final about this tentative and sketchy scheme for revision which the committee has succeeded in getting together. This is simply a report, and doesn't require, as I understand it, final action or decision today, so that you need not feel that it is going to require any great mental effort on the part of any one.

There were three or four central ideas which presented themselves to the committee which I will read first by way of explanation. The first was the change of name. Now for obvious reasons our name does not any longer indicate what this society represents. We have outgrown the original intents and purposes of the organization, and although the training of nurses will always be the fundamental principle,
so to speak, and the basis upon which we are all working, at the same time we cover a so much larger field that it does seem very essential that that name should be changed.

Another point was the possibility—or rather necessity of linking up with the state in some definite manner. At the present time we meet once a year, and between those meetings there is very little connection with any part of the country. Our meetings are more or less sectional, too, of necessity. If we meet in the east we represent eastern interests, and so it goes. If we are going to make a strong, forceful, comprehensive body we must be more closely allied with the state.

The next essential feature, it seemed to us, was the organization of a very strong executive body. This rather changes the character of the organization, from the work being done through the Council to having it done by an executive committee co-operating with the Councils in the state. It would seem desirable to keep this executive committee small, and the possibility of paying their traveling expenses, so that they might meet more frequently during the year, has also suggested itself.

These are some of the points that seemed essential to us in planning the proposed revision. Madam President, shall I read the old by-laws one by one, then the revision, and then have them discussed?

The President. Yes.

Miss Nevins. In explanation I might say that as I understand it Miss Noyes' report is to be printed, the old and the new, column by column, and will be sent to the members for consideration during the year. The committee will undoubtedly be aided by any suggestions that we can give them before the year of consideration, although the vote will not come until a year from now.

Miss Noyes. The first article is the name. It is suggested that the name be changed to "The Society for the Advancement of Nursing Education."

In the discussion which followed much interest was shown
by the members present and a desire to have a name for the Society which would adequately express its broadening work. It was suggested by members and also by the Chair that members send in their suggestions freely during the year to the Committee on Revision.

The next few proposed changes were read by Miss Noyes without comment and were not discussed. Concerning the by-law on membership, Miss Noyes said:

The present constitution calls for three classes of members,—Active, Associate and Honorary. It seemed to us that the active and associate members were about the same and that it was superfluous for us to have the associate membership. Then, too, one member of the committee was very much in earnest about creating a life membership, so that we could extend to those women who have performed signal service, as for instance in the case of Miss Dock, the full rights of membership, but without the necessity of paying dues. Otherwise no change is made.

No discussion.

The next comment was in connection with officers.

Miss Noyes. In working this out I borrowed from our organization here in Massachusetts somewhat, which seemed to me a very desirable form. In our state society we have the councillors from each district society, representing a strong body from all the localities in Massachusetts, and they have built up the state society through these councillors. That was our idea, to build up our national society through the councillors in the state.

No discussion or comment until the by-law on fees and assessments.

Miss Noyes. The treasurer has had considerable difficulty about determining the fiscal year, and Miss McKechnie has suggested that the dues be paid at the annual meeting. You will probably have a good deal to say about making the dues $5 instead of $3.
The President. We will just ask the Chairman of the Committee why that change was suggested.

Miss Noyes. We needed more money in the treasury principally. We are not very well off, and if there comes the question of paying the traveling expenses of our executive committee we shall need more money. We are a large and powerful national body. Why should we not pay the expenses of our committee? I think many of us would not hesitate for a moment to pay $25 or $50 for membership in a social club, and it does seem as if $5 ought not to seem too exhorbitant a membership fee for membership in this body.

Miss Goodrich. There is another point to consider. The secretary’s work is becoming very heavy, and it seems to me proper for us to pay something for this service.

The next comment was in regard to restoring members after withdrawal.

Miss Noyes. Under the old form members who had withdrawn from membership could not be restored to membership unless the dues for all the years she had not been a member were paid. This worked unfairly in certain instances.

Miss Nutting. I have in mind a member of this society who was ill for a number of years and unable to work. She was unable to pay her dues and reluctantly fell out of our ranks. When she wished to be restored to membership she simply couldn’t consider paying the back dues. It was quite out of the question. This change suggested seems to me a practical and reasonable reform.

Miss Noyes. (Ends reading of changes.)

Miss Nevins. I would like to ask the chairman to make it perfectly clear what is meant about the conferences.

Miss Noyes. It means having the local organizations in the state come together for state meetings. That might be worked out in connection with the state associations already organized, by having what we call state conferences, such as we have in New York at the present time. When the state holds its meeting, opportunity is given for a conference of
superintendents. Of course the superintendents forming the local branches must be members of the National Association.

Miss Palmer. It seems to me a very simple matter for the members of this association in the different states to affiliate themselves into a state association and then develop from that.

Miss Nutting. Has not this been done in New York state with good results?

Miss Goodrich. Yes. A half a day is given to the superintendents at the meetings. The organization has not been worked out very formally. They have not appointed a chairman, but I hope next year they will appoint a permanent chairman and a secretary. The work has been very valuable and has resulted in the appointment of local committees throughout the state. It is one of the most valuable steps taken in New York state.

The President. It can be said for Massachusetts that we have such a conference of the superintendents in connection with the state work, so that we shall, I hope, be able to report progress along this line before this constitution comes to vote.

What shall be done with this report? The committee has evidently put a great deal of thought and work into it, and your acceptance does not mean that it becomes today a part of the constitution.

Miss Nutting. I move that the report be accepted, printed and distributed, mailed to members, to come up for action by the Society next year.

Voted.

The President. Before adjournment we will call for a report, or information, from the Chairman of the Committee on Arrangements; but before that I will announce the Committee on Nomination, as follows: Miss Ida F. Giles, Miss Emma L. Stowe, and Miss McIsaac.

Miss Nichols, Chairman of the Committee on Arrangements, then read announcements and information.

Adjourned.
SECOND SESSION.

The afternoon session was called to order by the President at two o’clock. The President made some announcements on behalf of the committee on arrangements.

The President. We have a very important report to be given us by our delegate to the Society for the Prevention of Infant Mortality, with which this Association has recently allied itself.

Miss Crandall. The first annual meeting of the American Association for the Study and Prevention of Infant Mortality, met in Baltimore, November 9-11, 1910. It was notable for the number of eminent people it brought together and for the great diversity of activities which they represented. It was overwhelming in the way of facts set forth and bewildering in the measures suggested for the correction of existing evils. It was inspiring in the scope of contributing interests and hopeful in the emphatic resolutions passed. A listener was almost driven to the conclusion that no aspect of life exists which does not bear directly upon infant welfare.

The sessions were so arranged that the problem was discussed in turn by philanthropists, representatives of municipal and federal governments, physicians and educators. They showed conclusively that the study of Infant Mortality reaches not only to local milk stations and to the instruction of mothers, but to official standards of milk fixed by the Department of Agriculture and to the establishment of a National Board of Health; that it reaches alike to eugenics and to vital statistics; that it involves the safe-guarding of mothers from economic and industrial pressure but also the teaching of biology and sex-hygiene in public schools. There were five dominant facts set forth:
1. Out of 300,000 deaths of infants annually in the United States one-third are preventable.

2. Without an accurate system of "human bookkeeping" there can be no scientific basis for attack of the problem.

3. The United States ranks with China and Turkey rather than with the civilized countries of Europe in its utter lack of trustworthy vital statistics.

4. The importance of maternal nursing is paramount to all other means for prevention of infant mortality.

This was supported by the following figures. Of the babies who died of intestinal diseases eighty per cent, are bottle fed and fifteen per cent. breast fed.

5. The general recognition of the imperative need of the work of nurses in the practical campaign of education and prevention.

Five resolutions were passed unanimously which clearly expressed the program of the Association for the current year:

The first urgently endorsed the movement for a National Department of Health.

The second urged with equal emphasis the promotion of "the Model Law for the registration of births and deaths."

The third was addressed to the Secretary of Agriculture begging him to establish standards of milk branded as certified, inspected or pasteurized.

The fourth besought "boards licensing teachers for public schools" to give as detailed tests in elementary hygiene, sanitation and biology as are given in mathematics or in language."

The fifth reads "State Boards of Education together with State Boards of Health to provide in the rural schools, for conferences of mothers and for home instruction in connection with these conferences of mothers and expectant mothers and in infant hygiene."

The last session was characterized by the following searching topic:
"Healthy parents, right customs and wholesome environment being essential factors in preventing infant mortality, how are normal institutions fitting teachers to establish through public schools better practices in hygiene and sanitation and higher ideals of parenthood?"

The entire program was interesting and convincing. It left a well established impression in the minds of many that the ultimate solution of the problem lay in the keeping of educators.

It was encouraging to learn that considerable effective instruction of this sort is being given in schools and colleges in various parts of the country. A unique feature was presented by Dr. Josephine Baker, Chief of the Division of Child Hygiene of New York City (although in another session). She told of the summer school classes of "little Mothers" in which there were twenty-two thousand children last year.

With the babies in their arms, they came to the schools for instruction in general care and feeding of infants.

Dr. Baker said "Children are the best co-operators in the world and through them we reach the parents and accomplish reforms in the homes which would be utterly impossible in any other way."

During the discussion of preventable diseases in the second session, Miss Van Blarcom projected into the program the subject of midwifery with such earnestness and force that a special meeting was called and a special committee appointed with power to act. It is the province of this committee to make a careful study of the varying aspects of the midwife problem throughout the United States; and to take such immediate action as may be deemed advisable, and to present a full report at the next meeting in Chicago.

Among thirty affiliated societies, seven nursing associations answered to roll-call. Two of these were the national organizations. The delegate from Providence, R. I., read a report
which showed most thorough and concerted work. Aside from these, nurses had no part in the proceedings of the convention except that Miss Nutting was a member of the Board of Directors and of a special committee. When we consider what a large share nurses have in this great movement, when we see the physician, the sanitarian, the statistician and the social worker all leaning upon her, we must deeply regret that her voice is not more often heard among the councillors. The exhibit was perhaps quite as valuable as the discussions and doubtless reached great numbers of people who would not attend the meetings.

The spirit and purpose of both are best expressed in the words of Dr. Devine: "The important thing is not merely to prevent babies from dying but to keep them well and increase their strength, to give them the best possible beginnings for their life."

The President. We will next listen to some impressions on the present situation in nursing by Miss McIsaac.

Miss McIsaac. My work as an interstate secretary was not intended to be a tour of inspection of the schools, or of their methods. In my journey about the country I saw very few training schools, and my impression is that those I did see where places that did not need inspection. The places that need looking after and that we would like to regulate do not invite interstate secretaries or anybody else to visit them. Consequently my insight into the schools is very superficial.

It is what the children call a "skim." For this reason I said I would talk a little but would not prepare a formal paper.

In the first place I have nothing new to bring. I did not make any discoveries. I do not know that I found out anything that I did not know before, or that you do not know as well. But you know sometimes situations are cleared up by talking about them, even if we do think we know pretty much all there is to be known about them. While I have not seen
many of the training schools of the country, I have seen a
great many of their product in the line of the nurses them-
selves. While I have seen much that is most encouraging
and that gives one a feeling of satisfaction over the large number
of splendid women who are doing such fine work in all depart-
ments of nursing in the country, I have also seen a great many
things that were quite the reverse.

We have now and always have had two great main problems:
educational and ethical. To those two main divisions belong
all our minor problems. I think the chief thing from which
our schools are suffering all over the country is the lack of
intelligence on the part of the boards of managers. Too many
of our schools are established simply and solely for the pur-
pose of getting the work done in the hospitals, and our schools
are feeling this method and will continue to do so until we
fight it out.

Now as you and I understand schools, they are to prepare
students for their work in the community, but in too many
of our nursing schools that is the last side to be considered, it
is a matter of economy and expediency that their work be done
simply and solely to get through the day’s work in the hospital.
I think that is the most common fault, and it is at the bottom
of the disorders and the discontent and the poor nursing in
the hospitals and out.

Another thing I would like to say, and some of you may
not like to hear it. There was a time when we thought that
our chief difficulties arose from the fact that so many of the
superintendents of our hospitals were laymen—not nurses and
not doctors—who had too much of an eye to the almighty
dollar. I must admit that some of the most mercenary super-
intendents (of training schools) I’ve seen in this country
were nurses. I have seen some exhibitions of it that were
really appalling to me, to think that any woman who had had
her training as a nurse should fall so far short of seeing
the point of view of the pupils under her and entrusted
to her care. That is the most discouraging thing I have ran across in the whole country.

One of the things that we have long maintained is that our best nurses came out of our largest schools. And I want to say here and everywhere that the small training schools in many of the smaller cities are doing a perfectly magnificent work. Many of those small schools are managed and superintended by women who could fill very much larger places, and we have in some of our larger schools some lesser lights. So that the most important nurses are not always in the most important schools, and neither have the most important schools the most important nurses in charge of them. To me the numbers of splendid women who are carrying out the very best methods in these smaller places and giving the very best in them to this work, is the most encouraging sign I have seen, because after all it is the rank and file that will make the profession. Three or four brigadier generals will not make an army, it is the rank and file that do that. So it is in our work, and that it why it is so important for us to think most seriously about the kind of nurses that our schools are turning out.

I have given a great deal of thought about just how much this society might do.

I have not been very closely in touch with you for the past few years, and do not know what the society is doing and has done as well as many of you. But looking back to when I was a young superintendent myself the help it could give to the inexperienced ones was stupendous. Of course it was different then, the schools were few and the superintendents were few, and everybody knew everybody when they came to these meetings. Then again the increased cost of living and all that goes with it, makes attendance upon meetings very difficult for a large number of our women, particularly those in the smaller schools where the salaries are not large. Consequently they miss a great deal, and that is why I have been wondering what this Society could do in a practical way.
Two things have occurred to me. I do not know how practical they are. The people who do the work will have to decide that. But it seemed to me that we might have an advisory board that would help young superintendents in their work. As it is now they appeal to any one they happen to know. If they have been fortunate in having a good superintendent themselves, who is still in active work and can help them, they are all right. But in a great many cases they have no one to whom they can appeal. If we had such an advisory board it seems to me that invaluable assistance could be rendered in many ways,—the making out of curricula, for instance, all the questions in regard to discipline, their relations to their boards of management, and all the things which try nurses’ souls beyond endurance. A little help and encouragement would do much to lighten many of these burdens. It is pitiful to see how some of these women, who simply cannot come to our meetings, and who nevertheless want to do the very best possible work, are floundering about almost hopelessly in their struggle with problems that could be largely solved for them if there were some one in authority to whom they could appeal. I am sure such an advisory board would have plenty of work after it was well established.

Another thing I think we need very much, and that is a sort of central bureau to which all the institutions in the country needing superintendents could apply, and to which nurses wishing to make a change could apply,—a sort of directory for the institutions. In that way, I think, we could get at many of the boards of management, who apparently have not any conception of what they are trying to do. For instance, when an institution in a very important city has had nineteen superintendents in twenty-one years, can you imagine what sort of nurses would be turned out of such a place? I believe this society could do a great deal to help out in situations like that. Certainly nobody else is going to do it.

One of the impressions that has gone abroad, and I am afraid some of it has been gathered up from my public speak-
ing, is that most of the poor schools are in the west and the middle west. That is not true. We have been sending all of our cast off material to the west for a long time, and the west has suffered from it greatly. They have had many very hard problems arising out of just that condition, and we should bear that in mind and not look upon the west and western schools with such a critical eye, but rather, ask ourselves how far are we responsible for some of their undesirable conditions.

I shall be very glad to answer any questions when I am through, because I feel that I am not at all covering the ground. It is a tremendous problem that needs looking after and the public needs to be educated to know what we are trying to do. There is so much about the work of this society that the rising generation of superintendents do not know. I have been amazed to find, as I have gone about the country, any number of superintendents who have never even heard of this society. And when I tell them that the first great work of this society was to abolish in this country within a few years the practice of sending out pupils out for private duty, they are perfectly ignorant about it.

I wish very much that there was a closer relation between the superintendents and the state board of examiners. We have registration laws in thirty-nine or forty of the states. Many of them are very inadequate, but they are the best we have, and if they are poor we must make them better. Every superintendent, I believe, if her school is in a state where state registration has become a law, should see to it that every one of her pupils is qualified for that examination. Because, even if those examinations are not conducted as well as we think they might be, if we do not uphold them and live up to them, they will stand for nothing, and our work goes for nothing. If we do not like the laws then we must make them better.

Then, too, I hear the complaint from the state boards that the superintendents are not sufficiently interested in having the nurses take the examinations; and on the contrary, the super-
intendents complain that the state boards do not meet them half way and do not help them Those two things need to be thought a great deal about all over the country.

We are a tremendous number of women—the nurses all over the country—and those of us who have been or are teachers, and those who will be the future teachers, are shouldering an enormous responsibility. I cannot imagine anything that makes one happier, or more utterly miserable, than to meet one's old graduates—those who turn out well and those who turn out badly. To feel that one is in large measure responsible for them, their attitude towards the profession and toward themselves, comes very near the nerves.

We have examples in different parts of the country of the work that one lone, lorn nurse has done in a community to change the whole condition of things. I have in mind one in particular. The nurse who told me the most about it was a graduate of Bellevue, wife of a doctor, and had lived in that city for many years. She had never practiced nursing herself, but was in very close touch with the work of this particular hospital, and had lately been a patient there. She told me about conditions that obtained there seven or eight years ago, things that it makes one heartsick to think could ever be in any training school or hospital. And she told me that this superintendent had gone in single-handed and alone and inside of five years had changed the whole situation. She had made a good school, had changed the attitude of the public toward the school and the hospital and the nurses. It was really wonderful work and it shows what one good woman could do, and we have many of them in this country and I have unbounded faith in them.

Miss Palmer. We have all noticed that during the past two years all of the leading magazines have been publishing articles with reference to subjects of health. Perhaps you may not all have known that this popularizing of the subject of medicine, if I may use the expression, was undertaken after the formal
action of the American Medical Association deciding to have a series of papers such as we have seen. They were published in a way officially, I think, under the supervision of a committee. Now it seems to me that we have got to get into the popular magazines and the public press in various ways in order to make our ambitions and our work known and understood. And it occurred to me, while Miss McIsaac was speaking, that we might very properly appoint a committee on publication whose business it should be to have prepared suitable papers to be published in such journals as the Outlook, the Century, and the others that have been publishing these articles on health. I make the motion that such a committee be appointed.

After a little discussion as to whether or not such articles would be accepted, the motion was carried.

Miss Goodrich. Madam President, every word Miss McIsaac has said has gone home with great force to me. It does seem as if this society had a great responsibility in all this. But our greatest limitation, I think, is that we have no real data concerning the training schools of the United States. Even Washington doesn’t send us the reports that they used to. We are issuing this year the annual report blank to the registered schools in New York state. There are 123 training schools registered in the state. But it means something like 272 schools in the United States and Canada. These were issued for the first time last year. It is going to mean so much when we can take statistics and present them to make our position understood. When we can say that here are so many schools and so many patients with no administration at all, they can understand our needs and why we ask what we do ask.

Miss Delano. I would like to request that the superintendents send a formal request to the boards asking them to send our reports as they used to. I think if the pressure of this Society could be brought to bear it would help a great deal.

Miss Nevins. I should like to say that a blank came to my desk the other day asking questions that they have not asked for many years, so perhaps they have been inspired to make new statistics.

Miss McIsaac. There are too many states that are not careful enough about the appointment of their state boards of examiners.
How can any nurse who has never been a teacher of nursing examine the nurses carefully and justly? Too many of the boards have women on them who have never been teachers of nurses. Then again women are put on the boards who have been out of the training school for twenty years or more and who had never been teachers in the beginning, or since they left. That isn't good judgment. It isn't fair to the pupils. And it isn't any wonder that many of them get into all sorts of trouble and fail, and grumble about the injustice of it. In one of the states where I happened to be there was a question about who would be state inspector, and the woman they were going to appoint was a very nice woman, a nurse, a very attractive person. She was only twenty-three, a graduate of a very small special school, had never been a teacher of nurses at all, had never had charge of a hospital, and was a married woman. Yet they were going to appoint her as inspector of training schools. Why, you might as well appoint Miss Riddle as inspector of battleships. When I talked to those nurses about it and asked them what they were thinking about, they said they hadn't thought anything about it. They said she was a nice person and a nice nurse, and somebody had to be appointed. Now we must think about these things. It isn't enough to be a nice woman. You might as well say that she wears a becoming hat. There are two states in the country which set us an example as to what state inspectors of hospitals should be. New York is one, and Illinois the other.

The President. I would like to ask Miss McIsaac how we can prevent these people being appointed. We use our influence, perhaps, but it is feeble.

Miss McIsaac. In most of the states the recommendations are made by the state societies. In most of the instances that I know of which have been so glaring the recommendations have been made by the state societies, and I think most of us haven't realized what it meant.

Miss Crandall. I would like to ask what were the qualifications of the inspector in Illinois.

Miss McIsaac. Her record in the state. She had been in charge for many years of two different hospitals and had done magnificent work. She had taken a course in hospital economics which still further fitted her for her work. She is the right sort
of woman, in every way qualified. She is a splendid teacher and executive. She is a woman of force, a woman who can go to a school and not only criticise and pull down, but who can help to construct. It is easy enough to pull down, but it is hard to make things better. Many of the inferior schools would do better, we know, if they only knew how.

The President. If there are no further questions we will proceed with the program. The next subject to be taken up is "The Importance of Securing for the Superintendent Powers Equal to her Responsibilities." This discussion will be opened by Miss Parsons of the Massachusetts General Hospital.

THE IMPORTANCE OF SECURING FOR THE SUPERINTENDENT POWERS EQUAL TO HER RESPONSIBILITIES.

Miss Parsons. Superintendents of training schools have in so many instances been seriously handicapped in their work of educating nurses and maintaining a high standard in their schools by their inability to secure the cooperation of the authority superior to them, that it is'nt strange that there should be a desire to discuss the possibility of securing power commensurate with their responsibilities.

It seems almost superfluous to describe the conditions to this audience that arise when the power is inadequate, because I doubt if there is any superintendent in this room who hasn't had illustrative personal experience.

There are the schools where the superintendents are unable to obtain sufficient appropriation to supply paid instructors and she has to rely upon the voluntary efforts of busy doctors to give the lectures to the nurses, not only that but we haven't had enough properly qualified instructors for the practical nursing. How many of us have sat in the lecture room waiting patiently for the lecturer and were finally dismissed because he had been suddenly called away on a case, and there, at a stroke, without warning, was a week lost out of the careful
program made out by the superintendent. How many lectures far too technical or much too superficial have we listened to, and yet were powerless to criticise. All sorts of educational deficiencies and inconsistencies exist owing to the fact that each school is a law unto itself.

One of the most trying conditions is where the community represented by the training school committee demands that the school shall be a source of revenue by sending the nurses out to private families while training. Usually the superintendent of nurses knows that such an arrangement is detrimental to the proper administration of the ward work and the education of the nurses but is powerless to stem the tide of popular sentiment and precedent.

There are no doubt several superintendents of schools who believe that the reduction of a three years’ course to a two years’ course with the present day requirements is most damaging to the schools and yet they are obliged to submit to that condition if they work in hospitals that have decreed the two year system. Last, but not least, of the discouraging conditions to be mentioned is the school where the superintendent is not supported in the disciplinary measures she believes necessary to maintain high moral standards, and this in its extreme manifestation is where nurses who are morally defective are retained through the influence of some one member of the board or hospital staff. In contrast to the schools such as just referred to are some that have made enviable reputations on account of the excellence of the training given their pupils and because of the character and ability of their graduates. These, at least I can speak of three of them, are so organized that the superintendents are as independent as is possible considering the affiliation with the hospital and the fact that the hospital in involved in any error or criticism concerning the nursing department. In these schools the superintendent of nurses may drop any probationer or pupil during the first six months in the hospital without consultation. After that she may suspend any nurse, and dismiss her if she convinces the superintendent
of the hospital and whoever composes the training school committee that her reasons are just. She studies her problems and makes her recommendations as to the policy to be pursued all affairs pertaining to the school. In these schools I believe the superintendents have had no serious difficulty in adjusting the welfare of the school to the requirements of the hospital so far as there have been funds to carry on the work.

In other ways I believe there is getting to be an almost unanimous agreement among the organized superintendents of hospitals and the superintendents of training schools concerning the desirability of a three year's course, of paid instructors, of graduate nurses in positions of responsibility, of the eight hour system, and a high educational requirement for candidates.

My personal feeling is that schools for nurses were started in an unfortunate way, although I do not presume to say that under the existing conditions it could have been done better; but it seems to me that instead of burdening the nurses with all the manual work of cleaning the wards and lavatories which in the first few years took about four-fifths of the time. the pupils might have been given the care of the patients with only enough house cleaning to teach them proper methods. If they had been required to pay for the privilege of instruction, we should not still be staggering under the burdens of old traditions that make our efforts so difficult towards emancipation, from the almost purely manual to the proper blend of manual experience and educational standards.

It is of course useless to speculate on what might have been the present situation if beginnings had been different. We have the problem of the training school for nurses as a part of some hospital system, each interdependent, and slowly but surely I believe order is being established out of chaos.

Not only are the hospital and school becoming more reasonably identified but the interdependence of different hospitals and schools is being established in a way that is bringing about better mutual understanding and cooperation which is resulting in greater uniformity of education for the trained nurse whether
she be from the large general hospital or the small special hospital. All who wish to see the kind of school that can be developed in a small special hospital should study the system of the childrens' hospital here in Boston.

The ever increasing demands for the well educated and well trained nurse and the process of state registration is surely educating the public to the fact of the duty of the hospital to give an educational equivalent to the pupil in return for her services and time. When the public appreciates that this education is necessary there will logically result *endowments* for the department for nurse education as well as for the scientific and other departments.

Let us also hope that it will result in the establishment of preparatory courses for nurses in the sciences that relate to nursing, all over the country in the public educational institutions. Teachers and Simmons Colleges have initiated a good work in this line.

The ability of the superintendent of nurses to convince her superintendent, her training school committee, or board of trustees, as the case may be, must always depend somewhat on the personal equation of the superintendent and the people with whom she works. Every time an immature, inexperienced person is thrust into such a position the work must suffer, because if the superintendent does not know the needs of her department sufficiently well to *guide* the policy of her school rather than to be led, she is sure to land in great difficulties.

In conclusion I would say that power is not so much a matter of rule as it is of knowledge. So when we are conscious of lack of power to realize our ideals, let us look within and see where we can elevate resourcefulness, let us inform ourselves more about the psychology of the environment in which we find ourselves. Do we perceive the point of view of those who differ from us? If we do, and are still convinced that what we strive for is right and feasible, let us attack the weak spot in the opposition and win our adversary by logic and reason.

Sometimes a field must be abandoned but surely not until
every effort has been made to succeed in the work which we have undertaken.

The President, It is the hope of the Council that this subject shall be very thoroughly discussed, and we wish to give every opportunity to all who have any ideas they wish to express. But before the general discussion I will call upon some of those who have kindly consented to discuss the subject with us. I will call upon Miss Samuel first.

Miss Samuel. I think Miss Parsons has both covered and uncovered the ground where the question of education is concerned, and I would like to speak about a few of the everyday problems that we come across. Regarding probationers, I think we all will agree that the acceptance and rejection of probationers should be entirely under the control of the superintendent of the school, without any further opinion. She should select her own material; otherwise it becomes difficult to maintain interest in, or deal justly with a pupil accepted against one's better judgment and for whom, nevertheless, the superintendent is, in the end, held responsible.

Regarding graduates engaged for hospital positions, or as special nurses for private positions, the superintendent of the school should make the selection or appointment, reporting her action (in the matter of head nurses) to the training school committee. Where head nurses are concerned, the principal of the school should be regarded by them as their chief executive, and through her she should obtain all that is required for the nursing service of their ward. Where the superintendent does not see the daily and weekly requisitions for dressings, supplies, rubber goods, etc., for exchange and repair, how can she be held responsible for the observance of economy, for instance? Or how keep herself as closely in touch with the constantly changing conditions of an active medical or surgical ward?

How can she prepare for the additional work required of the nursing staff where there may be many different special diets or a variety of formulae, for infant feeding, unless she sees the daily requisitions for food or diet kitchen? How long, some times, a patient may remain uncomfortable when the superintendent is
unable to sign a requisition to change a mattress, or the endless red tape to be observed in order to procure an additional pint of broth? When the orderlies and maids do not come under her supervision, directly or indirectly, how can she hold the head nurse responsible for the proper care of men patients or the cleanliness of the ward pantry?

In the matter of discipline in the school there should be no question. Her power should be absolute. I am not at all sure, however, that it should be unlimited when it comes to a matter of dismissal. Supervision, of course, should always be within her province; but for her own sake, the reputation of the school, and in justice to the pupil, the responsibility should be shared with the training school committee. Where the superintendent has the confidence of her board, there is little doubt but that her judgment and suggested mode of action will be upheld. Without proper authority, and a respectful recognition of her position required from those who are her subordinates in the hospital personelle, it is impossible to foster and maintain loyalty and a cheerful acquiescence to discipline so necessary to the well being of the whole.

The President. To continue, I will call upon Miss Cadmus.

Miss Nevins. Miss Cadmus writes as follows:

I will take the negative and speak from "Conditions which arise when inadequate," citing one question as illustrating my point.

In hospital organization a good definition of rightful demands upon, and prerogatives of the superintendent represent a fundamental in its government.

Take, for instance, the power of admission of patients in the broad sense. The final decision should rest with the superintendent as chief executive officer of the hospital, and, he in turn, be directly responsible to the board of directors. The superintendent is the only one in position to perfectly understand all phases of the hospital workings, therefore the question of letting hospital space should be subject to his judgment.

Without this power he is hardly more than a figure head as pertaining to this particular question.

A perfect recognition on his part of the ethics involved, as
also the questions of expediency, necessity and emergency is taken for granted.

Not until a patient's name is entered upon the hospital records is the question of his admission (technically) other than an executive one. A disregard of this prerogative results in overcrowding of wards, indiscriminate handling of cases and diseases, and undefined administration of departments.

Nancy E. Cadmus.

The President. I would like to have further discussion of this side of the question before we go on.

Sister Amy. In the case of the six months' probationers, if they know beforehand that they may withdraw at the end of six months, isn't there danger that they may do so and foist themselves on the public as nurses.

Miss Parsons. That is possible, I think, but if a probationer her proven herself quite inadequate, it would seem to be useless to have her continue.

The President. You think the loss in that way would be equalled by the gain on the whole?

Miss Parsons. Yes.

Miss Goodrich. All this goes to show that we need the protection of the state. They should not be privileged to practice nursing until they are qualified and so recognized by the state.

Miss Nevins. I think Sister Amy's point is well taken. I don't believe at all in the six months' probation. I believe in three years' probation. I believe in her going when she is no longer suitable for the work.

Miss Nutting. There is absolutely nothing to prevent any nurse withdrawing at any stage but the form of agreement. It would be very interesting to me to know to what extent that is still maintained in our schools. Originally it was nothing more or less that a labor contract of a certain type.

The President. I would like to ask Miss Samuels if she de- pends upon any such agreement.

Miss Samuel. At Lakeside Hospital there is no such agreement. At Roosevelt we had an agreement something as follows: "I hereby agree to remain two years in the school and keep all the
rules and regulations which are or may be made hereafter, and that if my work is not satisfactory I shall have to give it up.” Something to that effect And also state that “I am free from responsibility and not likely to have to give up the work before the stated time.

President. I would like to ask all those who have such an agreement in their schools to rise.

How many are working without it?

So far as the Chair can discern from observation it would seem the members are about equally divided.

Miss Lucy Ayres. Has any agreement been drawn up to hold a nurse when for any reason she wished to resign? If they want to get married or decide that they are unfit for the work, don’t they go out just the same, regardless of the agreement?

Miss Nutting. It seems to me that the moment a pupil wishes to leave a school, that moment she is out of it. If she is out of it in spirit, she ought to be out of it in body.

Miss Parsons. So far as my experience goes there has never been any question of trying to hold a nurse to any agreement? We try to have her understand that when she undertakes the work she wants to think very seriously about it. She isn’t paying her tuition, and she must decide whether she wants to undertake the three year course before entering upon the work.

Sister Amy. Doesn’t it make a great difference why she wishes to go? It may not be a matter of discipline. She may not be in proper nervous condition and may not be in condition to decide wisely. By allowing her to have three months to consider, she may, with the proper advice and help, graduate from the school with honor.

The President. I should consider that that superintendent was keeping her agreement when she undertook to interest herself to that extent.

If there is nothing further we will hear of some of the results where the superintendent has such power, results over and above the ordinary I am sure.

Miss Nevins. I have had such unusual advantages in my work that it makes me feel a little ashamed that the results are not much better. Friction is absolutely unknown. I have had an absolutely free hand from start to finish. And I am sure the
results would have been greater but for one thing, and that is, as in many other cases, the lack of space for more nurses. The eight hour rule is carried out absolutely in that school. I am sorry to say that we do not have very many paid instructors. But we have a remarkable corps of doctors for the lectures, and the work goes on regularly. The staff are anxious to be retained from year to year, and I don't know the meaning of trouble in any way in getting the doctors to give regularly the talks, and what we say in our curriculum is absolutely carried out in that hospital. Now you see the conditions are very pleasant, and when I compare them with many others I feel that the results should be infinitely better than they are. The only thing we need is more money so to be able to give more time and opportunity to the pupils, and have them have the absolutely preparatory training before they work at all with the patients. And this is what I hope to have before I leave that place.

The President. I would like to hear from Sister Amy on this point.

Sister Amy. I feel that everything has been said that could be said. If you have a superintendent of nurses she must have power over the nurses. There must be one head just as in the high schools and colleges. The superintendent of the hospital or the board of directors or the training nurses, it seems to me, must simply exist to support her, and always support her authority and not to disagree with it, or have any court of appeal behind her. But those who have worked with ladies' boards, for instance, know how difficult it is. They know nothing about hospitals, or nurses, or the education of nurses or their duties. They may be very kind, they may have a good deal of money and be very influential, but as a function I question whether they are more help or trouble. It is almost impossible in the case of the dismissal of a pupil to have the matter properly handled. It has to come before the board, and they cannot possibly understand the situation. They make it a matter of gossip and discuss it over their luncheon, etc. This isn't dignified. It seems to me that when a pupil is dismissed no one in the house should speak of it. The school should have such respect and loyalty that these matters shouldn't be questioned.

If you could have a small executive council sustaining the
superintendent of the hospital, with perhaps one or two men of really good judgment, and could have the privilege of putting before them certain cases of discipline, making a report without even mentioning the name of the nurse, and getting a good straight opinion, you would be fortunate, because you would not have to take it upon yourself, alone, to dismiss the woman.

Of course, personally, I feel that the schools will not be what they ought to be until the pupils pay for their tuition. When the managers receive a certain income for the support of the hospital they will have to put things on a different plane because the pupils will demand it. I think this is bound to come. There are many good women who want to do nursing, but cannot afford it. But it is quite worth their while to borrow the money to take the course of training, and in these days there are ways of doing that honestly and in a dignified way. When that time comes we shall have better conditions in our schools.

Miss Nutting. Sister Amy is not speaking in any academic way, but from practical experience. In the Children’s hospital a fee is charged for the first, second and third years and it is paid willingly by all of the students. If you were to question Sister Amy I think you would feel very much encouraged over the outlook in regard to tuition fees.

The President. This is a happy suggestion, and we will ask Sister Amy some questions as to just how this works out in the Children’s hospital, and first of all I will ask if there is at any time any dearth of applicants for admission to the school on that account.

Sister Amy. Yes, of the right kind. We have plenty of applicants, but not the right kind and we have to turn a good many away. Last year we took in thirty, and out of that number only accepted 12, and two of those resigned later.

The President. Which goes to show that you retained one-third of your applicants.

We know something about the high standing of these nurses, and we know, too, that if everybody could understand how it is accomplished, perhaps more would have courage to undertake to do likewise. This is our opportunity to learn.

Miss Powell. I would like to ask Sister Amy how many years
it was after she made the change before she had an adequate number of probationers for her work.

Sister Amy. We began very gradually. We paid the nurses ten, twelve and fifteen dollars a month. I think that was fourteen years ago. The nurses were very inadequately housed in all parts of the hospital. The way we started was to ask the managers if we cut down the nurses’ allowances, if they would take that money, which was a little over $3000, for proper houses. Shortly after that we raised the standard of education, providing courses which necessitated a fee. At first we cut down the fee, and gradually increased it as we got the college affiliation and paid our instructors. I don’t think the number of applicants depends on the fee.

Question. If you were in a large hospital, say 150 beds, and you have thirty nurses, with an average of thirty probationers during the year, and it is impossible to employ graduate nurses because you don’t have them, what would you do unless you paid them something to come into the hospital?

The President. You mean what would you do towards accomplishing the work of the hospital?

Answer. Yes.

The President. Well, I should pay them, but I should do it with the understanding that I should work away from it as quickly as possible. I should care more for the character of the nurses than I should for this matter of paying.

Sister Amy. In England they use the method of having a small number of paying students, and it enables them to use right principles gradually.

A Member. But the great question with me is to get the sick patient cared for.

Miss Nevins. Hire a sort of servant and let the nurses do the actual nursing just once.

Miss Parsons. If the Secretary will tell us how she gets her servants she will do Boston people a great service.

Miss Nevins. I ought to explain that I live in a city where there is a never failing supply of colored people. There is no difficulty in getting colored servants to work in the hospital.

Miss Davis. I want to say that we tried that, and the patients
absolutely refused to have any servants around them, even to make beds or dust, or get them a drink of water.

The President. I had hoped to have Miss Keith with us, to speak on this phase of the question. I believe she has sent a letter which Miss Nevins will read.

ROCHESTER GENERAL HOSPITAL.

ROCHESTER, N. Y., May 22, 1911.

My dear Miss McKechnie:—

"I am unable to attend the Boston meeting, therefore I am unable to take part in any discussion. If I were to be there I might or might not, according to what turn the discussion took, be moved to take part, but I have nothing to advance in writing.

"I know there are restricted training school positions; I once held one, but I think they are in the minority. It seems to me the majority are willing to confer all the power we can use wisely. Personally, I am quite satisfied to make recommendations, provided they are approved and adopted, and again, personally, if one pupil for whom I am responsible removes a splint from a new fracture, and another puts boiling water in a bag which burns the patient, and another gives an ounce of paragoric instead of a dram, and three suits for damages result, I am not over anxious to be the one ruling power and the one defendant."

The President. This concludes the list of those from whom we have any reason to expect to hear, but we shall be glad to hear from others who may wish to speak.

From the Audience. Referring to the question of paid students. Would it be necessary for the hospitals to make some definite arrangements, so that we wouldn't have any further exploitation of nurses? I have heard of hospitals where they reduced the pay, with the assurance that the money would be used in getting a more thorough system of education, but that after all there was no improvement.

Miss Nevins. The reply would be that the pupils would promptly leave when they found that that was the case.

The President. It would be a commercial transaction which
doubtless the student could correct in her own way. She would
be perfectly justified surely.

Miss McISAAC. I think the side of the student nurse has not
been enough considered, and I think one-third of the training
schools in this country are schools that make promises and do not
live up to them. There are many instances where young women,
who have never been away from home before and are very inexperi-
enced, have found themselves in schools of that kind and don't
know how to better themselves.

I want to add that there is an encouragement in finding the
improved living conditions for the nurses in many places. There
are a great many comfortable, attractive and beautiful homes, and
in many places where they haven't them they are working for
them. There are many places, too, where the boards of manage-
ment need education on the subject very badly. I have in mind
particularly a hospital (which isn't in the west) that has a beauti-
ful home for nurses in the hospital yard. It stands on an emi-
ience, is beautiful architecturally, and a most attractive looking
building from the outside. But I think I never in my life saw
anything so dingy and unattractive and unhomelike as the inside
of that building, and the whole atmosphere of the place corres-
ponds. Such a condition makes it very hard for many of us,
and there is a real need for education in this direction.

Miss TRACY. I would like to ask how much authority the
superintendent of the training school can exert in controlling the
food supply of the nurses.

The PRESIDENT. Will some one who has had experience in
controlling such a food supply please tell us. I assume that Miss
Tracy asks the question of how that is managed in places where
the superintendent of nurses is not superintendent of the hospital
and has, presumably, not all the authority. I would like to say
that I think it is sometimes done to a certain extent by the physi-
cian who has the care of the sick nurses in that school. That
isn't a very comfortable way, but it is pretty effectual, and it has
been done that way.

Mrs. FLANt. Don't you think if we go to our superintendent
and tell him frankly that the food supply is poor and that the
nurses are suffering from it, that he would make some improve-
ment?
The President. He might for a week or two.
Miss Flash. Then do it again.
The President. There is a great deal in that of course. Much
of the success along that line depends upon the tact and the
intelligence of the superintendent of nurses.
Mrs. Rogers, Brooklyn City Hospital. Madam President, I
have complete charge of the purchasing of supplies in our school.
We are rather a small training school,—about forty-six students,
and the superintendent of the training school supplies her own
servants, purchases her own food supplies, and has complete con-
trol, except that she is limited in the amount of expenditure, of
course.
Miss Beecroft, Minnequa Hospital, Pueblo, Col. Madam Presi-
dent, in our hospital we have a housekeeper, and she orders the
food. The nurses and the patients and the help are supplied
equally. If a patient complains of the food some changes may
be made. But if the nurses or the help complain, it doesn’t make
any difference.
The President. I think it is the experience in most hospitals
that it is when the help complains that the change comes.
If there are no other questions, we will adjourn, to meet to-
morrow morning at ten o’clock.
THIRD SESSION.

The morning session opened at 10 A. M., the President in the Chair.

The President. We will first listen to the announcements of the Committee on Arrangements by the Chairman, Miss Nichols.

[Announcements.]

The President. We will continue our work left over from yesterday by calling for the report of the Committee on Education. Miss Nutting. We think it should be explained to you that Miss Hay, who was the chairman of this committee, resigned in the middle of the year, and I undertook to carry it through the remainder of the year, or until the Society should elect a new chairman. At the close of last year there were three or four sub-sections of the committee at work on different subjects, obstetrics, eye and ear, care of children, care of the insane, etc. The chairman of each submitted reports, and it was thought that they might continue this work during the next year. But the members of these sections thought they had done all they could for the present and that the sections might be discontinued.

At the request of the Council your chairman undertook to make a brief study of preliminary work to find out how the various courses were progressing. Questions were sent out to 230 selected schools throughout the country, and at the date of leaving New York to attend this meeting, 125 answers had come in. Of course it wasn't possible to tabulate or arrange satisfactory statistics when only half the material had been returned to us. So it seemed best to draw what conclusions one could from the material in hand, and to make a careful review of the matter during the coming year.
REPORT OF THE COMMITTEE ON EDUCATION.

When in November, the Committee on Education found itself without a chairman through the greatly regretted resignation of Miss Helen Scott Hay, it was felt that some one familiar with the work and plans of the Committee should be asked to take her place for the remainder of the year.

I therefore undertook to act as Chairman until the next annual meeting and upon the request of the Council to look into the matter of Preliminary Instruction, and Hours of Work and report progress in these directions. A "questionnaire" was sent out in April to 230 representative training schools, from which 125 replies have been received. Most of these have come too recently to be tabulated, and as there are yet many schools to hear from, it is impossible to present a really comprehensive report at this time. We have obtained however a general idea of the growth in this phase of training school work, and of the main features and tendencies in these courses as they have been developed in the various schools.

Statistics show that today, May 26th, 1911, we have a record of at least 84 training schools offering something in the way of preliminary instruction—against 43 in the year 1905. The wider acceptance of the idea for which these preliminary courses stand, viz: that in a rational scheme of education a certain minimum of theory should precede practice,—is of course shown in this increase, and that it is steadily gathering strength seems to be shown in the fact that during the last year 15 schools have established such courses—a very much larger number that any preceding single year, while more than one-third the entire number have been opened within the last three years. It appears that in the main only schools connected with fairly large hospitals are able to establish such a purely educational measure, since only about one-fifth of the 84 schools offering preparatory instruction are connected with
hospitals of under 100 beds, the remaining four-fifths being in hospitals of from 100 to 400 beds.

This is an advance which the very small school does not seem to be able even to consider. The great and constant difficulty in securing applicants of any kind—and in meeting the expense not only of suitable instruction, but even of adequate administration in the small hospital and school, afford some at least of their reasons for not attempting any departure from the older system.

Affiliations of schools with other institutions than hospitals for the purpose of securing better instruction are stated as existing in 4 colleges, 3 medical schools, and 2 technical schools.

The length of the Preparatory Course in the majority of schools proves to be three months, yet it is interesting to note that 18 schools go beyond that period and in 7 of them the preparatory course is 4 months long. In 11 it is 6 months long and in 1 it is 8 months. A two months' course is found in 20 schools and in a very few instances it is 6 weeks or under.

Tuition fees are charged in 5 schools, $25.00 in 3 instances, $50.00 in 1 instance. In the other instance The Children's Hospital, Boston, the fee of $200.00 covers not only preparatory instruction but tuition for the entire three years. It may be stated here that there is apparently no objection on the part of the student to paying such fees, when there is some genuine attempt made to give suitable and thorough instruction, and the student is afforded time to study. Uniforms and textbooks are very generally furnished by the students, though in 17 schools they are supplied by the Hospital. In one instance the text-books are loaned the student. So much for general conditions about which information is readily given.

It is when we come to seek the information about subjects which are taught in this preparatory period, the length of time given to each in hours and weeks, the number of hours of practical work demanded of the student, and vital questions
of this nature, that we find ourselves seriously hampered. The replies to our questions showed many discrepancies and contradictions, and several of them had to be thrown out as unserviceable for use in this report. In many instances also the information given was surprisingly incomplete, and it is only by the most careful study that we have finally brought out certain points which enable us to present what we believe to be a fairly correct picture of the preparatory course in the essentials of theory and practice as now given in the majority of schools.

Average length of Course: three months.
In theory, average time daily, 1½ hours; weekly, 9 hours. (This is a liberal estimate.)
In practical work average time daily, 7½ hours; weekly, 52½ hours.

SUBJECTS TAUGHT WITH AVERAGE TIME FOR EACH.

<table>
<thead>
<tr>
<th>Subject</th>
<th>No. of hours weekly</th>
<th>No. of weeks in course</th>
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<tbody>
<tr>
<td>Anatomy and Physiology,</td>
<td>2</td>
<td>12</td>
</tr>
<tr>
<td>Bacteriology,</td>
<td>1</td>
<td>6</td>
</tr>
<tr>
<td>Hygiene,</td>
<td>1</td>
<td>6</td>
</tr>
<tr>
<td>Materia Medica,</td>
<td>1</td>
<td>12</td>
</tr>
<tr>
<td>Dietetics and Cookery,</td>
<td>2</td>
<td>10</td>
</tr>
<tr>
<td>Practical Nursing,</td>
<td>2</td>
<td>12</td>
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Chemistry found in 3 schools, time not stated.

It must be understood that in several schools the amount of time devoted to theory is about double that recorded here. 21 schools record 2 hours, and 12 from 2½ to 3 hours for theory daily, but in the average the time is as stated. As for hours of practical work—15 schools require 8-8½ hours in wards or other departments during the Preparatory period, while 7 schools require 10 hours of work daily. When we stop to consider the purpose for which the preparatory course was originally established it seems clear that it is entirely lost sight of in these schools where such long hours of work are required. They would be too long if there were no
attempt whatever made at theoretical instruction, but when
the student is occupied in trying to master the elements of
three or four new and difficult subjects, each of them requiring
careful and serious study, such hours are manifestly absurd.
In the ordinary college it is stated and expected that for every
hour of lecture or laboratory the student will give 2 hours of
study. How great an injustice it is then to our students to
offer such instruction unless we can and will provide them
with a reasonable amount of time for study. The consensus
of opinion of those who have most carefully studied this pre-
paratory period in its workings seems to be that 6 hours
of practical work daily is the very maximum that should be
demanded of the student during that period, and in those
schools where the plan as originally conceived is most con-
sistently carried out the hours of practical work are found to
be 6 hours or even under. 12 schools have 5 to 5½ hours,
while 8 have 4 to 4½ or under of practical work in wards or
other departments. To keep the students entirely out of the
wards and independent of hospital needs for any period what-
soever, even during a few weeks, has proved apparently a
practical impossibility except in a very few instances. Our
statistics say that in 71 out of the 84 preparatory courses the
students are on duty in the wards daily, and we have seen that
the average number of hours of such work is 7½.

If the amount of instruction in the various important
subjects outlined is limited to that given in this first three
months it seems quite clear that it is entirely inadequate. Not
one of the subjects mentioned can be properly handled in the
time given. In Anatomy and Physiology, for instance, about
the least time in which even the elements of the subject could
be grasped would be one hour of lecture and 2 hours of
laboratory for a period of 15 weeks,—making about 45 hours
in all. The same would hold true of the various other subjects,
but so accustomed are we to superficial teaching in our training
schools that we have as yet not been able to bring ourselves
even to consider a plan of theoretical instruction in which
the thorough grounding of the student is the object, and the one object. The whole question of the proper instruction of the pupil nurse in the preparatory period proves to be indissolubly bound up with the administrative needs of the hospital, and the plan from which much was hoped and expected has served to demonstrate more clearly than ever the futility of attempting to build up any sound educational scheme until the training school can be in some degree freed from its present almost complete subordination to hospital needs. This is of course largely an economic problem and can only be handled from that standpoint.

As for hours of work is must be confessed that it fairly staggers one to be obliged to state that out of 118 schools reporting on this question 50 state frankly that the working day of their pupils is 10 hours, while 18 go farther and announce an 11 or 12 hour day, and 83 out of 116 schools report a 12 hour night duty. It must be remembered that we are dealing with representative schools of high standing, and that out of the 230 to which we appealed for information we have found but 20 in which an 8 or 8½ hour day appears to be the rule. This whole question of hours of work needs careful and prolonged study and should be held over for another year for that purpose. What we need to get at are the reasons for these discreditably long hours, and we think we should be able to find them and present them in such a way as to have some helpful effect upon both schools and hospitals.

The Committee on Education after careful consideration of the data included in the foregoing reports feel that, notwithstanding certain improvements in teaching in our schools for nurses, in the housing of our students, and in some slight degree in the hours of duty, as well as in other less important features, the essential factors in the whole educational problem have not as yet been touched. These factors seem to be bound up in the relationship which the school bears to the hospital, a relationship of which the first and most far-reaching effect
is that which makes it necessary for the school in order to do the work of the hospital to accept and admit in numbers candidates who do not qualify from the standpoint of age, general education, natural ability, and personal fitness for the difficult, responsible, and important work of nursing.

The Committee believes that the present policy of admitting such candidates into our schools for nurses will bring about a steady deterioration in the character of nursing in hospitals, homes, and in all the fields of public and private work, and that this must be the inevitable outcome of a continued policy of lowering requirements for admission in order to secure numbers to maintain an unpaid service in the hospitals. The Committee feels that the necessity for admitting such candidates is due to a system which, though sanctioned by years of custom and tradition, is one which is entirely capable of alteration and modification. They believe that in view of this a close, careful and exhaustive study is now needed on the whole question of the education of the nurse, inclusive of the fields of professional work which she occupies.

And the Committee further believes that such a study should be made by neither hospital authorities, physicians, or nurses, but by some scientific body able to bring an unprejudiced mind to the situation and to study it from the point of view of the public welfare.

The Committee therefore recommends that this Society request the Carnegie Foundation for the Advancement of Teaching to make such a study.

M. Adelaide Nutting,
Chairman Committee on Education.

After reading her report Miss Nutting continued as follows:—

As you see, this report is very incomplete, but we felt that you might be interested in hearing what we had to say so far as we had been able to go. It seems to me as temporary chairman of this committee, not only as a result of this brief questionnaire, but as the result of conversations with many training school and
hospital workers, and of observation and discussion wherever possible, that we have a deeper problem to consider than anything that has been mentioned here; that there is an unrest in our field of work that is pretty general; that training school positions are vacant more frequently than they should be and changes more rapid than they should be; that women who enter the training school position, well qualified, full of ideals, ambition, enthusiasm, ready to give the very best that is in them, find themselves unable to go on with their work, discouraged and baffled, through nothing that they are responsible for, but through something that seems to be inherent in the situation and beyond their control.

Those who are striving to improve their training schools find themselves meeting actual conditions in the hospitals which make it extremely difficult and often impossible to carry out any reasonably satisfactory scheme of training and education. The very fact of ten hours a day duty in a school would block any good scheme of education ever suggested. A pupil who has been on duty ten hours cannot study, nor even listen intelligently.

We see hospital superintendents thinking that training schools are trying to pull away from hospitals, and we see training school superintendents struggling to be loyal to both hospital and training school and wondering how they can do well by both. In view of this unrest, and in view of the importance of the work of the nurse and the expansion of her field in the new demands that are being made upon her, we are wondering if it isn't time to make some serious study, scientifically, of this situation. Would it not be well to ask some scientific body—not hospitals, not medical people, not nurses, because we are all too deeply involved,—to make a study of the relation of the school to the hospital. Your committee therefore recommends that the Carnegie Foundation be asked to make such a study.

The President. This report is before you and we would like to have a free discussion. I am sure there are questions which you may wish to ask, and this is your opportunity. I would like to ask some one who has the eight-hour system well underway in a training school to explain how it works; whether the nurses have their eight hours consecutively, or whether it is divided; how it impresses the nurses, and what effect it has upon the
general health of the school. I will ask Sister Amy to enlighten us, if she will kindly.

Sister AMY. We have had the eight-hour system at the Children’s Hospital thirteen years. When we started it the pupils didn’t like it. I dare say they don’t like it now. They don’t like leaving the patients, and they don’t like to miss having whole afternoons and whole days off, as they have under the old system. But there is no question as to the advantages of the system. The pupils are able to study properly, they can go out every day, can go to church, and can live more normally in every way. We never have any classes in the evening.

The following schedule is usually followed in a ward of twenty, —every nurse being there at seven o’clock:—

| 7-1  | 4-6   |
| 7-1  | 4:30-6:30 |
| 7-11 | 2-6   |
| 7-10 | 1-4   |
| 9-7  | 6:30-9 |

We tried the consecutive hours for almost a year, but it didn’t work. We found that the students didn’t use the time for study. By breaking up the hours they use the time properly, and have the proper rest and recreation. The only department in which there are longer hours is in the operating room. There are four pupils in the operating room, two off and two on, from seven to six, with two hours off. Every other week they have from four o’clock Saturday until Monday morning off.

The night nurses are on from nine to seven.

The President. This is work as it is done in the Children’s Hospital. We have sometimes heard the theory advanced that this constant change of nurses has an ill effect upon the patients. This would hardly be true of the Children’s Hospital, but how is it in the hospitals for adults?

Miss Van Blarcom. I made such a change in St. Louis when I took the superintendency of that training school. The so-called ten-hour system was in operation, and I had been accustomed to the eight-hour system which I much preferred. I had permission to make the change provided I didn’t increase the staff of nurses.
There was some opposition in the hospital and it was difficult because no one else there understood this possible adjustment of hours. It is a small hospital, of course, 150 beds. But we did make the change and we did carry on the work of that hospital under the eight-hour system. I was very careful to have the nurses go off on time as well as to come on, even though some of the work might be left undone. After a few months’ time the nurses themselves saw the advantage of it. To my mind there is really no comparison between the two systems. The physical condition of the nurses seemed to me distinctly better. Their class work came up, and the work throughout the hospital wards was certainly better. We attributed this to the freshness of the nurses because of their lengthened hours off duty. I may say that we made this change and did the work without increasing the staff, and also took over work not usually done by the nurses.

Miss Noyes. Yesterday Miss McIsaac spoke of one hospital in the country that had had nineteen superintendents in twenty-one years. Now some of us know that many of these changes, especially in the case of young superintendents, result from friction, and from causes which might be adjusted. The young superintendent is often tried beyond endurance. Nervous and tired and worn out, she loses her perspective. She is too near her problem to work it out. Now I am wondering why such an association as this might not arrogate to itself the function of arbitration. When there are difficulties between the young superintendent and her trustees, might not those difficulties be settled by a small body of women of experience, who could get the different points of view and advise both sides, without these distressing changes? We must think that the superintendent is there to do the best she can. If she fails it is from lack of experience and consequent good judgment.

The President. This is in line with what was said on two or three different occasions yesterday, and should receive some attention before we disband.

Miss Stanley. If the superintendents were put on the eight-hour day, would these difficulties arise? Would they not then be able to settle their own difficulties?

The President. They surely would. Just as a superintendent
back from a good vacation is better able to settle the difficulties 
and problems for the first few weeks or months.

Miss Samuel. I would like to ask if any school having the 
eight-hour system has any definite time for study outside of the 
eight hours.

The President. Perhaps Sister Amy can tell us.

Sister Amy. No, Madam Chairman, no definite hours are estab-
lished. It is left to the honor of the student.

Miss Isabel Stewart. I would like to ask Miss Van Blarcom 
how much the better organization of the nursing staff might 
have had to do with the difference in the amount of work they 
were able to do.

Miss Van Blarcom. Possibly both of those elements entered 
into it. Some one said a man could do a good year's work in 
ten months, but not in twelve. I found that under the ten-hour 
system they were allowed to come on duty from ten minutes to 
half an hour late and round off in the same manner. They were 
tired out and distracted and didn't eat and didn't study; in fact, 
they didn't do much of anything but lounge. In the eight hours 
they did the work and the results were satisfactory. Miss Stanley 
asked me what happened to the superintendent in working out 
the system. Of course I did pay a heavy price, but it was good 
for the hospital, and I am glad to say that it has been continued 
by my successor.

Miss Nutting. I wonder if the members present have been 
following the very interesting work which has been given pub-
licity this winter on the subject of "Scientific Management." 
Since last autumn, when this question arose between the inter-
state railway commission and Mr. Brandeis, scientific management 
has become a very live subject. Several magazines have published 
articles, and the newspapers have been full of it. I wish we could 
get Mr. Taylor to come and meet us—he says he always wants three 
hours—and tell us how he organized the most crude and simple 
labor, until the person, under the supervision of brains, and a 
scientific study of fatigue and rest, who had been accustomed to 
load 131/2 tons of ore in a day could, with equal ease load 48 tons. 
The study has extended over twenty years, and large sums of 
money spent in making complete records. Any superintendent of
a training school will profit by a study of this work and will be delighted to find so much that she can use in her own field.

Miss Goodrich. I think perhaps a little study I made at one time might be of interest. I prepared statistics of the days of illness in one school. When I began the number of pupils was from 70 to 80. The number of days’ illness during the year was 770, with a force of not over 75 nurses. This was reduced to 450 days, with an increase in the force to about 100 nurses. These statistics are not on the eight-hour basis, but an increase in the staff of nurses, with the ability to insist on the hours of recreation, enabled us to make that reduction in the days of illness.

Miss Lucy Ayres. Speaking of organization work makes me realize that our work isn’t wholly in our own hands and that we are often hampered by lack of thought on the part of the doctors we are working for. I think many times we could organize most admirably if we didn’t have to wait for the doctors to make their visits and make their dressings, and all the various things in the operating room that so upset our well planned schedules. If we could only have this organization from the top down it might work. But now we seem to be hampered by the medical profession and by their lack of system, for which we cannot surely be held responsible.

The President. We all know how the whole work is thrown out of gear by having the doctor come to do dressings at the dinner hour, for instance. It would be better to have the dinner served, regardless, and not allow it to be spoiled and the patient have a poor one. The doctor could wait once in a while, at least. We might start out in a small way, and with some tact and management bring it out to our satisfaction in the end. I really believe a good deal could be done in this line.

Miss Nevins. That is true. A great deal can be done. In our hospital the internes are not allowed to do any dressings during the dinner hour. We cannot always control the attending doctors, but often a great deal can be done by a little well directed argument.

Miss Noyes. I had the privilege of seeing my visiting and staff doctors together from time to time, and I would lay a situation before them and get them to pass a rule which I would
have posted up. Half the time they didn't realize the full effect of what they were doing. I think it is possible to handle these situations if we go at it tactfully and discreetly, and discuss things in a definite way. I know Miss Nutting doesn't like that word "tact."

Miss Nutting. No, I don't. I think I should prefer to have them know what they were doing.

The President. We will omit the word "tact" and substitute "strategy," which is always fair in war.

We must not forget the recommendation Miss Nutting made at the close of her report in regard to the matter of an investigation by some scientific body and if you are ready for a motion we would be glad to have it. It does seem as if this were the time to take that right in hand. Shall we ask that we be investigated?

Miss Nutting. I do not know whether the Carnegie Foundation would think it worth while to make such a study, but at least we could ask them. They have the means and trained statisticians and we need some one who has no feeling or bias.

Miss Clara Noyes. I approve absolutely of turning the searchlight on. If we don't ask to be investigated, somebody will ask it for us. Let's go right ahead and have our imperfections shown up.

Miss Goodrich. Madam President, I move that the Carnegie Foundation be asked to make a study of the training school methods and training school nurses.

From the Audience. Will there be women on this committee of investigation and will they have scientific training?

Miss Nutting. I suppose such a study would be conducted very much as was the investigation of medical schools by Dr. Flexner and published by the Carnegie Foundation. He was assisted by the deans, heads of medical schools, etc. I should suppose such an investigation would be assisted by superintendents of training schools?

The President. Shall this be done through the council?

Miss Nutting. Madam President, I should think the request could be made through our educational committee.

The President. I will ask Miss Goodrich to amend her motion to the effect that we shall make this request of the Carnegie
Foundation in some way to be determined by the educational committee.

Miss Goodrich. I agree to that amendment.

The President. It is moved and seconded that this society shall through its educational committee, request the Carnegie Foundation to investigate the methods used in the training of nurses.

The motion was carried.

The President. We will now proceed with the papers of the morning, and I will call upon Miss Noyes, who will address us on the following subject: "Some Problems Arising in Affiliations Between Training Schools."

SOME PROBLEMS ARISING IN AFFILIATIONS BETWEEN TRAINING SCHOOLS.

Several years ago Mrs. Robb wrote a very able paper on affiliations between schools of nursing, in which she alluringly pictured a central school as sending pupils from one hospital to another in an orderly manner, for a systematic training in the various branches of nursing work. This seemed, at the time, almost visionary, and an ideal arrangement which would never materialize; at present it does not seem so far away. The demand for affiliations has increased each year, until it is almost the exception when a school is found which has not formed some sort of an association with another school. These associations have brought very clearly home to us the point which has been emphasized over and over again—the great need for uniformity—so that classification and grading can be easily accomplished, and repetition and loss of theoretical instruction avoided. The central school, or the grouping together of several schools with a definite arrangement between them for theoretical and practical experience will probably be the ultimate outgrowth of the present methods.

Affiliation between schools has been the response to a certain very definite pressure caused:
First—By insufficient number of suitable candidates for training.

Second—An awakening sense of responsibility toward the pupil and public on the part of hospital boards, training school committees and superintendents.

Third—The result of state laws.

The reasons, as given in a series of papers returned from schools which have formed affiliations, are interesting and gratifying. The majority "desired giving the pupil an opportunity to gain experience in certain lines in which the mother school was deficient." Others to "enable the school to become registered." Several to "prepare nurses for state examinations." While all expressed a desire to "better prepare pupils for public and private service." This awakening sense of responsibility toward securing more careful preparation for the pupils is one of the most hopeful signs of the day. It may be the result of the pressure of state laws, but I cannot help but feel that it springs from a higher and nobler source, and is the result of the years of earnest effort on the part of the women in our profession, who have put the best in them into raising the standards in nursing work.

The effort made by the superintendent of the small school in a more or less isolated locality to secure an affiliation is almost pathetic, and the hardships wrought by relinquishing even one pupil for three months is very great. One superintendent in writing a few days ago, said "I am allowed thirty pupils; I have only twenty, with not a single applicant on the waiting list, may I send one pupil instead of two, as our agreement requires?" This is rather typical than otherwise.

The scarcity of suitably qualified candidates and the effect of state laws in requiring a standard entrance requirement, has compelled many of the larger general hospitals to open their doors to pupils from other schools, consequently, experience and material is now available to pupils from several schools which formerly was used by one school only. This arrange-
ment, although better than none, has been fraught with so many practical difficulties, that I feel safe in saying that if conditions were not as they are, I am quite convinced the large schools would not from choice open their doors to pupils from other schools, neither would the small school disturb its routine of class and practical work to send their pupils elsewhere, while the special hospitals would, I am quite sure, prefer a permanent nursing staff of either graduates or pupils, if it were possible to so arrange.

Looking at the situation then quite frankly and fairly, co-operative nursing as it is now practiced does not seem to be an unqualified success. Why? Because, if we look back far enough this can be explained in a few words. Training schools have been organized on an incorrect basis, they are not established on a sound educational foundation. They are, in a sense, a "makeshift," introduced in response to some sort of pressure. Therefore it would be unreasonable to expect an outgrowth of such a system to present any greater stability that the parent stock. However, affiliations exist, and they are a necessity, and imperfect as they are, they perform a distinct service to the pupil nurse, the hospital, the patient and the community. What then, are some of the problems with which we are struggling?

The question of grading and classification is expected to be attended to by the home school, but over and over again, owing to some mishap, pupils who are expected in their last year after a theoretical course are perhaps unavoidably replaced by a pupil of the first year, who has barely laid her elementary foundation.

The most striking difficulty is in lack of uniformity. The pupil of one school finding it very difficult to adapt herself to the methods employed in another school; this is particularly true of the pupil from the small hospital entering the large active hospital. She finds herself confused, bewildered, homesick and discouraged, taking weeks, perhaps, in which to find her level. She may grow careless as to detail, and return to her
home school, as one Superintendent, quite frankly said "resentful of supervision, superficial and careless, requiring several months to regain her equilibrium."

One of the principal complaints, and everywhere made, is that of disturbance to the class work, for example—an affiliation of six months may begin October 1st, just as class work for the year is resumed, or the change may occur in the middle of the year. A school, such as Bellevue, with twenty-four affiliating schools, with courses varying in length from three months to one year, beginning at different times and covering one, two, three and sometimes four classes of practical work, it seems almost impossible to ever provide adequately for the theoretical instruction which they may be losing in their own school. In one of the out-lying Hospitals, however with fewer affiliations, very definite instruction has been supplied the pupils of a nine months' course, of whom we have about ten at a time from one school, they receive instruction in obstetrics, children, practical demonstrations and materia medica. This however, is an exception, and so far we have found it impossible to arrange in anything like a systematic way for class instruction.

Another difficulty is experienced in attempting to move the affiliating pupil from service to service at a definite time; by way of illustration—a pupil enters for three months' medical and three months' children's nursing, at the termination of the three months in the medical wards, she expects and her school expects, that she will immediately be transferred to the children's service regardless of the number of pupils already there, the number of patients in the wards, or the number of changes thereby occasioned if this rule be observed. This results usually in removing a pupil of the home school to accommodate the visiting pupil.

Great care must be exercised, lest the home pupil is sacrificed to the visiting pupil, and there is oftentimes a tendency in this direction. It does not seem just that a visiting pupil should receive two or three months' experience in obstetrics,
while the home pupil squeeze through with a possible month or six weeks.

Caution must be used lest too many affiliations are formed, which would tend to overstaff any particular department. This would be a simple matter if affiliations were formed for only one class of work, but as the majority (this is particularly true of Bellevue) are arranged for one, two or more kinds of experience, it becomes a problem to fit them in and not do this.

With due regard to the small school which has, possibly, made a desperate struggle to secure a three months' affiliation, it is very perplexing to be expected to supply all the deficiencies as far as practical experience is concerned in that time, and give a pupil experience perhaps, in men's and women's surgical wards, children and operating room, any one of which should cover a period of three months in itself. The struggle, between doing what you can for the visiting pupil, and yet not make an impossible situation for your hospital and training school, is a serious question.

The affiliation with the state hospital opens up an entirely new set of problems; it is not possible to more than touch upon them in a paper of this length. Recognizing quite fully the necessity for providing good nursing care for this particular class of unfortunates, the difficulty experienced in securing pupils of suitable age, and educationally qualified, is so great that it is a matter of considerable conjecture whether it is possible, or right to organize schools in connection with these hospitals. The young woman who finds herself too young, and not qualifying from the educational standpoint for the general hospital training school, is very apt to drift into the state hospital for the insane. It is the rule in accepting these pupils, through affiliations, to find them even nearing the end of their course less than twenty-one years of age. The immaturity, inexperience, apathy and lack of physical development is noticeable in many, many instances, and is found a very serious handicap in attempting their supple-
mentary training. The entire question of nursing, care of the insane, organization of schools, etc., should be carefully considered, I believe, through this Society.

Let us leave this rather discouraging side of our work, and look upon the other side for a moment. What are the results of affiliations upon schools and hospitals? Strange as it may seem on the whole they have "made good." To the small school with limited scope it has enabled them to give to their pupils an opportunity for broader and wider nursing experience. It has provided for the registration of their schools and prepared their pupils for state board examinations. What is the effect upon the pupil? She returns with a broader knowledge of her work, of a deeper insight into the problems of life. She has seen and learned new methods, a new set of experiences is hers. She has come into contact with a new set of ideas and people, and although this may be confusing, it is also stimulating and elevating, and as the superintendent of a small hospital has said "The gain to the pupil overbalances all the annoyances and problems of arranging for affiliation." In the large hospital, particularly one not obliged to send pupils in exchange, it performs a signal service in enabling a greater opportunity for choice in selecting pupils for training. If the school can depend upon a steady supply of twenty-five pupils, from other schools, twenty-five less need be admitted to the training school. It is even found possible to accomplish all the nursing in a hospital without organizing a "school." This has been demonstrated in two of the outlying hospitals at Bellevue and Allied, both of which are rapidly nearing the two hundred bed capacity, where all the nursing is done by affiliating and post-graduate pupils with a paid head nursing staff.

The effect of the introduction of the visiting pupil upon the pupil of the large school, although resented in a measure, at the time, is rather a good thing, on the whole, serving to rub down their aggressiveness and self-complacency in rather a wholesome manner. The association of the pupils from
several schools, while in training, cannot help but broaden their outlook upon life, it tends to make the pupil appreciate that she is a member of a great profession rather than a member of a certain particularly privileged school.

The lack of harmony in the uniform is somewhat disturbing, but this only serves to emphasize more entirely the solidity and breadth of our profession as a whole.

The effects of affiliations are felt in many unthought of ways. Let me give a rather personal illustration—We are very much troubled by receiving pupils from a school entirely unprepared in the first principles of nursing. It was decided to write quite frankly and say that it was impossible to continue, unless an improvement was noted, giving specific instances in which a pupil, after two years in her home school could not take a temperature correctly, or measure a medicine accurately. It happened that the letter reached the superintendent, who had been recently appointed, and who was struggling to cover a situation, which should have been covered by three people, when she had despaired of making her board see the necessity for employing an instructor. Armed with this letter, which she had joyfully received, she approached the board again; when they realized what was about to occur, they gladly appointed an instructor of nursing. Many such instances could be cited.

To be able to manage affiliations successfully, a definite agreement should exist between the schools; this should be in writing and kept upon file. Each affiliation usually calls for individual treatment but certain general principles are indicated. The school receiving the pupil agrees to give a certain definite line of experience in a specified time, maintain the pupil, as to board, laundry, allowance, etc., as the home pupil. Care when ill is also provided, but time lost is not usually made up, except in the home school, unless it is prolonged, as it would disturb the dates of entrance and entail too much clerical work. The pupil is subject to the discipline of the school she enters, exceptional cases are referred to the
home school. The pupil wears the uniform of her own school. The home school assumes the travelling expenses, and it should be agreed that each side has the privilege to sever the connection upon due notice, which has been previously agreed upon. System of replacing pupils, directions for reaching the hospital should be plainly stated. It is also desirable to have formal application blanks precede the arrival of each pupil by a week or ten days, these are filed in the training school office, and give the necessary data for reference. Reports should be returned with each pupil, as well as an abstract of practical and theoretical work; these are made up from the monthly report cards, which are sent in by the head nurses. The originals are filed.

The question of certificates should be taken up with the individual school. It would seem only just that a pupil spending six months or a year should be entitled to some sort of recognition. The question of allowing some mention of this in the home diploma has been suggested, but so far, I have not heard of its being done.

Such then, are some of the practical details to be considered in arranging for affiliations. The problems and effects, I have but imperfectly presented, I am quite willing to acknowledge that I have never before attempted to present a subject which has made me realize how little I really know about training school work in general, and this phase of it in particular. The entire system of affiliations, except about ten schools, at Bellevue and Allied, was organized by Miss Goodrich, consequently, my actual experience is limited, neither do I feel able, at this period, to make any very original suggestions for improving matters. It is a question requiring very careful study, in a systematic way through our local and national associations. I think we should continue to struggle for uniformity, in the accomplishment of this classification and grading would cause less concern, at present we have no choice. Provision for systematic, daily, bedside instruction and supervision should be provided. Finally, I am convinced that we have
no moral right to assume affiliations without the establishment of a permanent graduate head nursing staff in our wards, of carefully chosen dignified women, and that theoretical instruction should be supplied in a regular systematic way.

The President. This paper is now before us for discussion, which will be led by Miss Tracy of the Adams Nervine Asylum, who has had some experience in affiliation.

Miss Tracy. I have had some experience in this direction, and I am quite sure that the problems arising from affiliation have the power to turn every black hair in our heads white, and at the same time I believe in it with all my heart. The nervous hospital is a special hospital, but we do not treat any special set of organs but the whole system. It is not, therefore, to be classed in the same category as the hospitals for eye or ear, or other organs. I may also say that everything is sent to the nervous hospital, from chicken-pox to carcinoma, and sent in the name of hysteria and neurasthenia by the best authorities.

Special hospitals can and should give more time to the theoretical side of nursing. Nurses well trained in nervous work learn certain methods with us not taught extensively in the general hospital. They should know the use of water in treating diseases as few general hospital nurses do. They should be able to do good work in fever wards as a result of this knowledge.

General pupils do not, as a rule, care much about massage. The nurses trained for nervous work should be able to demonstrate in a general hospital the advantages of such treatment, the direct and remedial value of its application. There is no reason why their training in materia medica should not be of the best, and above all things they should know a thousand ways of just making people comfortable and how to get along with every sort of irritable patient. Nursing education is often regarded too much as an end in itself. Many a pupil wishes to be a "trained nurse" and does not think too deeply about caring for the sick.

We question if it is wise to stipulate as to just what a nurse shall do, while serving in another hospital. "Go where you are needed and do what needs to be done" is a good rule. I would rather say to a pupil, "There are some sick people needing care
in this hospital to which you are going. Go, prove what you have learned which will make them comfortable and gather up everything which will add to this knowledge, your gain will depend upon what you give," than to say "Go, study surgery for a month."

We have no right to graduate pupils from special schools unless they are fairly well trained in a special line of work. At the Nervine, the special courses are mainly carried on in the first half of the third year, therefore nurses cannot be sent away at that time.

I would earnestly recommend that we send our pupils where they can have good theoretical instruction, as much class instruction is missed. Large hospitals will prove best. If sent to small hospitals the pupils of such are apt to feel that their material is being appropriated. It is best to send them where there is material enough for all.

General pupils do not like nervous work very well. It seems slow. It is the most difficult of all the forms of nursing, and by the time they begin to appreciate its value it is time for them to leave.

Expenses are heavy for a small hospital to carry and variously arranged for. Sometimes the hospital sending the nurse pays all the expenses. If it does it is a heavy burden upon the home school, especially in the case of a hospital paying high wages.

Our senior pupils are paid $12 a month for the intermediate year and the third year. We keep four nurses in affiliated schools. That would mean an expense of $392 for each eight months. In the case of the school offering the privilege, paying at their own rate, which is probably lower, this would still bring considerable expense to the home school. It is a problem whether to ask the school to carry a part of this expense or carry it alone.

If we are going to graduate nurses we must give them great privileges and this matter of affiliation must not be neglected. We carry four more nurses than are necessary ever for the home work. The time spent in the general hospital for nervous work is usually brief, and it is a help to have one or two who have had a little deeper insight.

It seems as if the elective system ought to be a good thing, but it has not proved so in experience. It is apt to turn on one
pupil's report. One pupil says she didn't have a good experience or a good time, and thereupon all those following decide they will not elect that work.

Each hospital returns a report with the student nurse, oftentimes embodying helpful criticisms of the character of her work, as well as pure statistics. Each nurse is required to write up her individual report for filing. The effect of this is good. It is something like counting one's mercies, and the nurse who feels that she has had little experience finds, when required to write this up, that she has really handled many cases. In one case this report was thought of sufficient value to be copied by the school offering the privilege.

Nurses often hold distorted views as to what constitutes experience. One returned deeply impressed, saying, "I certainly had fine experience. Eight babies died during the month I was in the children's ward. Some nurses will find rich experience anywhere. Others would complain of no experience had they been sent to the firing line at Waterloo."

Affiliated training appeals to the medical profession. Whenever they learn of this they show increased interest.

Affiliated work requires more special examinations. Regular examinations can only be managed by calling the pupils back and so interrupting the work of their regular hospital duty, which we feel that we have little right to do, or else send out questions to these schools, which is not a particularly good plan. Poor papers nearly always result, as they are then working with other nurses who are not considering this subject.

Affiliation offers new incentives for work. A pupil often much out of tune with her home environment will sometimes do excellent work when transplanted. Affiliation offers means for comparative study of methods, which is one of the highest forms of scientific research. Each school has its own course, which is often seriously interfered with. Where pupils enter at irregular times, too many candidates are ready to be sent away at one time. Lost time always results in keeping others back.

We appreciate very much the courtesy, kindness and support of those hospitals which have contributed so much to our nurses' training.

Miss Nutting. May I take issue with Miss Tracy. She in-
stances sending a pupil to the hospital urging her not to pay too much attention to what she is going to get, but to give herself freely and wholly. I don't know whether Miss Tracy means just that?

Miss Tracy. I think I do, Miss Nutting.

Miss Nutting. If nursing is to be a means of public service, by which method is the nurse going to be best prepared? By going to a place to where she can secure every bit of knowledge that she can, or by going and being utilized nine or eleven hours a day?

Miss Tracy. You will remember I did not say that I should say that to the superintendent of the school offering the privilege.

Miss Nutting. I am still inclined to think that if that were said to the pupil nurse it might make trouble. However, I am going to take issue with it because I thought I observed a little approval of that sentiment, and I think we should disapprove it. I think it is about the last thing we need to encourage and that the public will be better served if we put the emphasis of the need of the proper education of the nurse.

Miss Tracy. I think perhaps I stand as strongly as any one need to for the education of the nurse and in just the sort of education that Miss Nutting believes in. But I believe that more than anything else nurses need to feel the need of the patients, and I am sure we have all known nurses who seem to have almost forgotten the great end of their work in the feeling that they are training.

Miss Nutting. I wouldn't seek an affiliation where infant mortality is so high.

The President. If it weren't for this question of infant mortality, I would like to stand up beside Miss Tracy and say that this little admonition which she has given her pupils before they leave home has had the effect of making them eager searchers for instruction and work. They have given themselves. They have been eager for work, believing that thereby they were learning.

We will continue the program by asking for Miss Stimson's paper on the great demands in post-graduate work.
THE GREAT DEMANDS IN POST-GRADUATE WORK.

Madam President, Members and Guests. When the subject of post-graduate work was first presented to me for a paper, it seemed a possible matter to handle, but to my increasing dismay, as I have thought it over and discussed it with other people I have found that it has assumed amazing proportions and that it presents problems far beyond my ability to solve.

The present system of post graduate work, or rather the lack of system is as confused as were my ideas, and I am now able to present not a paper on the subject but only a catechism.

I intend to lay before you some questions that are, sooner or later to be faced. The need of their solution presses upon me in my own work, daily, as I see how harsh criticism is merited, because of our haphazard and unorganized methods. For an important part of a large educational system, it is deplorably lacking in regulation, unity, standards or anything else that goes to make it a system at all.

You will see that the questions that I am going to ask can not possibly be answered except by the combined thought and the active interest of all who wish the elevation and advancement of the nursing profession.

Q. 1. What is post-graduate work, in the commonly accepted sense of the term?
2. Are the so-called post-graduate courses offered by our hospitals entitled to that name?
3. Why are nurses asking for post-graduate work?
4. Why are hospitals offering it?
5. How can post-graduate pupils be classified at present?
6. How should they be classified?
7. Should post-graduate pupils be asked to work 9, 10 to 12 hours a day?
8. Should post-graduate nurses pay a tuition fee?
9. Should there not be standards and methods, at least for the fundamental principles of nursing, that are universal?
10. Should post-graduate nurses not be admitted at stated intervals in groups, that their training might be systematic and in classes?
11. To make this possible should hospitals not supply the training schools with sufficient funds to enable the officers of the school to supply paid nurses to cover gaps occurring through emergencies?
12. Should not training schools that offer post-graduate courses organize and work out together some scheme by which it is possible better to meet the demands of the post-graduate applicants as well as take care of the need of the hospitals?
13. Shall we definitely offer Supplementary or Deficiency Courses for the graduate of those schools whose courses of training are so obviously inadequate?
14. Shall we not offer courses for specializing without demanding that with the course that is desired some other course be taken, in addition, in order to cover our own needs?
15. Should there not be a permanent graduate head nurse force in the hospitals where post-graduates are taking their courses?
16. Should "recognized Training Schools" send out graduate nurses who feel an immediate need of further training?

These are the questions and their importance is great, particularly to those of us who are in the midst of the difficulties of the present arrangement.

From the point of view of the hospital these difficulties and disadvantages might be grouped as follows:
The difficulty of taking care of our patients properly on account of the varieties of method, and often on account of the ignorance of any method at all.

The difficulty of properly instructing either in theoretical or practical work. The necessity for giving the same class work over and over continuously because of the never ending stream of pupils.

The difficulty of fitting the work to the applicant, due to the lack of classification.

Differences in standards and ideals.

Difficulty in grading the applicants.

Lack of esprit de corps or any feeling of unity.

Difficulties of discipline due to difference of training, and of age, even of nationality and language.

Difficulties of attitude which is not always receptive and eager, but sometimes critical and faultfinding.

Difficulty in pretending to teach in a few months, what it ordinarily takes two to three years to impart.

From the nurse's point of view the following are some of the difficulties.

Lack of systematic instruction.

Lack of proper instructors.

Overwork and too long hours.

Frequent unsuitable and unjust grading in work, on account of improper or lack of classification on admission.

The frequent feeling of too great pressure and perhaps of a lowering of standards, in the rush and swing of large active wards, because it is so often impossible to care for each patient as the nurses are accustomed to care for the patients in the smaller hospitals from which they have come.

I cannot answer the questions nor solve the difficulties but partial answers to some have been suggested in various discussions with heads of institutions and with young women who are doing post-graduate work.

1. What is post-graduate work? In the commonly accepted
sense of the word a post-graduate course is a course in some special subject, following the completion of a sound fundamental preliminary training, with definite standards.

2. Are the so-called post-graduate courses offered by our hospitals entitled to that name? Of the 53 nurses whom I interviewed personally, in 4 different hospitals (2 general and 2 special hospitals) 27 told me they were endeavoring by means of a post-graduate course to make good deficiencies in their preliminary training. It would seem then that a large proportion of post-graduate courses are not post-graduate courses at all, but deficiency or supplementary courses.

3. Why are nurses asking for post graduate work? For a good many reasons.
   a. To make good deficiencies in their original training.
   b. To specialize.
   c. To learn the methods of another section of the country or of another country. (11)
   d. To learn modern hospital methods after several years of private nursing. (5).
   e. To prepare for institutional positions. (5).
   f. To qualify for state registration.
   g. For the entree into professional circles. (4).
   h. Because the original course was considered too short. (2 yrs. 3 mos.)

4. Why are hospitals offering post-graduate courses?
   a. Because there is a demand for it. Bellevue and Allied can do the nursing of two of its hospitals of nearly 200 beds apiece, with only affiliating and post-graduate pupils.
   b. Because until the time comes when training schools will be either self-supporting or endowed, hospitals must have unpaid or cheap labor to take care of their patients.
   c. Because of the dearth of applicants for the training schools.
5. How are post-graduate nurses classified at present? They are not classified at all, as far as I can tell.

6. How should they be classified? According to their elementary training, to the length of time since their training, the reason for desiring further experience, etc.

7. Should post-graduate nurses (or any nurses) be required to work such long hours? Very few women in either industrial or professional work have such long hours and it is very much to be hoped that the time will come when nurses will have shorter hours and lighter work.

8. Should post-graduate nurses pay a tuition fee? If the post-graduate course can be made a part of a definite educational system, a tuition fee might properly be required, but if post-graduate courses are given for the benefit of the hospital, it would hardly seem justified.

9. Should there not be standards and methods, at least for the fundamental principles of nursing, that are universal? This would seem not only ideal, but necessary if the nursing profession in the United States is to hold its place among the other professions. One might think that when the requirement for post-graduate courses is that the applicant be a graduate, in good standing, from a "recognized training school," that such a statement was a guarantee for at least a certain amount of education and nursing knowledge, but such is not the case. Bellevue and Allied receive post-graduates only from "recognized training schools" with the signature of the Superintendent of the Training School as a surety for that fact, but I have at Harlem started the post-graduate course of graduate nurses who actually could not take temperatures, had never administered medication by hypodermic injection, had never assisted at a surgical dressing, had no knowledge whatever of some of the commonest nursing treat-
ments, except from lectures and demonstrations, and had no conception of asepsis and antisepsis. Fortunately for Harlem all the post-graduates have not been of this sort. It may seem Utopian, but it does not seem too much to hope for that the time may come when all graduates of "recognized training schools," can be relied upon to understand at least a few of the elements of nursing knowledge.

10. The admission of post-graduate pupils at certain stated intervals would, I am sure simplify affairs for the Superintendents of Nurses who are admitting post-graduates and are struggling with the continuous performances of class work, the overlapping and curtailing of theoretical work, and the separate and individual planning that is necessary for every change.

11. To make this class work possible, some scheme must be devised. But that has yet to be worked out, at least at Bellevue and Allied.

12. In regard to the co-operation of training schools in the matter of post-graduate work, suppose that the Superintendents of Training Schools in New York, for instance, that offer post-graduate work, should make themselves into a committee; met together and discussed their various courses, and applicants, and decided to co-operate. When one hospital had too many applicants at one time, it would send them to one of the others. Or when some special service in one hospital became light, nurses who were not needed for that service in that particular hospital would be sent to another hospital to complete their service there. At Bellevue and Allied of course it is possible to transfer nurses from one hospital of the system to one of the others, but there have been times when we would have been glad to send some of our nurses to some outside hospital for some service which for some particular reason had become too light or had become over-stacked with nurses, in our own
hospitals. Details of such co-operation could easily be worked out.

13. The question of whether we shall offer definite deficiency or supplementary courses, as such, for the large number of graduate nurses who are seeking them under the present title of post-graduate courses, must be met with another question. Do the Superintendents of the Training Schools from which these young women are continually coming, realize why their graduates are asking for further experience and more training, and if so why don’t they affiliate with such other schools as will give to their pupils the wider experience that they need and want?

14. At Harlem, if a nurse wishes special experience in surgical work we are obliged to ask her to give us a corresponding period of service in our medical wards, and at Bellevue if she wishes a two months’ course she must also have with it a three months’ course in some other subject. It seems to me that our New York Committee could take care of this difficulty after a little experimenting.

15. In regard to the permanent graduate head nurse force in the hospitals that offer post-graduate work, does it seem right to place post-graduate nurses under pupil head nurses or even under other post-graduates, who in the last few weeks of their courses are given charge of the wards? Surely no defense of either of these schemes can be made except from the point of view of economy.

Inadequate indeed are all these suggestions, but we dream of a time when there will be in various sections of the country a Board of Training School Superintendents with a paid secretary, to whom all applications for post-graduate work will be sent; in whose hands is full information about the post-graduate courses offered by hospitals; and who will advise and
suggest and make up classes for the various hospitals. A year ago there were 2742 letters of inquiry during the year to 12 hospitals alone. Suppose these letters had been referred to a Central Board and to each writer had been sent an application blank with definite questions to be answered about previous training, length of course, special subjects desired, amount of time that could be given to a course, the necessity for compensation, or the ability to pay a fee, section of the country preferred, etc., when the blanks came back to the Central Board does it not seem possible that the young women might have been directed to hospitals where each would have found her particular need best satisfied? Not that those of the 27 hundred letter-writers who took post-graduate courses did not get what they hoped for, probably most of them would have said they were quite satisfied with what they had received but they don’t know what they might have had.

It embarrasses me sorely when my post-graduates tell me on leaving how valuable they feel their training at Harlem has been, for I know in my heart how much more they should have been given.

Suppose this Central Board,—and why should each state not have its own post-graduate board under the department of education?—Suppose this Central Board had the power to say what schools could register with its sanction for post-graduates, and what standards they must come up to, to do so, would schools that could not qualify receive applications for post-graduate work individually? Certainly not for long.

Imagine that a “Class A” applicant, say from some excellent general hospital, with superior qualifications, wishes to specialize in executive work, or some other special subject, her application or possibly she herself, if the scheme is worked out so well, that the board knows even when vacancies are to occur, would be sent directly to the hospital which can best give her that experience. Suppose a “Class B” applicant, some one who wishes to brush up after several years of private work, or a “Class C” applicant who comes from a state hos-
pital and wishes more practical experience, or a "Class D" applicant from a small private hospital wishing general training, (one such nurse told me she was taking a post-graduate course because she felt she needed a little more experience though she had had excellent experience, except in Surgery, Medicine and Obstetrics! All these can be sent to the hospitals where they are ready and qualified to satisfy just such needs.

In our dream let us follow one of these nurses to her new field of work. We see her presenting her application card from the Central Board to the Superintendent of Nurses who of course was expecting her in accordance with her notification from the Board. No "pedigree" need be taken at this time, for the Superintendent has already received a copy of it from the Board.

We see her taken to her pleasant single room in the nurses' home, and a little later go with her to a classroom where she is introduced to the other post-graduates nurses who are to be in her class and who have been coming for the previous ten days or two weeks. We then hear a special instructor give an introductory talk on the work that is before them, on the ways of the hospital, the class of patients, and a general idea of the course. The next morning we see her taken to a ward and introduced to a head nurse in white, who delegating her own duties to her senior nurse, gives immediate attention to the newcomer. We see her lay out work that will give the strange nurse time to look around and to adjust herself. It may have to be bed-making, but it will not be dusting. Soon, however, she will have to be shown various treatments or dressings and before long she will find herself in the full swing of the ward work. Her class work two or three times a week, in the afternoons, will begin at once.

We have not time to follow her through, but at the end of her course, we learn that when she has passed an examination given by the central board, she receives a special certificate, authorized by the board, but given by the hospital.

We can even dream of the time when Training School Com-
mittees will offer prizes of special scholarships for some special post-graduate course to those who could best profit by them, and we have visions of the time when hospital work will be so readjusted and lightened that pupils, post-graduates, head nurses and superintendents will not be so physically worn out every night of their lives that they will be able to use their evenings as most women in other professions do, for study or recreation, or the reading that keeps one from believing that all the world's a hospital, or that the hospital is all the world. This is a dream, but even dreams, if thought about and worked for, may come true.

The President. May we have this discussion continued by Miss Hilliard?

Miss Hilliard. I understood that Miss Carr would lead the discussion, and I am not prepared to do it in a methodical way. I think this question of the board that Miss Stimson refers to would make for uniformity of methods in dealing with the post-graduate nurses. The difficulty I have had has been almost entirely with the differences in the training. And the chief difficulty is with the nurses who graduate from the insane hospitals. As Miss Stimson has said, many of them cannot take a temperature, scarcely any of them are qualified to give out medicines. It seems to me that they need a preliminary course instead of a post-graduate course. It is very difficult to give a woman of that sort, in a short time, the sort of training that she really wants. She expects to get in the three months' course the training that she ought to have had in her own school at home. And oftentimes she is satisfied with the course because she doesn't realize what she ought to have had. The management of a hospital with this sort of nurses becomes a great problem. They come in at different times, and this makes it difficult to give them consecutive work. And then some times they write that they will come at a certain time and we arrange for them, and then they fail to appear. This makes another problem. Perhaps the solution of the question is in this idea of the board.
The President. Miss Carr is unable to be present. Would any others like to say something on the subject?

Miss McKeechnie. I would like to ask Miss Stimson what she would suggest in regard to the board in arranging for deficiency examinations in such a system. How could it be worked out? Would it be in connection with the state board, a special committee who should plan or arrange the work?

Miss Stimson. I am altogether too inexperienced so far to work out the details, but it seems to me that it can be done. Suppose a committee in a single locality tried it to begin with, might it not easily be worked out after that? My own limited experience gives me ideas, and it seems to me that the longer experience of some of the others would be equal to working out the plan.

Miss Goodrich. This whole question, of course, means a tremendous study of the whole hospital situation. You have got to find out what hospitals can give such a course from the standpoint of administration, teaching, clinical material, housing conditions,—all that goes to make up a school. Now I believe that the Board of Education in New York city should make such a study, classifying the institutions that are prepared to give the full courses, and those for special work. There are small institutions that may lack some of the advantages of the larger ones, but are of value in other ways. There are special institutions that are admirable for post-graduate work and affiliation, and those that are not admirable for this purpose. I believe those special institutions should be accredited institutions, and that our handbook of the department should specify distinctly those which are prepared to do the training in full, and those accredited to give excellent preparation, but limited in certain ways, and those special schools where limitations can be properly made up to the pupil.

Miss Beecroft. Miss Goodrich, do you think this question could be handled through the state board?

Miss Goodrich. I should have to study the whole question. I should think it might be possible. Of course what one sees now is the need for a definite preliminary preparation. That preparation must be had either inside the hospital altogether or in all schools that attempt to give a three years' course.

Miss Palmer. It seems to me that I have been listening to these same problems for centuries, and I believe, after giving the
best of my life to this work, that we will make very little progress until we have our central schools. It seems to me that this body of women should put forth all its power for the establishment of central schools where the nurses may receive proper preliminary training, whether she is to enter a large or small school.

Miss BEECROFT. Are the training schools of these insane hospitals registered with the regents in New York?

Miss GOODRICH. There are nine registered.

Miss BEECROFT. Do they apply only to New York?

Miss GOODRICH. There are a few only outside that are registered.

Miss MCKECHNIE. The question of post-graduate work is a very important one, and I don't think we, as a body of women interested in the educational side, fully realize the importance of making use of the material offered in the hospitals that can give this special work. Another point is that those hospitals which can offer this instruction and experience and work which fits into not only deficiency work, but advanced work, do not for a moment realize that they possess anything to offer. And it seems to me that if there could be some way of standardizing post-graduate work, and the hospitals that can offer this work be approached and induced to recognize a standard, we should then be able to co-operate where at present we don't at all, and where there is not only lack of co-operation, but in fact, lack of any desire to further in any sort of way the work that nurses have come there for, and give their time and possibly money to get. It seems to me that there ought to be some investigation of the whole subject and some definite plan outlined for using the material that is scattered about in so many places, so that we can have placed before us the schools that cannot offer the full course, and the hospitals that can do the affiliating work and post-graduate work.

The PRESIDENT. It is with regret that we must close this discussion and adjourn our meeting unless there is something very special to come.

Adjourned.
TUESDAY AFTERNOON SESSION.

The meeting was opened at 2 P. M., with the President in the Chair.

The President. I will open our afternoon session by asking the Secretary to make some announcements.

The President. We have heard some expressions of discontent at the rapid closing of discussions this morning. There are those who wish to ask further questions regarding the affiliation of schools and also regarding post-graduate work, and it is deemed advisable to open those discussions again and give everyone an opportunity to speak.

[No response.]

The President. Perhaps this need is not so evident as appeared at the close of the meeting.

[Announcements.]

Miss Nevins. Madam President, I think it is true that many go away from these meetings discontented because they haven’t courage to speak at the psychological moment. The older members talk entirely too much. I plead guilty to that myself, and the younger members often go away wanting the information they could perfectly well get.

Miss Murray. I wish to say that the questions I came here with were so admirably answered in Miss Noyes’ paper that I feel that I have got no end of help.

The President. Are there any others? I am sure the ball has been set rolling and well.

Sister Amy. I wanted to ask Miss Noyes if she didn’t approve of affiliation on the whole.

The President. Miss Noyes is not present. We will ask her later.
Sister Amy. We have had fourteen years of affiliations, and although there are problems and difficulties and it makes a great deal of work for the teachers and superintendent, they can be overcome. We have been very well pleased with the results. Our affiliations have always been pleasant. We have had six different hospitals, four at present. The Massachusetts General we have had for eleven years, Simmons College for seven years, Boston Lying-in for four years, Corey Hill six. I can only express a feeling of thankfulness to those with whom we have affiliated and to say that it has been successful.

The President. Sister Amy's remarks should give courage to those superintendents who are supplying affiliations. I would like to ask Miss Goodrich if the New York state law hasn't had a great deal to do with the matter of affiliation not only in New York state, but all over the country.

Miss Goodrich. Yes, I think it has. And I think I should also say that I have asked in every case where there has been application for registration who has wanted the school registered, and I have always found it is the superintendent, who knows exactly what is entailed by such registration. While we say that the state law has done that, back of the law stands the superintendents who are desirous of seeing it done.

The President. I think that state law has been a great help to all superintendents within that state, and to outsiders as well. We have known here in Massachusetts that in order to keep our schools registered in New York state we had to comply with certain conditions, which we sometimes found difficult but which we knew worked out to our advantage in the end.

Miss Murray. I would like to say that affiliation has not been wanted just since these laws went into effect. The need was felt twenty years ago and some effort made at that time to bring it about. The state laws probably are pushing it now, but the need was felt years ago and some effort made. Speaking for the hospital I represent I will say that for ten years we tried affiliation with a small general hospital and during that time it was most satisfactory, as far as the practical training was concerned. There was practically no theoretical work at that time. The affiliation was discontinued because the general hospital itself had its own training school and as many pupils as it
wanted. For about five years we have not had any affiliation. At the present time we are negotiating with one of the large general hospitals of Philadelphia. We had no difficulty in persuading the board that it is necessary, and we shall probably be affiliated in the near future. That of course will only supply the general medicine work, and I think perhaps we can affiliate with the maternity hospital for that special line, and I am especially anxious also for a course in the care of infants, because they will not get that in the general hospital.

The President. Is there anything further to be said on this subject?

Miss Noyes has now returned and we will have Sister Amy’s question put to her again.

Sister Amy. I want to know if the gist of your paper was that you did not approve of affiliation.

Miss Noyes. Oh no. I approve of them absolutely. I was simply showing some of the problems that have to be solved in connection with affiliation. I intended to make it quite clear that I approved of affiliations most heartily even under the most adverse conditions.

Sister Amy. Do you insist upon a certain amount of instruction before you take them?

Miss Noyes. We try to make it clear to them that they should come either the latter part of the second year or some time during the third. If they come for obstetrical courses we like to be pretty sure that they have had their obstetrical theoretical training and teaching before they come.

Miss Nevins. It seems to me that the point to be emphasized in Sister Amy’s report of the remarkable success of affiliation at the Children’s hospital is the concentration of theoretical work of three or four months. I think it is clear that they should have their theoretical instruction in their own schools.

The President. If there are no more questions, we will pass on to that next question of the post-graduate.

Miss Noyes. One word about post-graduates. I think our greatest difficulty at Bellevue has been with the pupils from state hospitals. I think the schools connected with the state hospitals send us the pupils who are the least prepared for post-graduate work.
Miss Smith. In regard to the transfer of pupils from one school to another. How long should a pupil remain in a training school before she will be eligible to receive a diploma from that school?

The President. I will ask Sister Amy to explain that.

Sister Amy. They receive diplomas from the managers of the Children's Hospital signed by our own board of managers, countersigned by the President of Simmons, Superintendent of Nurses of the Massachusetts General, Boston Lying-in, and Corey Hill. Where the nurse goes to different parts of the country these signatures are recognized.

Miss Smith. I mean where a pupil wishes to transfer from one training school where she has received a diploma to another institution and receive another diploma, how long should she be held in that training school before she receives her diploma?

Miss Parsons. I have had at the Massachusetts General Hospital two or three applications recently from graduates of special schools, and their superintendents have felt that their experience in these special hospitals was such that they ought to have an allowance made on the training received in our hospital. So I have promised to take them in as probationers, and when I find what their practical experience has been and what examinations they can pass, I have in mind two institutions where I hope to be able to make an allowance of a year, knowing something of the schools from which they come. I have wondered if we couldn't do something in the way of encouraging the special or smaller schools by giving their pupils credit on the examinations they are able to pass and the practical experience they have had.

Miss Goodrich. The educational department of Albany has ruled that where a pupil had been a certain length of time in a registered school, registered by New York state, they were to receive a time allowance. But in every instance the pupil must have been trained in a registered school.

The President. If there are no other questions we will proceed with the program of the afternoon, and call upon Miss Van Blarcom for her paper on "The Relation of the Midwife Problem to the Prevention of Blindness."
THE RELATION OF THE MIDWIFE PROBLEM TO THE PREVENTION OF BLINDNESS.

Had it not been such a long caption, I would have liked to call my paper "The Responsibility of the Nursing Profession in Work for Prevention of Blindness, and consequently in solving the Midwife Question," the latter presenting as it does a social problem of vital importance.

I presuppose that this audience knows something of the prevention of blindness movement—that it is estimated that of about 100,000 blind persons in the country, probably 50 per cent. are blind as a result of preventable causes; that these causes are accidents in industries and every day life, occupational diseases, Fourth of July celebrations, bad lighting, wood alcohol imbibed and inhaled, trachoma, ocular tuberculosis, and among other eye infections, most important and pathetic, ophthalmia neonatorum, variously termed "babies' sore eyes," "cold in the eyes," "inflamed eyes of new-born infants," etc. Although everyone here knows of the cause, prevention and treatment of this disease, very few are familiar with the sickening fact that from one-quarter to one-third of all blindness in the world is caused by this infectious disease which for thirty years has been known to be preventable and curable.

In 1881 Prof. Credé of Leipsic gave wide publicity to the fact that he had reduced the occurrence of ophthalmia Neonatorum in his clinic from 10 per cent. to one-fifth of 1 per cent., by the instillation of 2 per cent. nitrate of silver into the eyes of all infants as an invariable routine. Another authority subsequently demonstrated that, should the disease develop through secondary infection, 99 per cent. of all cases could be cured, and blindness prevented, if early and systematic treatment were instituted.

In spite of this, nearly one-third of the new admissions each year in the schools for the blind in this country are blind
from ophthalmia neonatorum. During 1909, 44 per cent. of the pupils admitted to the Pennsylvania State School for the Blind at Overbrook were ophthalmia neonatorum victims. In the Connecticut School 50 per cent., and here in Boston at the Nursery for Blind Babies 60 per cent., of the inmates might be enjoying all that comes with visual perception, had their eyes only been cared for while they were defenseless infants.

We have found that in well conducted maternity wards, or hospitals where clean and careful work is done, ophthalmia neonatorum rarely occurs, and blindness practically never, and this is also true of the practices of the better class of physicians. The logical conclusion is then that this form of blindness is the direct result of ignorance and carelessness, or both, on the part of a large number of those who undertake the care of new-born infants, and they are of course doctors and midwives.

It is not for nurses nor for social workers to attempt to reform delinquent doctors, but they may attempt to raise the status of midwives in this country, if need for such an effort be indicated. This involves the consideration of several phases of the question—the extent to which the midwife practices in the United States, the duties which she assumes, the need for her services, and her fitness to discharge them.

Regarding the extent to which she practices, it is a conservative estimate that 50 per cent. of the births in the United States are attended by midwives. In New York City, during the last six years, midwives have reported 42 per cent. of all births—during 1910 the number was more than 52,000; in Buffalo 50 per cent. of the births are reported by midwives; in St. Louis they preside at 75 per cent. of the births; while in Chicago the report for one year reached as high as 86 per cent. Similar reports are made by one city after another.

We know in general that the midwife is commonly employed in this country by the negro and alien populations as
well as by many native-born of foreign parentage, and when we consider that one-third of the total population of the United States, according to the last census, is made up of aliens and negroes, we have a fair idea of the magnitude of the problem which confronts us.

In considering the duties which the midwife assumes, one has only to consider first the offices of a physician who, in most cases, must study medicine from three to four years and then pass a State Board Examination before he may attend a woman in labor; and secondly, the offices of a nurse, who also must be carefully trained two to three years of hospital work under supervision, before she is deemed fit to nurse a mother and her infant. But almost any ignorant, unlettered, untrained woman who chooses to style herself a midwife may, excepting in a few localities, discharge the duties of both doctor and nurse without restriction or supervision, and this at about 50 per cent of the births occurring in this country!

The custom among the foreign-born population of employing midwives is a deeply rooted, world-old tradition; moreover, the midwife is an economic necessity to those whom she attends, for in most instances the patient is able to secure from her both medical attention and nursing care at a cost which seldom exceeds a doctor's fee for medical attention alone. The midwife acts not only as visiting nurse, but as general adviser and woman friend at a period which is fraught with much anxiety and terror. She frequently prepares the meals, and gives aid in a variety of forms which an attending physician could not and would not offer. Considering the services which the midwife renders her patient and the limitless field for her practice, one can readily understand the tenacity with which she and her patient cling to each other. Thus, for traditional and economic reasons, the services of the midwife will continue to be demanded by our foreign poor, and, moreover, there will always be women who will respond to such calls.
The midwife's existence may be ignored, but she cannot be eliminated.

The practice of midwifery is by no means a local question, but as has been suggested, is a custom which has insidiously and with deadly persistence grown in this country until we find it today forming a part of the very warp and woof of the fabric of our greatest and most widespread social problems.

So far as I have been able to discover, the United States of America is the only civilized country in the world in which the health as well as the life and future wellbeing of mothers and infants is not safeguarded so far as possible through the training and control of midwives. In other countries this is made a national question, since the conservation of health as well as life of babies and mothers is felt to be a matter of national importance.

The utter indifference and ignorance concerning the status of midwives in this country on the part of those who should be responsible, is disclosed by an attempt to study state laws affecting various aspects of the problem as a whole. Everywhere there is evidenced the same deplorable lack of provision for their adequate training and subsequent control. Excepting in a very few localities any woman may follow the profession of midwifery, no matter how deficient she may be in education, training and experience. In 33 of the 49 states and territories, there is no law restraining the practice of midwifery; in three, Georgia, Alabama and Mississippi, midwives are actually allowed by law to practice unrestricted, while in the remaining 13 states there are laws purporting to require examination before licensure to practice, but making no provision for training.

Some extracts from these laws indicate how nearly useless they are as measures to regulate and control midwives in their practice.

The law of Maine says: "This act shall not apply to midwives, who lay no claim to the title of physician or doctor," and the law of Mississippi reads: "Females engaged in the
practice of midwifery are not prohibited from such practice, but are entitled to engage therein without a license."

The medical law of Louisiana terminates a section relating to midwifery by saying, "This Section does not apply to the so-called midwife of rural districts and plantation practice who, in the sense of this act are not considered as practising midwifery as a profession."

In the midwifery law of Missouri, the section on licensure terminates: "Nothing in this section shall be so construed as to require women practising midwifery to obtain a license when said women do not practice midwifery as a profession, and do not make any charge for their services."

In one state, Massachusetts, where midwives are not legally recognized, they reported 5,910 births in 1910, probably attending a great many more, since one-third of the population of that state is foreign-born. In North Dakota, where also the midwife is not recognized by law, more than one-third of the population is made up of aliens.

In taking a closer view of the midwife problem, we find that at least some effort has been made to raise the standard in New York State, but are impressed at the same time with the dire need of further and more widespread effort.

There in this state three county laws applying to Erie, Chautauqua and Niagara Counties, and two city laws applying to Rochester and New York. In New York City an old provision of the Sanitary Code of the Department of Health had required midwives to register at the Board of Health. The enactment of the state midwifery law of June 6, 1907, empowering the City of New York to adopt rules and regulations and adopt ordinances governing the practice of midwifery within its precinct, was a great step in advance. Under this law, in addition to registration, it is now required that registration shall be annual, that midwives shall be able to read and write, be of good moral character and clean person and have attended twenty cases of labor under the supervision of a licensed and registered physician. Details of equipment and
restrictions of practice are also stipulated, and inspectors are employed to enforce these rules.

But the present condition of midwives in New York City demonstrates conclusively that these measures are inadequate to control the situation, and evidently represent but a beginning of the stupendous effort which will be required to solve the problem as a whole.

Comprehensive rules have been adopted by the Board of Health, and earnest effort is made to secure their enforcement, but the same absence in New York City of provision for adequate training which is evident in other parts of the country, renders effective enforcement of the desired rules practically impossible.

The midwives in New York City are still ignorant and incompetent women as a class, and no amount of supervision will make them otherwise. They are reporting about 43% of the births annually, while it is impossible to estimate the extent of their illegitimate practice. During 1910, 975 permits to practice were issued to midwives, and it is safe to estimate that for each midwife registered there is one practising who is not registered. It has not even been possible to require that those midwives registered shall be able to read and write, and many are obliged to make a mark in place of their signature.

A further idea of present conditions can be gathered from the following extracts from the report of the Research Committee of the Committee of Fourteen, published in 1910—significantly entitled "A Study of Law Enforcement."

"A study of the records of the County Medical Society and of the Department of Health shows that from 1901 to 1909, inclusive, the County Medical Society (to which the Department refers all of its cases for prosecution) prosecuted 59 midwives, of whom 50 were fined or imprisoned, 3 were discharged and in 6 instances no record was obtainable of the disposition of the case. Of these 59 midwives, 23 had been granted permits, 4 were denied, one application was pending and in 30 cases there was no record in the Department of Health."
"11 of the 23 midwives to whom permits were granted acknowledged in their applications that they had previously been arrested on criminal charges, the remainder declaring that they had never been arrested.

An investigation made by the Research Committee of 27 midwives who advertised as such in different foreign papers during May and June, 1909, showed that of this number 23 agreed to perform abortion and 4 refused, of whom 2 gave the addresses of other midwives who would consent. Of the 27 midwives investigated the Board of Health had granted permits to 17, 7 in 1908 and 10 in 1909; 1 permit was denied, 1 application was pending and in 8 cases midwives were among those prosecuted by the County Medical Society, one in 1906 when she was fined $100, and the other in 1907 when she was fined $200, and again in 1908 when she served 30 days in prison. The first midwife was granted a permit on December 30, 1908. The name of the second midwife does not appear on the records of the Health Department, though she has long been a notorious woman, and has ten beds in her house, six of which were occupied by short time abortion cases at the time of the investigation.

"Two midwives advertising in foreign papers were visited. Upon investigation one was found in a kitchen which was filled with a foul odor and was indescribably dirty. The personal appearance of the midwife was in keeping with her surroundings. She was intoxicated and interspersed her conversation with oaths. She readily agreed to commit an abortion and declared that she had great ability in relieving young girls of their trouble in a short time. She told revolting stories of her practices and spoke of having had very young girls as patients. A further investigation brought out the fact that she had offered an honest midwife $6 out of every $25 she received from patients sent to her. In her application she declared that she had never been arrested on a criminal charge. This statement might have been true, as there was no record of prosecution against her under her present name, but she had acknowledged an arrest to a neighboring midwife. She might have given a fictitious name, which is commonly done. The Board of Health granted this midwife a permit on January 20, 1909.

"Section 184 of the Sanitary Code of New York City provides that no person unless authorized by law to do so shall conduct a lying-in hospital home or place for the care of pregnant and parturient women, or advertise, offer or undertake to receive and care for them at such place or at his home without a permit from the Board of Health.

"The permit issued by the Board of Health does not allow
midwives to take care of patients in their homes, but a special permit is required.

“During the months of May and June, 1909, 60 advertisements of midwives were counted in different foreign papers. Of the 27 visited, 17 advertised to take a patient in their homes or private sanitariums for treatment. Of the 17, the Department of Health had issued permits to practice as midwives to 8, in one case the application was pending, and in 8 cases there was no record of them in the Department.

“One of the most flagrant cases was that of a midwife who maintained a private sanitarium on Staten Island. She advertised from a New York address near the down town department stores and was at this place during the noon hour three days each week. She did not have a permit nor is there any record of her name in the Department. Another midwife advertised under two different names. She had been granted a permit under one name, but there was no record of the other name in the Department.

“The new law providing for the inspection and regulation of midwives went into effect June 6, 1907. The records in the Coroner’s office in Manhattan from June 1, 1907, to March 31, 1909, show that there were 72 deaths from abortions during this period. During this period, 227 fetus remains were found in various parts of Manhattan and taken to the Morgue.”

“Of the 27 midwives investigated 10 gave the names of schools in New York City and 6 of foreign institutions from which they had received diplomas. In 1907 an inspection was made of one of the schools of midwifery. The method of instruction consisted of lectures followed by questions and discussions. The course extended over a period of three months, the total charge being $66 in addition to $2.50 for a book. At the end of the term of instruction the prospective midwife was given a diploma. At the time of the inspection the “Professor” stated that the Board of Health had always accepted the diplomas of this institution and that examinations were not necessary in the State of New York after the course was completed. When the diploma was received, all a graduate needed to do was to register at the Board of Health and start at once to practice. No instruments were necessary until graduation.

“Of 10 graduates of one institution, 9 have been convicted of criminal practice, 1 was discharged, 9 were granted permits by the Board of Health and 1 application was denied. This school was organized in 1883 and is still offering its course of instruction. The 6 graduates of the infirmary and maternity home have similar records. One was fined $50 on a criminal charge, and five recently agreed to commit abortion. All have permits from the
Board of Health. The one graduate from the other school of midwifery investigated was indicted by the Grand Jury for manslaughter on March 30, 1909, but a permit was granted by the Board of Health, April 21, 1909."

I have quoted from this report for the sole purpose of demonstrating that the midwife problem in New York City not only is not solved, but is a growing menace to the life and health of mothers and infants. And what is true of New York City is true of other communities both rural and municipal throughout the country.

My work during the past two years has convinced me that the responsibility of improving this hideous condition rests more heavily upon the members of the nursing profession than upon any other group of workers, and that they hold the solution of the problem in their hands.

Midwives should be permitted to attend only normal cases and should be obliged to call in a physician upon the appearance of any symptoms of abnormality. This means that the greatest value of her service lies in giving humane and intelligent nursing care to the mother and her infant by daily visiting during the 12 or 14 days following delivery, and advising the mother as to her own hygiene before and after delivery as well as the care and feeding of her infant. In obstetrical nursing, as in all other branches of medical and nursing work, preventive measures are taught and advocated with steadily increasing emphasis. Not only does the immediate safety of mother and child depend upon intelligent care at this trying time, but the future health and well-being of both individuals hang delicately in the balance, easily to be impaired or destroyed through ignorant or careless work. It requires no effort of the imagination to conceive of the wonderful opportunity thus offered to nurses to tip the scales in favor of mental and physical health of a steadily increasing number of mothers and infant citizens.

A step in this direction has been taken by nurses doing different kinds of public health work—for example, those
visiting nurses who in their rounds see patients who have been attended by midwives, and others who are able to give advice and care to expectant mothers; also nurses in the employ of local boards of health who, in some instances, systematically follow up all cases reported by midwives. In one of our large cities during one summer, an experiment of this sort was tried, when 142 nurses in the employ of the department of health visited all midwifery cases reported to the department, and gave advice and instruction such as I have outlined to the mother and, in some instances, other members of the family. The death rate in this city was reduced 20% during the season referred to. But what a footless arrangement to perpetuate. The idea of sending clean, trained, intelligent women to patch up—perhaps undo—the work of dirty, untrained and ignorant women, does not commend itself to the logical mind, when the trained and intelligent person might have handled the entire situation from the beginning, with infinitely better results. We establish milk stations, schools for the blind, and institutions for idiots, extend women's surgical wards in hospitals, and distribute propaganda relating to the prevention of infant mortality, but entirely overlook an element which virtually controls the care and feeding of 50% of babies in the country—the midwife, who might be converted into one of the most powerful agents for the improvement of public health that has yet been operated.

Physicians and public betterment workers are becoming aroused over this situation and are with significant frequency asking "Why does not the nursing profession solve this problem? They are the ones who may settle the question."

We find an analogy to our present situation in the problem which presented itself in England 10 years ago, and to the credit of English nurses be it said that they heard the cry of neglected mothers and maltreated babies, responding so nobly that their influence in bringing about the establishment of better conditions in England cannot be estimated. Suffice it to say that the Central Midwives Board in England, appointed by an
Act of Parliament in 1902, entirely controls the midwifery situation in that country, and that because of the attitude and vigorous work of right-minded nurses and other women, the whole plane of the profession has been so considerably raised that now, paradoxical as it may seem, it adds considerably to a nurse’s prestige to be able to call herself a certified midwife.

And co-incident with the raising of the standard of this old and honorable profession which had been so degraded, the deaths among infants and child-bearing women have steadily decreased, as well as other consequences of obstetrical malpractice—among them, infantile blindness.

There is no more odium attached to the name of a midwife in this country today than there was to the name of the nurse in days gone by. Because of the example and indomitable courage of one woman—Florence Nightingale—the character of nursing work as well as the type of women who have undertaken it, has not only been freed from all odium, but is commanding most respectful recognition, nursing today being one of the strongest elements in all branches of medical, philanthropic and sociological work.

May I read here just a word as to Florence Nightingale’s attitude toward the midwifery profession?

“Before returning to England Florence Nightingale had received from Queen Victoria an autograph letter with a beautiful jewel, designed by Prince Albert; the Sultan had sent her a diamond bracelet; and a fund for a national commemoration of her services had been started, the income from the proceeds, 45,400 pounds, being eventually devoted partly to the setting up at St. Thomas’ Hospital of a training school for hospital and infirmary nurses and partly to the maintenance and instruction at King’s College Hospital of midwifery nurses.

“Midwifery was another branch of the nursing art which Florence Nightingale sought to reform. She published in 1871 ‘Introductory Notes on Lying-In Hospitals;’ and, in 1881, writing on this subject to the late Miss Louisa M. Hubbard, who was then projecting the formation of the Matrons’ Aid Society, afterwards the Midwives’ Institute, she said, referring to these ‘Introductory Notes’—:

“‘The main object of the ‘Notes’ was (after dealing with the
sanitary question) to point out the utter absence of any means of training in any existing institutions in Great Britain. Since the ‘Notes’ were written, next to nothing has been done to remedy this defect. . . . The prospectus is most excellent. . . . I wish you success from the bottom of my heart if, as I cannot doubt, your wisdom and energy work out a scheme by which to supply the deadly want of training among women practising midwifery in England. (It is a farce and a mockery to call them midwives or even midwifery nurses, and no certificate now given makes them so.) France, Germany and even Russia would consider it woman-slaughter to ‘practice’ as we do.’”

A small beginning toward the solution of this problem has been made, for a training school for midwives will very shortly be opened in connection with Bellevue Hospital in New York City. With much chagrin I must admit that, in this age of preventive medicine and in this land of the free, this little school at Bellevue Hospital is the first step toward providing legitimate training for midwives in this country. Singularly enough, the birth of the nursing profession in this country also occurred at Bellevue Hospital. Our hope—even intention—is to have similar schools for midwives throughout New York State, and by an act of the legislature, to have the schools under the Department of Education, as schools for physicians, nurses and other professions are at present, for the desired end can be accomplished by securing provision, first, for adequate training of midwives in schools sanctioned by the Board of Education; secondly, for state registration and, thirdly, for supervision and control by state authority.

Discouraging and even distasteful as this work may seem at the outset, the analogy between the work for raising the status of the nursing profession and the effort to improve the midwifery situation is so close, and that never-ending, most appealing of all calls—that of women in labor—is so strong that we as members of the nursing profession cannot longer pass by with averted eyes and unheeding ears. One cannot but feel strongly that we as women and nurses should have been well in the vanguard of those who protested against this inhuman practice.
Since, however, the example has been set by many of the large and important medical societies and philanthropic organizations throughout this country, we must, unless the finger of scorn be pointed at us for neglecting our duty, protest against the perpetuation of this phase of "woman's inhumanity to woman," which leaves in its wake unnecessary deaths of mothers and infants, mental and physical impairment, and perhaps saddest of all, unnecessary blindness of babies.

The President. Has some one something to offer which may at least put us on record as being willing to assist in this work?

Miss Nutting. Madam President, may I ask Miss Van Blarcom if she thinks a resolution from this society of the same type as that of the medical society, would be of value as a first step?

Miss Van Blarcom. It would be of great service to be able to show to other people the attitude of the nursing profession. It would be of great assistance in the legislative work; in fact, we have been told by the people at Albany that we must be backed by both the medical and nursing professions.

It was moved by Miss Nutting and seconded by Miss Crandall that a small committee be appointed to draw up a suitable resolution. Motion was passed.

The President. We shall hope, therefore, to hear something further from this question tomorrow. We certainly shall not let it drop at this point. I will now call for the next paper on the program.

Miss Goodrich. Before that paper, may I ask if it would not be wise to appoint a committee on public health from this society some time before the close of the session.

The President. I think we should do that.

We will now proceed with our program and have the paper by Miss Catton on "How to Promote a Larger Social Life in the Training School."
HOW TO PROMOTE A LARGER SOCIAL LIFE IN THE TRAINING SCHOOL.

The majority of the members of any profession find it a difficult matter to live laborious lives without due pleasure and recreation. We have in mind members of the nursing profession whose toil is their pleasure, whose lives are devoted to the bringing about of some great undertaking; others who reap pleasure in the results obtained from the quiet, steady, unswerving attention to detail. Each of these types furnish an example of the busy social life so absorbing in daily activity, so satisfactory in retrospect during the days of declining usefulness.

However, the tendency of the times in all forms of work, both mental and physical is: "With labors assiduous due pleasures to mix."

We note with interest and almost envy the manner in which educational efforts are these days being directed toward play as well as work; toward teaching people how to be idle as well as how to be occupied; toward the cultivation of forms of recreation which develop physical repose and lack of tension; toward community living as well as aloofness and toward the preservation of personal identity.

When a young woman chooses a certain school or college in which she is to spend three or four years of her life she expects to find within the environment of that school opportunities of a social as well as an educational nature—no doubt more of the former than she is able to take advantage of will be provided. Training Schools for Nurses have been slow to recognize the necessity as well as the advantage of furnishing within their own precincts social privileges for those under their charge. The lack of a pleasant atmosphere in the home life may sometimes, not always, be given as a reason for the objectionable interests chosen by nurses outside their school life.
There have been many improvements made within recent years along the line of better housing for student nurses—a more detailed supervision of the life of the nursing staff when off duty—better facilities for obtaining the proper amount of rest from arduous duties, and in many schools a more active interest is shown by Boards of Directors and Training School Committees relative to the welfare and advancement of pupil nurses. But what are we doing to make our nurses happy? We engage people to supervise, to teach, and to perfect them in all ways that shall make them acceptable in the technical part of their training. Do we not fail in an important duty when we neglect to take them apart from extreme busyness and direct their leisure hours into the channels for which each may possess special adaptability. Material for instituting certain forms of sociability is not lacking, for into our schools each year come young women who have been previously trained socially and if rightly directed could be leaders in that branch; there are also those who have been deprived of these same privileges and would be glad of an opportunity to be taught something besides perpetual devotion to duty.

Why, because a young woman wishes to prepare herself for a nurse, should she crush out of her life every talent which she previously possessed and devote herself solely and particularly to one phase of life? Do we not often have nurses in our schools who have considerable talent for music; who are good conversationalists; or those who have received special training in home duties? Any one of these accomplishments should be fostered and given scope for preservation.

In obtaining information from a limited number of schools as to just how much attention is being given to the social problem it has been interesting to note the results! In six schools social advantages consisted of: "Annual graduating exercises followed by a dancing party to which gentlemen were
invited. A Christmas entertainment and other holiday observances."

In three schools a course of dancing lessons was provided during the winter months.

Other schools counted lectures along educational lines as social privileges as well as monthly meetings of nurses’ clubs where nursing subjects were discussed.

In one school among other plans for enjoyment, a member of the Board of Directors sent his automobile daily taking at least four nurses for a two hour ride.

Other schools served afternoon tea daily in the nurses' house so that nurses and doctors too could enjoy a social chat on their way to and from lectures.

In some schools many opportunities for attending theatres and musical entertainments were furnished by friends in the community.

One school paid particular attention to matters of a social nature for a month preceding the annual graduating exercises.

These opportunities for sociability while meagre enough in number and quality seem like a social whirl indeed when compared with the advantages of only a few years ago.

Some of us well remember the time when we received a diploma from the hands of the Superintendent of the Training School alone in her office after a long day on duty with no flowers or music or friends in attendance.

There is in evidence in even the largest and most conservative schools of today a spirit of equality between teacher and pupil. The old barrier of superiority which heads of Training Schools have thought it necessary to assume in order to inspire nurses with a soldier-like endurance is fast giving place to the idea that what difference there is between teacher and pupil need not prevent a frank comradeship and a perfect understanding. Leaders in other schools are working with their pupils instead of altogether for them and should not the leader in a school for nurses know how to diffuse happiness
as well as to establish rules? Should she not be a friendly consultant as well as a firm disciplinarian? Can she not dispense love, sympathy and goodfellowship as well as justice, wisdom and dignity? The fallacy that all the finer qualities of head and heart came to a nurse because of the ennobling influence gained from a life of self-sacrifice is fast being dispelled and we are no longer justified in omitting to provide a stimulus which shall tend to make her attractive and desirable aside from her knowledge of the care of the sick.

In order to obtain good results in training school work we are learning to delegate certain special duties to heads of departments and are just recently beginning to realize that the dormitory life of nurses needs special supervision and direction.

The position of House mother has been instituted in certain schools and is helping to solve the problem of the social life for nurses. There has been some discussion as to whether the woman occupying such a position should have had a nurse's training or should be some one able to bring to the school an outlook differing entirely from that of the woman who has received a hospital training. Speaking from my own rather limited experience, I believe a very wholesome influence is exerted upon nurses by having them come in contact when off duty with an educated, refined woman who knows nothing of their daily round of duties and can turn their thoughts and direct their forms of amusements along entirely different channels than could a woman who was familiar with all the detail with which their lives are crowded during hours of service. To be sure, a trained nurse could appreciate their discouragements and probably dispense sympathy and wisdom gained by her own experience, but is it not true that in times of discouragement and weariness the most useful help and rest we obtain is by getting the opinion of some one who looks at life from an opposite standpoint or by merging into an atmosphere wholly different from the one in which we spend
our working hours? A house mother who possesses some knowledge of the life of young people and who may perhaps have a daughter of her own, or can look back upon dormitory life spent in some college or school would probably possess qualifications helpful for the needs of the position.

Many problems present themselves upon the advent of a House mother. What shall be her duties? How much authority shall she be given? To whom is she responsible? Upon her introduction into one school a nurse was heard to remark: "Now we have a jailer." This same nurse was soon convinced, not by words but by kind acts that the province of the newcomer was to lead and direct: to establish an atmosphere of consideration for other people that would abolish "lock and key," to create within the home life a spirit which would make nurses do right for the sake of right and to show the wisdom and good taste of falling in line with established customs and regulations.

In planning to establish in our Training Schools an atmosphere that shall promote happiness, to provide nurses with entertainment and recreation which shall in no way interfere with the serious conduct of their duties shall we not be governed somewhat by the community in which the school is situated. If in a city or town in which there is a girl's school can we not obtain some knowledge of the social life prevalent in that school and procure for our nurses some of the same recognized advantages. We seek educational ideas from schools and colleges, why should there not be an exchange of opinions along social lines?

If we live in a community where nurses have opportunities for attending the theatre or other public entertainments can our young women not be properly chaperoned, and attend in groups or classes only such forms of amusement as shall be considered proper by the management of the school. Does this not make a good impression in the community?

The opportunity given nurses to receive visits or calls from
their friends in the reception rooms provided for such purposes has been sometimes abused. Would it not be possible to have nurses’ houses possess so much of a home atmosphere that a gentleman caller shall expect to render to the House mother the same deference and consideration he would expect to show to the mother of this young woman were he paying a call in her own home.

We are frequently called upon to deprive nurses of some form of amusement or pleasure in which they wish to participate outside their school life. In so doing, what do we substitute to fill the lack of the coveted enjoyment? Do we not often chide them for some act of behavior which has been unbecoming, a lack of courtesy or good breeding which renders almost worthless any other knowledge she may have gained in her Training School? But where is her example? Who shall she imitate? She seldom sees the Superintendent of the Training School or her assistant in any capacity other than the discharge of their duties. Is not the nurse in training apt to show to those in authority only the best side of her nature? During the hours of relaxation or when mingling in a social atmosphere she may show traits of character we never knew she possessed if we see her only in workaday attitude. Hence, if we see nurses often in a social way we have an opportunity to find out what each one will need when thrown into a home life where she is expected to be a member of the family for weeks and months. Cannot the wise House mother teach our nurses to be gentlewomen? We may say that if we obtain the right kind of young women for our schools there will be no necessity for teaching them manners and morals, but there is no present assurance that this is a rule we can follow. Students in other professions need to acquire good breeding, why should it be expected that a nurse should be born with it?

If a hospital is situated in the country and is more or less isolated from opportunities for social enjoyment can we
not interest nurses in nature, the most wonderful nurse in the Universe? What a pity that even a busy woman should have lived three years near a wood or a hill or a river and have failed to learn something of flower and pollen; of the names and songs of many birds; of the meaning of country sounds and silences.

To most of the busy women in charge of training schools the burden of instituting within our midst opportunities for a round of social duties seems perhaps altogether remote and visionary. However, if by some judicious planning we can put into the lives of nurses something which shall make them worth more to people to whom they minister, something which shall add to their stock in personal charm and equation, thereby making them happier women is not the effort well worth while?

When the nurse of the not far distant future leaves her training school there is not much doubt but that she will possess knowledge sufficient to enable her to aid in preventing, and battling against disease. She may also be fitted to occupy many other positions aside from the immediate care of the sick. Let us see to it also that she has been taught something of the “livableness of life.” Something which shall make bearable the secluded life she must often lead; something which shall make her a companion as well as a silent worker. Among the books we have taught her to enjoy may the Great Book occupy a prominent place, and while she may not have received special instructions regarding its contents, let us hope that her training shall have enhanced instead of detracted from her reverence for things spiritual.

She should know the meaning of self-sacrifice yet not be selfless. Heroism should be a part of her nature yet let her know much of femininity. Self-reliance is a necessary adjunct but let it be tempered by gentle womanliness. Knowledge, wisdom and discretion she must have, but let us make sure that she has had time to take care of her health and her spirits
and is therefore able to contribute something toward the happiness as well as the healing of humanity.

The President. We have thus had presented to us the other side of the picture, and we know there will be some discussion on this subject. We will declare an intermission of five minutes, after which an opportunity will be given for discussion.

[Intermission.]

The President. We will now continue the discussions, and take the last paper first,—in regard to the provision of a larger social life in the training schools. While you are collecting your thoughts we will have some announcements by the Chairman of the Committee on Arrangements.

[Announcements.]

The President. I will call the attention of members to the fact that we begin tomorrow morning at 9:30. This early hour was made imperative by the plans made for the forenoon’s work. We will now give opportunity for any remarks.

[From the audience]. As one who has had considerable experience with post-graduates, I wish to say that I think the sports are neglected,—tennis, for instance, or croquet, or even cards.

Miss Noyes. We are just about to have our tennis court grassed over because no one played. I’d just like to say that I always found it difficult to get nurses to attend any social entertainments prepared for them. In one particular instance a ladies’ board was interested in arranging dancing lessons, but it didn’t work. They liked to dance, but they wanted to dance when they wanted to dance, and not to order. The person in charge finally had to go around and offer prizes to make them come. I think we must remember that the nurses are grown women and they like to plan out their own affairs. One thing that we have done recently for our nurses is being greatly appreciated, and that is afternoon tea for any off duty between 3:30 and 4:30.

The President. I know of a school which has taken up that
method of entertainment. Some young nurse is detailed to act as hostess for the afternoon and it works really very well. There is considerable rivalry as to who shall serve the best tea and serve the most guests.

Miss Ayres. I was interested in what Miss Noyes said as I have had a similar experience. Our superintendent is very much interested in having something of this kind worked out. When we had our new class rooms, which can be converted into one large audience room, some one suggested that we have a regular social evening once a month. I know it would be a dead failure unless it was left for the nurses to ask for it themselves. Then the nurses asked if they might have a party once a month. And they have done that and other things. In two instances, I think, they gave a play. But it was all spontaneous and things they got up among themselves. I think, as Miss Noyes says, they want to do it themselves.

Miss Beacroft. My experience has been similar. One thing we have done which was a help, and that is we have provided a boat for our nurses on the lake. They appear to have enjoyed that to the full. We also tried to have a dancing class. We started with fourteen, I think, and by the time the term was half over there were six, and the class finished with three. They have had fancy dress parties that they got up themselves, and now they get up all their entertainments themselves and we help them to make it a success.

[From the audience.] As superintendents, are we to consider the pleasure of the nurse, the care of the patients or the education of the nurses?

Miss Stanley. In answer to that question, I think we must bear in mind that some of the bitterest criticism we have of the nurses is in regard to their manners.

Miss McKechnie. It seems to me that the nurse has always been thought to be the perfect woman, and we are always struggling to make her so. When Miss Catton read her paper it really seemed to me like just the little note that completed the harmony. We do need that side just as much as the educational side and the practical side. It is just as important that her talents should be developed and that she should be kept in good condition as to have her work so many hours a day.
Miss STANLEY. I quite agree with Miss McKechnie, but I don’t know how to cope with it. I wish this and that and all sorts of things for my pupils, and try to meet the demands I should meet in regard to their education, and I find that all of my time and nearly all of theirs is taken up in this direction.

[A member.] It seems to me we require far too much in three years. We have to do in that time what it ought to take a generation to do. Some one said that the way to reform a man was to begin with his grandfather, and sometimes I think that to make a nurse we should at least begin with the girl’s mother. There is another side that I would like to ask about from those who have had experience, and that is if any attention is paid to the nurses’ attendance upon church and such matters. Of course if we see that they get their regular half days off we have done something towards it.

Sister AMY. I should like very much to ask how many superintendents have either morning or evening prayers in the home or in the hospital.

The President. I will not ask you to show how many have, but I will leave Sister Amy’s question with you.

Miss GOODRICH. I think the boards of managers ought to know that in the majority of institutions three to four hours is the average time allowed off on Sunday, and they ought to be made to realize that they are breaking the law. Sunday is a legal holiday. The question whether they go to church or not doesn’t concern me, but the boards of management ought to realize that Sunday is a holiday and that it is their fault that the conditions are what they are.

Miss NEVINS. This whole discussion comes right down to a question of shorter hours. If the nurses have shorter hours they won’t be worn out and will have some strength to play tennis or anything else they want to. With shorter hours they will have a chance to think of something else occasionally besides their work, and then they can correct their faults and do all these other things that will keep them in good condition.

Miss NUTTING. We can’t have shorter hours until hospitals are ready to face the proposition everywhere of paying for some of the Sunday work.

The President. Anything further? If not, we will return
to the previous paper, and we were to ask also that a committee be appointed to make a resolution in regard to the midwifery problem. Is it your pleasure that such a committee be appointed?

Miss Nutting. I move that such a committee be appointed to frame a suitable resolution, and that this resolution be sent to the committee which Miss Van Blarcom represents here.

The motion was passed.

The President. This committee then will present the resolution which shall be an aid to the work as outlined by Miss Van Blarcom. I will appoint the following as members of that committee:—Miss Goodrich, Miss Palmer and Miss Nutting.

Miss Palmer asked to be excused as she did not hear Miss Van Blarcom’s paper.

The President. We think, Miss Palmer, that from your position on the Journal, you would be most helpful and that your influence would be most beneficial.

Miss Nutting. This may be a suitable time to say something that I am obliged to say before we adjourn. The National Association for the Prevention of Infant Mortality, with which this association is affiliated, has had two conferences: one at New Haven two years ago, and one in Baltimore last autumn. It is to have another in Chicago next November. When the association was first organized the directors and officers appreciated the importance of the work which nurses were doing, and they appointed a section on Nursing Associations and Social Workers. Until within a few months the chairman of that section has been a very able medical woman in Baltimore. But in order to forward their work they are relying more and more upon nurses everywhere, and within the last few months have asked me to take over the chairmanship of the section on nursing associations and social workers, and to arrange for a session at the meeting in Chicago. While unwilling to add anything to the burden that I cannot any too well carry, I felt that if this association wished to place a nurse at the head of the section rather than any one else, I ought not to refuse.

I cannot tell you in detail what this association for the prevention of infant mortality is trying to do, but it is trying to bring into line every possible agency that can bear upon the subject. And now that we find they are leaning upon us we want to
justify them in their faith, and do everything that we know how to do to help this work which is trying to stem the tide of infant mortality, and to promote a better and more healthy condition among children that survive. I want to ask you to help me to say how nursing associations can help all over the country. We can help in our training schools everywhere by bringing this question of infant mortality before the pupils and urging them to realize the importance of this whole matter. We can help by seeing that every nurse leaving our school gets some training on the care and feeding of infants. We can do a great deal in our maternity wards by sending out the mothers better prepared to keep the babies alive through the help we can give them.

I have roughly jotted down some subjects for the program at the Chicago meeting, but didn’t wish to go any further with it without advice from you. It goes without saying that we are going to aid more and more every single agency that makes for health, as well as all the causes that help to cure illness. We have allied ourselves with the Society for the Prevention of Tuberculosis, and that most important Society for the Promotion of Morality and the Study of Sex Hygiene. We can urge our alumnae associations to become members in their own cities and to pay the small fee. Because this association has a great deal to do and it is going to be very costly work.

Now these are the subjects we have prepared, and I shall be very grateful for any co-operation that you can offer and for any message you can give me to carry to that meeting in Chicago.

Subjects:

The section of this Association on Nurses’ Associations and Social Workers has been asked to arrange for one session at the coming Conference, and a program for that meeting is now being prepared. It is proposed that the following subjects shall be presented:

“Causes of Infant Mortality.” Miss M. Loane, an English district nurse of many years of experience, has consented to give this paper. Miss Loane is better known as the author of a series of remarkable books on social and economic problems. The titles
of some of these are "From Their Point of View;" "Neighbors and Friends;" "The Next Street but One;" and the "Common Growth;" all of which are published in America as well as in England.

"Organization and Management of the Nurse's Work in Milk Stations" is to be one of the most important subjects, and Miss M. H. Ahrens, Superintendent of the Infant Welfare Society in Chicago, will present the paper on this subject, which will be followed by discussions from those representing milk station work in New York, Boston, Pittsburgh (we hope), Baltimore and other cities.

"The Opportunities of the District Nurse and of the School Nurse in the Prevention of Infant Mortality" will be discussed; while a paper on "Little Mothers Leagues" will be presented by Dr. Baker from the Department of Health, New York.

A paper on the subject of "Visiting Obstetrical Nursing" will be presented by Miss Van Blarcom, and "Teaching Mothers in Maternity Wards" by Mrs. Reginald Foster of Baltimore. Schools for mothers, instruction of mothers in day nurseries and instruction on infant care in elementary schools will also be discussed.

It is evident that this Conference will be of the greatest possible importance to all nurses who are engaged in any form of visiting or district, school work or public health work, and it is to be hoped that the attendance at this special session will be very large.

The President. I would like to ask Miss Nutting if she has any definite plan by which she thinks we could be of use to her other than by our sympathy and our promise of help when the time comes. I am sure we all stand ready to give it.

Miss Nutting. I may have something to suggest a little later.

The President. The next item on our program is the report of the Committee on Student Government. Miss Carr was chairman of this committee but is not present. I think Miss Stimson was to give some sort of a report.

Miss Stimson. Miss Carr asked me to state that she found, after looking into the matter carefully and discussing it with different people, that the committee was unable to go any farther with it than we had gone last year.
The President. There is one subject which we had in hand for this afternoon, but the hour is getting late, and there are several other meetings appointed. I will leave it to you whether we shall take up the discussion of training schools for nursing in relation to the university and college this afternoon or postpone it.

Miss McKechnie. As there is another meeting tonight, and one or two other things coming between now and six o'clock, I move we adjourn.

The President. The meeting is adjourned until 9:30 tomorrow morning. Let me however remind you of the lecture to be given this evening at 8:15, in the Institute of Technology, Rogers Building, Huntington Hall. Subject: Fatigue in Relation to Health and Efficiency: by Dr. Frederic S. Lee, Ph.D., Professor of Physiology, Columbia University.
WEDNESDAY MORNING SESSION.

The President. The hour for opening has arrived, and we will first listen to a few announcements.

[Announcements.]

This brings us to the event of the morning, which is the address to be given us by Miss Arnold, Dean of Simmons College, and Professor of the Theory and Practice of Education. I am sure no one is better qualified than Miss Arnold to point the way, and it gives me great pleasure to present her to you.

CO-OPERATION OF EDUCATIONAL INSTITUTIONS WITH TRAINING SCHOOLS FOR NURSES.

I am very glad to be with you this morning. There is one thing that gives me more encouragement than anything else, and that is to take hold of hands with the women who have learned how to do something and are giving their lives in the service of humanity. Every one of us needs to be heartened by such contact.

Co-operation among institutions in behalf of nursing is the thought in my talk and I am very glad to begin with co-operation, because it seems to me the message of this city. I sometimes think a girl goes to college just to learn one thing,—to learn that she is not standing alone; that she is not working for herself alone, growing for herself or being cultivated for herself; but that she lives and works with a larger group for whose welfare she is responsible. And so we come to learn how every one of us is indebted to the
many, and how every one of us owes the best that is in her
to the many.

Sometimes I say to a girl who comes to me and asks why
she is not to do this or that, "Why should you do it?"
"Because I want to." Then I explain to her that it is not
for the good of all for the whole 800 girls to do this thing
that she wants to do, and I say to her, "Have you thought
what it would mean if you alone, out of all the girls, were
permitted to do it?" And then they begin to understand,
and they begin to substitute for that sense of the personal
the sense of the social civic consciousness. So they begin to
grow toward womanhood. And I fancy that is the great goal
for us all in this city, the coming into that sense of civic and
social responsibility. It is the sense of the need and privilege
of co-operation that brings us together this morning.

Then I have another reason for being glad to come to you
this morning. For a number of years I have been definitely
concerned with an institution that is bound to prepare women
for self-maintenance. It is bound by the trust imposed upon
it to send out its graduates prepared to earn their living,
and the problems that are before us always are the problems
of vocational education. From the very beginning, since I
undertook the study of that problem I have had as an ideal
the work which has been planned and brought about by the
nurses; for in the vocational education for women the nurses
have led the way.

In the first place you have come to your nursing—or you
did in your earliest years,—just because there was the great
vital need of you. In your practice you found that it wasn’t
enough for you to apply the bandage or administer the medicine
or make the bed, or merely follow directions. You found that
you must know more in order to act wisely and intelligently
when you were alone. And so you added to your work by the
bedside all manner of class instruction. You wanted to know
why the sick room had to be kept sanitary, why you disin-
fected, why you prepared the operating room in a certain way, etc. So you had class after class, and in the midst of heavy work took the hours for study which make you more intelligent and able in your profession.

Now the work in the training school for nurses is virtually typical of vocational education everywhere, and you have even that which we cannot get, the co-operation of the existing practical institutions in all of your training. What is the thing which Massachusetts is trying to do? She is trying to secure half time work by co-operation between the manufacturers and the schools, so that a boy can work at his trade while still studying;—so that the girl, in preparing herself to be self-sustaining, can work at her trade, in the stores and the shops one-half of the day and have the other half for school.

The hospital in the very beginning opened its doors and said, "Come here and be taught. And while you are doing this genuine thing that the community needs to have done, we will teach you at the same time." So you have already solved that problem, and you are the only institution, so far as I know, that has solved it wisely. And so, whether you have known it or not, you have been pathmakers in vocational education and have come nearer to solving the problem than any other group of professional men and women.

And then there is just one other thing that makes me glad to be here this morning that I want to mention before I begin on my subject, and that is that I approve with all my heart of your work in regard to the welfare of the home. One of the big problems we confront in vocational education for women is the fact that no woman is properly trained who isn't ready for her major vocation. You know what that is, and you know what a vast difference it makes if the wife and mother in the home, the one who cares for the little children, is wisely and wholesomely trained for the work. There are professions which women undertake which operate
against that kind of preparation for the major vocation. Whenever you find a nurse caring for her own home, you find a woman who has been well trained for that major undertaking. I have in mind one of the finest mothers that I know, the mother of three beautiful girls. She has a home that is healthy and wholesome and sunny, the center of hospitality and service. The father is a physician and the mother used to be a nurse. And often, before I knew the secret of the combination, I thought that mother better prepared than any other that I knew.

Now the point I want to discuss this morning, and which I imagine you have already been discussing, is how we may take hold of hands in the preparation of the trained nurse. How can the community help to get her ready for her work? Perhaps the most definite way to answer the question is to answer it straight out of my most recent experience. I have always held it to be true that you can't tell a thing you don't know and you cannot give away anything that doesn't belong to you, so I will make no apology for speaking concerning the institution with which I am connected.

Ten years ago, when Simmons opened its doors—it is a very young institution—it had been for years quietly discussing behind closed doors the proposition as to how women could be prepared for self-maintenance. When Mr. Simmons left his fortune to found the college, it was with one explicit direction, that it should prepare young women for self-maintenance by appropriate instruction in art, science and industry. People said at once, "What will they study at Simmons?" "Will you make them musicians? They can earn their living by it." And we said no, because the Conservatory takes care of this branch of education. Would we train them to be physicians? No, because already the medical schools are taking care of this work. Train them to be nurses? No, the hospitals are doing that work.

So we went on through the list until finally it was determined
to prepare librarians, secretaries, women to manage schools, to prepare teachers of science, and later those who were to engage in social service. But when we came to work out the program for the school of economics, to prepare them to administer their own homes, we found that that meant not simply kitchens and sewing machines, but laboratories for chemical research, and it meant good sense and a generous education. And so our chemical laboratory was fitted up. And then we said, "What a pity it is that these laboratories cannot be used for somebody else when they are not in use here?" The President said, "Why not use the laboratories for those who are making ready for nursing? The physicians who are busy during the day are often giving time to teaching the nurses their physiology or their sanitation, etc. Why cannot our equipment be used to help the hospitals teach these things?"

So in a most humble spirit we went to the hospitals and offered our equipment. We asked if there was anything we could do for the children's hospital. And Sister Amy and the Massachusetts General each sent us directly after that a class of nurses twice a year, about ten from each. I think their method of receiving the students and sending them to us was somewhat different. Sister Amy will explain to you exactly what the hospital promised. We gave them all the time they wanted for the entire term of four months in the chemical laboratory, biological laboratory and kitchen laboratory, so that they might have the elementary course in chemistry, physiology of nutrition, bacteriology and sanitation, and such instruction as seemed to the hospital necessary in cooking and household arts. We have never had any more delightful students with us.

The Massachusetts General, having other opportunities for instruction, has withdrawn, but the Children's Hospital still continues the arrangement and it is a great pleasure to have these two classes of nurses coming each year. I should imagine that there might be some advantage to the hospital in that.
I should think it would be a relief to the student to give her undivided attention to the various subjects, and not be distracted by the tremendous human needs which greet her at the bedside. I have had enough experience as an individual nurse to know that it isn’t easy to sit down and write an article when you have just come from the bedside of someone who is dear to you and know that before morning conditions may be so serious as to need more than your care. It is very hard to withdraw yourself for any other intellectual work when you are in the midst of such imperious need. It seems to me a very good thing, then for the nurse to get all she can of the contributing study, all she can of the related subjects, before she goes to the imperious work of nursing, or before she enters the hospital at all, and I would be most glad to see this combination extended. Sister Amy will be glad to explain to you what the business adjustment would necessarily be in such arrangements. My thought has been not to explain the work of Simmons, but to assure you that the experiment has been successful, and to say to you that it seems to me entirely reasonable that it should be a typical experiment anywhere.

Where else could it be made? I understand that young women cannot be admitted to certain hospitals until they are twenty-one. Now girls graduate from the high schools anywhere from fourteen to twenty. What are they going to do in those years before you are ready for them? It seems to me perfectly reasonable that such a girl may be directing her thought and attention towards this occupation which she may have chosen already. Why might she not do this as a postgraduate in the high school, explaining that she is going to train for nursing and that she wants chemistry, physics, biology, or cooking, or whatever may be essential? Why should not the high school, in any town where you have a small hospital, open its doors for your nurses? They are residents of the town, they are a part of the interest of the com-
munity? I should think Newton, for instance, could do it beautifully.

Or why shouldn’t the settlement help you? Why shouldn’t the nurse, who needs to know social service, have some experience at the settlement and get some understanding of the great human needs she may be called upon to meet in the practice of her profession? Or why shouldn’t the hospitals send out circulars to those who intend to train when the hospital can receive them, explaining what courses of study would be advantageous to them later on and recommending that they go to this or that institution for those studies before they come to the hospital. That seems to me a simple and reasonable thing to do.

Now there are four lines in which existing institutions might help: in the line of science for one thing, technique for another thing,—(that is in practical household arts), economics, and social service. The need for science is so perfectly clear. You need bacteriology, and elementary chemistry, and you need physiology and hygiene, and all the connecting sciences which any high school or college could give you.

Now what do I mean by economics? I mean something wholly simple and reasonable and most essential. I remember many splendid things about the small army of nurses who have helped me and my dear ones. But I remember one particular nurse who would have helped us a great deal more if she had known something of what I mean by economics. I remember at the time the expenses had been very heavy. There were operations and physicians’ heavy fees. We had to spend on every side, and it meant that the members of the family were beginning to go without ordinary necessities in order that the patient might not lack anything. So that when fresh eggs and cream and clam broth were being provided at considerable sacrifice, it did seem hard that two-thirds of a cup of clam broth, for instance, prepared for the patient but not wholly used, should be thrown in the sink. At a time when the
family expenditures have to be closely watched, it is not right that the nurse's ignorance of the simplest household economy should add to the burden.

If that is a burden in families in fairly good circumstances, how much more it means in families where every dollar counts. It means everything for every penny to be spent to advantage. And so it seems to me that no matter how fine a nurse may be in every way, she is doubly fine if she adds that economic sense of the dietary which will make her presence bear less heavily upon the family. Her presence is beneficent always, her work is essential and most helpful. But it seems to me very necessary that she should be trained in elementary economics and understood always that a part of her work was to see how much of what is most essential can be bought for every penny spent under her direction or suggestion.

Then there is the social responsibility. One of our graduates went to work as a district dietist and began to learn there what she hadn't learned in college,—the tremendous needs of the people who have little to live on and yet have all those great needs that we all have,—and had to learn how, under all those conditions of poverty, to meet and minister to them as only the wise woman trained in social service can meet and minister. I say to my young teachers that I believe it is impossible for them to teach in the North End without knowing something about the homes of the children.

I remember when I was in the office of the Superintendent of Schools in Boston calling a small child to me that I might look at her slate. I found that she had done her work rather well. But my attention was drawn to her face. I saw the hollows in her cheeks, the whiteness of her face, the ragged little dress pinned together, shoes sagging behind. And I saw round her neck a twisted string, at the end of which was a key. I asked her why she had it there, and she said it was the key to her house. She was barely seven or eight, and I asked her why she carried the key. She said to let herself in.
And I found that her mother went out washing, and usually left the house before the child was up in the morning, leaving her a piece of bread for her breakfast. The child washed the dishes and did what work there was to do, and then locked the door and came to school. Sometimes her mother was not at home when she returned from school at night, and then she had her key to let herself in. Sometimes, she said, she didn’t go home at noon, because her mother wasn’t there. At night that poor mother toils up the four or five flights to that otherwise motherless baby. It seemed to me that I had never conceived before what all this meant to such mothers and children.

When I went into the schoolrooms, I saw children with their heads on their desks, sleeping, when we were trying to teach them arithmetic and music and dancing. And at recess I used to see mothers, who hadn’t been to bed until twelve or one o’clock, armed with a chunk of bread, putting the bread through the grating to these children who had come to school breakfastless, the poor, overworked mother not yet awake. And I began to realize that all our arrangements stopped short before these greater needs, and I also began to realize that I could not minister to them until I knew more about them.

So I believe the nurse and the teacher can profit immensely by that kind of experience and training, and if the young girl who is coming into the hospital later can find any niche where she can profitably use some of those years preceding her work in the hospital by a study of the social problems, it will be a great help to her.

So the student may go to the college and take one or two or three or four years in preparation for her work. We have a one-year program looking towards nursing whereby the young women may have elementary chemistry, biology, sanitary cooking and household arts, involving keeping a room really clean and making a bed with square corners—although not as square as I have seen them in some places. We have had a great many students come to Simmons who had never had an atom of
science in their work; who couldn’t understand why they put cream of tartar in their biscuits, or why they couldn’t put their baking powder into water and let it fizz. They could only do just as they were told by the books of instruction.

One other question I want to ask about the possibilities of co-operation between the hospitals and other institutions. A number of nurses who have been experts in private service as well as in hospital work, have come both to Teachers College and to Simmons for training in institutional management. Some of them may wish to take charge of dietaries, or they wish to know more about internal problems of administration. Now those of you who have been trained in a large hospital where the supplies came down from heaven like manna may not know that one of the essential problems of institutional administration is how to make one dollar buy two dollars’ worth and be sure that it always does. The woman who succeeds in this work must know how to buy well and buy essentials and how to deal with people. She also needs to know just how to deal with the doctors’ table and the private patients’ table, and the special patients that have to be humored. This is a very mixed and serious problem.

Six months or a year could profitably be spent in the study of accounts, administration, adjustment of expenses and the problems of dietaries. And this could be followed by visits to hotels and tea rooms and colleges and schools, as well as the hospitals.

I believe there is immediate opportunity for a complete co-operation between the hospitals and colleges. I am perfectly sure that Teachers College and Simmons will both be willing to lend students to hospitals to be trained and to receive students from hospitals to give them everything they can. We believe in you with all our hearts. It is for our benefit for you to know all you possibly can and to become as wise and able as possible. We owe you a debt of gratitude. The community owes it to you, and wants to give it. I speak
for all the institutions I have known when I say that as much as you want co-operation and help, we long to be able to give it to you.

The President. I am sure the enthusiasm which you express expresses also your appreciation of Miss Arnold's discourse. Miss Arnold said this morning that if there were any questions which she could answer she would be glad to do so. This is your opportunity.

Sister Amy. I have been asked a great many times by graduate nurses who have not had the privilege of elementary training if it would be possible for them to take the nurse's course at college by paying for it.

Miss Arnold. Thank you, Sister Amy, I am very glad to answer that. I am sure I speak for Teachers College as well as Simmons when I say that the purpose of both institutions is to give such courses to any who are qualified by experience and training and who need and want such experience.

Miss Goodrich. What is the preliminary requirement,—that they shall be graduates of high schools?

Miss Arnold. The general requirement for entrance to Simmons is graduation from the high school. We have another clause which says that a woman of sufficient maturity or experience may take courses to which she is adapted and able to follow. So it is not always necessary to complete all the requirements for admission. Other things being equal, it is better, because one who is to take the courses in chemistry, bacteriology and nutrition side by side with those who have had the larger training will find added difficulty in keeping step. The full high school course is useful, but others are not barred, particularly in admitting pupils through the hospitals.

Miss Powell. What is the fee for the four and eight months' course?

Miss Arnold. Perhaps Sister Amy will answer that?

Sister Amy. The first year of our experiment Simmons was generous to give the course to our students free. In 1906 we started paying. The fee is $100 a year. We send two pupils,
each for four months, and pay $50 for each pupil, which covers the fee of $100 for the eight months.

Miss Arnold. I suppose you all know that no tuition fee pays for what is done in College. Some of the colleges are able to make the tuition fees pay expenses, and others nowhere near. The cost at Simmons is very largely borne out of the founder’s gift, so that the students pay about one-third of the cost of instruction. All the courses that they can take are open to them.

Miss Nevins. You spoke of the possible co-operation of training schools with high schools, in connection with young women not yet old enough to enter the hospitals. I suppose you mean to fit herself in a general way for the work before her. You didn’t mean that there might be a possibility of the training schools in any one city combining and arranging a preliminary course, so to speak, that would give her this preparation?

Miss Arnold. I meant that the hospital could advise the applicant to go to her high school for post-graduate work that would give her the preliminary training that she needs while she is waiting to enter the hospital. It seems to me that the Newton hospital, for instance, might arrange with the high school there to open its doors, and have certain hours when the nurses could use their laboratories for this instruction. And I particularly spoke of that as a possibility for small hospitals in the towns. Take the Brockton Hospital, for instance, and others where the training school is a very great problem. I don’t know why any community wouldn’t be willing to offer the laboratory and the teachers for that work.

Miss Goodrich. That is being done in many towns in New York state. Several schools are getting their diet cooking from the high schools, and in Buffalo they get their anatomy and physiology from the high schools.

The President. I may say that in Newton negotiations are now in progress with the new technical high school. But the school has been in existence only two years, and they will not have anything for us until this next year.

Miss Isabel Stewart. I think all it needs is an understanding of the situation to get this co-operation.

Sister Amy. Miss Goodrich asked about the requirements of the college as to grade of education. It may be of interest to
know the results of our experiment. We are now on our fifteenth class. At first we were rather lenient. If they had had even three years in the high school we let them in and the college very kindly accepted them without preliminary examination. I began that way, and every one of them failed. Now I absolutely demand that they have the high school at least. Private school students are not always prepared and we are most careful before accepting them.

[From the audience.] Speaking for the schools in the middle west, what steps could we take to establish a course in the high schools and whom would we go to to make the arrangements?

Miss Arnold. I should go directly to the superintendent of schools and let him be the mediator through which the arrangement could be made.

Miss Palmer. I would like to speak for Rochester a moment. We have a very fine technical school and we have a very liberal school board, and I know that the hospitals could have any kind of service they asked for; but the trouble with us has been the very conservative attitude of the hospital, not of the educational institution. That seems to be our problem.

Miss Arnold. May I just add a word. I visited the mechanics institute at Rochester the other day and they are doing remarkably advanced work there in meeting civic needs. They had just established a course for infant nursing, and the reason it was possible this year was because there had been a lakeside hospital for children established, and that the girls who were taking a course of training at the institute were going to give their services this summer to the hospital. They were having a preliminary course of three or four months in chemistry, infant feeding, etc., and then were to have practice in the hospital during the summer. I think it is going to be a very satisfactory arrangement.

The President. Does any one else wish to speak. I am loth to leave this subject, it is so interesting and helpful, and full of encouragement. We will continue it along a little different line, and call for short discussions upon a topic, which is not on the program, but one of those suggested topics which we promised might have a place: “How the Training School for Nurses Benefits by relation to a University or College.” I will call first upon Miss Louise Powell, Superintendent of Training School, University of Minnesota Hospital.
HOW THE TRAINING SCHOOL FOR NURSES BENEFITS BY RELATION TO A UNIVERSITY.

1. A University has a distinctive and enviable standing in a community; some of this distinction attaches to the Training School connected with it and gives the school and the nursing profession a desirable social position.

2. It instills the nurses with some of the college spirit, which leads one into the better things of life.

3. It secures space in the University catalogue, for advertisement of the Training School among desirable young women, such advertisement carrying with it the University's endorsement.

4. The affiliation, including participation in Commencement exercises, proves attractive to College young women, increases the number of applicants for entrance to the Training School and raises their standard; this in turn raises the standard of the entire school.

5. It secures for the school recognition with consequent co-operation of the faculty, alumni and undergraduates of the University.

6. It gives a grade of teaching to the nurses not possible in a school not so connected. The Universities call to their faculties, the best obtainable teachers and the nurses profit thereby. Physicians may be very successful in their profession and still be unable to teach; such usually are connected with private hospitals and teach in their Training Schools. A school connected with a University, gets for its instructors men who pre-eminently are teachers. The resulting instruction must excel. The same standard of scholarship that obtains in the University likewise will obtain in the Training School. The pupil becomes a student of
nursing and pays her tuition by service in the hospital instead of being practically an employe in the hospital, receiving a little desultory teaching as compensation for her work.

To epitomize: A Training School connected with a University, compared with one that is not, gets more applicants, gets better applicants, gives them better training and enjoys a higher professional and social prestige.

In 1909, two years ago, the Board of Regents of the University of Minnesota authorized the establishment of a school for nurses, with two objects in view—first to furnish a nursing service for the University Hospital, and second, to give a thorough training to nurses.

In March of that year the first class, numbering seven, entered the University for a four months' preliminary course. This course is taken at the student's own expense, and a tuition fee of $25 is charged by the University. A high school diploma is required, preference, however, being given to women of broader education. The applicants must meet the training school committee in person. The work during the course is as follows:

Anatomy, three hours weekly, for 16 weeks; 48 hrs.
Physiology, three hours weekly, for 16 weeks; 48 hrs.
Materia Medica, three hours weekly, for 16 weeks; 48 hrs.
Bacteriology and Hygiene, two hours weekly for 16 weeks; 32 hrs.
Chemistry, two hours weekly, for 16 weeks; 32 hrs.
English, three hours weekly, for 16 weeks; 48 hrs.
Physical Culture, two hours weekly, for 16 weeks; 32 hrs.
Five hours a week is spent with the Superintendent of the Training School in which time she takes up History of Nursing; 14 hours.
Ethics and Etiquette; 12 hrs.
Personal Hygiene; 10 hrs.
Hospital Economy; 15 hrs.
In this course is taken up the construction of a building, heating, lighting, plumbing, general finish of walls, floors, etc., and finally each department is taken up with its use, equipment, management, care and cost.

The last four weeks are spent in familiarizing the students with principles of nursing, terms, etc., as preparation for the course in practical nursing given by demonstration for 6 hours each week, during the two months of preparation.

The classes during the preliminary course are given in the University with the exception of the class with the Superintendent. This is held in the class room at the Hospital.

Examinations being acceptably passed, the students come into residence for two months on probation. Since the school was started there have been 17 applications withdrawn, 7 rejected, 21 accepted, 4 resigned, 1 dismissed, 1 preliminary course only.

There are at present 16 nurses in training. Of this number, 3 in Normal, 2 College, 6 University, 5 High School only.

At the close of her paper Miss Powell spoke as follows:

I know you will all want to know whether our applicants are adequate for our needs. Most certainly not, and I don’t expect them to be for several years for several reasons. We have no reputation, no large number of graduates to go out and tell what beautiful training we are giving them. It is the only school, I think, in that part of the country which charges a fee. At a conservative estimate it costs a student not a resident about $125. The doctors got a little panicky during the last spring at the outlook of sixteen nurses to open a rather large hospital, and there was considerable talk, and meetings held, looking toward letting down the bars until the school was large enough. To the credit of Doctor Board I would like to say that he fought very bravely for the preliminary course and we have succeeded in getting an appropriation for the first two years to pay twenty graduate nurses until our school is large enough.

As to the quality of the women in training I cannot speak
fully from my short experience. I found eight students in the school when I got there, and eight have been added since. There was only one class a year. I insisted that we take in another class, giving us two classes a year.

The quality of the probationers when they come in is to me strikingly different. They are certainly better prepared to do the work easily and attack their problems more intelligently. And I feel certain the doctors get better service and the patients better care. The reports of the head nurses confirm that.

I have not had time as yet to exercise my supervision, or to know how these subjects are taught in the University. I propose during the next years, if possible, to attend the classes myself. I know that there are great improvements to be made in certain classes. I asked two classes of students who have been in the school from a year and a half to two years to give me their opinion as to whether the work had been valuable. And in both classes the reports begin by saying there is not time enough to get the work properly. One of the students told me that she felt if the women outside knew how valuable the course was there would be no lack of applicants. There are certain subjects that they feel should be more closely related to the nursing work, and that will come as soon as we have classes large enough. The hospital seems perfectly willing to take suggestions from me as the head of the school, and I think will act upon them as soon as the school warrants it.

The attitude of the university to the school, I think, is very fine. They show in every possible way that they regard the students of the training school as students of the university. I encourage this by having the nurses take part in the large gatherings of the students, and having them use a hall which is for the benefit of the women students. The university library is at our disposal, and at my request a number of books of interest to nurses have been put into the library.

I feel very hopeful of the situation. I feel that the university has taken hold of it in a remarkable way. The movement originated with the doctors, and they are all interested. The President of the university has expressed an interest in this department, and I am hoping and working for the granting of diplomas, which are granted by the Board of Regents at the university,
with nurses in the caps and gowns. This will be one more way of cementing the union and having our work looked upon as a department of the university.

The President. I will ask Miss Hurdley, Superintendent of the Virginia Hospital to speak.

Miss Hurdley. I went into the University of Virginia Hospital two years ago. I found a training school of eight nurses. They were having a very irregular course of education, and with the help of the professors and the President I was able to establish a more systematic course. We have a preliminary course of three months. A high school diploma is necessary for admission. At the end of the three months' probationary period the professors have mapped out for us three years of lectures, with examinations parallel with the medical students' course. The lectures occupy three, four and six hours a week. I consider the advantages of this training school simply wonderful. Our full professors in bacteriology, anatomy, physiology, hygiene, practical nursing, all teach and train my nurses. I have the practical course mapped out also myself along the line of Mrs. Hunter Robb's course, because she helped me to do it. We have the additional advantages of attending any of the lectures that are given to the university by any visiting great men. The nurses take part in the social life. They attend the football and baseball games, and thus get some enthusiasm outside of our own hard study. They can also attend the dances that are given by the fraternities, and enter fully into the social life.

Then we go further than that. At the end of six months we have our examinations, and the honor system, which has been introduced into the University of Virginia by the students themselves, exists with my nurses. There is no espionage whatever during examinations. We leave them entirely alone. Should a nurse ever break that system, the school has a right to expel her as in the case of the students. The effect of that idea is wonderful. It brings out character and nobleness. Then we also graduate with the students. On our great graduation day, which comes June 15, the nurses line the march, with the professors and the Ph. D.'s in their caps and gowns, and I am just as proud of them as any professor is of his students. We do not step forward to receive diplomas. The dean of the medical faculty rises and
calls out the names and the nurses stand. Then he addresses them very simply, and the President of the University usually addresses a few words to them. Last year the few words he spoke to them I shall never forget. He looked them in the face and said earnestly, "I admit you into the noblest and grandest of all professions." With that they sat down.

I have plenty of applicants. The course is progressive. We use the library of the University, but Dr. Stevens wants to start a nurses' library and has given me $120 a year to buy nurses' books.

The President. I will ask for the report from Miss Tye, Superintendent of the Washington University Training School for Nurses in St. Louis. The report will be read by the secretary.

_Madam President and Ladies:_

Can there be a negative side to the subject under discussion, —"How the Training School for Nurses Benefits by Relation with a University or College?" By this I understand a University or College with a medical department.

Such affiliation at once standardizes the Training School and provides it with splendid facilities for educational purposes, as well as willing and competent teachers for every branch of study required by our school curriculum. As we know, well equipped laboratories are of inestimable value, but especially so in demonstrating such subjects as chemistry, physiology and food values. Nor is access to the post-mortem room undervalued in teaching practical anatomy.

Where such relation exists between a college and a Training School, the education acquired by the nurses is essentially more classic and scientific.

The research work constantly being carried on with its resultant treatments in the wards of the hospital necessarily educates the nurses along a great many lines, but more especially along those of cause and effect. My experience in such an affiliated school has convinced me that the nurses more frequently than otherwise (even the least observant ones)
grasp the scientific reasons for their work, consequently, work more intelligently, developing better judgment and acquiring greater accuracy in observation and conciseness of expression.

Miss Powell. I forgot to say that we have the eight hour system.

The President. To continue, we will call for the report of Miss Erdman, Director of the Courses in the University of North Dakota, which will be read by Miss Noyes.

Madam President and Ladies:

I have endeavored to state briefly my opinion of “How the Training Schools for Nurses Benefit by Relations with a University or College.” I refer naturally to a preparatory course of one year, connected with a university or college, followed by two years of further training in a school for nurses.

The students coming into contact with a university or college atmosphere for one year receive a broader outlook upon life and its possibilities. These institutions not only offer a thorough study of the underlying principles of the theory and practice of nursing but, in their various departments, many opportunities for further development. Meeting experts and educators of all phases of life, mingling with students pursuing studies in other departments and with their organizations, all must tend to develop in the student nurse self-reliance and poise. The dormitory life (if such is connected with the university or college) is another factor aiding materially in the development of the young women.

The students of the Nurses’ Course at the University of North Dakota have organized their own club, admitting as members all university students taking either the course in Hospital Economics or in Principles of Nursing. Papers and topics of interest concerning the different departments must develop in the young women higher ideals of a moral, physical, and spiritual life.
How does the Training School benefit by this relation. A young woman thus prepared certainly enters the school with higher ideals for the profession and a sense of responsibility toward humanity at large. She thus assists the instructors in these schools, if properly guided, in the development of its standing in the community, and, at the same time, in raising the standard of the nursing profession to a higher plane than it has ever occupied before.

Although the Preparatory Course for Nurses at the University of North Dakota is still in its infancy (the final test to be made after the students have completed their training in the affiliated schools), nevertheless I have every reason to feel encouraged and I believe it to be a step in the right direction. There are and will be many problems to solve; on the other hand, it appeals to the young women and I trust it may be a means of interesting women of higher education in the nursing profession.

The President. I am sure there are others who are capable of speaking on this subject, and I would like to ask if Miss McIntosh, of the University Hospital of Boulder, Colorado, is present or has sent a report?

[No response.]

The President. This is most interesting and instructive. Has any one else a word to say?

Miss Crosby. It seems to me from that last communication read that a year's preparatory course with any practical work would simply send a pupil into the schools to be trained, with the practical work left out.

Miss Powell. I am conscious that I did not speak of the probationary period of two months. In that period the student has 35 hours a week in the wards, doing the cleaning and dusting, etc. She has practically no responsibility of the patients during those months. She has her practical demonstrations—three lessons a week. And when we have a dietician she will have that work. She also has a certain number of hours a week in the
laundry, and in the sewing and linen room. She has entire care of her own room under inspection. After the practical demonstrations are given, under careful supervision, she puts it into practice, so that at the end of six months she is capable of giving baths, etc., at first under supervision, and doing it with greater comfort to the patient and less expenditure of strength on her own part, than if she was without preliminary training.

Miss Goodrich. I want to ask Sister Amy just how much work her pupils do in the preliminary wards.

Sister Amy. We tried the experiment of allowing the classes to go directly to college, but it was a failure. We now have them come into the hospital for at least two months as probationers. If they are not fit for nursing they go out without any expense. If they are, they are accepted as students and wait for the college term, it may be two or three or four months. While they are in college they give their entire time in college from Monday to Saturday. On Saturday mornings I have them in the house for practical demonstrations. The first of the college term I have them in anatomical and topographical work, bacteriology, etc. The second half of the term they pick up their nursing where they left off.

Miss Goodrich. Then you are taking them in on the eight-hour plan until the college opens—that is, in September—for practical preliminary work?

Sister Amy. Yes.

The President. We are promised this morning a practical demonstration at the Massachusetts General Hospital, and we have agreed to adjourn in time for the members to take advantage of it.

Adjourned.
AFTERNOON SESSION.

WEDNESDAY, MAY 31.

The President:—You may recall that we have some business left over from the various sessions, and we will take these up as expeditiously as we can. First we will have the treasurer's report, which we have not yet heard.

REPORT OF THE TREASURER.

The American Society of Superintendents of Training Schools for Nurses in account with Mary W. McKechnie, Treasurer,

From January 1, 1910 to January 1, 1911.

Credit.

By cash on hand January 1st, 1910, $680.82
By cash for initiation fees and dues, 978.00
By cash on sale of Annual Reports, 18.50
By cash balance of special Exhibition Fund from Associated Alumnae, 75.00
By cash for exchange on checks and rebate, 1.20

$1,753.52

One share of Journal Stock, 100.00

$1,853.52

Debit.

To postage, stationery and typewriting, $134.02
To expenses of officers, 144.87
To reporting Convention proceedings, 50.00
To Convention appropriation, 150.00
To Convention expenses, rent of room, badges, etc. 74.75
To Exhibition expenses, 34.25
To Printing 15th and 16th Annual Reports, 962 21
To General printing, - - - 68 60
To Membership dues in sister societies, - - - 7 00
To Sundries, - - - - - - 3 26

$1,628 96

To cash deposited in Corn Exchange Bank,
N. Y., - - - - - - 124 56
To one share Journal stock, - - - - - 100 00

224 56

$1,853 52

The President. I will call for the report of the auditors.
Miss Nevins. In the absence of both auditors, Sister Amy and I have gone over the treasurer’s accounts, and we find them correct.
The reports were accepted.
The President. You may recall that at the meeting day before yesterday some question arose as to the reason for Miss Dock’s resignation from this society. The Secretary will now present the letter from Miss Dock.

January 22, 1910.

My dear Miss McKechnie:
I must withdraw my subscription to the Superintendent’s Society because I need it for suffrage. I am not going to keep up any except the most necessary things outside and I have not been active in the society for a long time.
I once gave the society a share of stock in the American Journal of Nursing and I think they will have to regard that interest as my dues. I think it is just three dollars yearly.

Yours sincerely,
L. L. Dock.

The President. Do you wish to take any action upon this?
Miss Gladwin. Madam President, it seems a pity after all these years to miss Miss Dock’s name from our membership. I wish, in recognition of her long service, and in consideration of
the respect and affection with which she is regarded, that some way could be found to keep her with us.

Miss Nutting. I am only too happy to move that in recognition of Miss Dock’s long and invaluable service, we make her an active member for life, with all the privileges and powers that appertain thereto, with remission of all further dues, and that she be informed of that fact.

Motion seconded by Miss Gladwin.

The President. Have we any provision in our Constitution as it now stands for life membership?

Miss Nutting. The Association can take such special action, I think, by unanimous consent.

The President. I should say it would be possible to make her an honorary member this year, and next year when we have that clause we could transfer our honorary to life members.

Miss Nutting. We want to keep within our constitution of course, but I should think, if there are no dissenting voices—surely there could be none—we have the right to make her an active member.

The President. All in favor of making Miss Dock an active life member, with remission of dues, please manifest it by saying “Aye.”

The motion was carried.

The President. For the past year we have allied ourselves with other societies. Of this you have heard. And you heard yesterday the report of our delegate to the Society for the Prevention of Infant Mortality. That delegate was appointed by the Council, but it has been thought by some that it would be wise to put the matter before the membership in order to decide whether we really wish it left with the council, or wish to elect the delegate here. This matter is now open for discussion.

Miss Palmer. It has always seemed to me that when a representative is to be chosen for some special line of work the council is better able to select some one fitted for the office than we in open session. I am willing to make the motion to that effect.

The President. You have heard Miss Palmer’s motion. I understand that the council is perfectly willing to assume the election, but didn’t wish to take the responsibility from the membership unless they chose to yield it.
The motion is seconded by Miss Kruger. Is there any discussion?

Motion carried.

The President. There is to be held in Cologne next year the International Council of Nurses, and it has been suggested that we send a delegate. I would like to have this matter of the International Council explained to you somewhat, so I will ask Miss Nutting to tell you something about it, and why it is necessary for us to consider it now when it occurs a year from this time.

Miss Nutting. I don't believe I need to tell them about it because we have always arranged to have someone represent us at these meetings. Last year the meeting was held in London, before that in Paris, and before that in Germany. The person who represented us was not, however, sent by us as a delegate, but some member who was going agreed to act as a delegate. Mrs. Robb represented us in London and Paris. Miss Goodrich represented the Federation and will do so next year at Cologne. I do not believe it is thought that this society alone could afford to send a delegate, but it could at least pay part of the expenses of some one of its members, and that will probably seem to most of you an appropriate thing to do. It will be an important conference and we should be adequately represented.

The President. Is there any reason why we cannot ask Miss Goodrich to look after our interests there?

Miss Goodrich. Last year, if I remember rightly there were at least three delegates and I understood that they came both from the associated alumnae and from the Federation. Miss Maxwell, Mrs. Robb and Miss Delano were the three appointed delegates aside from the President to represent the Society.

Miss Nutting. I think all of those members said that they were going on Red Cross business. They consented to act as delegates, but they were not sent in that sense. The point I make is that we ought to officially send some one and contribute toward the expense.

Miss Goodrich. I may say that I am going anyway. It might be better to select some delegate who is not going except as sent by the Society.

The President. The selection of a delegate might be referred to the Council but it might be a good idea for us to signify our
willingness to make an appropriation. I think delegates will not be so hard to find after we have done this. As Miss Palmer’s motion covered the selection of all delegates, it could cover this. But this involves an unusual expense, and it would seem wise for you to settle upon what you think we might appropriate.

Miss Nutting. I am going to speak right out frankly what is in my mind. Our societies have been extremely fortunate in having members who could, by some effort manage to represent our work on the other side. Now I don’t believe Miss Goodrich would go abroad next June to represent the Federation. I don’t believe she would go abroad for pleasure and it seems to me that this society ought to try to join hands with the Associated Alumnae and send a delegate. The two societies could do it. I would like to suggest that we appoint Miss Goodrich as a delegate and that we pay half the expense.

The President. These are very excellent suggestions, all of them, but they do not take the form of a motion.

Miss Nutting. I move that this association meet one-half of the expenses of the President of the Federation to the International Council at Cologne next June.

Motion was carried.

The President. You may recall that yesterday afternoon we had some discussion about the appointment of a committee on public health, and we promised to bring the matter up later. Is it your wish that such a committee be appointed?

Miss Goodrich. I move that a committee of Public Health be appointed by the chair.

Motion carried.

The President. I will appoint Miss Van Blarcom, whose paper you heard yesterday afternoon, Miss Edna Foley, Miss Crandall, Miss Kerr and Miss Hitchcock, all of whom are members of this Society and are engaged in public health work of some kind.

The President. I am requested to give room for this topic for discussion: “How may We, as a Society, Co-operate in a Successful Way with the Society for the Prevention of Infant Mortality?” We feel gratified that one of our members is a director on that board and we are looking for ways and means of being most useful.

Miss Nutting. This is in response to the request made by the
President yesterday that some way should be suggested of co-operating with this Society. If the suggestions I make seem practical to you I hope you will approve and adopt them and try to put some of them into effect.

Suggested plans by which this Association may co-operate with the National Association for the Prevention of Infant Mortality, for the coming year.

1. (a) By each superintendent arranging in her own school for at least three lectures by experts on the causes and prevention of infant mortality, physical, social, industrial and economic.

   (b) By securing for her pupils, at any effort, adequate instruction and experience in this important branch of work.

   (c) By arranging for definite and systematic instruction of the mothers while in our maternity wards in the care and feeding of their babies, and of their responsibility toward themselves as mothers, and by making every effort to encourage and help unmarried mothers to nurse and keep their children.

2. By encouraging their pupils to a greater interest in maternity work and in all forms of supervision and control of work among infants,—such for instance as infant asylums, foundling asylums, fresh air work, milk stations, etc.

3. By encouraging our nurses to seek and accept opportunities for regular work and for volunteer work, in teaching mothers in day nurseries and milk stations, clinics and dispensaries, in groups, clubs or classes, or singly in their homes.

4. By encouraging every effort to bring about sanitary inspection of tenements, etc., by nurses, believing that unsanitary conditions and unwholesome ways of living will thus be discovered often in time to prevent the development of illness.

5. By preparing our nurses to teach the care of infants in our public schools whenever it is asked for.

6. By joining as individuals the National Association and paying the small fee, or by joining as schools, alumnae, county or state associations, and paying a small fee.

7. By asking the public health committee to suggest new ways and means of co-operating with the National Association for the Prevention of Infant Mortality and reporting thereon next year.
The President. I am sure we shall all be willing to co-operate in carrying out these suggestions.

Miss Goodrich. I move that these suggestions for assisting the Society for the Prevention of Infant Mortality be accepted and adopted by us.

The motion was carried.

Miss Nutting. I shall be most happy to carry that message to the Society when it meets in Chicago.

The President. Miss Nutting has another matter that she wishes to bring to your attention.

Miss Nutting. The matter in question is a seal which has been devised by the Cleveland Visiting Nurses Association and is now used by that Association. In the establishment and carrying out of the idea Mrs. Robb took a very large part, and I think it was her hope that this association would use it, that eventually this would become a national seal used by all visiting nurses associations, and later to be made in the form of some sort of a medal or badge, which visiting nurses who had had certain definite, required training could wear.

Members present will probably remember the efforts which were made a few years ago to arouse interest in a plan for providing a seal to be used by Associations of District Nurses, typifying the spirit and purpose of their work. A Committee, I believe, was appointed to consider the matter, various designs were presented, and out of them, one, which is considered very beautiful and appropriate, was selected and adopted by three District Nursing Associations—those of Cleveland, Detroit and Chicago. The initial expense of the seal was too high to be met in the usual ways and it was finally due to the generosity of a member of the Board of the Cleveland Visiting Nurses Association that the choice was made and the seal adopted.

Mrs. Robb was deeply interested in the idea from the start, did much to support and encourage it by valuable plans and suggestions, and I am informed it was her intention to present the matter to this Association last year. As our membership now includes Superintendents of Visiting Nurses' Associations as well as of Training Schools, and we hope the number of such members will steadily increase, it is fitting to present this matter of the
seal here for consideration and for such action as you may deem appropriate.

Such emblems, such insignia, have a unique value which it is difficult to explain, but which exist none the less. They bind together those who use them. They express in something stronger than words the import of a cause or a work. They are worthy of our thoughtful interest. It is a profound loss to us that Mrs. Robb is not here to tell us all she had in mind about this matter, but perhaps the following extract from Miss Brainerd’s letter may show you how deeply interested she was in the whole subject and anxious for its furtherance.

“Mrs. Robb, if I remember rightly, suggested making the seal a national one, to be used by all Visiting Nurses’ Associations, and she proposed bringing the matter before the visiting nurses of the country in order to get the opinion of all upon the subject. She was placed in charge of the matter and the following month it was mentioned in the Journal of Nursing, Vol. 8, Part 1, Pages 395-6, and again a little later in the same journal, Vol. 8, Part 2, Page 554. Both notices being at Mrs. Robb’s own instigation.

“Meanwhile a Cleveland artist of national reputation had presented three designs of such beauty that it was decided to send all of them to the Conference of visiting nurses on April 12, 1908, in Chicago, hoping that a selection would there be made agreeable to all and that sufficient visiting nurses’ associations would become interested to raise the sum of five hundred dollars for the purchase of the original bronze casting and design. Although several associations expressed interest in the idea sufficient money to purchase it could not be raised and finally one of our Trustees offered to purchase the design and seal for the Cleveland Association, with the hope that other associations would adopt it at a minimum cost to themselves. At present but two associations, Chicago and Detroit, have adopted the design.

“Mrs. Robb was always desirous that it should be universally adopted and only a few weeks before her death had a long talk with me on the subject, expressing her intention of placing this matter before those present at the Nurses’ Convention in May. She died before the convention took place. At another time we discussed the use of the seal as a medal or pin to be given to all
nurses who had had sufficient training in visiting nursing work. She approved heartily of the idea but thought that nurses should have more than mere practical work in the districts before they should be given a medal, and said it ought to be given in recognition of a regular course pursued with lectures, class work, etc."

There was some question about the ability to raise the money necessary. But the Cleveland Association, which is very public spirited, undertook to procure the seal, which cost several hundred dollars, and now uses it. I am sorry we haven't anything better to show you, but I will explain that it is a very beautiful woman's figure kneeling, planting a little shrub; and the motto is, "When the desire cometh, this shall be a tree of life." That is, when the thought is strong enough, this little tree she plants can grow into life and health and strength.

That is all I have to present. I think Miss Crandall could add something, and it might be possible for this committee to appoint a committee to see what could be done.

Miss Crandall. I am not especially prepared to speak, because we were expecting Miss Johnson, the President of the Cleveland Association, to do so. She is the one who has been associated with Mrs. Robb most closely in the whole matter, and it is a pity she is not here. Miss Johnson has had the bronze seal mounted in a frame and sent here, but unfortunately the express companies have failed us. I will leave this little cut which will give you some idea of the seal. I am not prepared to say what this society should do, but it does seem to some of us that inasmuch as district nursing has come to the front as it has, the question of the education of the district nurses is so imperative, that it is quite important that the association of superintendents should give direction to the matter. There is so little co-operation, so little unity in standards of work throughout the country, that it seems to me this might be the first step toward bringing us together to find out what the need is and what we can hope to secure in the way of suitable preparation.

The President. You have heard what has been said as to what might be done and what ought to be done, and the suggestion that it would be a good plan to appoint a committee in whose hands
the matter could be left. A motion is now in order unless there is something more you wish to say.

Miss Nevins. I should think this could be referred to the Public Health Committee. I make that as a motion.

The President. You have heard the motion. It seems most appropriate that we should do this.

Motion was carried.

Miss Goodrich. May I refer to the former subject concerning infant mortality and the suggestion that Miss Nutting's suggestions be printed and sent to the different superintendents. I think we should do this.

The President. Would you suggest that they be sent to all superintendents, whether members or not?

Miss Goodrich. Yes.

The President. The motion is that we print and distribute liberally the suggestions as made by Miss Nutting in regard to infant mortality.

Motion was seconded and carried.

The President. We will now have the report of the nominating committee.

Miss Gladwin. Before we have that may I make a motion. Miss Parsons, of the Massachusetts General, was anxious to have it presented, but is unable to be present at this session. The motion is that the Committee on Education frame an outline of a preliminary course in the sciences that relate to nursing, and send it to the National Educational Association, earnestly requesting that it may be made an elective course in the public educational institutions.

The President. Do you wish to discuss this or refer it directly to the Committee on Education. I think it would be perfectly proper that we do this and let them work it out.

Miss Noyes moved that the matter be referred directly to the Education Committee. The motion was seconded by Miss Gladwin, and carried.

The President. We have one important piece of news, in a sense, and in another sense is simply a report, and that is the report of the alumnae association of Teachers' College graduates which was formed yesterday. I am sure everybody will be glad to hear that report.
Miss Isabel Stewart. About twenty graduates of the Hospital Economics Course, now the Department of Nursing and Health in Teachers College, met yesterday afternoon on the grounds of the Adams Nervine Hospital to discuss the formation of an Alumnae Association. It was decided to form such an association, the main object to be the advancement of nursing education in the broadest sense. We elected the following officers: President, Miss Wheeler; Secretary, I. M. Stewart. Executive Committee, Miss Catton, Miss Patterson, Miss Kruger.

The Constitution and by-laws have not yet been fully drawn up, but will be before the close of the session.

The President. We will now call for the report of the Nominating Committee, Miss Giles, Chairman.

NOMINATIONS FOR OFFICERS OF AMERICAN SOCIETY OF SUPERINTENDENTS OF TRAINING SCHOOLS FOR NURSES FOR THE YEAR 1911 AND 1912.

President—Miss Mary C. Wheeler, Chicago, Ill.
1st Vice-President—Miss Mary M. Riddle, Newton, Mass.
2d Vice-President—Miss Francina Freese, Philadelphia, Pa.
Secretary—Miss Jessie E. Catton, Springfield, Mass.
Treasurer—Miss Mary McKeechrie, New York, N. Y.
Councillors—Miss Margaret Dunlop, Philadelphia, Pa.
                Miss Elizabeth Flaws, Grand Rapids, Mich.
Auditor—Miss Lucy Ayers.

(Signed) Ida F. Giles, Chairman,
           Emma L. Stowe,
           Isabel McIsaac,

Committee.

Miss Nevins. If there are no further nominations from the floor, I should like to move that we elect all of these by acclamation and not by names.

Motion carried.

The President. I will call for any other matters of business that should come before the assembly at this time.

Sister Amy. I would like to make a motion that a committee
of three be appointed to draw up resolutions in regard to deceased members during the past year.

The motion was seconded by Miss Tracy, and was carried.

Miss Giles. Last year at the Superintendents' Society of New York the Pennsylvania superintendents got together and began the organization of a superintendents' society. That has now been organized and they sent a report with me, and I would not like to go back and say that I was too modest to present it to you.

The President. It is needless to say that we shall be glad to hear this report.

REPORT OF THE PHILADELPHIA SOCIETY OF SUPERINTENDENTS OF NURSES.

The Philadelphia Society of Superintendents of Nurses had its beginning in New York City at the meeting of the American Society of Superintendents of Training Schools, when ten Superintendents of Nurses from Philadelphia met and discussed the advisability of forming a local organization in this city.

At this meeting a temporary chairman and a temporary secretary were appointed, it was decided to call a general meeting of all Superintendents of Nurses in Philadelphia for June 4, 1910, and a committee was appointed to draw up organization plans for such a society.

At the meeting on June 4, 1910, a constitution and by-laws were adopted, and a president and a secretary-treasurer were elected.

The constitution and by-laws provided that "any graduate nurse in Philadelphia or its vicinity holding a position as superintendent or in charge of a body of nurses be eligible for membership," and that "seven meetings shall be held during the year, one each month from October first to May first."

These meetings were held during the past winter at various of the hospitals in the city, with an average attendance of eighteen.

At one meeting the members were addressed by Miss Melisaac, at another by Miss Delano, at a third meeting the social service workers of two of the hospitals gave very instructive outlines of the work in their departments, at other meetings the members discussed informally such topics as "Preliminary Training for
Nurses," "Discipline in the School and Self-Government," "Modern Methods of Teaching," and at another meeting there was a discussion of various questions submitted by the members.

All those who have attended these meetings have seemed to find them most helpful and enjoyable; and we are looking forward to increased interest and enthusiasm in the work of the society for the coming winter.

SUSAN C. FRANCIS,
Secretary-Treasurer.

The President. There may be reports of similar efforts. If so we shall be glad to have them. It is interesting to know that so much is being done.

Miss Gladwin. The editor of the Journal says she has reason to believe that Ohio is very much behind in these matters. But last year we did form a state society or federation of nurses, and are hoping to accomplish a great deal. In Ohio things are rather peculiar. We aren’t able to get state registration because the constitution of the state has to be amended. We are working with that in view and we feel that everything we can do in the organization work is going to help us.

Miss Palmer. Having been mentioned, I would like to have the floor for a moment simply to say that Miss McIsaac had intended to say a few words about the Journal this afternoon, but as she is detained, I will delegate myself to act further. In the years that have passed since we began the Journal its editor had to take the part very largely of a bore(?) in securing material. I have had to request busy people all over the country to write valuable papers and contribute them to the Journal without offering them any compensation. How well I have succeeded you know by the success of the Journal. But I take great pride in announcing that for the past few months I have been permitted to offer compensation for such papers to our busy workers, and we are now in such a successful position financially that we can and do pay for our items of news when they are sent us by regularly appointed representatives, and for papers prepared especially for the Journal. And I hope that having announced that fact, a great many papers will be sent in to me from this body without further request. A great many subjects have been presented here which have been
discussed through the year in the magazine. Subject material changes, as you know. There was a time when we gave a great deal of space to registration. Then we have given a good deal of space to social service work, until that seemed to be pretty well understood. And it seems to me that we should go back to the subject of educational standards and methods and go more fully into such discussions in the Journal, as we have here. You must realize that no one person or any two persons can handle all these subjects. Because while we are doing the drudgery in the publication work—and a great deal of it is drudgery—we can’t be out in the world keeping in touch with all these things that you people are doing. So in the name of the directors and editors I make the request that you should all feel yourselves invited to contribute, and that if your material is satisfactory it will be paid for.

The President. I am sure this is very interesting and encouraging, and I hope the editor of the Journal will get the help she needs in the way of material. Is there anything else?

Miss Goodrich. There is a resolution to be presented in regard to the midwife problem.

Resolution on Midwifery.

Whereas, It appears that about one-half of the births in the large cities in this country are attended by midwives; and whereas, it is shown that in this country midwives are generally ignorant, untrained and incapable; and whereas, the results of their work may affect profoundly the health or the life of both mother and infant, may cause the most grave illnesses and incapacities or death of the mother, and unnecessary blindness, physical and mental degeneracy and death of infants; and whereas, a prolonged and specific training is required of both doctors and nurses in the care of child-bearing women and young infants before they are permitted to practice, while there exists no provision at present for the training of midwives into whose hands so large a share of this work falls; and whereas, the welfare of our nation demands that the lives, health and well-being of our mothers and infants shall be guarded and protected by every means in our power; therefore, be it resolved that the American Society of Superintendents of Training Schools for Nurses recommend that measures
be taken to secure state legislation which shall provide for suitable training, registration, licensure, supervision and control of women engaged in the practice of midwifery.

Miss Giles moved that the resolution be adopted and Miss McKechnie seconded the motion. It was unanimously carried.

The President. We will now have an intermission of five minutes.

[Intermission.]

The President. We have before us for the remainder of the afternoon an important paper and also a very important description of practical work which we feel sure will interest every one and be most helpful. Before we refer to this, however, we still have one or two reports. There is one report that we feel we must call for, and that is the report on student government. We will ask Miss Noyes to present it.

Miss Noyes. Madam Chairman, this was not a report on student government, but on approaching women's colleges and high schools, left with me by Miss Stimson.

The Chairman of the "Committee on Approaching Women's Colleges" has a very unsatisfactory report to present. As she has been unable to get anyone to serve with her on the committee and as her own time has been very limited she has been able to do but little.

She has however spoken at two colleges, Vassar and Barnard; to about one hundred seniors at Vassar and about forty of the students at large at Barnard.

It is suggested that a Committee be appointed, a Committee if possible of the college graduates in nursing from one locality, into whose hands should be given the task of addressing the women's colleges on the matter of nursing as a profession for college women.

It is further suggested that the American Society of Superintendents definitely empower this committee to present a circular letter in the name of the Society, notifying the officers of the colleges, early in the academic year, of the existence of such a committee and the willingness and readiness of the members of the
committee to go to the colleges and present this matter to the students, (in return simply for the travelling expenses). It is believed that such a letter would meet with an interested response.

**Julia C. Stimson,**
*Chairman of the Committee.*

**Miss Noyes.** I believe the colleges are quite willing to pay the travelling expenses. It might be well to consider a committee not only in New York, but in all large cities, such as Boston and Chicago and others where graduates are holding institutional hospital positions.

The **President.** Inasmuch as this report contains a definite suggestion, it seems wise to take some action upon it.

**Miss McKechnie.** I move that the suggestion be referred to the Council for decision.

Seconded by the editor of the *Journal* and motion carried.

**Miss Van Blarcom.** I have just learned something that might be of interest in this connection, and that is that a body of college women have recently been organized to advise the students in the colleges they represent as to vocational training. I have nothing to do with this work, but about a month ago I was asked to talk to the women at Cornell on this subject, and they asked me particularly to mention the variety of fields in which nurses might be useful.

The **President.** That information certainly might be helpful to the Council in its action.

**Miss Nutting.** I have known this year of five colleges that have asked to have nursing presented to their class, and in each case this was presented by nurses who were college women. I have also had some requests from high schools and they have been responded to. I think it is pretty clear that the colleges are beginning to recognize the profession but they do not know the usefulness or importance of the field or the way the work is growing, and I think it would be quite helpful to have a committee such as Miss Stimson suggests. We have even gone so far as to suggest to the supervisor of the public lectures of the public school system, given almost every evening, that they have the history of Florence Night-
ingale, and have nursing one of the subjects that they discuss
along with glaciers and chemistry and physiology and nature study.

Miss Goodrich. In defence of Albany, I have at present a
request by a superintendent in one of the large towns that some
one from the department interview them, and I was requested to
visit that town as soon as I had time.

Miss Palmer. I was told in Rochester that a requirement of
a term of years in the high school had aroused a great deal of
interest, and that this requirement was keeping girls in the school
that otherwise would not remain.

Miss Gladwin. I was told recently that there was some demand
to have something said in the college papers about the advantages
which nursing presents to college graduates, and there is some
awakening even in Ohio in that regard, because I have been asked
to speak to two colleges this fall.

Miss Biecroft. At the agricultural college in Colorado I have
been requested for the last three years to talk on nursing during
their whole nursing courses, about six weeks.

It was voted that the Council be empowered to appoint such
a committee.

The President. We still have two reports, but our time has
become so limited that I will ask the secretary to read these reports
by title only, if some one will make a motion to that effect.

Moved and seconded that this be done.

Miss Tracy. I move these reports be accepted and printed.
Motion seconded and carried.

REPORT OF CHAIRMAN OF COMMITTEE ON PUPIL
HEAD NURSES VERSUS GRADUATE
HEAD NURSES.

In reply to a large number of letters sent to hospitals large
and small all over the country asking superintendents of train-
ing schools what the result was of graduate head nurses versus
pupil head nurses, there was an almost unanimous opinion that
in large hospitals the graduate and therefore more permanent
head nurse was, from the hospital point of view at least, essen-
tial. Those hospitals unable to afford graduate head nurses regretted it.

At least half of the smaller hospitals preferred the pupil head nurses, arguing that in the small hospital—under seventy-five bed capacity—the superintendent could keep a close watch over the work and that the pupils derived a valuable experience that in the three year course was due them.

Some of the superintendents wrote heatedly on both sides of the question. A few declared it was positively wrong to employ pupil nurses in the capacity of head nurses, and others said it was wrong not to give them the opportunity.

The majority of hospitals employed graduates in charge of the surgical, obstetrical, and out-patient departments.

Three of the large eastern hospitals employ graduates as head nurses in the majority of their wards, reserving few of the less responsible wards for pupil head nurses in order to test the executive ability of their seniors. In these hospitals either an assistant superintendent or supervisors, who are well paid experienced graduates, practically live in the wards, directing and teaching.

From the substance of this information and from personal experience I do not hesitate to say that graduate nurses, well chosen, who will stay at least a year, are the most satisfactory heads of wards from every point of view.

I am equally certain that a few wards should be reserved for pupil head nurses under competent and sufficient supervision. One often discovers unexpected ability and as often awakens in the pupils ambitions to do executive work.

The pupils invariably respond with enthusiasm and feel that they get a great deal out of the experience and not the least advantage to them is the acquisition of the administrative point of view. Many a more or less irresponsible nurse has developed dignity and poise and many a wrinkle of criticism is smoothed out under stress of responsibility for other people's work.
The superintendent is helped enormously in her ability to choose candidates for executive positions.

The supervisors who direct the pupil head nurses and assist in the teaching, who plan the affairs of three or four wards are in turn getting excellent experience for larger responsibilities as heads of training schools.

Sara A. Parsons,
Massachusetts General Hospital.

THE STATUS OF TRAINING SCHOOLS IN HOSPITALS FOR THE INSANE.

Progress in the adjustment of the rights of graduate nurses of training schools, in hospitals for the insane, in relation to the vital interest of the nursing profession as a whole, moves on apace, but very slowly.

The trend is unquestionably toward the affiliation of recognized schools with the large general hospital training schools. Hospitals in New York and Boston notably have extended the right hand of fellowship to certain training schools with manifest gain to the nursing profession as a whole, as well as to the pupils thus enrolled.

The status of the special schools broadly, is not altogether satisfactory. The affiliation movement would be more general, and at the same time more productive of good, if to harmony of interests there might be added unity of purpose.

In this important and inseparable class group of the nursing profession, apparently there is no semblance of concerted action. As judged by reports of representative schools there is no organized attempt to raise the standard of training to a level to that obtained in the large general hospital, to say nothing of approaching such a grade in excellence of quality. Each school seems to be a law unto itself; its future hope dependent upon the initiative of the superintendent in charge. The superintendents of nurses with a few notable exceptions, (from whom
I trust we shall hear this session) contentedly accept that which the day may bring forth, or that which may be of local benefit. The range in effort might be expressed by instancing, at the one extreme a frank avowal of a superintendent of nurses of a large state hospital in New York, That no effort is made to prepare the nurse for registration, and that the objective point of the curriculum and training is a local need and permanence of hospital service, and at the other extreme, the constantly put forth effort of a superintendent of a large private hospital in New England to raise the standard of the educational requirements of admission; to make compulsory the standard of competency expected in the affiliated general hospital, and to personally join hands with the general profession for State registration.

It is not surprising, therefore, to learn that some of our conscientious and earnest administrators are sometimes discouraged in the attempt to provide practical instruction for graduates or pupils of special schools. However disheartening, everyone interested in the welfare of the profession, and desiring an ultimate harmony of all sections of the body corporate should remember that the affiliation movement is, even at the present moment, pioneer in character, and that the crude and unsatisfactory conditions of the moment may ere long be productive of invaluable results.

Specifically speaking, it may be of interest to note actual conditions in the training schools referred to.

The large state hospitals, represented in New York, by the Manhattan Hospital, the Binghampton Hospital and the Utica Hospital, still hold a two year course; still retain the general educational standard of admission and remain without direct affiliation with general hospitals. The same class of hospitals in the New England states represented by the Maine Insane Hospital, the Danvers Hospital, the Worcester Hospital and the Westboro Hospital, retain the two year course without affiliation. Represented by the Taunton Hospital and the Con-
cordon Hospital, they have extended the course to three years by means of direct affiliation with general hospitals. Many graduates of the hospitals mentioned seek and receive post-graduate instruction in various hospitals, local and metropolitan.

The outlook, however, is far from discouraging, judged from the progress of training schools in the large private hospital, as instanced by the Sheppard and Enoch Pratt Hospital, where in addition to an optional two year course there has been established course by affiliation with a New York hospital, and by the Butler Hospital in the raising of educational requirements for admission, in the establishment of various schemes of broadening the education of the nurse in training, in graduating competent men nurses, and in a New York hospital affiliation.

How the problem of adjustment shall be treated demands not only the cordial, but the free-from-prejudice consideration of this, our strongly, and efficiently organized association.

Training schools in hospitals for the insane are realities, they are fixtures—not experiments. Many of the schools graduate competent nurses. Where their need of a limited course in a general hospital, for the practical application of well grounded theory is not met by affiliation or post-graduate courses, it is overcome in private practice.

Their misfortune lies in the fact that they have no common standard of equipment corresponding to our own. Having no adjustable standard of competency or equipment, in preparation for a post-graduate or affiliated course, the graduates and the junior members of the less ambitious schools enter our hospitals or ranks to an apparent discredit of the better grades of schools of their own class, and, in particular, to the name of "trained" nurses. Is it not unfair to judge a class by the defective attainments of a few, without due regard to the attainments of the many? Is it not also a little unfair even in condemning, to assume that the conditions which have produced a poor nurse
cannot be altered by the development of a proper educational standard.

Until the time shall come when the special schools shall organize for concerted endeavor with the administrators of large hospitals, progress will be tediously slow and the result unsatisfactory. Such a desirable state as co-operation is not likely to exist so long as such schools are not recognized by the prominent members of the profession, and by this association. Meanwhile, the large general hospitals of the country can accomplish a considerable work in preparation for the desired epoch, insisting upon, in affiliated courses at least, if not in those of the post-graduate form, such a practical standard of efficiency as shall make possible the ultimate acceptance of the graduate nurse by the regular profession at large.

Note in reply to arguments:

It is claimed in certain quarters that it is impossible to raise the standard of training school work in special schools because of a large number of pupils who are educationally unequal to the task. It is said, and with some truth, that the general hospital and the large private hospital schools command the services of the better class of women seeking the calling of a nurse, and that the state hospitals are compelled to lower the standard, by accepting available candidates.

Such an argument should not hold in relation to the standard outlined in paper. The ultimate standard should be that of state registration. If there be a considerable body of nurses in state hospitals unable to meet the demands of training in a general hospital and to successfully compete for state registration, that group of nurses should be allowed an optional course of training, whether it be two years or less, and proper recognition granted by diploma. The demand for nurses with limited experience is far beyond the supply,—and hence no hardship is inflicted. Certainly there must be a large percentage of nurses in the special schools who are competent and who desire to enter the ranks of the nursing profession on equal
terms with the general nurse. Is it not time that this class of nurses should be recognized in the councils of the national association?

**Character of Curriculum.**

- Danvers Hosp. Two years course. Lectures and demonstrations by assistant physicians of the medical staff.
- Taunton Two years course.
- Maine Insane Training school organized in 1907.
- Utica State Two years course. Curriculum adapted to local needs. No attempt to give full training.
- Worcester State Two years course.
- Binghampton Two years course. Curriculum covers general instruction.
- Manhattan Two years course—General Instruction.
- Shep. & E. P. Two years course.

**Affiliation Direct.**

- Danvers No affiliation.
- Maine No affiliation.
- Taunton With Boston City Hospital—six months' course.
- Utica State No affiliation.
- Binghampton No affiliation.
- Worcester State No affiliation.
- Manhattan Affiliation with Sydenham Hospital for course in obstetrics only.
- Shep. & E. P. One or two years affiliation with New York hospitals—optional.
Affiliation Indirect.

Danvers Many graduates take a post-graduate course in Bellevue Hospital, New York.

Worcester State With few exceptions graduates make application for post-graduate courses, as they wish.

State Registration.

Danvers Just established. Several graduates have made application.

Utica State Pupils not prepared for state registration.

Shep. & E. P. Combined course makes candidate eligible for state registration, otherwise not.

Rebecca Cleland,

Butler Hospital, Providence, R. I.

The President. This brings us to the paper of the afternoon which is to be given upon the subject, "The place of Apprenticeship in the Educational System," by Miss Isabel M. Stewart.

APPRENTICESHIP AS A METHOD OF VOCATIONAL EDUCATION.

It is a familiar argument with those who support the present methods of teaching nurses, that the problems here involved have no parallel in other kinds of vocational education, and that the general principles which govern the teaching in these other fields, cannot, therefore be fairly applied to the schools of nursing. It is the purpose of this paper to show, that the larger problems which confront us in nursing education, have been met in one form or another in almost every trade or profession, and that the limitations which we seem to regard
as peculiarly our own, are indeed inherent in the apprenticeship method of education.

It will be necessary first to inquire how that system originated, what the special influences are which have modified it, and how it has adapted itself to modern conditions and modern requirements, in other fields of work and in our own. We will then be able to determine what are its strengths and weaknesses as a method of education.

I use the term vocational to describe those types of education which prepare the pupil for some specific occupation or share in the world’s work. It includes the professional preparation of lawyers, doctors, teachers, etc.; commercial training as bankers, book-keepers and salesmen; the industrial occupations such as carpentering and plumbing; agricultural specialization and training in the household arts.

The apprenticeship system arose early in the middle ages in connection with the gilds of western Europe, as a means of restricting entrance into the crafts and professions, and of insuring a reasonable standard of efficiency among the members. The apprentice entered into a legal contract with a master, who promised to initiate him into all the secrets or mysteries of his trade or profession, in return for seven years of service, during which time the boy lived with the master, and received food, clothing, shelter and education.

As the merchants and crafts gilds became stronger and more unscrupulous in trade competition, apprentices began to be exploited for profit to their masters. Under the repressive measures of Elizabeth’s reign, the gilds declined, but apprenticeship remained as the universal method of learning any skilled occupation. Towards the end of the 16th century came the introduction of machinery, and the tremendous social and economic readjustment made necessary by the rise of the factory system, and the substitution of machine for hand labor. Specialization in industry and the increased demand for cheap
unskilled labor, gradually led to the abandonment of the old apprenticeship system in most of the trades.

The abuses which accompany any form of apprenticeship, have always been fully recognized by those interested in human welfare, by employees and even by employers, but the fact remains, that its gradual abandonment in industry, has resulted in the lowering of standards of workmanship and of wages and the rapid multiplication of unskilled laborers. The unions are in favor of the old system for this reason, but owing to the necessities of their organization, have not been able to enforce it generally. Under modern conditions, it would never be possible to revive the old system of apprenticeship. Some attempts are being made however, to meet the very urgent needs of the present industrial situation; by various modifications of the old system with which we will deal later.

Leaving for a moment the industrial situation, we will go back to the history of professional education, and see how the gilds of learning dealt with their problem. Instead of relinquishing their rigid apprenticeship regulations, they seem to have defended them even more vigorously as time went on—Medicine, law and to a great extent theology, retained their strictly certified qualification as a condition of practice, and so reserved a monopoly of trade for a deliberately restricted body. Taking medicine as an example, the prevailing type of training up to fifty years ago, was that of apprenticeship. The young student became a resident in the physician’s household, where he was taught to compound prescriptions, to bleed, to cup, to pull teeth, to dress wounds, to spread poultices, gather herbs, and perform a great part of the work now divided between the physician, druggist, dentist and nurse.

In the latter part of the 18th century, some physicians in England and the Continent began to realize that this method of initiation into the art and mystery of medical practise, was unscientific and altogether unsatisfactory. They began to found schools of medicine, with regular courses of lectures,
and laboratory practise. Two or three such schools appeared in America, but owing to the unsettled state of the country, those were discontinued, and ambitious students were compelled to seek advanced study abroad. Of 3,000 practitioners in America at the time of the war only 500 had any medical or surgical degree.

The early schools of medicine in America were little if any improvement on the apprenticeship systems. Low standards of entrance, short lecture courses and cheap diplomas, brought into the field thousands of under-educated, inefficient medical jobbers, and to this commercial type, Dr. Flexner assures us, two-thirds of our medical schools still belong.

But though there are many suggestions for improvement in medical education, no one would for a moment think of going back to the apprenticeship system. The wonderful results of modern medicine are the fruit of scientific investigation. The thorough mastery of all these steadily widening fields of medical science, could never be attempted by the old method of educational servitude, and the intelligent public in self-defence, would strongly oppose any such suggestion.

Much the same story could be told of the development of schools of law, of engineering, of dentistry, etc. In law, the old method of study in the office of an attorney is rapidly giving place to the systematic training of the law school. The testimony of many legal experts goes to prove that under modern conditions, it is practically impossible to obtain a satisfactory legal education in an attorney's office. In engineering, the development of machinery and the competition of thoroughly trained foreign experts, compelled the state to organize and support proper institutions for the scientific study and teaching of the higher mechanical arts. In teaching, the juvenile apprentice teacher, though economical from a money point of view, was long ago proved to be unsatisfactory from every other consideration. We have our normal schools, and schools of Pedagogy, supported by the state, as a result. The druggists
have practically abandoned the apprenticeship system, not because they did not appreciate the value of practical experience, but because the training as frequently enforced, was a farce. The training of librarians, which began in a modified apprenticeship system, is gradually being turned over to properly qualified schools. Architects, accountants, secretaries, even journalists are finding themselves limited by the old hit-or-miss training and are founding special schools or seeking college affiliation as a means of securing more thorough and more systematic instruction.

Thus we see that the tendency in professional education, and indeed in commercial education, in the arts such as music and painting and design, as well as in the industries, is away from the unsystematized toward the systematized form of training and in the professional schools from a maximum of practise, and a minimum of theory, toward a minimum of practise and a maximum of theory.

This movement is supported by the most advanced members of the different professions and has been steadily advocated by all their leading organizations. We will try to determine why the old system should have failed under modern conditions.

The form of the indenture was changed somewhat since the time of the gilds, but the main features of a legal contract remain in most systems of apprenticeship. As an example of what may be demanded in such an agreement, I should like to quote an abstract from an old form of indenture still in use by one of the largest manufacturing concerns in the country today.

"The said masters reserve the right to terminate this agreement if said apprentice shall refuse to obey their proper commands or shall be found physically unable to attend to his work. . . . During all which time the said apprentice doth covenant and promise that he shall serve his masters faithfully, keep their secrets and obey their lawful commands; that he will do them no damage himself nor see it done by others without
giving them notice thereof; that he will not waste their goods
nor lend them unlawfully, but in all things behave himself as
a faithful apprentice ought to do. He shall conform to and
abide by all rules and regulations now in force and hereinafter
adopted by his masters for the government of their appren-
tices. . . . And the said masters on their part do covenant
and promise that they will use the utmost of their endeavors
to teach or cause to be taught or instructed, the said apprentice
in the art, trade, or mystery of . . . . . and he shall receive
as compensation when working $2.00 per week. . . ."

For purposes of comparison, I will quote some typical
phrases from the announcements of Schools of Nursing. I
have been unable to obtain exact copies of these contracts, but
their general content seems to indicate a fairly close adherence
to the older indenture form. Such statements were found in
less than one-half of the announcements consulted, and I believe
this preliminary requirement is being dropped by many of the
schools. There is considerable uniformity in the statements—
* e. g., "Upon being accepted as a pupil nurse the candidate
is required to sign an agreement promising to remain for
. . years, to conform strictly to the discipline of the school
and hospital, with the distinct understanding that the Board
reserves the right to dismiss her at any time for misconduct,
or inefficiency, or any other reason that may be deemed suffi-
cient." . . . Another reads—"If accepted, pupils are re-
quired to sign an agreement expressing their willingness to obey
all rules, to be subordinate to authorities governing the same,
. . . and to conduct themselves as members of a noble profes-
sion." One or two read—"If for any reason of her own,
illness excepted, the pupil breaks this agreement, and leaves the
school, she is required to refund to it the money expended
for her maintenance."

It will be noted from the foregoing, that the employers both
in the commercial and the philanthropic institutions, are very
careful to define the duties of the pupil toward *them*, but there
is little or nothing to indicate what responsibilities they are prepared to undertake toward the pupil. In the hospital contracts there seems to be no mention of the hours of labor and educational advantages promised, living conditions or working conditions, nor indeed any limitations as to what may be demanded of the pupil, besides absolute faithfulness and obedience. The right of the employer to dismiss an employee for any cause which he may deem sufficient, entails in the case of the pupil nurses, the forfeiture of all claims to a diploma, even though the term of apprenticeship is almost over. It would seem that some special safeguard should protect the pupil from injustice here, where there is so much to be lost. Where the pupil leaves voluntarily, credit may or may not be given in some other institution for the work done. There is no doubt that the threat of losing credit for that part of the course already accomplished, deters many pupils from leaving a service where conditions are grossly unfair, or where the contract or understanding has been violated.

Most of the announcements carefully state that the money allowance (where such is given) is not to be regarded as a wage, the education received being considered full equivalent for the pupil's services. As Paley tersely puts it "Learning is their hire."—In the majority of these announcements, no definite schedule of lectures and classes is given, so there is no way of measuring these educational advantages, and even if the lectures are according to schedule, there is no assurance given that the students will all have the opportunity of attending them, or that they will have time and strength to prepare for and profit by them.

Judging from the facts presented, in all these types of training, the apprenticeship system may be indicted on the following charges.—It is unjust and undemocratic in that it places the pupil absolutely at the mercy of the employer, with little or no possibility or redress in case of exploitation or dismissal, and with the promises of educational or other remuneration,
so vague and illusive that it is impossible to fix any definite responsibility on the employer. The training of the pupil is made secondary to the urgent working needs of the business or the institution.

2. The system is *uneconomic*. The period of apprenticeship is often much longer than is justified by the character of the work done. The apprentice is often set at quite irrelevant tasks, running errands, routine cleaning up or simple household drudgery. He may be put at a single piece of work for months, where a week would be sufficient to master the technique. He deliberately loafs away long periods of time that might be profitably employed if only he had proper direction. Worse than this loss of time, he gets into bad habits of work, turns out a poor kind of product, wastes valuable materials and limits the efficiency of the whole plant. Where this period of unintelligent work involves human life and safety, the exact cost cannot be counted, but comparative statistics and the testimony of various authorities place the blame for most of the railway accidents, and the high mortality in connection with mining and other industries, to the inexperience and ignorance of employees, trained by the apprenticeship.

In an article on Railroading by Dr. W. T. Barnard—written in 1886, he reviews some of the results of the old "rule-of-thumb" training in the railroad service, and concludes—"That the lives and property of the public should be entrusted to men of such limited intelligence, painfully illustrates the recklessness and indifference to public duty, that characterize our age and country."

3. The third criticism of the apprenticeship system of training, is that it is *uneducational*. The master or employer might indeed promise to teach his trade or profession, but there is no guarantee that he is qualified to teach, or that he does himself teach the pupil. He would satisfy all obligations if he states that he has tried to instruct the apprentice in the whole or a part of the trade. Under the factory system, the
employer or his representative is engaged in the administrative side of the work, and cannot follow the apprentices closely; the foremen are not paid for teaching and do it grudgingly and often badly. The whole object of the commercial plant is to secure the greatest possible output at the smallest expense, in the shortest time, and so instead of starting at the simplest and most fundamental processes and preceding to the more complicated in a systematic and logical way, the boy is pitchforked into the place where he is most needed. If he gets hold of the trick of the tool or the machine, and turns out a fair product, at a good rate of speed, the temptation is almost irresistible for the foreman to keep him there indefinitely. The result is a narrow specialization at the expense of all round intelligence and training.

But even with the fairest treatment in this practical work, there is no reason to assume that the boy understands the principles underlying the operations which he so quickly masters, or that he knows the relation between one part of the process and another. Put him always in the same situation and he will respond automatically—animals can do that—but give him a new problem, and he is at sea. He has no means of interpreting a new situation, because he does not hold the key. In industry as well as in the professions, it is this resourcefulness, quickness of adjustment, the intelligent application of principles to new and unusual situations, which marks real efficiency. Such initiative, and such intelligence is developed only by chance under a system where skill and speed are the primary considerations. The whole tendency in such a training is to render the customary activities mechanical. This means that the reactions are committed to the lower centres of the spinal cord, and that the higher intellectual centres gradually deteriorate from lack of use. This kind of training will produce automatic human machines, but it will never supply alert and intelligent workmen or capable foremen and superintendents. Daniel Webster in his Ply-
mouth oration in 1882, makes this one of the bulwarks of democracy—“Make them intelligent and they will be vigilant; give them the means of detecting the wrong and they will supply the remedy.”

It is said that you can educate no one who is not happy. Certain it is that the doctrine of “interest” is a fundamental one in education. To feel a purpose and a motive in one’s task, to discover new and surprising possibilities even in the simplest procedures, to take an honest pride in the doing of the simplest duties because one sees the relation of these to the great whole,—these are not things that come from any hit-or-miss method of teaching; they require time and personality and training. They require concentrated, directed effort both by pupils and teacher. Such a live interest and joy in one’s work, is rarely formed now-a-days in the old type of apprenticeship training.

4. The final criticism is that training through practical participation alone, restricts professional advancement. The tendency in all such occupations is to do things in set ways, to pass on methods rather than principles, to learn by initiation or by rule, rather than by experimentation based on fundamental laws. The result is stagnation. It is said that if work can be done effectively by the apprenticeship system, you have a trade or an occupation as a result. It becomes a profession only when a sufficient body of theory is acquired, by which practise may be controlled and varied to suit different requirements. A trade is guided by rules and regulations which may be ultimately based on natural laws, but these are not necessary to efficient workmanship. Bricklaying has progressed scarcely at all since the time of the Pharaohs. It is this inelasticity, this rule-of-thumb method which distinguishes the trade of carpentering from the profession of architecture, or the trade of blacksmithing from the profession of engineering.

But even in many of the older and more primitive occupations, such as farming, dyeing and weaving, cooking and
buttermaking, the simple processes have been entirely revolu-
tionized by the application of recent scientific discoveries in
biology, in chemistry, in physics and other sciences. Modern
agriculture has become more than a simple art, it is increas-
ingly a field of applied science. It would be impossible now to
pick up, incidentally through the practical work of the farm,
the principles of scientific agriculture. It is the same with
buttermaking and cheesemaking, with tanning, with brewing
and with the household sciences. Because people have realized
that the knowledge of science can help them raise better crops,
produce better breeds of stock, etc., and make more money,
pressure has been brought to bear on the Government and
special schools have been organized where the teaching of these
sciences can be done thoroughly and effectively. The signi-
ficant thing is that just in proportion as these homely and
often despised occupations get away from the haphazard method
of learning through experience alone, they rise in public esti-
mation and attract a serious and intelligent type of students.

So we are adding year by year to the list of honorable
occupations till we are now scarcely able to say which are
professions and which simply high vocations. The dignity of
an occupation depends on the body of sound theory back of
it, as well as on the worth of the service which it contributes
to human life, and one might safely say that the ultimate value
of that service is directly proportionate to the intelligence
with which the theory is applied.

It was Florence Nightingale who had with her zeal and her
culture and her fund of ready scientific knowledge transformed
nursing, and raised it from its too general position among the
trades to the rank of a profession. She called it an art, "the
finest of the fine arts," and likened the training to the long
apprenticeship of the painter and sculptor. But with the
rapid development of the sciences relating to health, nursing too
is becoming more and more not only an art, but a field of
applied science, and therefore a field for systematic, organized
education. There is no possibility of real progress without this foundation.

Progress must be measured too, by the extent to which a profession is able to fulfil satisfactorily the demands made upon it. These demands vary greatly from time to time. As the field enlarges and the responsibilities increase, there must be increased facilities for teaching not only the process involved, but the conditions which lead to the demand, and the best ways of meeting them. The apprenticeship method of teaching is too static, too narrow in its aims, and moves too slowly, to enable the learners to keep pace with the demands of a steadily enlarging field.

Sufficient facts have been presented to prove that the apprenticeship method of education has many weaknesses, that it is unjust and undemocratic in its scope, unscientific and antiquated in its educational methods, and fundamentally unsound from the financial and economic point of view. It is wasteful of time, of human energy, and in many cases of human life. It tends to restrict initiative and individual advancement, and it hampers progress in any vocation that follows its method exclusively. The system has been repudiated by one after another of the higher professions, and is gradually being abandoned or substantially modified by the industries.

There are some things to be said, however, for any system of education where the practical element is so emphasized. At its best it does turn out skilled workmen. It tries out the man and tests his proficiency in practice as no purely theoretical course can ever do. It eliminates the weakling who is afraid of work, and reveals the shirker, and the time-server, as well as the faithful, conscientious workman. Dean Schneider of Cincinnati says there is nothing like the shop service to bring out the "yellow streak" in a student, and we know what the long hard discipline of the wards can do toward developing self-reliance, self-forgetfulness and endurance. Further it reveals the worker to himself and shows him just
where he falls short. There is no doubt that the "daily doing
of needful things with regularity and efficiency is half of a
liberal education," and we need much more of this practical
kind of training in our schools and colleges.

It is being recognized also that where the practical side of
any vocation has been sacrificed to the theoretical, as it has
been in many schools of engineering, teaching, medicine, etc.,
the results have been very far from satisfactory. We all know
the star student who is all thumbs where it comes to handling
a monkey-wrench or a forceps. We have also tested the effi-
ciency of the correspondence school graduate. The pendulum
is certainly swinging away from the narrow, bookish methods
of teaching toward the practical, concrete, experimental
methods. Far from minimizing the value of practical expe-
rience, it is being emphasized more and more as an essential
part of all education. The objection to the apprenticeship
method of training is not that it teaches through practise,
but that it teaches the technique of practise without the reasons,
that it emphasizes the muscle side—the hand side, and neglects
the thought side, which is fundamental to true efficiency.

What we want then in all lines of vocational training, is some
new type of education that will combine the best results of the
old practical apprenticeship, with the best results of modern
academic education. It is pretty generally admitted that the
practical part should be acquired under working conditions, as
far as possible, and that the theory can best be given by some
one who is specially trained both as a practical worker and as
a teacher. There is some dispute as to whether the theory
should precede, accompany, or follow the practise, but in most
cases the best results seem to have been obtained where the
courses run parallel, and where some definite method of co-
ordination between the theory and the practise is followed.

I would like to give some description of the wonderful
system of industrial education in Germany and of the high
type of efficiency produced there among all types of working
men and women. Also of the methods employed in Great Britain and on the continent and the large variety of vocational schools represented in the United States. I can cite only a few types illustrating what has been attempted in some branches of industrial and commercial education.

1. In Germany every apprentice over 14 years of age is compelled by law, to attend the special school belonging to his trade for from 6 to 12 hours a week, during his whole apprenticeship. These trade schools teach the theory underlying all the various occupations,—blacksmithing, tailoring, hairdressing, even chimney-sweeping. The apprentices also study such general subjects as will help them to be intelligent and conscientious citizens. This compulsory system has been introduced in Cincinnati, for a few trades. The schools are under the public school system, and are taught by specially trained teachers. In Boston five large department stores have agreed to send their new shop girls to a school conducted by the Woman's Educational and Industrial Union of Boston. They attend for half a day, six days a week—for a period of three months. At first the girls were sent only half a day per week but the results were so satisfactory to the employers that the period was lengthened voluntarily. The course consists of arithmetic suited to store needs, the study of textiles and materials, color and design, store technique, business English and something of the psychology of salesmanship. The employers find that they are amply repaid in the increased interest and intelligence of their workers.

2. The regular trade school is something of the same type, but the pupils spent their entire time in the school. The shop is part of the school, and theory and practise are fitted together in varying proportions, usually about one hour of theory to two or three of practise. The mechanic arts schools and the higher technical schools belong to this type, but here the training is much longer, the studies are highly technical, and the preliminary standards are much more advanced. High school
graduation is usually demanded for entrance to any of these metal-working, wood-working, textile or other technical courses.

3. A third type of school is the shop school established on the premises by manufacturing or railway companies for their apprentices. Some of these offer very excellent courses, employing trained instructors, and giving from four to eight hours class work per week. The New York Central lines, have many such schools of quite an advanced grade. The General Electric Company of Lynn, Mass., keep their apprentices in the training rooms 2½ years, spending 6 hours weekly on algebra, physics, mechanics, drawing, etc., and applying their principles to the work of the shop under constant supervision. The whole course is 3 to 4 years, the boys being paid for all their time at an advancing rate of 9 cents to 18 cents per hour.

4. Probably the most satisfactory type of industrial or professional training, is the part-time or co-operative system which has been worked out by the engineering department of the University of Cincinnati. The standards of entrance and course of study are similar to those in any other schools of engineering, but here the theory only is taught in the university, and the practice is obtained through apprenticeship of the students in various manufacturing establishments in the city. The students go in pairs, one serving at the shop and the other studying in the university, week about. The practical course is so arranged that the students get carefully graduated work in every department, and the instructors keeping closely in touch with the problems of the shop, are able to correlate the theory and the practise very effectively. The students are paid from 10 cents to 20 cents per hour for their work in the shops and are able in this way, to defray some of the expenses of tuition. The work in Cincinnati has been so successful that the system has been introduced into some of the vocational high schools, notably that at Finchburg, Mass.

Examples could be multiplied, but these will be sufficient to illustrate the tendency in industrial and to some extent com-
mercial education. It seems to be the general opinion among pupils, employers, educators, and the intelligent public, that these methods are a decided advance over the old type of apprenticeship training. Some of the results noted are:—

1. The attraction of a better class of applicants.
2. Increased intelligence in the carrying out of instructions.
3. Fewer accidents and mistakes.
4. Increased earning power—more rapid promotion.
5. A finer product—more finished work.
6. An increase of output and less waste in production.
7. A greater interest taken by boys and girls in their work.
8. A general improvement in the moral tone of the shop.
9. A finer spirit of co-operation between employer and employee.

The testimony of many employers goes to prove that all these gains more than offset the loss of time due to class work. "The training in the school and shop is better than the old apprenticeship training in the ratio of 5 to 1"—one man says, another that "10 hours theory per week in a good mechanic arts' school fits a boy to go on with those who have spent 50 hours a week in the regular way." This is the judgment, not of the educational theorists or sentimentalists, but of hard headed business men. The graduates of these better schools are so greatly in demand, that they cannot be trained quickly enough to fill the excellent positions waiting for them.

Now how does this apply to the training of the nurse? We have seen that in all essential characteristics our schools are still fairly close to the original apprenticeship type. This was not the plan of Florence Nightingale, who insisted that the school of nursing should be independent of the hospital in support and administration. That wise arrangement we have not perpetuated, and the results of the other system are before us. We have traced its effects in other types of vocational education, and find that they correspond fairly closely with the outstanding defects in our own. Our limitations seem to be the limitations of an antiquated system of education.
It is true we have modified it considerably and introduced many new features which were not found in the purely practical training. The Preparatory course is a great step in advance, and the number and character of the lectures and class work, is improving every year. We are beginning to see the importance of having trained teachers, and of affiliating with technical schools and colleges for some of the scientific subjects. But our proportion of theory to practice is still far below that found in the trade schools. There one hour of technical teaching to two of shop work is a common ratio, more frequently perhaps one to four or one to eight while in the best of our nursing schools it is very doubtful if the proportion would be higher than one to twenty for the eight months in which lectures and classes are given. Of course it is usually expected that one or two hours daily will be given to extra study, but all of this time and very often the time for lectures and classes is outside of the ten hours daily duty or the twelve hours night duty which still prevails in most of the hospitals.

We may as well admit also, that bacteriology as usually taught, chemistry (where any is given), even our anatomy and physiology, would scarcely be accepted in most good high schools. A ten hour theoretical course in bacteriology, or a twenty or thirty hour course in anatomy and physiology would be considered absolutely inadequate by an intelligent dairyman, or an up-to-date farmer. The barbers and hairdressers in the German schools have 12 to 24 hours theory per week. Much fuller and more thorough courses in all of these subjects are demanded of any woman who is to teach cooking to children in the public schools. Any good high school teaches more of foods and the chemistry and physiology of nutrition than is given in the majority of our training schools. Lack of time, lack of adequate support, ignorance of the real need, are accountable for these things.

Of course it will be urged that our results are far in advance
of our methods, that our students pick up a great deal incidentally and that common sense, and the nursing instinct will supply most of the deficiencies. But is this true? We do have many intelligent women in the profession, but as a rule their intelligence is the result of previous preparation, and individual study. On the other hand, with our low standards of admission, the profession is being overcrowded with women of the poorest educational attainments, who can only be expected to reach even a fair degree of intelligence in their work by systematized and thorough training. It is these who need to be helped most, if they are to be retained at all.

I do not propose to rehearse what must be very familiar to most superintendents—the failings of graduate nurses. I have been very much interested in the nature of these complaints. Omitting the very common charge of commercialism, which seems to be taking hold of many other professions besides our own, the general complaint is far more that "she does not seem to understand her job" than that she is "overtrained." Educationalists frankly condemn our methods of education, high school principals will not urge their bright students to go into our schools on account of our low standards, and parents object on account of the conditions imposed. College women hesitate to enter a profession where there is so little opportunity for getting at the heart of things. The best of our nurses themselves never cease to lament the deficiencies in their theoretical preparation, and go halting all their days for lack of it.

For all this, the work of nursing is so vital to the well-being of the community, and has in itself such enduring attractions, that more and more women are being called to it every year. Our responsibilities thicken with the rapid enlargement of our field. To the simple bed-side care of the sick, under the watchful supervision of the physician, has been added the social and educational duties of the school nurse, the municipal nurse, the tuberculosis, and infant mortality nurse,
and other forms of social service. The administration of anaesthetics, nursing of the nervous and insane, certain forms of research and statistical studies and many other branches requiring a wide and special knowledge of the social sciences, of conditions of mental as well as physical health and disease, have been added. The public looks to the nurse not only to care for them in sickness, but to advise them how to prevent sickness. In an age when every popular magazine contains articles on hygiene and every newspaper advertises quack nostrums and exploits under scientific guise new healing fads, the nurse who is to help others into sane and healthy modes of living, must herself be able to detect the true from the false. In no better way can she support the medical profession than in thus pointing to the rational basis for the prevention and treatment of disease. Common sense or intuition will not teach her these things, neither will a working experience in a hospital do it. There must be some way whereby every nurse will be able to acquire, under fair conditions, that kind and that amount of scientific knowledge which will enable her to practise her profession safely, efficiently, with joy and satisfaction to herself, and with the maximum of service to the public. I do not need to add that this professional preparation should concern itself strictly with nursing—not with diagnosis, nor with surgery, not with the practise of medicine—nursing as Florence Nightingale defined it.

If the facts presented in this study of the apprenticeship system are correct, and the deductions logical, we are forced to the conclusion that there is little chance for any substantial progress in nursing education under the present arrangement. It would be unreasonable to expect that the hospitals would turn their scanty enough funds toward the building and furnishing of class rooms and laboratories, and the support of large faculties of instructors. They furnish us the most valuable possible laboratories, with opportunity for observation and for practise, that we cannot value too highly or too securely main-
tain. The conditions of which we complain are not inseparable from that service. If industrial corporations and universities can arrive at equitable and effective methods of co-operation, it should not be impossible to philanthropic institutions and schools of nursing.

This problem of nursing education is too heavy a problem, and too fraught with momentous possibilities for public good or public ill, to rest entirely on the shoulders of one body of women. It is the people of the country, not the teachers themselves, who support teaching education, and we have seen that the same is true to some extent of agricultural education, of engineering education, of domestic science, etc. There is a distinct tendency toward the state control of vocational training. Certainly if state support is to be distributed according to need, or according to the importance of the public contributions rendered, there are few vocational schools which should receive more ample endowments than the future schools of nursing.

It seems to me we would do well to swing into these educational movements which are stirring all around us, and to get into touch particularly with the new plans for vocational education in the high schools, as well as in the technical colleges and universities. They are waiting to know what we want of them; we are practically sure of their co-operation. It only remains for us to study out our problem and to present it in such a way that the public, and its representatives in the state will see how inevitably the common welfare is affected by methods of nursing education—only then will we have the regulation and support which is needed to put our professional schools on a universally just, and adequate, economic and educational basis.

The President. It is a matter of regret that we cannot call for a full discussion of this very comprehensive paper, which it certainly merits, but time is passing, and we shall have to be passing also very soon.
We have a demonstration of training school methods as carried out by Miss Parsons, Superintendent of Nurses at the Massachusetts General Hospital. Miss Friend will explain this method as outlined here.

Miss Friend. We begin with the time slips which the head nurse collects before eight o'clock. We take these slips to Miss Parsons' office, and we discuss them and then they are placed on the spindle for future reference. So if we want any special nurse we can tell by these slips just where she is. Then we have also these efficiency slips which the head nurse makes out every time a pupil leaves her ward to take duty somewhere else. (Points out efficiency card on wall).

Then in the office we have this cabinet. In the middle part we keep the working cards. We have a ledger in which the new pupil is required to register her full name and home address. We also enter the day she enters the training school. There is space to enter the time she leaves, and a place for remarks. We enter every affiliated student who comes into our training school and in the remarks state whether they come from an adult or children's hospital. Then from that we make out this card. (Points out). The whole system practically consists of two cards, and we can keep the whole system in this little cabinet. (Exhibit.) We can get immediately any information we want about any nurse.

Question. Is there any permanent record of time off duty?
Miss Friend. No. We regularly have two hours a day, an afternoon a week and four hours Sunday.

Question. Do you ever give the reports to the nurses?
Miss Friend. No.

Question. Then a pupil nurse has no way of knowing how she stands?
Miss Friend. If her work isn't good she will know it.

The President. I will ask the assembly to come to order for a few moments, after which we shall disperse and have every opportunity for conversation. If there are no further questions to be asked Miss Friend, the secretary will make a few announcements.

Miss McKeechnie. There are a number of last year's reports on hand and can be had for $1.50 upon application to me or to the new secretary.
The President. I will ask the secretary to make the announcement of the election of officers and also the place of the next meeting. The date can hardly be announced at this time.

Miss Nevins. Before you do that, may I move that reprints of Miss Stewart's paper be secured for us when the annual report is printed for distribution, as I regard it as a valuable thing for all teachers to have.

Motion was seconded by Miss Goodrich and carried.

The secretary then read the list of officers for the coming year, and announced that Chicago would be the next meeting place.

The President. I will ask the new president to come forward, Miss Wheeler. It gives me great pleasure to introduce to you your new president, Miss Wheeler, who will now take the chair and adjourn the meeting at the proper time.

Miss Wheeler. Miss Riddle, Ladies:—I have always held the deliberations of this body in very high esteem, but I feel now as if a great calamity had come upon you in your choice of presiding officer. In view of the fact of your coming to Chicago, I wish to say that we will greet you very heartily, and we hope your deliberations there will be extremely wise and give you a far better choice of presiding officer than you have at this time.

Miss Nutting. Madam President, may I speak for the Society in moving the thanks of this body to Miss Riddle, our retiring president, to the chairman of the committee on arrangements, to the commissioner of education, Dr. Snedden, Dr. Lee and Miss Arnold, to the trustees and managers of the Newton Hospital who have entertained us, for the very enjoyable convention we have had here and all that has been done to make it pleasant and satisfactory to us.

Motion was seconded by Miss Giles and carried.

The President. As there is nothing further to come before us the meeting stands adjourned until such date as will be presented later.

Adjourned.
LIST OF MEMBERS.

ALASKA.

Fairbanks.

PATTON, MISS MARY..........................

ARIZONA.

Pamsebgoof, Prescott.

Daly, Miss Georgina, R. N..................

ARKANSAS.

Fort Smith.

Tye, Miss Menia S..........................Sparks Memorial Hosp.

CALIFORNIA.

Los Angeles.

Brode, Miss Arletta E.......................935 W. 34th St.
McLean, Miss Annie M.....................1908 San Pedro St.
Williamson, Miss Annie A., R. N., Supt. of
Nurses. The California Hospital.
85 Pupils. 150 Beds. Graduate, N. Y. Hospital Tr. School, 1896.

Marc Island.

Pringle, Miss Martha E....................Naval Hospital.

Oakland.

Fitch, Miss Katharine, R. N................22nd St. and Broadway,
c/o Key Route Hotel.

Krane, Mrs. Louise Adams..................East Bay Sanitarium.

Pasadena.

Anderson, Miss Lyda W., R. N., Supt. of
Nurses. Pasadena Hospital Ass'n.
50 Pupils. 100 Beds. Graduate, Illinois Tr. School, Chicago,
Ills., 1904.

Peterson, Mrs. Janette F., R. N..........Markham & St. John's
Aves.

Pickhardt, Miss Lila........................761 North Holliston Ave.

San Diego.

Smith, Miss Amelia L......................County General Hospital.

San Francisco.

Scott, Miss Elizabeth C., R. N., Supt. of
Nurses. Lane Hospital.
75 Pupils. 175 Beds. Graduate, Johns Hopkins Hospital, 1906.

205
Redding.
ERICKSEN, MISS THERESA., Supt. of Nurses. St. Caroline Sanitarium.
3 Pupils. 20 Beds. Graduate, Northwestern Hospital, Minn., 1888.

CANADA.

Fort Francis, Ontario.
WRIGHT, MRS. C. BANKS.

Gravenhurst, Ontario.
FOURNIER, MRS. E. G., R. N., Supt. of Nurses. Minnewaska Sanitarium.
4 Pupils. 26 Beds. Graduate, Harper Hospital, Detroit, Mich., 1896.

Hamilton, Ontario.
MADDEN, MISS KATE, R. N., Supt. of Nurses. The City Hospital.
66 Pupils. 300 Beds. Graduate, Brooklyn, N. Y., Hospital, 1901.

London, Ontario.
STANLEY, MISS MARGARET E., R. N., Supt. of Nurses. Victoria Hospital.
84 Pupils. 280 Beds. Graduate, Johns Hopkins Hospital, 1896.

Montreal, Province of Quebec.
GOODHUE, MISS NELLIE. Royal Victoria Hospital.
HERSEY, MISS M. F., Supt. of Nurses. Royal Victoria Hospital.
100 Pupils. 300 Beds. Graduate, Royal Victoria Hospital, 1905.
14 Pupils. 50 Beds. Graduate, Royal Victoria Hospital.
LIVINGSTON, MISS N. G., Supt. of Nurses. Montreal Gen'l Hospital.
96 Pupils. 240 Beds. Graduate, New York Hospital, 1889.
SHAW, MISS MADELINE, R. N. Montreal Gen'l Hospital.
TEDFORD, MISS NORA. Montreal Gen'l Hospital.
WEBSTER, MISS JENNE, Night Supt. Montreal Gen'l Hospital.

Newfoundland.

Grand Falls.
GILMOUR, MISS NELLIE.

St. Anthony.
BROWN, MISS ELEANOR B. St. Anthony's Hospital.

Ottawa, Ontario.
MACKENZIE, MISS MARY A., R. N., Chief Supt. Victorian Order Nurses,
578 Somerset St.

LYMAN, MRS. M. L. M. 292 Somerset St.

St. Catherine's, Ontario.
RYKERT, MISS A. N. 50 Ontario St.
SNively, MISS MARY A. 20 Park Place.
LIST OF MEMBERS.

Toronto, Ontario.
BRENT, MISS LOUISE C. Hosp. for Sick Children.
EBERSOLE, MISS SARAH C. 368 Pape Ave.
ROWAN, MISS GEORGIE L. Grace Hospital.
STEWART, MISS ROBINA L. Toronto Gen'l Hospital.
120 Pupils. 400 Beds. Graduate, Johns Hopkins Hospital, 1901.

Winnipeg, Manitoba.
WILSON, MISS FREDERICA, R. N. Winnipeg Gen'l Hospital.

Quebec.
MALONEY, MISS GEORGIA M., Supt. of Nurses. Jeffrey Hales Hospital.
28 Pupils. 110 Beds. Graduate, Montreal General Hospital, 1903.

COLORADO.

Denver.
McCASKIE, MISS MAUDE University Park.

Pueblo.
BEECROFT, MISS LAURA A., R. N. Minnequa Hospital.
27 Pupils. 210 Beds. Graduate, West Penn Hospital, 1898.

CONNECTICUT.

Greenwich.
11 Pupils. 33 Beds. Graduate, New York Hospital, 1896.

Hartford.
SUTHERLAND, MISS A. L., R. N., Supt. of Nurses. Hartford Hospital.
80 Pupils. 375 Beds. Graduate, Toronto General Hospital, 1890.

New Haven.
DAY, MISS BERNICE ISABEL Elm City Private Hosp.
75 Pupils. 225 Beds. Graduate, Boston City Hospital, 1884.

Pleasant Valley.
ALBAUGH, MISS R. INDE, R. N.

Waterbury.
ANDREWS, MISS MARY A., R. N., Supt. of Nurses. Waterbury Hospital.
20 Pupils. 75 Beds. Graduate, Conn. Training School, 1881.

CUBA.

Graduate, St. Catherine's Gen'l and Marine Hosp., 1886.
WASHINGTON.

Delano, Miss Jane A., R. N., Supt. Army Nurse Corps, Office of Surgeon Gen'l, U. S. A.

Hasson, Miss Esther V.


Lippitt, Miss Louise C., R. N. 2809 P. St., N. W.

Little, Miss Marian, Supt.

Nevins, Miss Georgia M., R. N., Supt. of Nurses. Garfield Memorial Hosp.

50 Pupils. 225 Beds. Graduate, Johns Hopkins Hospital, 1891.

EGYPT.

Tanta.

Reid, Miss Elizabeth B. American Missions Hosp.

ENGLAND.

The Sands, Swindon, Wilts.

Kimber, Miss Diana C.

London.

Quintard, Mrs. L. W. c/o American Express Co., 5-6 Haymarket.

FRANCE.

Paris.

Holmes, Miss Amy E. American Hosp., Neuilly.

GEORGIA.

Brunswick.

Meier, Miss Luella C., R. N., Supt. Nurses. Brunswick Hospital.

5 Pupils. 50 Beds. Graduate. Jewish Hospital, Cincinnati, O., 1905.

Savannah.

Wilson, Miss Mary Blythe, R. N., Supt.

Nurses. Savannah Hospital.

16 Pupils. 60 Beds. Graduate, Jewish Hospital, Cincinnati, O., 1902.

ILLINOIS.

Chicago.

Ahrens, Miss Minnie H., R. N., Supt.

Milk Commission 157 W. Adams St.

Breeze, Miss Jessie, R. N. 3518 Congress St.

Dahlgren, Miss Emilia, R. N., Supt. of Nurses. Englewood Hospital.

36 Pupils. 100 Beds. Graduate, Augustana Hospital, 1903.
LIST OF MEMBERS.

FRANKENTHAL, MRS. L. E. .......................... 4825 Woodlawn Ave.
FULMER, MISS HARRIET, R. N., Supt. ............ Visiting Nurse Assn.
  29 Pupils. 70 Beds. Graduate, Illinois Training School.
HAY, MISS HELEN SCOTT, R. N., Supt. Nurses. Cook County Hospital.
HERTZER, MISS KATHERINE E. ...................... 815 Alexander Place.
JOHNSON, MISS CHARLOTTE, R. N., Supervisor
  Contagious Dept. Cook County Hospital.

JOHNSTON, MISS MARGARET E., R. N., Supt.
  120 Pupils 350 Beds. Graduate, St. Luke's Hospital, 1895.
JORGENSEN, MISS ANNA M., R. N., Supt.
  of Nurses. Augustana Hospital.
  90 Pupils. 225 Beds. Graduate, Augustana Hospital, 1907.
  and Dispensary.
  9 Pupils. 15 Beds. Graduate, Illinois Training School, 1893.

MAYFIELD, MRS. MINERVA, R. N., Supt. of
  Nurses. Michael Reese Hospital.
  90 Pupils. 350 Beds. Graduate, The Michael Reese Hospital, 1899.

MAYOU, MISS EDITH, Supt. ......................... Lake View Hospital.
MCMILLAN, MISS M. H., R. N., Supt. Nurses. Presbyterian Hospital.
PHILLIPS, MISS HATTIE M., R. N. .................. Home for Destitute Chil-
  dren, 46 Park St.

  40 Pupils. 125 Beds. Graduate, Toronto General Hospital, 1895.

WHEELER, MISS MARY C., R. N., State
  Inspector Nurses' Training Schools. 127 N. Dearborn St.

Elgin.

OBERG, MISS C. IRENE, R. N., Supt. of Nurses. Sherman Hospital.
  20 Pupils. 50 Beds. Graduate, Illinois Training School, 1894.

Evaston.

BLOOMFIELD, MISS HELEN, Supt. of Nurses. Evanston Hospital Assn.
  28 Pupils. 70 Beds. Graduate, Chicago Homeopathic Hospital, 1905.

RUGGLES, MISS ALICE KIMBALL .................... Evanston Hospital.

Jacksonville.

TWITCHELL, MISS ALICE I., R. N. ................ Passavant Memorial Hos.

Oak Park.

STUEVEN, MISS CLARA A. .......................... 218 Wesley Ave.
INDIANA.

Indianapolis.
Ashby, Miss Alice, R. N. 1820 East 10th St.

Richmond.
Sollee, Miss Mary B., R. N., Supt. of Nurses. Reid Memorial.
15 Pupils. 65 Beds. Graduate, City Hospital, Ind., 1895.

IOWA.

Cedar Rapids.

Des Moines.
Schraar, Miss Millie, Supt. of Nurses. Iowa Methodist Hospital.
85 Pupils. 250 Beds. Graduate, Iowa Methodist Hospital, 1905.

Dubuque.
Balcom, Miss Helen, R. N. Finley Hospital.

Iowa City.
Goodale, Miss Anna C., Supt. of Nurses. State Univ. Homeopathic.
14 Pupils. 30 Beds. Graduate, St. Luke's Hospital, Cedar Rapids, 1901.

IRELAND.

Ballou, Co. Carlow.
Doyle, Miss Marcella.

KENTUCKY.

Lexington.
Tunstead, Miss Edith. Good Samaritan Hosp.

Louisville.
Gillette, Miss Nellie, Supt. of Nurses. John N. Norton Memorial Infirmary.
40 Pupils. 100 Beds. Graduate, New York Hospital, 1890.

JOHNSON, Miss Eliza, Supt. of Nurses. Louisville City Hospital.
32 Pupils. 300 Beds. Graduate, Norton Infirmary School, 1897.

LOUISIANA.

New Orleans.
Lewis, Miss Adelaide H. Presbyterian Hospital.

MAINE.

Bangor.
Washburne, Miss Ida, Supt. of Nurses. Eastern Maine General Hospital.
35 Pupils. 120 Beds. Graduate, Boston City Hospital, 1897.
LIST OF MEMBERS.

MARYLAND.

Baltimore.
Bell, Miss Alice F., R. N., Supt. of Nurses. Md. University Hospital.
Carr, Miss Ada M., R. N. .................. 16 W. Preston St.
Lawler, Miss Elsie M., R. N., Supt of Nurses. Johns Hopkins Hospital.
140 Pupils. 360 Beds. Graduate Johns Hopkins Hospital, 1899.
MacMahon, Miss Amy E. ..................... Johns Hopkins Hospital.
Martin, Miss Sarah F., R. N., Supt. of Nurses. Robert Garrett Hospital for Children.
9 Pupils. 35 Beds. Graduate Massachusetts General Hospital, 1886.
Packard, Miss Mary Cary, R. N., Supt. .... Robert Garrett Hospital for Children.
Struble, Miss Mary B. ...................... Hebrew Hospital.

MASSACHUSETTS.

Boston.
Amy, Margaret, Sister, R. N., Supt. Nurses. The Children's Hospital.
40 Pupils. 100 Beds. Graduate, The Children's Hospital, 1900.
Barber, Miss Jane M. ...................... N. E. Hospital for Women and Children.
Brown, Miss Charlotte A. .................. City Hospital.
Davis, Miss M. E. P. ....................... 21 Norwood Ave.
100 Pupils. 350 Beds. Graduate Massachusetts Homeopathic Hospital, 1904.
Nichols, Miss Emma M., Supt. of Nurses . Boston City Hospital.
175 Pupils. 1061 Beds. Graduate Boston City Hospital, 1901.
145 Pupils. 322 Beds. Graduate Massachusetts General Hospital, 1893.

Brookline.
Gross, Miss Lucetta J. ...................... 364 Tappan St.

Cambridge.
Radford, Miss Annie E., Supt. of Nurses. Charlesgate Hospital.
20 Pupils. 50 Beds. Graduate Boston City Hospital, 1902.

Dorchester.
Gorman, Miss Alice A. ..................... 24 Westville St.

Gardner.
Barnaby, Miss Marietta D. ................. Henry Haywood Memorial Hospital.

Gloucester.
Kinney, Mrs. Dita H. ...................... Addison Gilbert Hosp.
Holyoke.
PRATT, MISS LAURA S., Supt. of Nurses. . . . Holyoke City Hospital.
30 Pupils. 85 Beds. Graduate Faxon Hospital, Utica, N. Y.,
1895.

Jamaica Plain.
19 Pupils. 50 Beds. Graduate Massachusetts Homeopathic Hos-
pital, 1898.

Lowell.
BOWEN, MISS SARA A., R. N., Supt. Nurses . . . Lowell General Hospital,
25 Pupils. 70 Beds. Graduate Boston City Hospital, 1896.

Lynn.
FLETCHES, MISS ANNE I., Supt. of Nurses. . . Lynn Hospital.
24 Pupils. 90 Beds. Graduate Lynn Hospital, 1892.

Malden.
PERRY, MISS C. M., Supt. of Nurses. . . . . . . . . . . . The Malden Hospital.
27 Pupils. 80 Beds. Graduate Mass. General Hospital, 1892.

Melrose
GRANT, MISS ALMA E., Supt. of Nurses. . . . . . . . . . The Melrose Hospital.
13 Pupils. 19 Beds. Graduate Mass. General Hospital, 1904.

Natlock.
VAN COR, MISS NELLIE J., Supt. of Nurses. . . Leonard Morse Hospital.
13 Pupils. 25 Beds. Graduate Boston City Hospital, 1904.

New Bedford.
40 Pupils. 150 Beds. Graduate Johns Hopkins Hospital, 1904.

Newburyport.
MATTICE, MISS BRENDA F., Supt of Nurses. . . Anne Jaques Hospital.
16 Pupils. 40 Beds. Graduate Boston City Hospital, 1896.
PECK, MISS CLARA B., R. N., Supt. of Nurses. Newburyport Homeo-
pathic Hospital.
14 Pupils. 30 Beds. Graduate Mass. Homeopathic Hospital, 1903.

Newton Lower Falls.
ALLEN, MISS BERTHA W., R. N., 2nd Asst.
Supt. . . Newton Hospital.

70 Pupils. 165 Beds. Graduate Boston City Hospital, 1889.

Pittsfield.
CLEMENT, MISS ANNA G., R. N., . . . . . . . . . . . . Pittsfield Hospital.

Salem.
ROBERTSON, MISS A. C. . . . . . . . . . . . . . . . . . . . . . . . . . 389 Essex St.

Somerville.
HOGLE, MISS ELIZABETH C., Supt. of Nurses . . Somerville Hospital.
22 Pupils. 40 Beds. Graduate Mass. General Hospital, 1896.
LIST OF MEMBERS.

Springfield.
CAYTON, MISS JESSIE E., R. N., Supt.
Hospital and Nurses. Springfield Hospital.
40 Pupils. 100 Beds. Graduate Boston City Hospital, 1900.
HAYES, MISS ANNA G., R. N., Asst. Supt.
Hospital and Nurses. Springfield Hospital.

Taunton.
BERRY, MRS. JENNIE S. .................Morton Hospital.

Winchenden.
WATSON, MISS SUSIE A., R. N.,...........

MICHIGAN.

Adrian.
COCHRANE, MISS ISABELLA................17 College Avenue.

Albion.
BROMLEY, MISS ELIZABETH M..............Albion City Hospital.

Ann Arbor.
HAARE, MISS MARY C.....................113 W. Liberty St.
PBYTERTON, MISS FANTINE, Supt. of Nurses. Peterson's Hospital.
10 Pupils. 10 Beds. Graduate University of Michigan Training School, 1900.

Battle Creek.
FOY, MRS. MARY S., Supt. of Nurses......Battle Creek Sanitarium and Hospital.
150 Pupils. 600 Beds. Graduate Battle Creek Sanitarium and Hospital, 1890.

Benton Harbor.
MIDAS, MISS ISABEL.....................Cranford Farm.
NORTHWAY, MRS. MILICENT B., Supt........Mercy Hospital.

Detroit.
GRETTER, MRS. L. E....................Visiting Nurses Assn.
924 Brush St.
85 Pupils. 200 Beds. Graduate Illinois Training School, 1897.

Grand Rapids.
AFTED, MRS. R. C......................40 Ransom St.
FLAWS, MISS ELIZABETH G., Supt. of Nurses. Butterworth Hospital.
45 Pupils. 100 Beds. Graduate Toronto General Hospital, 1895.

Iron River.
MOORE, MISS JUNE E...................Mercy Hospital.

Kalamazoo.
LEACH, MISS THERESA G................Michigan State Hospital.
Newberry.
SINCLAIR, Miss Helen C., Supt. of Nurses. Upper Peninsular Hosp.
32 Pupils. 850 Beds. Graduate Dundee Royal Infirmary, Dundee, Scotland, 1891.

MINNESOTA.

Center City.
PORTER, Miss Esther.

Minneapolis.
CLAYTON, Miss S. Lillian, R. N., Supt. of Nurses. Minneapolis City Hosp.
50 Pupils. 275 Beds. Graduate Phila. General Hospital, 1896.
Powell, Miss Louise M., R. N., Supt.
Nurses. University Hospital.
16 Pupils. 52 Beds. Graduate St. Luke's Hospital, Richmond, Va., 1899.
SMITH, Miss Alice L., R. N. Asbury Hospital.
WATSON, Miss Grace, R. N. Northwestern Hospital.
WESTON, Miss Eleanor, R. N. Northwestern Hospital.

Rochester.
JAMME, Miss Anna C. St. Mary's Hospital.

MISSOURI.

Kansas City.
PORTER, Miss Virginia M., Supt. Mercy Hospital.
SMITH, Mrs. F. E. S. 914 East 9th St.

St. Louis.
GILLIS, Miss Anna M., R. N., Supt. Nurses. St. Louis Tr. School for Nurses.

NEBRASKA.

Omaha.
ANDERSON, Miss Victoria, R. N., Supt.
of Nurses. Nebraska M. E. Hospital.
48 Pupils. 100 Beds. Graduate, M. E. of Brooklyn, N. Y., 1903.
LOUER, Miss Carrie S. 16th and Yates Sts.
STEWART, Miss Ellen, Supt. of Nurses. Bishop Clarkson Memorial Hospital.
36 Pupils. 78 Beds. Graduate, St. Luke's, Chicago, 1898.

NEW HAMPSHIRE.

Lakeport.
DROWN, Miss Lucy L. 134 Mechanic St.
LIST OF MEMBERS.

Hanover.
SHEPARD, MISS IDA FRANCES, R. N., Supt.
of Nurses...Mary Hitchcock Memori-
    21 Pupils. 40 Beds. Graduate Boston City Hospital, 1899.

NEW JERSEY.

Camden.
RANDALL, MISS HULDAH, R. N., Supt. Nurses. The Cooper Hospital.
    27 Pupils. 100 Beds. Graduate Presbyterian Hospital of Phila-
DELPHIA, 1000.
VAN LUVANCE, MRS. LYDIA R. ............... The Cooper Hospital.

Jersey City.
    35 Pupils. 102 Beds. Graduate St. Luke's Hospital, N. Y., 1899.

Newark.
ENGLISH, MISS AUGUSTA H., R. N., Supt.
of Nurses...Hospital of St. Barnabas.
    24 Pupils. 84 Beds. Graduate Presbyterian Hospital, N. Y., 1904.
MASON, MISS MARY F., Supt. of Nurses...Newark City Hospital.
    76 Pupils. 340 Beds. Graduate Newark City Hospital, 1898.

Plainfield.
WORRALL, MRS. FRANCES A., Supt. of Nurses. Muhlenberg Hospital.
    22 Pupils. 67 Beds. Graduate Boston City Hospital, 1899.

NEW YORK.

Albany.
GOODRICH, MISS ANNIE W., R. N., State Insp. Nurses' Training Schools.
    120 Pupils. 350 Beds. Graduate Philadelphia Hospital, 1891.
HEAVREN, MISS ROSE M., Supt. of Nurses...Homeopathic Hospital of
    32 Pupils. 90 Beds. Graduate Connecticut Training School, New
    1896.

Blackwell's Island.
CROFT, MISS FLORIDE L., R. N. .................. N. Y. City Training Sch.
PINDELL, MISS JANE M., Supt. of Nurses...N. Y. City Training Sch.
    100 Pupils. 900 Beds. Graduate New York City Tr. School, 1899.
SILVER, MISS J. AMANDA, Dept. Supt. ... N. Y. City Training Sch.
WARD, MISS AGNES S., Supt. of Nurses...Metropolitan Hospital
    Training School.
    70 Pupils. 700 Beds. Graduate Metropolitan Tr. School, 1895.

Brooklyn.
ANDERSON, MISS LYDIA E., R. N. .............. 109 Green Ave.
BODINE, MISS MARY H., R. N. ............... L. I. College Hospital.
SEVENTEENTH ANNUAL CONVENTION.

BUCHANAN, MISS J., R. N., Supt. of Nurses. Bushwick Hospital.
11 Pupils. 32 Beds. Graduate Brooklyn Hospital, 1903.

COPELAND, MISS M. LOVINA, R. N., Supt.
210 Beds. Graduate Brooklyn Hospital, 1903.

DAVIDS, MISS ANNIE R., R. N. 333 Clinton St.

DECKER, MISS MATILDA. 186 Amity St.

HARRIS, MRS. BETSEY LONG, R. N., Supt. of

80 Pupils. 210 Beds. Graduate N. Y. Infirmary for Women and
Children, 1903.

KURTZ, MISS ELLA B., R. N., Supt. of Nurses. German Hospital.

ROGERS, MRS. MARGARET L., R. N., Supt. of
Nurses. Brooklyn Hospital.

44 Pupils. 196 Beds. Graduate, New York Hospital, 1896.

SABA, MISS A. M., R. N., Supt. of Nurses. The Jewish Hospital.

65 Pupils. 250 Beds. Graduate Binghamton City Training
School, 1900.

WHITE, MISS VICTORIA, Chief Nurse. 270 Beds. Graduate St. Luke's Hospital, So. Bethlehem, Pa., 1890.

Buffalo.


20 Pupils. 120 Beds. Graduate Brooklyn Homeopathic Hospital, 1894.

DAVIS, MISS NELLY, Supt. of Nurses. Erie County Hospital.

47 Pupils. 450 Beds. Graduate A. O. M. Hospital, Elmira, N. Y., 1899.

FARNsworth, MRS. N. J. B. 236 Bryant St.

Canandaigua.

BIDMEAD, MISS R. ELIZABETH. Frederick Ferris Thompson Hospital.

KRAEMER, MISS ELIN W., R. N. Frederick Ferris Thompson Hospital.

Cayuga.

FREEZE, MISS FRANCESCA.

Geneva.

WILSON, MISS N. DE DION, R. N. 385 S. Main St.

Gloversville.

12 Pupils. 50 Beds. Graduate New York Hospital Training
School, 1898.

Ithaca.

SOUTHERLAND, MISS H. A., R. N., Supt. of
Nurses. Cornell Univ. Infirmary.

60 Beds. Graduate Rhode Island Hospital, 1886.
LIST OF MEMBERS.

Jamestown.
Hall, Miss C., Supt. Jamestown Hospital.

Kingston.
O'Shea, Miss Anna M., R. N., Supt. Nurses. Our Lady of Victory Sanitarium.
15 Pupils. 60 Beds. Graduate Benedictine Tr. School, 1908.

King's Park.
Markes, Miss Ida M., Supt. of Nurses... King's Park State Hosp.
35 Pupils. 342 Beds. Graduate, City and County Hospital, Denver, Colorado, 1898.

Middletown.
Southworth, Miss Harriet, R. N., Supt.
Hospital and School. Thrall Hospital.

Newburgh.

New Rochelle.
Sharp, Miss Lucy Ashby. New Rochelle Hospital.

New York City.
Armour, Miss Amy A. Women's Hospital.
W. 110th St.

Ayers, Miss Eugenia D., R. N., Supt. of Nurses... Manhattan Eye, Ear and Throat Hospital.
45 Pupils. 150 Beds. Graduate Rhode Island General Hospital, 1891.

Bath, Mrs. Carrie E., R. N., Directress of Nurses... St. Luke's Hospital.

Black, Miss Florence, R. N. Flower Hospital.

Brennan, Miss Agnes S. 9 Livingston Place.


Burgess, Miss Elizabeth C., R. N. St. Luke's Hospital.

Cadmus, Miss Nancy E., R. N. Manhattan Maternity Hospital.

Carson, Miss Agnes D., R. N., Supt. Nurses. N. Y. Polyclinic Medical School and Hospital.
40 Pupils. 96 Beds. Graduate Gen'l Public Hospital, St. John, N. B., 1894.

Chandall, Miss Ella P., Instructor... Teachers' College.

Daniels, Miss Maria L., R. N., Supervising Nurse, N. Y. Milk Committee. 371 Central Park West.

Dock, Miss L. L., R. N. 265 Henry St.

Dolliver, Miss Pauline L. 52 East 34th St.

Ehrlich, Miss Charlotte, R. N. 52 East 34th St.
ELLICOTT, Miss NANCY P., Supt. of Nurses. Rockefeller Institute for Medical Research.
70 Beds. Graduate Johns Hopkins Hospital, 1903.

EMMOTT, Miss SUSAN E., R. N., Supt. of Nurses. Post-Graduate Medical School and Hospital.
95 Pupils. 225 Beds. Graduate, N. Y. Post-Graduate Hospital, 1903.

GRAY, Mrs. JESSIE MEWHORT, R. N. . . . . . . . 10 East 58th St.
HENDERSON, Miss ADELIA, R. N., Supt. of Nurses. New York Hospital.
94 Pupils. 250 Beds. Graduate New York Training School, 1892.
HILLIARD, Miss AMY M., R. N., Supt. . . . . . . . Neurological Hospital.
HITCHCOCK, Miss JANE E., R. N., Supt. of Nurses. Henry St. Settlement, 265 Henry Street.

HUTCHINSON, Miss MARY E., R. N., Supt. of Nurses. Sloane Hosp. for Women.
50 Pupils. 185 Beds. Graduate N. Y. Hospital, 1896.

JOHNSON, Mrs. LILLIAN WEST . . . . . . . . . . . . . . . . . . 405 W. 150th St.
JORDAN, Miss M. H., R. N., Supt. of Nurses. French Benevolent Society's Hospital.
24 Pupils. 115 Beds. Graduate New York Hospital, 1902.

KERR, Miss ANNA W., Supt. of Nurses, Guild Hygiene. Department of Health.
LOUIS, Miss MARIE, R. N., Asst. Supt. . . . . . . . . Bellevue Training School.
LOWRY, Mrs. LEO NELDA F., Supt. of Nurses. Mills School, Bellevue Hospital.

LURKINS, Miss FRANCES L., R. N., Supt. Hospital and School. Laura Franklin Free Hospital for Children.

MAXWELL, Miss ANNA C., R. N., Supt. of Nurses. Presbyterian Hospital.
85 Pupils. 233 Beds. Graduate Boston City Hospital, 1880.

MCKECHNIE, Miss M. W., R. N. . . . . . . . . . . . . . . . . . 423 West 118th St.
MOORMAN, Mrs. FRANCES D. . . . . . . . . . . . . . . . . . . . . . . . . . . . . 601 West 180th St.
NASH, Miss JANE E., Supt. of Nurses. Fordham Hospital.
31 Pupils. 182 Beds. Graduate Bellevue Hospital, 1903.

250 Pupils. 1758 Beds. Graduate Johns Hopkins Hospital, 1890.

NUTTING, Miss M. ADELAIDE, R. N., Prof. Institutional Admin. Teachers College, Columbia University.
LIST OF MEMBERS.


RIDLEY, MISS ETHEL B. c/o Mrs. Paterson, 477 Central Park W.

ROSS, MISS E. B., Asst. Supt. of Nurses. Roosevelt Hospital.

RUSSELL, MISS MARTHA W., R. N., Supt. Sloane Maternity Hosp.


SELDEN, MISS ELIZABETH, R. N., Asst. Supt.

of Nurses. Harlem Hospital.

SIMPSON, MRS. E. M. Bellevue Hos. Tr. School.

SMITH, MISS HELEN KNIGHT, R. N. General Memorial Hosp.

STEWART, MISS ISABEL M., Asst. and Instructor. Teachers College, Columbia University. Dept. of Nursing and Health.

STIMSON, MISS JULIA C., R. N., Supt. of Nurses. Harlem Hospital.

40 Pupils. 180 Beds. Graduate New York Hospital. 1908.

SUTCLIFFE, MISS IRENE H. 8 West 92nd St.

VAN BEACOM, MISS CAROLYN. 289 Fourth Ave. (Room 50).


WILSON, MISS MABEL, R. N. 606 West 113th St.

WRIGHT, MRS. HELEN L. N. 54 East 34th St.

Nyack.

KIRCHOFF, MISS A. E., R. N., Supt. Nurses. Nyack Hospital. 27 Beds. Graduate Brooklyn Homeopathic Hospital, 1891.

Port Ewen.

LAMPMAN, MISS EDITH A.

Poughkeepsie.


Preston Hollow.

FROST, MISS EUGENIA H.

Rochester.

BELL, MISS MARY E. MAY, R. N., Supt. of Nurses. Rochester State Hospital.

40 Pupils. 1474 Beds. Graduate, Rochester Gen'l Hospital, 1890.


16 Pupils. 41 Beds. Graduate Brooklynn Hospital, 1909.
SEVENTEENTH ANNUAL CONVENTION.

Curtice, Miss M. B., R. N., Supt. of Nurses. Hahnemann Hospital. 40 Pupils. 120 Beds. Graduate Hahnemann Hospital, 1898.


Keith, Miss Mary L., R. N., Supt. Nurses. Rochester Gen'l Hospital. 60 Pupils. 140 Beds. Graduate Mass. Gen'l Hospital, 1888.

Palmer, Miss Sophia F., R. N., Editor, Am. Journal of Nursing. 247 Brunswick St.

Rome.

Everingham, Miss Arvilla E., R. N., Supt. of Nurses. Rome Hospital. 12 Pupils. 30 Beds. Graduate Hospital of Good Shepherd, Syracuse, N. Y., 1901.

Newman, Miss Katherine, R. N. Rome Hospital.

Schenectady.

Jackson, Miss Esther T., R. N., Supt. of Nurses. Ellis Hospital. 34 Pupils. 100 Beds. Graduate Augustana Hospital, Chicago, 1904.


Syracuse.

Lightbourn, Miss Lena, R. N., Supt. Nurses. Hosp. of Good Shepherd. 70 Pupils. 186 Beds. Graduate Brooklyn Hospital, 1886.

Setmoue, Miss Edith W., R. N., Directress of Nurses. Hosp. of Good Shepherd.

Tompkinsville,

Toothaker, Miss Helena M., Supt. of Nurses. S. R. Smith Infirmary. 47 Pupils. 150 Beds. Graduate Worcester Hospital, 1906.

Troy.

Arnold, Miss Louise F., R. N., Supt. Nurses. Samaritan Hospital. 35 Pupils. 125 Beds. Graduate Mount Sinai, N. Y. City, 1904.

Utica.

O'Neil, Miss Anna, R. N., Supt. Hospital and Training School. Utica General Hospital.


Watertown.

Bushnell, Miss Lottie, R. N.
**LIST OF MEMBERS.**

**Yorktown Heights.**

COLEMAN, MISS ANNIE M. .................................. Echo Hill Farm.

**NORTH DAKOTA.**

**Grand Forks.**

ERDMAN, MISS BERTHA. ................................. Univ. of North Dakota.

**OHIO.**

**Akron.**

LAWSON, MISS MARY A., Supt. of Nurses.... The City Hospital.
26 Pupils. 80 Beds. Graduate, Michael Reese Hospital, Chicago, 1893.

**Canton.**

MONTGOMERY, MISS ALICE M., Supt. of Nurses... Ingleside Hospital.
10 Pupils. 35 Beds. Graduate Jewish Hospital, Cincinnati, O., 1895.

**Cincinnati.**

FISHER, MISS OLIVE...................................... Cincinnati Hospital.
GREENWOOD, MISS MARY H., Supt. of Nurses. Jewish Hospital.
30 Pupils. 125 Beds. Graduate Philadelphia Hospital, Philadelphia, 1899.

ROBERTS, MISS MARY M., Supt. of Nurses... Dr. C. R. Holmes' Hosp.
6 Pupils. 30 Beds. Graduate Jewish Hospital, Cincinnati, 1899.

**Cleveland.**

ALLISON, MISS GRACE E. ................................. Lakeside Hospital.
DARLING, MISS LOTTA A., Asst. Principal... Lakeside Hospital.
GENT, MISS EMILY M., R. N., Supt. Nurses... Cleveland City Hospital.
GLADWIN, MISS MARY E., Supt. of Nurses... Scranton Road Hospital.
100 Pupils. 460 Beds. Graduate Boston City Hospital, 1902.

GOULD, MRS. A. M. LABSON.............................

HOGLE, MISS ALMA C., Supt. ......................... Huron Road Hospital.
IRVING, MISS ANNIE E., R. N., Supt. Nurses... Huron Road Hospital.
23 Pupils. 112 Beds. Graduate Boston City Hospital, 1895.

LEET, MISS HARRIET L., Supt. of Nurses... Babies' Dispensary and Hospital.
Graduate Lakeside Hospital, 1902.

SAMUEL, MISS MARY A., Supt. of Nurses... Lakeside School for Nurses.
90 Pupils. 270 Beds. Graduate N. Y. Hospital, 1893.

SECOND, MISS BELLE, Supt. ......................... St. Claire Hospital.

**Columbus.**

HINCH, MRS. JANET, Supt. of Nurses..... Grant Hospital.

**Dayton.**

BISHOP, MISS FLORENCE, Supt. of Nurses... Miami Valley Hospital.
47 Pupils. 160 Beds. Graduate Maine General Hospital, 1896.
Mt. Vernon.
ALLEN, MISS CAROLINE E. ......................... Ohio State Sanitarium.

Newark.
CAMPBELL, MISS MARY C., R. N., Supt. of Nurses. Newark City Hospital.
7 Pupils. 20 Beds. Graduate Buffalo Homeopathic Hospital, 1904.

Painesville.
GRISWOLD, MISS ALICE A. .........................

Piqua.
HATFIELD, MISS ELIZABETH L., R. N., Supt.
of Nurses. Memorial Hospital.
10 Pupils. 35 Beds. Graduate Brooklyn Hospital, 1901.

Toledo.
LEFEBVRE, MISS THEODORA H., R. N., Supt.
of Nurses. Toledo Hospital.
WALLACE, MISS MARGARET M., R. N., Supt.
of Nurses. Toledo Hospital.
35 Pupils. 150 Beds. Graduate, Rochester Homeopathic, 1900.

Warren.
SUBRAY, MISS MARY E., Supt. of Nurses. Warren City Hospital.
16 Pupils. 45 Beds. Graduate Akron City Hospital, 1905.

PENNSYLVANIA.

Allegheny.
MULBREW, MISS GERTRUDE ..................... Allegheny Hospital.

Allentown.
HARING, MISS CLARA V., Supt. of Nurses. Allentown Hospital.
30 Pupils. 100 Beds. Graduate University of Pa., 1897.

Braddock.
WEIR, MISS MARY J. ......................... Braddock Gen'l Hospital.

Bryn Mawr.
WOOD, MISS ELEANOR W. .................... Bryn Mawr Hospital.

Frankfort.
GARRETT, MISS ANNA C. .................... Frankfort Hospital.

Germantown.
CROSSLAND, MRS. NELLIE F., R. N., Supt.
of Nurses. Germantown Dispensary and Hospital.
36 Pupils. 150 Beds. Graduate P. E. Hospital, Phila., Pa., 1894.
LIST OF MEMBERS.

Harrisburg.
M ADEIRA, MISS EDITH, R. N., Head Nurse,
  Visiting Nurses' Assn...717½ No. 2nd Street.
SWANK, MISS CLARA M., Supt. of Nurses...Harrisburg Hospital.
  24 Pupils. 104 Beds. Graduate Pennsylvania Hospital, 1906.

Lebanon.
HANSON, MISS ELIZABETH, Supt. of Nurses...Good Samaritan Hosp.
  7 Pupils. 50 Beds. Graduate P. E. Hospital, Phila., Pa., 1895.

Oil City.
CAMPBELL, MRS. J. R., R. N...............116 West Second St.
KEATING, MISS EMMA J., R. N., Supt. of
  Nurses...General Hospital.
  16 Pupils. 58 Beds. Graduate Buffalo General Hospital, 1892.

Philadelphia.
ATKINSON, MISS WINIFRED W............Polyclinic Hospital.
BROWN, MISS KATHERINE, R. N., Supt. of
  Nurses...Prot. Episc. Hospital
  70 Pupils. 425 Beds. Graduate Presbyterian Hospital, Philadel-
  phia, 1897.
BROWN, MRS. JOHN C....................907 Clinton St.
DUNLOP, MISS MARGARET A., R. N., Supt.
  Nurses...Pennsylvania Hospital.
  72 Pupils. 315 Beds. Graduate Presbyterian Hospital, Philadel-
  phia, Pa., 1897.
FRANCIS, MISS SUSAN C., R. N., Supt. of
  Nurses...Jewish Hospital Assn.
  52 Pupils. 180 Beds. Graduate, Reading Hospital, Pa., 1894.
GABRETT, MISS ALICE M., Supt. of Nurses...Meth. Episc. Hospital.
  40 Pupils. 140 Beds. Graduate Penna. Hospital, Phila., 1897.
GILES, MISS IDA F., R. N., Instr. of Nurses...German Hospital.
LAUGHLIN, MISS ANNA E., Supt. of Nurses...Jefferson Medical College
  and Hospital.
  100 Pupils. 310 Beds. Graduate, J. M. C. Hospital, 1906.
LEHMANN, MISS MARGARET, R. N., Supt.
  Visiting Nurses Society...812 Pine St.
MACDONALD, MISS ELSEIE..................5325 Girard Ave.
MILNE, MISS CAROLINE I., R. N., Supt. of
  Nurses...Presbyterian Hospital.
  58 Pupils. 230 Beds. Graduate St. Bartholomew's Hospital,
MURRAY, MISS SARAH M., Head Nurse......Philadelphia Orthopedic
  Hospital.
WILSON, MISS MARGARET S., Supt. Nurses...Philadelphia Orthopedic
  Hospital.
  25 Pupils. 126 Beds. Graduate Phila. Orthopedic Hospital, 1890.
SEVENTEENTH ANNUAL CONVENTION.

Pittsburg.
DONELL, MISS LUCY WALKER.............. 794 N. Highland Ave.
GOOD, MISS LUELLA L.................. Southside Hospital.
GRAY, MISS CAROLYN E.................. Homeopathic Hospital,
                                      Center Avenue.
RINGLAUB, MISS ANNA M., R. N., Supt...... Southside Hospital.

Scranton.
GRANT, MISS JANET GORDON, R. N., Supt.
        of Nurses. Moses Taylor Hospital.
25 Pupils. 90 Beds. Graduate, Presbyterian Hospital, N. Y.,
1894

South Bethlehem.
22 Pupils. 83 Beds. Graduate St. Luke's Hospital, 1901.

Spangler.
BROSON, MISS ANNA E., Supt. of Nurses. Miner’s Hospital.
5 Pupils. 26 Beds. Graduate University of Penna., 1889.

Washington.
MCNELLY, MISS JEAN.................... City Hospital.

Waynesburg.
CHURCH, MISS E.......................... City Hospital.

Wilkes-Barre.
HILL, MISS CAROLINE, R. N., Supt. of Nurses. Wilkes-Barre City Hosp.
40 Pupils. 158 Beds. Graduate Rhode Island Hospital, 1904.
LEWIS, MISS CAROLINE.................. Wilkes-Barre City Hosp.

York.
COPELAND, MISS D. JEANNETTE, R. N., Supt.
        of Nurses. York Hospital and Disp.
20 Pupils. 70 Beds. Graduate Johns Hopkins, 1896.

RHODE ISLAND.

Newport.
PATTERSON, MISS MARY H., Supt............. Newport Hospital.
35 Pupils. 125 Beds. Graduate, Rhode Island Hospital, 1898.

Providence.
AYRES, MISS LUCY G.....................
CHEADLAND, MISS R. HELEN, R. N., Supt.
        of Nurses. Butler Hospital.
84 Pupils. 200 Beds. Graduate Mass. General Hospital, 1892.
GARDNER, MISS MARY S., Supt. of Nurses. Providence District Nurs-
        ing Association.
LOEB, MISS INEZ CLARKE, R. N., Supt. of
        Nurses. Rhode Island Hospital.
150 Pupils. 460 Beds. Graduate, Boston City Hospital, 1896.
LIST OF MEMBERS.

SOUTH CAROLINA.

North Augusta.
HARTRIDGE, MRS. AGNES C., R. N., Supt. of
Nurses. Pine Heights Sanatorium
12 Pupils. 25 Beds. Graduate Johns Hopkins, 1900.

SWEDEN.

Ungers Bachf, Salzsburg.
PETERSON, MISS ELIZABETH

TENNESSEE.

Knoxville.
ARNOLD, MISS IDA D..................Knoxville Gen'l Hosp.

TEXAS.

Fort Worth.
BEATTY, MRS. F. M., R. N..................1220 Hemphill St.
BRIDGES, MISS MILDRED..................Drs. Thompson and
Johnson's Sanitarium.

Galveston.
SCHACKFORD, MISS CLARA L., R. N., Supt...John Sealy Hospital.
San Antonio.
MISS MARJORIE M. TAYLOR, R. N...........Physicians and Surgeons
Hospital.

VIRGINIA.

Charlottesville.
30 Pupils. 118 Beds. Graduate Harper Hospital, Detroit, Michi-
igan, 1898.

Fredericksburg.
PARKEE, MISS ELIZABETH L., R. N., Supt....Mary Washington Hosp.

Richmond.
RANDOLPH, MISS AGNES D..................Virginia Hospital.
SIMMONS, MISS N. A., Supt..................Virginia Hospital.
SMITH, MISS MARY K., R. N., Supt. Nurses. Memorial Hospital.
45 Pupils. 150 Beds. Graduate St. Luke's Hospital, N. Y., 1897.

WASHINGTON.

Seattle.
HALL, MISS E. H..........................Seattle General Hospital.

Spokane.
FLANAGAN, MISS NETTIE L., R. N., Supt. of
MILWAUKEE.

Casey, Miss M. E. ........................................ 289 21st St.
7 Pupils. 35 Beds. Graduate Wisconsin Training School, 1897.

7 Pupils. 35 Beds. Graduate, Wisconsin Training School, 1897.

WAUCATOSA.

Kelly, Miss Helen W., Principal ............ Milwaukee Co. Hospital.

ADDRESS UNKNOWN.

Anderson, Miss Grace L. ..........................
Banzhof, Miss Magdalene ..........................
Jennings, Miss Peron E. ..........................
MacLennan, Miss Christiana ....................
Moore, Miss Annie M. ............................
Sanders, Miss Georgina J. ........................
Shields, Miss Annie M. ............................
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HONORARY MEMBERS.

MRS. M. CADWALADER JONES
MISS MABEL T. BOARDMAN
MISS LINDA RICHARDS

LIFE MEMBER.

MISS L. L. DOCK:

AHRENS, MISS MINNIE H............157 West Adams St., Chicago, Ill.
ALBAUGH, MISS R. INDE............Pleasant Valley, Conn.
ALLEN, MISS CAROLINE E...........Ohio State Sanitarium, Mt. Vernon, O.
ALLEN, MISS BERTHA W............Newton Hospital, Newton Lower Falls, Mass.
ALLINE, MISS ANNA L..............Buffalo Homoeopathic Hospital, Buffalo, N. Y.
ALLISON, MISS GRACE E............Lakeside Hospital, Cleveland, Ohio,
AMY, MARGARET, SISTER...........Children's Hospital, Boston, Mass.
ANDERSON, MISS GRACE L...........
ANDERSON, MISS LYDIA W...........Pasadena Hospital, Pasadena, Calif.
ANDERSON, MISS LYDIA E...........109 Green Avenue, Brooklyn, N. Y.
ANDERSON, MISS VICTORIA...........M. E. Hospital, Omaha, Neb.
ANDREWS, MISS MARY A.............Waterbury Hospital, Waterbury, Conn.
APTED, MRS. R. C..................40 Ransom St., Grand Rapids, Mich.
ARMOUR, MISS AMY A................Women's Hospital, w. 110th St., New York.

ARNOLD, MISS IDA DUNHAM, R. N.,Knoxville General Hospital, Knoxville, Tenn.

ARNOLD, MISS LOUISE F...........Samaritan Hospital, Troy, N. Y.
ASHBY, MISS ALICE...............1829 E. 10th St., Indianapolis, Ind.
ATKINSON, MISS WINIFRED W......Polyclinic Hospital, Philadelphia, Pa.
AYRES, MISS EUGENIA D...........Manhattan Eye, Ear, and Throat Hos-

AYRES, MISS LUCY G..............Providence, R. I.
Baker, MISS GRACE E.............St. Luke's Hospital, Cedar Rapids, Ia.
BALCOM, MISS HELEN...............Finley Hospital, Dubuque, Iowa.
BANZHOFF, MISS MAGDALEN--------
BARKER, MISS JANE MERWIN......N. E. Hospital for Women and Children, Dimock St., Boston, Mass.

BARNABY, MISS MARIETTA D......Henry Haywood Memorial Hospital, Gardner, Mass.

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BATH, MRS. CARRIE E.................St. Luke's Hospital, New York, N. Y.
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BENCKER, MISS LAURA A.............Minnequa Hospital, Pueblo, Cal.
BEL, MISS ALICE F..................Md. University Hospital, Baltimore, Md.
BELT, MRS. MARY MAY..............Rochester State Hospital, Rochester, N. Y.
BERRY, MRS. JENNIE S..............Morton Hospital, Taunton, Mass.
BIMMEAD, MISS R. ELIZABETH......Frederick Ferris Thompson Hospital,
Camandanga, N. Y.
BISHOP, MISS FLORENCE.............Miami Valley Hospital, Dayton, Ohio.
BLACK, MISS FLORENCE..............Flower Hospital, New York.
BLOOMFIELD, MISS HELEN...........Evanson Hospital, Evanson, Ill.
BONINE, MISS MARY H................Long Island College Hospital, Brooklyn, N. Y.
BOWEN, MISS SARA A................Lowell General Hospital, Lowell, Mass.
BREEZE, MISS JEMIE.................3018 Congress St., Chicago, Ill.
BRENNAN, MISS AGNES S.............9 Livingston Place, New York, N. Y.
BRENT, MISS LOUISE C..............Hospital for Sick Children, Toronto, Can.
BRIDGES, MISS MILDRED.............Mrs. Thompson and Johnson's Sanitarium,
Fort Worth, Texas.
BRINE, MISS CARRIE J..............Bellevue Hospital, New York, N. Y.
BRISCOE, MISS LILIANE E.............Miner's Hospital, Spangler, Pa.
BRUISE, MISS ARLETT E..............935 W, 34th St., Los Angeles, Cal.
BRODEY, MISS ELIZABETH M...........Albion Hospital, Albion, Mich.
BROUDE, MISS CLARA F..............Park Ave. Hospital, Rochester, N. Y.
BROWN, MISS CHARLOTTE A...........City Hospital, Boston, Mass.
BROWN, MISS ELEANOR B.............St. Anthony's Hospital, St. Anthony,
Newfoundland.
BROWN, MRS. JOHN C..................967 Clinton St., Philadelphia, Pa.
BROWN, MISS KATHERINE.............Hospital of the P. E. Church, Philadelphia, Pa.
BUCHELAN, MISS JANE B.............Bushwick Hospital, Brooklyn, N. Y.
BURGESS, MISS ELIZABETH C...........St. Luke's Hospital, New York City.
BUSHNELL, MISS LOVETTE............Water ton, N. Y.
CADDIS, MISS NANCY E..............Manhattan Maternity Hospital, East
60th St., New York, N. Y.
CAMPBELL, MRS. J. R................116 W. Second St., Oil City, Pa.
CAMPBELL, MISS MARY C.............Newark City Hospital, Newark, Ohio.
CARL, MISS ADA M..................16 West Preston St., Baltimore, Md.
CARSON, MISS AGNES D, R. N........Polyclinic Hospital, New York City.
CASEY, MISS M. E...................291 St. Paul, Milwaukee, Wis.
CATTEN, MISS JESSIE E..............Springfield Hospital, Springfield, Mass.
CHURCH, MISS E.....................City Hospital, Waynesburg, Pa.
CLAYTON, MISS SABAN L, R. N........City Hospital, Minneapolis, Minn.
CLELAND, MISS M. HELEN.............Butler Hospital, Providence, R. I.

LIST OF MEMBERS.

CLEMENT, MISS ANN A................Pittsfield Hospital, Pittsfield, Mass.
COCHRANE, MISS ISABELLA.............17 College Avenue, Adrian, Mich.
COLEMAN, MISS ANNIE M..............Echo Hill Farm, Yorktown Heights,
Cooper, N. Y.
COPELAND, MISS D. JEANETTE........York Hospital, York, Pa.
COPELAND, MISS M. LOYD.............St. Mary's Hospital, Brooklyn, N. Y.
CRANDALL, MISS ELLA P.............Instructor Teachers' College, New York.
CROFT, MISS FRANCES L.............New York City Training School, Black-
well's Island, New York.
CROSSLAND, MISS NELLIE E...........Germantown Hospital, Germantown, Pa.
CUBITZ, MRS. MAE B..................Hahnemann Hospital, Rochester, N. Y.
DAHLGREN, MISS EMILIA..............Eaglewood Hospital, Chicago, Ill.
DALY, MISS GEORGINA.................Pam and Florence, Prescott, Arizona.
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DANIELS, MISS BETTY A..............Lake Shore Hospital, Cleveland, Ohio.
DARLING, MISS LOTTIE A..............21 Norwood Ave., Boston, Mass.
DAVIS, MISS M. E. P..................33 Clinton St., Brooklyn, N. Y.
DAVIS, MISS M. E. P..................303 Main Street, Buffalo, N. Y.
DAVIS, MISS NELLA..................Elm City Hospital, New Haven, Conn.
DAY, MISS ERINCE ISABEL............Elm City Hospital, New Haven, Conn.
DECKER, MISS MATILDA E.............186 Amity St., Brooklyn, N. Y.
DELANO, MISS JANE A................Office of Surgeon General, U. S. A.,
Washington, D. C.
DOCK, MRS. L. L. (Life Member)......265 Henry St., New York, N. Y.
DOLLIVER, MISS PAULINE L...........22 East 34th St., New York, N. Y.
DOYLE, MISS MARCELLA..............View Mount, Bally, County Carlow,
Ireland.
DROWN, MISS LUCY L..................134 Mechanics St., Lakeside, N. H.
DUNLOP, MISS MARGARET A.............Pennsylvania Hospital, Philadelphia, Pa.
DUMBRECK, MISS SARAH C.............22 East 34th St., Philadelphia, Pa.
DUBRICK, MISS CHARLOTTE.............Rockefeller Institute and Hospital,
New York, N. Y.
EEMOTT, MISS SUSAN E..............Post-Graduate Hospital, New York, N. Y.
ENGLISH, MISS AUGUSTA H...........Hospital of St. Barnabas, Newark, N. J.
ERDMAN, MISS ANNA.................Univ. of North Dakota, Grand Forks,
N. Dakota.
ERICSON, MISS THEKSSA..............St. Caroline Sanitarium, Redding, Cal.
EVERETT, MISS ABIGAIL E..............Rome Hospital, Rome, N. Y.
FAESWORTH, MISS S. BERTHA...........268 East 34th St., Buffalo, N. Y.
FISHER, MISS OLIVE.................Cincinnati Hospital, Cincinnati, Ohio.
FITZ, MISS KATHERINE..............291 St. and Broadway, Oakland, Cal.

FLAME, MRS. ALICE H.................Homeopathic Hospital, Boston, Mass.
FLAWS, MISS ELIZABETH C. ... ... ... Butcherworth Hospital, Grand Rapids, Mich.
FLETCHER, MISS ANNIE I. ... ... ... Lynn Hospital, Lynn, Mass.
FOLK, MISS EVA L. ... ... ... Chicago Tuberculosis Institute, Chicago, Ill.
FOURNIER, MRS. E. G. ... ... ... Gravenhurst, Ontario, Canada.
FRIED, MRS. MARY S. ... ... ... Battle Creek Sanitarium, Battle Creek, Mich.
FRANKENTHAL, MRS. L. E. ... ... ... 4823 Woodlawn Ave., Chicago, Ill.
FRANCIS, MRS. S. C. ... ... ... Jewish Hospital, Philadelphia, Pa.
FRESEZ, MISS FRANCES A. ... ... ... Cayuga, N. Y., care of Miss S. G. Freeze.
FRONT, MISS EUGENIA H. ... ... ... ... Preston Hollow, N. Y.
FULMER, MISS HARRIET ... ... ... ... Visiting Nurse Association of Chicago, Chicago, Ill.
GARDNER, MISS MARY S. ... ... ... Providence District Nursing Association, Providence, R. I.
GARRETT, MISS ALICE M. ... ... ... Methodist Episcopal Hospital, Philadelphia, Pa.
GARRETT, MISS ANNA C. ... ... ... Frankfort Hospital, Frankfort, Ky.
GENT, MISS EMILY M. ... ... ... Columbia City Hospital, Cleveland, Ohio.
GILES, MISS IDA F. ... ... ... German Hospital, Girard Ave., Philadelphia, Pa.
GILLETTE, MISS NELLIE ... ... ... ... ... Norton Infirmary and Training School, Louisville, Ky.
GILLIS, MISS ANNA M. ... ... ... ... ... St. Louis Training School for Nurses, St. Louis, Mo.
GILMORE, MISS NELLIE ... ... ... Grand Falls, Newfoundland.
GLADWIN, MISS MARY E. ... ... ... Scranton Road Hospital, Cleveland, Ohio.
GLEN, MISS E. C. ... ... ... ... ... Passavant Memorial Hospital, Chicago, Ill.
GOODALE, MISS ANNA C. ... ... ... Homeopathic Hospital, Iowa City, Ia.
GOODNIGHT, MISS NELLIE ... ... ... Royal Victoria Hospital, Montreal, Can.
GOODRICH, MISS ANNIE W. ... ... ... State Education Department, Albany, N. Y.
GOULD, MISS Luella L. ... ... ... Southside Hospital, Pittsburgh, Pa.
GORDON, MISS MARGARET ... ... ... German Hospital, Germantown, Pa.
GORMAN, MISS ALICE A. ... ... ... 24 Westville St., Dorchester, Mass.
GOULD, MRS. A. M. LARMOR ... ... ... Cleveland, Ohio.
GRANT, MISS JANY GORDON ... ... ... Moses Taylor Hospital, Scranton, Pa.
GRANT, MISS ALMA E. ... ... ... Melrose Hospital and Training School, Melrose, Mass.
GRAY, MISS CAROLYN E. ... ... ... Homeopathic Hospital, Center Avenue, Pittsburgh, Pa.
GRAY, MRS. JESSIE MEEHORST ... ... ... 10 East 58th St., New York, N. Y.
GREENWOOD, MISS MARY H. ... ... ... Jewish Hospital, Avondale, Cincinnati, Ohio.

LIST OF MEMBERS.

GREGORY, MISS L. M. ... ... ... ... Children's Memorial Hospital, Chicago, Ill.
GRETCH, MRS. L. E. ... ... ... Visiting Nurses' Association, Detroit, Mich.
GRISWOLD, MISS ALICE A. ... ... ... ... ... ... ... ... ... ... ... ... ... ... ... ... ... ... ... ... ... ... ... ... ... ... ... ... ... ... ... ... ... ... ... ... ... ... ... ... ... ... ... ... ... ... ... ... ... ... ... ... ... ... ... ... ... ... ... ... ... ... ... ... ... ... ... ... ... ... ... ... ... ... ... ... ... ... ... ... ... ... ... ... ... ... ... ... ... ... ... ... ... ... ... ... ... ... ... ... ... ... ... ... ... ... ... ... ... ... ... ... ... ... ... ... ... ... ... ... ... ... ... ... ... ... ... ... ... ... ... ... ... ... ... ... ... ... ... ... ... ... ... ... ... ... ... ... ... ... ... ... ... ... ... ... ... ... ... ... ... ... ... ... ... ... ... ... ... ... ... ... ... ... ... ... ... ... ... ... ... ... ... ... ... ... ... ... ... ... ... ... ... ... ... ... ... ... ... ... ... ... ... ... ... ... ... ... ... ... ... ... ... ... ... ... ... ... ... ... ... ... ... ... ... ... ... ... ... ... ... ... ... ... ... ... ... ... ... ... ... ... ... ... 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... ... ... ... ... ... ... ... ... ... ... ... ... ... ... ... ... ... ... ... ... ... ... ... ... ... ... ... ... ... ... ... ... ... ... ... ... ... ... ... ......
JAMME, Miss Anna C………..St. Mary's Hospital, Rochester, Minn.
JENNINGS, Miss Peron E………..
JOHNSON, Mrs. Lillian West…….465 W. 139th St., New York, N. Y.
JOHNSON, Miss Charlotte………..Cook County Hospital, Chicago, Ill.
JOHNSON, Miss Eliza………..Louisville City Hospital, Louisville, Ky.
JOHNSTONE, Miss Margaret E………..St. Luke's Hospital, Chicago, Ill.
JONES, Miss Emma J………..Rochester City Hospital, Rochester, N. Y.
JORDAN, Miss Minnie H………..The French Hospital, New York, N. Y.
JORDAN, Miss Anna M., R. N. Augusta Hospital, Chicago, Ill.
KREITING, Miss Emma J………..General Hospital, Oil City, Pa.
KREIT, Miss Mary L………..Rochester City Hospital, Rochester, N. Y.
KELLEY, Miss Helen W………..Milwaukee County Hospital, Wauwatosa, Wis.
KERR, Miss Anna W………..Department of Health, New York.
KIMBER, Miss Diana C………..The Sands, Swindon, Wiltshire, England.
KINNEY, Mrs. Dina H………..Addison Gilbert Hospital, Gloucester, Mass.
KIRCHOFF, Miss Annie E………..Nynack Hospital, Nynack, N. Y.
KOCH, Miss Emma E………..Chicago Lying-in Hospital, Chicago, Ill.
KRAMER, Miss Elin W………..Frederick Ferris Thompson Hospital, Canandaigua, N. Y.
KRAUSE, Mrs. Louise Adams………..East Bay Sanitarium, Oakland, Cal.
KUEBLER, Miss M. H………..Harper Hospital, Detroit, Mich.
KURTZ, Miss Ella B………..German Hospital, Brooklyn, N. Y.
LAMPMAN, Miss Ethel A………..Port Ewen, N. Y.
LAUGHLIN, Miss Anna E………..Jefferson Hospital, Philadelphia, Pa.
LAWLESS, Miss Elsie M………..Johns Hopkins Hospital, Baltimore, Md.
LAWSON, Miss Mary Anna………..City Hospital, Akron, Ohio.
LEACH, Miss Theresa G………..Michigan Asylum, Kalamazoo, Mich.
LETT, Miss Harriet L………..Babies' Dispensary and Hospital, Cleveland, Ohio.
LEFFERRE, Miss Theodora H………..Toledo Hospital, Toledo, Ohio.
LEHMAN, Miss Margaret………..Visiting Nurse Society, 512 Pine St., Philadelphia, Pa.
LEWIS, Miss Adelaide H………..Presbyterian Hospital, New Orleans, La.
LEWIS, Miss Caroline………..Wilkes-Barre Hospital, Wilkes-Barre, Pa.
LEWIS, Miss Helen L………..The Montreal Maternity Hospital, Montreal, Canada.
LIGHTBOURNE, Miss Lena………..Hospital of the Good Shepherd, Syracuse, N. Y.
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LITTLE, Miss Marian………..National Homeopathic Hospital, Washington, D. C.
LITTLEFIELD, Miss Julia A………..Physicians' Hospital, Schenectady, N. Y.
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LIST OF MEMBERS.

LODGE, Miss L. C.………..Bruceman Hospital, Richmond, Va.
LOJONE, Miss Alice M………..Montgomery General Hospital, Philadelphia, Pa.
LODGE, Miss Annie M………..
MOORE, Miss June E………..Mercy Hospital, Trenton, N. J.
MURRMER, Miss Gertrude………..Allegheny Hospital, Pittsburgh, Pa.
NASH, Miss Jane W………..Fordham Hospital, New York, N. Y.
NEVINS, Miss Georgina M………..Garfield Memorial Hospital, Washington, D. C.
NEWMAN, Miss Katherine………..Rome Hospital, Rome, N. Y.

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SEVENTEENTH ANNUAL CONVENTION.

NICHOLS, Miss Emma M. ............. Boston City Hospital, Boston, Mass.

NORTHWAY, Miss M'Ludence B. ....... Mercy Hospital, Benton Harbor, Mich.

NOTES, Miss Clara D. ................ Bellevue Hospital, New York, N. Y.

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O'BRIEN, Miss C. Irene ............... Sherman Hospital, Elgin, Ill.

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PATTERSON, Miss Mary H. .......... Newport Hospital, Newport, R. I.

PATTEN, Miss Mary .................. Fairbanks, Alaska.

PECK, Miss Clara B., R.N. ......... Homeopathic Hospital, Newburyport, Mass.

PEMBERTON, Miss Fanny ............. Peterson's Hospital, Ann Arbor, Mich.

PERRY, Miss Charlotte M. ........ Malden Hospital, Malden, Mass.

PETERSON, Miss Elizabeth ......... Unger's Bache, Salvenburg, Sweden.

PETERSON, Miss Janette F. ........ Marchman and St. John Aves., Pasadena, Cal.

PHILLIPS, Miss Hatte M. .......... 46 Park Ave., Chicago, Ill.

PICKHARDT, Miss Lilu ............... 701 North Holliston Ave., Pasadena, Cal.

PERRIN, Miss Alice E. ............. R. F. D. No. 7.


PENDLE, Miss Jane M. ............... Lincoln Hospital, New York.

PORTER, Miss Esther ................ Center City, Minn.

PORTER, Miss Virginia M. ........... Mercy Hospital, Kansas City, Mo.

POWELL, Miss Louise M. ............ University Hospital, Minneapolis, Minn.

PRATT, Miss Laura S. ............... Holyoke City Hospital, Holyoke, Mass.

PUGH, Miss Martha E. ............... Naval Hospital, Mare Island, Cal.


RAPER, Miss Annie E. .............. Charlesgate Hospital, Cambridge, Mass.

RANDALL, Miss Hulda R., R.N. .... Cooper Hospital, Camden, N. J.

RAUSCH, Miss Agnes D. .......... Virginia Hospital, Richmond, Va.

REID, Miss Elizabeth B. ......... American Missions Hospital, Tanta, Egypt.

REUTINGER, Miss Anna L. .......... New York Hospital, New York.

RIDDLE, Miss Mary M. ............... Newton Hospital, Newton Lower Falls, Mass.

LIST OF MEMBERS.

RIDDLE, Miss Ethel B. ............. Care of Mrs. Paterson, 477 Central Park West, New York, N. Y.

RINDLAUF, Miss Anna M. .......... South Side Hospital, Pittsburgh, Pa.

ROBERTS, Miss Mary M. .......... Dr. Holmes' Private Hospital, Cincinnati, Ohio.

ROBERTSON, Miss A. C. ............. 389 Essex St., Salem, Mass.

ROGERS, Miss Margaret L. ...... Brooklyn Hospital, Brooklyn, N. Y.

ROOT, Miss Ida M. ............... Nathan Littauer Hospital, Gloversville, N. Y.

ROSS, Miss Elizabeth B. .......... Roosevelt Hospital, New York.

ROWAN, Miss Gertrude L. ........ Grace Hospital, Toronto, Canada.

RUGGLES, Miss Alice Kimball .... Evanston Hospital, 2650 Ridge Ave., Evanston, Ill.

RUSSELL, Miss Martha W. ...... Sloan Maternity Hospital, New York.

RYKERT, Miss A. M. ............. 50 Ontario St., St. Catherine's, Ontario, Canada.

SADL, Miss Anna M. .............. The Jewish Hospital, Brooklyn, N. Y.

SALMON, Miss Mary A. ............. Lakeside Hospital, Cleveland, Ohio.

SAMSON, Miss Stella M. ........ St. Luke's Hospital, New Bedford, Mass.

SANDERSON, Miss K. A. ........... St. Vincent's Hospital, New York.

SANDERS, Miss Georgina J. .......

SCHAB, Miss Lillie C. ............. Iowa Methodist Hospital, Des Moines, la.

SCOTT, Miss Elizabeth C. ......... Lake Hospital, San Francisco, Cal.

SECCOR, Miss Belle ............... St. Claire Hospital, Cleveland, Ohio.

SELDEN, Miss Elizabeth ......... Harlem Hospital, New York.

SEYMOUR, Miss Ethel W. ........ Hospital of Good Shepherd, Syracuse, N. Y.

SHACKFORD, Miss Clara L. ....... John Sealy Hospital, Galveston, Texas.

SHARP, Miss Lucy Ashley ...... New Rochelle Hospital, New Rochelle, N. Y.

SHAW, Miss Madeline .......... Montreal General Hospital, Montreal,

SHEPARD, Miss Ada Frances .... Mary Hitchcock Memorial Hospital, Hanover, N. H.

SHELLS, Miss Annie M. .......... New York City Training School, Blackwell's Island, New York, N. Y.

SIMMONS, Miss N. A. .............. Virginia Hospital, Richmond, Va.

SIMPSON, Miss E. M. .............. Bolvinna Hospital Training School for Nurses Foot of East 29th St., New York, N. Y.

SINCLAIR, Miss Helen C. .......... Upper Peninsula Hospital for the Insane, Newberry, Mich.

SMITH, Miss Alice L. ............ Asbury Hospital, Minneapolis, Minn.

SMITH, Miss Amelia L. .......... County General Hospital, San Diego, Cal.

SMITH, Mrs. F. E. S. ........... 914 East 9th St., Kansas City, Mo.
SMITH, Miss Helen
Knight, B. A., R. N. General Memorial Hospital, New York, N. Y.
SMITH, Miss M. K. Memorial Hospital, Richmond, Va.
SNively, Miss Mary A. 20 Park Place, St. Catherine's, Canada.
SOlLES, Miss Mary B. Reid Memorial Hospital, Richmond, Ind.
SOUTHWELL, Miss Harriet Thrall Hospital, Middletown, N. Y.
STANLEY, Miss Margaret E. Victoria Hospital, London, Ontario, Can.
STEWART, Miss Ellen. Clarkson Memorial Hospital, Omaha, Neb.
STEWART, Miss Isabel M. Teachers College, Columbia University, New York, N. Y.
STEWART, Miss Mary C. Heineman Memorial Hospital, Chicago, Ill.
STEWART, Miss Robina L. Toronto General Hospital, Toronto, Ontario, Canada.
STIMSON, Miss Julia C. Harlem Hospital, New York, N. Y.
STONE, Miss Emma L. Connecticut Training School, New Haven, Conn.
STURTEVANT, Miss Mary B. Hebrew Hospital, Baltimore, Md.
STURTEVANT, Miss Florence, R. N. Faxon Hospital, Utica, N. Y.
STURVEN, Miss Clara A. 218 Wesley Ave., Oak Park, Ill.
Schevay, Miss Mary E. Warren City Hospital, Warren, Ohio.
SUTHERLAND, Miss A. Lauder. Hartford Hospital, Hartford, Conn.
SUTHERLAND, Miss Harriet A. Cornell Infirmary, Ithaca, N. Y.
SUTCLIFFE, Miss Irene H. 8 West 92nd St., New York, N. Y.
SWANE, Miss Clara May. Harrisburg Hospital, Harrisburg, Pa.
TAYLOR, Miss Mary M., R. N. Physicians and Surgeons Hospital, San Antonio, Texas.
TENFOE, Miss Nora. General Hospital, Montreal, Canada.
TOOTHAKER, Miss Helena M. Tompkinsville, N. Y.
TRACY, Miss Susan E. Adams Nervine Hospital, Jamaica Plain, Mass.
TuneStead, Miss Ethel. Good Samaritan Hospital, Lexington, Ky.
TutTICuLeR, Miss Alice I. Passavant Memorial Hospital, Jacksonville, Ill.
TYE, Miss Mentia S. Sparks Memorial Hospital, Fort Smith, Arkansas.
Van BLAckom, Miss Carolyn. 289 Fourth Ave., New York, N. Y. (Room 50).
Van Cor, Miss Nellie J. Leonard Morse Hospital, Natick, Mass.
Van KLEI, Miss Annie D. Mt. Sinai Hospital, New York, N. Y.
Van LUVANCE, Miss Lydia R. Cooper Hospital, Camden, N. J.
Van Vort, Miss Rose Z. Memorial Hospital, Richmond, Va.
VInE, Miss Mary. The Greenwich Hospital, Greenwich, Conn.

WALLACE, Miss Margaret M. Toledo City Hospital, Toledo, Ohio.
WARD, Miss Agnes S. Metropolitan Hospital, Blackwell's Island, New York.
WASHINGTON, Miss IDA. Eastern Maine General Hospital, Bangor, Maine.
WATSON, Miss Grace. Northwestern Hospital, Minneapolis, Minn.
WATSON, Miss Susan A. Winchendon, Mass.
WESTERBY, Miss Jennie. Montreal General Hospital, Montreal, Can.
WEBER, Miss Mary J. Braddock General Hospital, Braddock, Pa.
WESTON, Miss Eleanor. Northwestern Hospital, Minneapolis, Minn.
WHEELER, Miss Clara B. St. Mary's Hospital, Poughkeepsie, N. Y.
WHEELER, Miss Mary C. 227 North Dearborn St., Chicago, Ill.
WHITE, Miss Regina. Johnson Emergency Hospital, Milwaukee, Wis.
WHITE, Miss Victoria. Naval Hospital, Brooklyn, N. Y.
WILLIAMSON, Miss A. A. The Californian Hospital, Los Angeles, Cal.
WILSON, Miss Fredericka. Winnipeg General Hospital, Winnipeg, Can.
WILSON, Miss Merril. 906 West 113th St., New York, N. Y.
WILSON, Miss Margaret S. Orthopedic Hospital, Philadelphia, Pa.
WILSON, Miss Mary Blanche. Savannah Hospital, Savannah, Ga.
WILSON, Miss N. Deion. 385 So. Main St., Geneva, N. Y.
WOOD, Miss Eleanor W. Bryn Mawr Hospital, Bryn Mawr, Pa.
YHOSkALL, Miss Frances A. Muhlenburg Hospital, Flushing, N. J.
YsHIGHT, Miss Helen L. New York, Willard, N. Y.
YsHIGHT, Miss C. Banks. Fort Francis, Ontario, Canada.
YOUNG, Miss Zaida A. Montreal General Hospital, Montreal, Can.

MEMBERS RESIGNED.

MISS HELEN WISE,
MISS GEORGINA M. ROSS,
MISS ELIZABETH M. ELLIS.
DECEASED MEMBERS.

Miss Lilla Leet.................. Died November 3, 1893.
Miss Louise Darche............... Died June, 1898.
Miss Florence Hutchinson........ Died December 26, 1902.
Miss Eva Mary Allerton........... Died January 5, 1907.
Miss Ella Underhill.............. Died August, 1909.
Mrs. Isabel Hampton Robb......... Died April 15, 1910.
Miss A. A. Chesley............... Died November 7, 1910.
Miss Constance V. Curtis......... Died December 12, 1910.
Mrs. J. E. Snodgrass............. Died April 20, 1911.

HONORARY DECEASED MEMBER.

Florence Nightingale............. Died August 14, 1910.
AMERICAN SOCIETY OF SUPERINTENDENTS
OF TRAINING SCHOOLS FOR NURSES.

CONSTITUTION.
Revised April 27, 1906.

With proposed revisions by Committee on Constitution.

OLD.

ARTICLE I.

NAME.

This organization shall be known as the AMERICAN SOCIETY OF SUPERINTENDENTS OF TRAINING SCHOOLS FOR NURSES.

ARTICLE II.

OBJECT.

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

PROPOSED REVISION.

ARTICLE I.

NAME.

(Amend by striking out “AMERICAN SOCIETY OF SUPERINTENDENTS OF TRAINING SCHOOLS” to read as follows:)

“This organization shall be known as the SOCIETY FOR THE ADVANCEMENT OF NURSING EDUCATION.”

ARTICLE II.

OBJECTS.

(Amend clause reading “to aid in all measures for public good by co-operation with other educational bodies, philanthropic and social,” to read as follows:)

“To aid in all measures for public good by co-operating with other bodies, educational, philanthropic and social.”
ARTICLE III.

Members.

There shall be three classes of members:

(1) Active.
(2) Associate.
(3) Honorary.

(Revised to read as follows:)

"There shall be three classes of members:

(1) Active.
(2) Life.
(3) Honorary."

ARTICLE IV.

Classes of Members.

Active members of the society shall include members of the preliminary organization, all past superintendents who were members while holding that position, all present superintendents of schools of nursing, superintendents of hospitals, superintendents of special educational departments of nursing, and associate members if qualified as specified in the by-laws and acceptable to the association.

Associate members shall include all assistant superintendents, school instructors and heads of special departments of nursing work, if qualified as specified in the by-laws and acceptable to the association. They shall be eligible for such membership during the time they are holding such appointments.

Honorary members shall be those of whom the association wishes to signify its appreciation and hold in grateful remembrance for signal service to the profession or to humanity.

ARTICLE V.

Officers.

The officers of the society shall consist of a president, first vice-president, second vice-president, secretary, treasurer, two auditors and six other members of the body to be called councilors. All of these officers together shall constitute a body which shall be known as the council.

(Revised to read as follows:)

"The officers of this Society shall consist of a president, first vice-president, second vice-president, secretary, treasurer and two auditors. These officers together with duly elected representatives from each state as specified in the by-laws shall constitute the council. The Executive Committee shall be composed of the president, vice-president, secretary, treasurer, and two members from the Council."

ARTICLE VI.

Amendments to Constitution.

This constitution shall not be amended or annulled except as hereinafter provided.

To amend or annul this constitution it shall be necessary that such proposed amendment or annulment be presented in writing to the secretary to put before the annual meeting next preceding the one at which the final ballot shall be cast, for its approval and a copy of the proposed amendment or annulment with a copy of the part of the constitution as amended be sent to each member at least two months previous to the meeting at which final action is to be taken. A two-thirds vote of the members present shall be necessary for amendment or annulment.
BY-LAWS.

ARTICLE I.

MEETINGS.

The meetings of the society shall be held annually. The time and place of each meeting shall be named by the council and reported to the society for its action at the meeting next preceding. Each annual meeting shall be called by a printed announcement sent to each member, at least one month previous to the meeting. The council shall hold an annual meeting concurrent with the annual meeting of the society.

ARTICLE II.

MEMBERSHIP QUALIFICATIONS.

Active members shall be graduates of training schools connected with general hospitals giving not less than a two years' course of training in the wards of the hospital, or whose experience gained by postgraduate or other additional school work might justly be considered its equivalent. They must be endorsed by two members.

Associate members shall have the same qualifications and endorsements as active members, and shall be entitled to the same privileges in vote and debate.

Associate members who have held office for not less than three consecutive years and been members of the society for the same length of time may become active members by the unanimous vote of the members present at any regular meeting, their names having been duly considered by the council and proposed in writing by two active members.

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

Election shall be by two-thirds vote of the members present.

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

ARTICLE III.

FEES AND ASSESSMENTS.

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

ARTICLE IV.

WITHDRAWAL.

Any member of the society may withdraw from it on signing her desire to do so in writing to the secretary providing that she shall withdraw the Council meeting immediately previous to the annual meeting, and the names of all candidates with recommendation of the council thereon shall be presented to the society for action at the annual meeting.

Election shall be by two-thirds vote of the members present.

Proposals for life and honorary membership shall be signed by three active members and shall be presented at an annual meeting. The election shall be unanimous.
have paid all her dues to the society.

Any member who shall be declared unfit for membership by a two-thirds vote of the members of the council present at an annual meeting of that body shall have her name presented by it for the action of the society from which she shall be dismissed, if it is so voted by two-thirds of the members present at its annual meeting.

ARTICLE V.

ELECTION OF OFFICERS.

A nominating committee shall be appointed by the president, before the close of the first session of the annual meeting. This committee shall select one name for each office to be filled, and shall post this list before the first session of the following day. Additional nominations for any office may be made by any member of the Society. Such nominations if sent to the nominating committee with the names of the nominating members will be posted with the original list before the time of election.

The president, secretary and treasurer are eligible for re-election. All councilors shall be elected to serve for three years and one auditor to serve for two years. All officers shall enter upon their duties upon the ending of the present convention. When any vacancies occur in any of the offices of the society they shall be filled by the council until the next annual meeting.

withdraw from it on signifying her desire to do so in writing to the Secretary providing that she shall have paid all her dues to the Society. She may be restored upon making the usual application and paying the annual dues. Any member who shall be declared unfit for membership by a two-thirds vote of the members of the council present at an annual meeting of that body shall have her name presented by it for the action of the society from which she shall be dismissed, if it is so voted by two-thirds of the members present at its annual meeting."

ARTICLE VI.

DUTIES OF OFFICERS.

The president shall prepare an address to be delivered at the opening session of the annual meeting. He shall preside at all annual and special meetings of the society or council or if absent at any time, the vice-presidents shall act in their order. The secretary shall keep the records of the society and perform all the duties pertaining to that office. The treasurer shall receive and duly account for all sums of money, pay all bills, approved by the president, and shall submit these accounts with a financial report for the preceding year at the annual meeting of the society.

Each annual statement to be examined and reported upon by the auditors.

ARTICLE VII.

COUNCIL.

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

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

ARTICLE VIII.

THE COUNCIL.

"The Council shall meet before and immediately following each annual meeting. The duties of the Council shall be to keep the association informed of the progress of nursing in the states represented. Its members shall act as the representatives of the Society in the state. To encourage and aid in the organization of local branches in the states, and to perform such duties as the Council of the National Association may require.

ARTICLE IX. (formerly VIII).

A QUORUM.

A quorum of the council shall be formed by five members; and of the society by twenty members.

ARTICLE IX.

AMENDMENTS OF BY-LAWS.

These by-laws may be amended or annulled by a two-thirds vote of the members present, provided a written notice of such amendment or annulment be sent to each member four weeks before the annual meeting at which the vote is to be taken.

They may be temporarily suspended at any meeting by unanimous consent.