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

Including
Report of the Second Meeting
of the
American Federation of Nurses

1909
C. W. Lawler
Feb. 1910
PROCEEDINGS

OF THE

FIFTEENTH ANNUAL CONVENTION

of

National League of Nursing Education

The American Society of Superintendents of
Training Schools for Nurses

HELD AT

ST. PAUL, MINNESOTA

June 7 and 8, 1909

Baltimore
J. H. Furst Company
1910
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Teachers College, Columbia University,
New York.

First Vice-President.—MRS. ISABEL HAMPTON ROBB,
702 Rose Building, Cleveland, O.

Second Vice-President.—MISS LAUDER SUTHERLAND,
Hartford Hospital, Hartford, Conn.

Secretary.—MISS M. HELENA McMILLAN,
Presbyterian Hospital, Chicago, Ill.

Treasurer.—MISS ANNA L. ALLINE,
State Education Department, Albany, N. Y.

Auditors.—MISS HELEN SCOTT HAY,
Illinois Training School, Chicago, Ill.
MISS KATHERINE BROWN,
Hospital for Children, San Francisco, Cal.

Councillors.—Third Year.—MISS ANNIE W. GOODRICH,
Bellevue Hospital, New York.

MISS E. P. CRANDALL,
265 Henry Street, New York.

Second Year.—MISS SARA E. PARSONS,
Griffin Hospital, Derby, Conn.

MISS MINNIE H. AHRENS,
Provident Hospital, Chicago, Ill.

First Year.—MISS GEORGIA M. NEVINS,
Garfield Memorial Hospital, Washington, D. C.

SISTER AMY MARGARET,
Children’s Hospital, Boston, Mass.
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Miss M. Adelaide Nutting, Miss Anna L. Alline, Miss M. H. McMillan.

COMMITTEE ON EDUCATION.
Miss Helen Scott Hay, Chairman.
Miss Annie W. Goodrich, Miss Anna L. Alline,
Mrs. Isabel Hampton Robb, Miss Mary M. Riddle.
Miss Clara D. Noyes,

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I. ON OBSTETRICS.
Miss Martha M. Russell, Chairman.
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II. ON INFANTS AND CHILDREN.
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IV. ON EYE AND EAR.
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Miss M. Adelaide Nutting, Miss M. Helena McMillan,
Miss Maud Banfield, Miss Mary A. Samuel,
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Miss M. Adelaide Nutting, Chairman.
Miss Sophia F. Palmer, Miss Annie W. Goodrich,
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COMMITTEE ON MEMBERSHIP.

Miss Mary A. Samuel, Chairman.
Miss Caroline I. Milne, Miss Georgia M. Nevins,
Miss Clara D. Noyes, Miss M. H. McMillan.
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FIFTEENTH ANNUAL CONVENTION

—OF—

The American Society of Superintendents of Training Schools for Nurses.

The Fifteenth Annual Convention was held at the Hotel Ryan, St. Paul, Minnesota, June 7 and 8, 1909.

The meeting was called to order by the President, Mrs. Isabel Hampton Robb, at 2 p. m., on Monday, June 7th.

After the invocation by the Reverend Henry Chapman Swearingen, D. D., the following address was read by the President.

PRESIDENT'S ADDRESS.

Members of the Society of Superintendents of Training Schools for Nurses:

As the time for our meetings is unusually short this year I will not detain you from the actual business of the Society by making a lengthy address, as my desire is that this conference may be a distinct gain and benefit to all of us and to that end we must use the time we have at our disposal to advantage. So with your permission I will just briefly review some of the more important questions that may come up for discussion and also touch upon one or two points that have come to my notice during the year and that are of interest to all of us. But first I must say what a pleasure it is to me to be permitted to preside over your deliberations at this time and in this place. As you probably know my first charge of a Training School was in Chicago, a comparatively near neighbor to St. Paul, sufficiently near at least for me to plan to spend
one day in this city in the then unusual quest of other hospitals and training schools. The City Hospital was the only one I found, but that was in the early days before so many hospitals existed, before organizations of nurses were ever dreamed of, when no esprit de corps existed between graduates and superintendents of different schools, and when anything like a definite course of training was a very small infant indeed. I little thought then that my second visit to this beautiful city would be for the purpose of assisting at the fifteenth Annual Convention of the Superintendents of Training Schools of the country. Familiar as I am with all the story of our hospital and training school development that lies between those early days and the present meeting, one can but marvel at the advancement made and from the history of the past there is nothing but hope and encouragement to be gathered for the future.

The main reason for our dropping the routine of our daily work and travelling long distances annually is to confer together face to face over this serious business of the making of the trained nurse. Nor can any program that may appear in print ever wholly convey just all that these meetings or a given subject in them may hold for us; to understand one must read between the lines, each must bring her contribution of interest, experience and originality and fearlessly say what she thinks. The needs and conditions of this peculiar work demand this kind of conference and I think at no time in the existence of Training Schools has the demand been so great as at the present.

As you know one of the questions for consideration this year in our larger associations is the reorganization of our societies. To enable our members to discuss this important question wisely a special committee was appointed during the year to gather individual opinions and report upon the findings. Another important question is that of central directories. Our annual reports will show that for several years past some of us have advocated centralized directories, now for many reasons they seem imminent, but the attitude of the principals of our schools
towards them cannot be ignored. In the pioneer days we had to establish means of communication between the public and our graduates and so it came about that private directories in each school were started. They answered the purpose at the time but the need for them no longer exists and in fact they are undesirable for various reasons, while in some places they have naturally resolved themselves into central directories, in others some of our schools still clinging to the old method. It would seem advisable that our members now in session put themselves on record to support the establishment of central directories. How comprehensive these should be is another question to settle and although that does not lie fully within our province still I need not say how influential the opinion of a superintendent can be. Heretofore all our directories have been on conservative lines, now, however, it may seem a wiser policy to control within our central directories all forms of nursing, and from those of our members who have interested themselves in developing central directories we hope to have valuable suggestions. The value of a standing committee on army and navy nursing through which we may be kept in touch with military nursing affairs is a suggestion I should like to leave with you. Local and State Associations of Superintendents of Training Schools have recently been organized in a few cities and states, notably in Chicago and here in St. Paul. The value of such gatherings is obvious and their further development should be encouraged. It has occurred to me that it might strengthen and increase the value of this Central Society could each State and local association become branches of this national Society, and bring to our annual meetings each year the best of the deliberations and suggestions from each state or city for the benefit of the whole. One educational point I should like to hear discussed is the possibility of making the last six months of the third year an elective course in reality, as it frequently is in fact, and if possible what courses might be offered in it. To only one subject outside of our own particular affairs will I ask your attention to-day,
and that is what as a society should our attitude be in regard to the American Society of Sanitary and Moral Prophylaxis. Sympathizing as we must with its aims, would it not be in order to help what we can by becoming members of it and by also keeping our pupils in touch with its teachings.

Finally, I wish to speak of two or three points that have come to my notice through the year regarding the training of women in hospitals. The last to take my attention was an article on "Hospital Atmosphere as it Impresses an Outsider" that appeared in the April number of the Nurses' Journal of the Pacific Coast, and bears out similar statements that have from time to time come to my notice. The article in question was written by Katherine DeWitt and read before the Chicago Superintendents' Association. Knowing Miss DeWitt as many of us do we accept anything she may say with respect and consideration and therefore the more reason why we should not let certain statements pass unnoticed, and although not altogether pleasant reading to have appear in public, still we may hope any criticisms may result in improvement. Under the first head Miss DeWitt takes up the nurse, and in her very first sentence makes the charge that "there are few probationers who do not enter a training school with some ideals, who do not find these ideals more or less shattered after a few weeks." Certainly this is a grave statement and if true may have something to do with the lack of applicants. Again a little further on comes the sentence, "I agree with those who like to see a tidy ward, but wouldn't it be better to put the comfort of the patient first and to teach the younger nurses to consider it important. I think that many a nurse would confess that she had to learn the necessary thoughtfulness by degrees after leaving the hospital and that her training was not of great help to her in this respect." This same criticism is not unfrequently heard and from widely varying sources. Physicians have attributed this lack of attention to the patients' comfort on the ground of the over-education of the nurse, but we know it is not that; that when it does occur it is due rather to lack of education.
along proper lines and are mainly ethical in character. So through the whole article criticisms are offered that are becoming all too familiar to our ears, nor is the matter helped any when one hears from superintendents' own lips that one cannot nowadays safely recommend more than two-thirds of the graduates for professional and moral uprightness. I have ventured to say these things to you as they have been said for your thoughtful consideration, for I feel confident that if such is the case in any degree as a body of earnest women devoted to your work you will do all in your power to make things different. I know the weak spot is the inability to pick and choose candidates more closely, and that the material one must work with is not always first rate, but on that very account all the more personal contact, personal teaching and personal influence are necessary. And to the younger members of our Society, to those who are just beginning their work as teachers of nurses and who have ever my most cordial sympathy and interest, let me urge you to rank this personal teaching first in your duties, remember a successful training school can never be run from the chair in your office, rather delegate office work to assistants and spend your time in the wards with your nurses and patients. See to it that you are first and last the best practical nurse and then give to your pupils the benefit of that expert knowledge and that invaluable personal touch. Moreover, never allow the physician to regard you as a mere figure-head, make your presence felt in the wards, in the operating rooms and with the physicians and patients.

In conclusion I trust that our deliberations may be as ever inspiring and helpful and that the uplift that may come to us all from the days that we are privileged to spend together may send us each on our several ways with the feeling in our hearts that of all the various kinds of work now being done in the name of woman, that of teaching women how to nurse the sick is second to none. I now take pleasure in declaring our convention open ready for work.
FIFTEENTH ANNUAL CONVENTION.

The Secretary, Miss Georgia M. Nevins, reported that the Council had held two meetings during the year; that in the late fall it had seemed advisable to re-consider the decision reached in Cincinnati, regarding the selection of New York as the meeting place for the Fifteenth Convention, and that by the unanimous vote of the Council the most cordial invitation of St. Paul had been accepted.

The announcement was made that it was the wish of the Council that the members of the Society should select the meeting place for the sixteenth convention. Invitations from several cities were read and after some discussion, the decision was postponed until a later meeting.

Miss Alline, the Treasurer, read the following report:

REPORT OF THE TREASURER.

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

JANUARY 1, 1908 TO JANUARY 1, 1909,

CREDIT.

By cash on hand, Jan. 1, 1908, $180 45
By cash for dues and Initiation fees, 892 65
By cash interest on Journal stock, 3 00
By cash sale of Annual Reports, 2 50
By cash one share Journal stock, 100 00
Total, $1,178 60

DEBIT.

To postage, stationery and typewriting, $69 64
To Programme, 19 75
To Expense of Officers to Convention, 72 24
To Expense of Special Lecturer, - - - - $ 53 50
To Reporting Convention Proceedings, - - 58 50
To Printing Fourteenth Annual Report, - - 321 00
To Dues to American Federation, - - - - 15 00
Total Disbursements, =  $609 63

Invested in one share Journal stock, - - - - 100 00
Appropriated for H. E. Scholarship, but not paid, - - - - 300 00
Cash deposited in N. Y. State Nat. Bank, - - 168 97
To balance, - - $568 97

$1,178 60

The Treasurer's report having been accepted, upon motion, the meeting adjourned.
SECOND SESSION.

The meeting was called to order by the President, who announced that the reports of the Committees, postponed from the morning session, would be read.

Miss Nutting presented the report of the Committee on Education.

REPORT OF THE COMMITTEE ON EDUCATION.

The Committee on Education was requested by the Council of this Society at its meeting last year to prepare an outline of classes in Home Nursing suitable for the use of the Red Cross in its various branches, or for any similar organization wishing to provide in a satisfactory way such instruction to the mother or daughter in the home, for use in the many instances where professional nursing is not needed, or cannot be obtained.

A sub-committee of five members, consisting of

Miss Annie Damer, President of the Associated Alumnae,
Miss Helen Scott Hay, Superintendent of Illinois Training School,
Miss Ada Carr, Instructor in Nursing, Johns Hopkins Hospital Training School,
Miss S. H. Cabaniss, Nurses' Settlement, Richmond, Va.,
and
Sister Amy, Children's Hospital, Boston, Mass.,

was appointed, and a tentative outline submitted to them for criticism and alterations. Valuable suggestions were received from many members of the Committee, and the result is embodied in the following outline, which seemed to meet the approval of the entire Committee. This outline was sent to
Miss Boardman at Washington, asking her, however, to defer if possible placing it in circulation and use until it had finally been approved by this body.

**HOME CARE OF THE SICK.**

A Course of Classes designed to help the mother, or sister or daughter in the home, but not to prepare women for teaching the subject, or for any professional work in it.

I. General Structure of the Body.
II. General Instructions for Care of Sickness in the Home.
IV. Bathing.
V. Food for the Sick.
VI. Medicine and General Treatment.
VII. Care of Infants and Children.
VIII. Infectious Diseases.
IX. Emergencies.

It is recommended that great pains be taken to secure properly qualified graduate nurses to conduct this teaching.

I. A simple introductory talk on the General Structure of the *Human Body*—the organs and their functions, and how they are affected or controlled by conditions about them. Some of the causes of disease, and prevention. In the home: lack of fresh air and sunlight, overheating, improper food and ill-regulated feeding, unsuitable clothing, injurious habits, drugs, stimulants, etc. Bacteria: what they have to do with the health of the household; the dangers of impure water, ice, milk, and other food supplies; of dust, flies, etc., as carriers of disease. Cleanliness in preparation of food; more attention to family dietary, and especially to food for infants and children. Better personal hygiene as to bathing and clothing, work, exercise, play, sleep, etc.
II. General instructions for care of sickness in the home. What illnesses can be suitably cared for in the home. Difficulties of having surgical operations, of caring for infectious diseases, or of nervous disorders, in the home under ordinary conditions. Dangers of amateur work here. The importance of good nursing (brief outline of training required to prepare nurses for their work). Daily routine of life in home work; management and method; system as essential as in a hospital. Plan of hours; daily relief. Clothing of worker. Necessity for close observation and accurate statement of facts only. Sick-room, as to location, surroundings, furnishings, etc. Beds and bedding. General management, as to ventilation, heating, daily care and cleaning, supplies—economy in their use. Prevention of noise within, without. Visitors and friends, how to regulate. Convalescence: general management; exercise and rest; occupation and renewal of interests.

III. Bed-Making. Proper methods: protection of mattress; points which make for the comfort of the patient; changing linen with patient in bed; moving patient from one bed to another; lifting her from bed to sofa or chair. Devices for comfort of patient: bed-rests, pillows, pads, supports, adjustable tables.

IV. Bathing. Functions of the skin. Special necessity for perfect cleanliness in sickness. The daily cleansing bath: the best hour; temperature of room; precaution from draughts; appliances and procedure; special precautions for protection of skin. Care of the teeth and mouth, the nails, hair, etc. How to give a foot bath; mustard bath; sponge bath; hot bath or sweat bath.

V. Food for the sick, its choice, preparation and serving. Brief outline of digestive processes. General preparation of foods, as to fats, sugars, starch, proteid. Bodily requirements in health; variation in disease. Necessity for intelligent choice of foods, for skilful cookery, dainty service; liquid diet; light diet. General rules as to quantities and intervals of feeding and methods of serving. How to serve and feed helpless
patients: simple appliances, such as glass tubes, feeding cups and glasses.

Milk: modified, sterilized, pasteurized and peptonized; whey and other milk preparations.

How to make broths and beverages; gruels; cereals. Simple ways of preparing eggs, oysters, sweetbreads, etc. Fruits and salads, their preparation and serving; custards, jellies, junket, etc.

VI. Medicines and general treatment, such as are commonly used or applied in the home. The dangers in giving medicines and precautions to be observed in regard to them: care in keeping and exactness in measuring. Methods of giving liquids, powders, pills, etc.; simple appliances. Use of ointment, liniments, lotions, sprays and gargles. Irrigations and simple enemata, their purposes and methods of giving. Hot and cold applications: poultices, plasters, blisters. Simple bandages and dressings. The application of surgical cleanliness in caring for cuts, burns or chronic ulcers, etc.; disposal of soiled dressings.

General points to note and report, as temperature, pulse, respiration and other symptoms. The clinical thermometer, its use and care; methods of taking temperature; when not to take it; normal temperature, how to record it. The pulse and respiration; how to take and how to record; when not to take; normal pulse, etc.

VII. Infants and children. The general care and management of the sick child: temperature, pulse and respiration in children as differing from adults; necessity for close observation of symptoms; the child’s cry, its position, etc.; how to give medicines to children. Nourishment and its importance; special precautions as to foods and feeding. Importance of early recognition of rashes, chills, nausea, fever, etc., as possible symptoms of infectious diseases. How to occupy a child during a long convalescence.

VIII. Infectious diseases: conditions in individuals favoring infection, as lowered power of resistance, etc.; general measures for protection of family and prevention of spread;
how to isolate; disinfectants and their uses; daily precautions during progress of disease in caring for patient and his surroundings, as linen, dishes, utensils, etc.; disinfection of rooms at termination of disease. What particular precautions to observe in tuberculosis, typhoid fever, etc.

IX. Emergencies and how to meet some of them:
(a) Burns and scalds; cuts, bruises and slivers; bleeding. Forms of unconsciousness; fainting; apoplexy; epilepsy; convulsions; alcoholic or opium poisoning; shock; sunstroke, etc. Drowning. Asphyxiation.
(b) Foreign bodies: eye, ear, throat, nose. Poisons: acids; alkalies; hypnotics—gas, etc.

In March last this Committee responded to the invitation of a committee from the Hospital Association for a conference on the Training School Curriculum. In the two sessions of joint meeting we placed before the Hospital Committee, as far as possible, the standards, ideals, and general views on the Education of Nurses which this Society has held from its inception or which it has been instrumental in developing. The conclusions reached by your Committee were that all the work already done by our Superintendents of Training Schools, in establishing preliminary courses, in arranging for affiliation between schools, in the many general measures which have been developed for improving the training of nurses would receive strong support in the final recommendations of the Hospital Committee, and should ultimately be of substantial help to Training School workers.

(Signed) M. Adelaide Nutting,
Chairman of Committee on Education.

This report having been accepted, Miss Goodrich, Chairman of the Committee on Hospital Economics, read the report of that Committee.
REPORT OF THE COMMITTEE OF THE COURSE IN HOSPITAL ECONOMICS.

Madam President and Members of the Society:

The Committee of the course in Hospital Economics feel the past year has been one of unusual progress and development, and I beg to present the detailed and comprehensive report compiled by Miss Nutting, whose observations and criticisms of the students, and of the whole field of work, I am sure, would be of as deep interest to each member of the Society as they are to the Committee.

MISS NUTTING'S REPORT.

The total number applying for admission to course of 1908-1909 was thirty-six. Sixteen of whom registered in September.

MISS HARRIET BAILEY..............Johns Hopkins, Baltimore, Md.
MRS. JENNIE BERRY..............Central Maine Gen. Hospt., Lewiston, Me.
MISS LOUIS CROFT BOYD............City and County Hospital, Denver, Colo.
" ELIZABETH R. DAVIS............Long Island College Hospital, Brooklyn.
" BERTHA ERDMAN..................St. Barnabas Hospital, Minneapolis.
" JOSEPHINE LALOR.................Garfield Memorial Hospital, Wash., D. C.
" CARLOTTA MARSHALL..............Massachusetts Homeopathic Hospital, Boston.
" MARY C. MCKENNA...............Fall River Hospital, Mass.
" LINETTE PARKER..................Union Hospital, Fall River, Mass.
" LOUISE POWELL...................St. Luke's Hospital, Richmond, Va.
" GUSTAVA SILCOX..................German Hospital, New York City.
" BESSIE SIMMONS..................Boston City Hospital, Mass.
MRS. BERTHA STALEY...............Johns Hopkins, Baltimore, Md.
MISS ISABEL STEWART...............Winnipeg (Manitoba) General Hospital.
" CHIKO SUWO......................Red Cross Hospital, Tokio, Japan.
" EFFIE TAYLOR....................Johns Hopkins, Baltimore, Md.

Thirteen entered for the one year course leading to a certificate. Two entered for the two years' course leading to a diploma. One (Miss Suwo, from Japan) as special student for part of the year, working without credit.

Miss Gustava Silcox (German Hospital Training School),
after a sudden, brief illness, died on February 24. Miss Sillcox was a young woman of fine qualities of mind and character, one of our best students, able, energetic, progressive, warm-hearted, a serious loss to the College and to the profession.

In an attempt to offer some instruction which might prove useful not only to the Training School workers, but also to nurses interested in the social aspects of Visiting Nursing, the following courses were opened to our students in the beginning of the year:

In Columbia—Poverty and Relief, Dr. Divine.

In Barnard—The Industrial Family, Mrs. Simkhowitch, and Practical Economics, Professor Moore.

These courses in Social Economy have been an attractive and important addition to our work, as was also the short course of lectures by Miss Lillian Wald, and those on Public Health, at the College of Physicians and Surgeons. New additions also were two lectures by Dr. Hurd on Hospital Administration, and three by Doctor Irving Fisher on Hospital Accounts and Bookkeeping, which were highly valued by the students.

In the housekeeping departments, we are greatly indebted to Miss Roberts of St. Luke’s Hospital for conferences with the students of the department under her control. In connection with this phase of the work, new visits were made this year to manufacturers of beds and bedding, wholesale linen houses, etc. Nothing could exceed the courtesy with which the students have been received, and the patience and generosity with which busy officials have given them of their time.

The students have again had their practice teaching in the Laura Franklin Training School, where they have taught under supervision and criticism the subjects of Anatomy, Physiology and Hygiene.

Through gifts from friends, authors of books on nursing, and from a few publishers, we have established the nucleus of a library especially devoted to the Literature of Nursing, Hospitals and Training Schools, and have supplied the important Nursing periodicals.
In memory of Gustava Silcox, her classmates have contributed a substantial addition to our library of specially selected books, while two contributions recently received of $25.00 each give us the power of adding further to its upbuilding.

The College met the expenses this year of several of our lecturers; also the expense of Miss Tracy's exhibit of Occupations for Invalids.

In conformity with the College custom, we arranged for a small exhibit, consisting of illustrative material used in teaching various subjects, and the work of students, wherever it lent itself to such purposes. Some of the students' papers were the result of a good deal of investigation, and are of sufficient value to suggest the advisability of printing them. This might be undertaken either by the Committee or by the Society of Superintendents, which has among its objects the publication of such material when it is deemed desirable.

The following statistics are of some interest:—

During the past two years there have been received from various institutions 130 requests for aid in filling positions which cover the following fields of work:

Hospital Superintendent (2 Tuberculosis Sanatoria), - - - - - - - - - - - - - - 27
Training School Superintendent, - - - - - - 28
Offices combining both duties, - - - - - - - 10
Assistant supervisory positions, - - - - - 18
Matrons, Housekeepers and Assistants, - - - 13
Dietitians (9 with teaching), - - - - - - - 24
Visiting Nurses (2 tuberculosis, 3 Social Service), - - - - - - - - - - - - 9

Two posts that do not fall under any of the above classifications are particularly interesting as pointing out fields of work eminently suitable for the nurse and indicating possibilities of service open to the more highly trained. The first is a lecturer on Hygiene, with particular attention to Tuberculosis, in the public school system of a large city, from the fifth gram-
mar grade up through the high school; the other as organizer of the Social Service Department in one of our University Hospitals.

The financial statement that is appended shows:

**Total Contributions from All Sources to June 1st, 1909.**

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<th>Amount</th>
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<td>For Endowment</td>
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<td>For Current Expenses</td>
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**Total Disbursements.**

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<td>Salaries, lectures, etc.</td>
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We beg to call the attention of the Society to certain points in this very interesting report.

Firstly, to our financial standing.

Secondly, to the constantly increasing assistance that the College is giving. It has this year met the expenses of a number of out of town lecturers, has paid an instructor and has awarded a scholarship.

Thirdly, the development of the work. We find now open to our students, courses designed to aid them in preparing for the Social Service Work, which has recently come so prominently before us, and for which it has been, and still is so difficult to find properly qualified nurses.

The need of specializing is borne out by the statistical report in which Miss Nutting calls attention to the fact that the number of applications for dietitians, namely twenty-four, is
only a few less than for hospital or training school superintendents, and that there is a growing recognition of the value of a knowledge of dietetics in either one of these officials, and several times "Ability to lecture on general household affairs" has been called for.

One of the most important steps which has been taken at the College, Miss Nutting has not mentioned.

Through her efforts it is announced this year that the Department of Hospital Economy offers a one year course, designed to prepare students for admission to Training Schools for Nurses. The course is a further extension of the idea of preliminary training such as is now found in some of the leading training schools of the country, and its purpose is to give the student a more thorough grounding in the sciences underlying the art of nursing than can ordinarily be obtained in the hospital training school. It also aims to familiarize the student with practical procedures in general use in nursing. The student is thus prepared to benefit more promptly and fully by the opportunities which the hospital offers, and to bring a more intelligent effort to bear upon the problems presented by the patient.

Again and again we turn with unbounded admiration and gratitude, first to the women who conceived of the work at the Teachers College and secondly to the two women who have carried it on. The one, whose unselfish, tactful administration held it together and firmly established it, and her successor, who has so unceasingly and unweariedly moulded and developed it. No stone has been left unturned to place these pupils in positions which would give them the additional knowledge they desire, or the financial aid. Appreciating that a second year at the College would only be valuable, if taken in connection with a practical experience in executive offices, she has sought and obtained such work for those who are returning.

Every course at the College having any bearing on this ever-broadening work of ours, she has grasped for those students. The funds which have come in so generously recently for the
endowment, thanks to her wise administration, are returning an interest sufficiently or nearly sufficient, to meet our annual expenses. This year an entire month’s issue of the Teachers’ College Record will be placed at the disposal of the Hospital Economics Department.

A Department of Nursing in a University seemed very visionary yesterday. Is it so visionary to-day?

Respectfully submitted,

ANNIE W. GOODRICH,
Chairman Hospital Economics Committee.

After a motion to accept the report of the Hospital Economics Committee was carried, Miss Gladwin read the following report:

REPORT OF COMMITTEE ON CLOSER UNION OF NURSING SOCIETIES.

The committee cordially thank the members of the Society for their prompt and helpful answers to the questions sent them. A surprisingly large number of members declined to express an opinion, members who for various reasons are able to attend meetings seldom or never. The letters received furnished very pleasant reading. The value of the published reports of the Superintendents’ Society, especially to those who are unable to attend the convention, was emphasized and great confidence was expressed in the wisdom and judgment of those who have guided the Society so long.

One hundred and forty-five expressed a definite opinion, all but nine of whom desired a closer union. The answers revealed a very strong opposition to any movement which should mean the loss of the identity of the Society, this feeling being strongest on the part of the oldest members and the most constant attendants at the annual meetings.

One hundred and eleven thought it would be a good plan to try for a few years having the annual meetings in the same
place and in the same week. The ensuing economy of time, energy, strength, and money would mean larger and more representative meetings.

Attention was called to the conventions of last year, the Superintendents' in Cincinnati, the Associated Alumnae in San Francisco, the District Nurses in Chicago, and the Tuberculosis Conference in Washington, such lack of concentration meaning a consequent loss of power.

Many members thought that had the Federation been in New York at a suitable time, many nurses would have availed themselves of the opportunity to attend it on their way to the International meeting in London.

The amount of money needed to attend two conventions in widely separated sections of the country keeps many nurses away. This is especially worthy of consideration at a time when societies, which a progressive nurse feels she must join, seem to spring up like mushrooms and one's yearly dues become a real burden.

It is urged that hospital boards might more and more be induced to pay the expenses of their hospital workers if such concentration were brought about.

It is pointed out that the meeting of as large a body of trained women as the convention of this week cannot fail of being productive of good in new ideals and enthusiasm for old ones to the members of the community in which it takes place.

An annual federation would lead to a better knowledge on the part of both societies of the aims and needs of the profession.

Graduate nurses should realize the interest the superintendents have in them and it would be easier for all concerned to keep in touch with advanced methods of work. The superintendents would have a better knowledge of the needs of the nurses and of the demands of the public.

It is asserted that private nurses have little sympathy with the teaching body and that there exists in the Associated Alumnae a feeling of antagonism which would vanish on closer acquaintance.
The mere meeting of trained women from all parts of the country, the social intercourse itself is more broadening, more profitable than the reading of many papers. Opinion is freely expressed that papers should be shorter, discussion freer, and that we should often go on record as having arrived at some conclusion.

Against any merging of the two societies into one the danger of forming too large a body to do efficient work is pointed out, small bodies accomplishing more. Each society has a definite purpose and peculiar needs.

The Superintendents have much detail work of vital importance to them and of little interest to the profession at large.

Fear is expressed that in one big society there would be less freedom of action, a loss of harmony, the Associated Alumnae would absorb the Superintendent’s Society—a small body of women meeting yearly, while in the Associated Alumnae conventions it is rare to find the same delegates coming two years in succession.

Nursing societies are in the process of evolution, the growth and activity of the State societies may in time bring great changes in the organization of the Associated Alumnae.

Respectfully submitted,

Mary E. Gladwin, Chairman.
Cora Overholt,
Lauder Sutherland,
Committee.

Discussion of the above report indicated clearly that the members present desired to get into closer touch with the Associated Alumnae but at present were unable to see how the two societies could be brought under one organization. It was decided that in 1910 the convention should be held in the same city as that selected by the Associated Alumnae and during the same week.

Miss Erdman read her paper on "Training School Committees."
TRAINING SCHOOL COMMITTEES.

The object of this short paper is to bring before the Society for the purpose of discussion the question of the desirability, and if so, the duties and responsibilities of Training School Committees.

This topic was suggested to me by the program committee, and I have been to some pains to obtain the opinions of a number of women, prominent in the work of educating nurses. What follows, is based largely on what they say, and what my own view and experience has shown me to be desirable in this line. As far as the desirability of a Training School Committee in connection with a Training School is concerned, I can point to the existence of such committees in most Training Schools. This argues strongly for their existence and value.

Yet the fact that there are many schools without a committee, leaves something to be said on the other side.

It appears to me that a Training School Committee is an important factor in the government of the school at the present day. Such a committee can share the responsibilities involved in the training of the nurse with the Superintendent of the school, and relieve her of many duties in the way of discipline and management. Who shall compose this committee depends to a certain degree upon the position the institution occupies in the community, by this I mean the different hospitals, public, private and sectarian.

Unless the Training School is an independent organization, some members of the School Committee, if not all, are also active on the Hospital Board. Those hospitals controlled by political parties such as City, County, and State institutions, have their School Committee represented by members of the Boards, the physician, if a member, acting as chairman.

In schools connected with and under control of Medical Colleges, we find the Committee generally composed of physicians, members of the Faculty and Hospital Staff.
In private and sectarian institutions we have business men and the clergy (members of the Hospital Board), lay members and women (members of the Ladies Board), represented. Again, we often find the Committee composed entirely of women. Within the last few years, a movement has been on to have nurses represented on the Committee. Some institutions, I believe, have already adopted this plan.

A Training School Committee consisting of members of the Board of Trustees of the Hospital, the Medical Staff, the Ladies Board and nurses, gives ample opportunity for the solution and discussion of problems from all points of view. The number of persons composing such a Committee may vary from three to seven, according to the needs of the school. A small Committee of active members is more efficient than one of large numbers, for obvious reasons.

Although the Training School Superintendent should have direct access at all times to the Committee and attend the meetings, she will not, if a wise woman, ignore the fact that the Head of the Institution is the Superintendent of the Hospital and as such is responsible for all things concerned in its welfare. Matters of enough importance should always be reported to him.

As the Training School exists primarily for the comfort and welfare of the patients, it but emphasizes the fact that it must be considered an institution of education for young women as nurses. Fortunate is the Superintendent therefore, that has educators of the past or present represented on the Committee. They will be in sympathy with her efforts to provide good education and training and will cooperate and respond readily with intelligent action in all such matters.

Some Superintendents do not desire such a Committee, as they are not always easy to get on with. They, do, however, stand for something worth while, and, generally speaking, will forward the work of a capable, high-minded and progressive woman.

Concerning the functions of such a Committee, Miss Ellis
says: "It seems to me that the duties of the Training School Committee involve great responsibilities. They should give tone to the school, visit other Training Schools to be able to compare methods, etc., and work for the endowment of the School, so as to decrease the burden of the Hospital. They should visit the sick nurses and aid in bringing to the Nurses' Home as much of the outside world as possible, so that the pupils will not be institutionalized. They should help to build up the Nurses' Library, and in every way try to raise the educational standard of the school."

A regular monthly report presented to the Committee, and by them to the Board of Trustees or Directors, creates an interest and a knowledge of the school's activities. This report may contain the number of and standing of students, illness of nurses, course of study, lectures, and by whom given, social affairs, requests or needs, discussion on subjects of interest to the Training School and all else that they should know.

Whether the Training School Committee shall assist in the selection of applicants for the school is still an open question.

That there is a distinct place for such a Committee we must all recognize, let us therefore aid in its creation and lend our support to its success, and if possible in securing the right kind of members. By so doing alone, our work will be better recognized by the public, which at present is not well informed on Nurses' Training School matters.

An active Committee, to my mind, is the best means of carrying to the outside world the work and objects of the institution about which it has a right to know. Only when its members interfere with the progress of the school, as mentioned above, does the Committee become a hindrance and a burden, rather than a help to the woman at its head.

The discussion which followed this paper brought out the fact that many, if not most, of the schools represented had some form of representation on the managing board to which the Superintendent could appeal for support and assistance. It was
evidently the opinion of those present that for the better management of the schools each superintendent, at present without a school committee, should urge the appointment of a committee which would be representative of the governing board of the institution and which would meet with the superintendent of nurses at regular and stated intervals, in order to give her the needed support and assistance, as well as to hold and increase the interest of the board in all questions affecting the welfare of the school.

Miss Patterson, Chairman of Committee on Arrangements, having made several announcements for the entertainment of the Society, the session adjourned.

(Note.—The above report of the first day's sessions has been made from memory, the stenographer having failed to secure any part of the discussions.—Secretary.)
THIRD SESSION.

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

The President. We have concluded the consideration of business matters and shall now go on with our papers. Miss Russell is not present, but she has sent her paper which will be read by the Secretary, Miss Nevins.

The Secretary. I regret that the writers of the papers are not present to read their papers and take part in the discussion.

TRAINING FOR OBSTETRICAL NURSING.

Martha M. Russell, R. N.,
Superintendent of the Sloane Maternity Hospital, New York.

In presenting to you the facts that I have been able to collect from some of our representative schools, I make no claim to an exhaustive investigation of the subject, but gladly contribute my items towards a better understanding of this important subject. The schools from which I have heard are of various types, the special obstetrical hospital, the obstetrical ward in a large general hospital, and the small hospital where the cases are received as occasion requires.

The questions regarding the experience required before a pupil is considered ready for her obstetrical training were answered with unexpected unanimity. Eighty-five per cent. require that the pupil shall have had two-thirds of her hospital training before she undertakes this branch of the work, and all consider operating room desirable and eighty per cent. call it "absolutely necessary." The reason for this seems obvious. An obstetrical case calls for practical application of the theory of
asepsis from the moment she comes under the care of a nurse until nursing has been established for weeks, and nothing but long drill in the technique of surgical work will give the requisite skill. The habit of close observation needed in order that the babies may be well cared for can only be acquired by good medical and children's experience. The new-born baby has many peculiarities of his own: his color, his attitude, his expression, his breathing, his crying and eating are all worthy of the keenest watching if everything possible is to be done to give him a good start in life.

The moral and social questions inevitably suggested to a thoughtful pupil during her service in obstetrical wards also requires a certain maturity on her part. Eugenics has so far as I have learned received no systematic attention in connection with teaching in obstetrical hospitals, and probably it is still too indefinite a science to render profitable much attention to the subject by pupils like those in our training schools whose concern is more with action than theory. If a suitable lecturer could be found undoubtedly many questions could be answered and the nurses graduating from our training schools would go out with a saner and more intelligent knowledge concerning human reproduction than is common among women.

When the length of time given to obstetrical training was asked, the report from fifty per cent. was three months' training, sixteen per cent. reported a four months' course, sixteen per cent. a two months' course, eight per cent. a six months' course, and eight per cent. count the number of cases without regard to the length of time.

Those reporting a two months' course all have an obstetrical department in connection with their own hospital so that the pupils are already familiar with much of the routine of daily procedure, and so there is less loss of efficiency when she begins her training in this branch.

The six months' course gives more class work, more lectures and, as they report an active service, much more experience, but it is doubtful if many of the general hospitals are likely to
be willing to spare their pupils for so long a training in a specialty. It is undoubtedly easier to arrange the work of an obstetrical hospital when the pupils stay for four months rather than three months, but apparently more special and general hospitals have agreed on three months than on any other length of time.

A very large teaching force is demanded in order that the constantly arriving relays of new pupils may become sufficiently efficient to do good work for the patients in the ante-partum, and post-partum wards, the nurseries and the operating rooms. If the pupils can have almost constant supervision—a continuous demonstration as it were—they can be taught to do the work well even though the time spent in each place is necessarily limited. There is little time to devote to studying the diet of mother or child, but as in most obstetrical hospitals the patients stay so short a time, rarely more than fifteen days, it is quite possible that this important subject can be handled to better advantage in connection with other diet work, or in some of the institutions where mothers stay for months with their babies.

The hours spent in class and lecture vary from one to three per week. The subjects necessarily crowded into these twelve to thirty hours of class are necessarily so numerous, so difficult, and so important that a great amount of genuine study is presupposed. If the pupil is well grounded in anatomy the task is easier, but let no one think that the care of pregnancy, labor and the puerperium, normal and abnormal, together with the care of the new born child, can be much more than outlined in such a course. If the pupil can be taught to regard each case as a new study even more in obstetrics than in general nursing, there is little doubt she will be able to apply the knowledge gained.

A question regarding the usage about teaching the pupils to examine a labor case brought out the fact that a little less than half the schools were in the habit of requiring it, while about one-third taught their pupils to deliver cases. This would seem
to be a question for the decision of the medical board of the hospital, for if they believe it will help them to have nurses who are familiar with this duty it would seem quite possible to teach a nurse to do the work conscientiously. A rather wide observation of nurses in training for obstetrical nursing has led me to question whether their appreciation of the mechanical problems of labor is sufficiently accurate to make it possible for them to gain any more definite knowledge of the patients' condition by manual examination than can be obtained by watching the position, the cries, and other objective symptoms. It seems to me much wiser to concentrate teaching upon these symptoms which must be observed in every case, but if the necessary manual dexterity for accurate manual examinations can be gained without making the nurse feel that she depends on that alone, she is undoubtedly in a better position to meet the occasional emergency—which will sometimes come even in these days of telephones and automobiles—when a nurse has to deliver a case.

The importance of this branch of nursing is impossible to overestimate, as the proper care of the mother and child at this time means health and comfort for many months, if not for years. A woman who has her strength exhausted by a severe attack of mastitis is an unnecessarily crippled member of society, and it is rarely, if ever, that such a condition is not preventable. A baby whose bad habits make him a trial to the tempers of all the adults in the vicinity is usually a victim of poor training, and a nurse should feel a sense of failure if she leaves such a one at the mercy of his untrained instincts.

Is the fact that so many graduates of our hospitals are unwilling to accept obstetrical cases to be considered as part of the problem of training? People usually like to do what they can do well, and have we anything to regret in lack of care and thoroughness in training? Undoubtedly obstetrical nursing in private practice is hard work for a week or two, but then the patients are thriving and there is less strain and anxiety than in many cases. The possibility of being able to have definite
engagements for months does appeal to many nurses. It is distinctly work for specializing, for obstetrical engagements do not fit in well with other work, but many nurses find it very satisfactory and the reluctance of some of our graduates is a matter for regret.

I wish to acknowledge my indebtedness to those who replied so courteously to my request for information.

The President. We have listened to a most practical and instructive paper on a most important subject, and I hope we shall have a very complete and animated discussion. May I ask Miss Van Kirk to lead the discussion?

Miss Van Kirk. Madam President, the question of obstetrical nursing I think depends very much upon the woman. I do not believe that there are very many women who care to do obstetrical nursing, and that for the very good reason that they are not built for obstetrical work. I think it is very hard for a woman to be required to take a long course in obstetrical nursing when she knows she will not take the work after graduation. The women who wish to do obstetrical nursing feel they are not getting sufficient experience in that line. To require every nurse to take a three months' course is unwise, and there should be some arrangement whereby each nurse should have a short training and then take post-graduate work if she wishes to enter that field. There are nearly one-third of the graduates who take post-graduate work in obstetrics because they know they do not dare to undertake the care of a mother and child.

The President. Do you disapprove of obstetrics being included in the general course of training?

Miss Van Kirk. Not at all; I think every nurse ought to have special training in that direction, but I think three months is a long time.

The President. Why do you think so?

Miss Van Kirk. In a large maternity hospital the average number of deliveries a nurse sees is seldom over ten cases, and doing three months of routine work at the hospital the experience of those ten cases, which is all she would get, would not qualify her to be sent to take care of a woman and baby. She has to spend
so much time in the operating room that she does not get more than these ten cases.

Miss Dock. As district nurse and as one connected for ten years with the Nurses' Settlement, I would like to make some criticism of the method by which some schools teach their nurses obstetrics. Nurses who are sent into the tenement-house region under the free medical service there, are doing the things medical students would do, rather than real nursing. They have, as a rule, so many calls to make that it is quite out of the question for them to bathe mother and child, make the bed, and look after the patient's general comfort. This does not tend to teach them good obstetrical nursing, and is a disappointment to the poor mothers to whom they are sent.

Miss Davids. For seven months I substituted in New York, and in the seven months I did that work I found babies in the homes where nurses from the maternity hospitals had been sent, that had not been washed for three days.

The President. I heard recently of one nurse being in charge of forty babies in one ward. This wholesale nursing is ruinous to the proper training of the pupil nurse.

Miss Alline. I have come to believe that in the work in New York city, where they have the large departments in hospitals, they do not correlate the two points, the necessary care of the mother and baby. The nurse has a certain time with the food, a certain time with the baby, a certain time in the delivery room and a certain time with the mother, but she does not get one consecutive case from beginning to end, taking the mother before labor and then taking care of the mother and baby together. In maternity departments in connection with the general hospital there is a separate building, and a nurse takes a case there with nothing else on her mind. She takes the mother and baby right straight through, and learns more in three months than the nurse in the special hospital learns in six months.

Miss Palmer. I would like to say a word about the requirements we now have in New York State. When we were making up the requirements for registration of schools, the question came up as to what we should demand in obstetrics. We had the advice of leading men who were engaged in large schools before submitting our report. It was the consensus of opinion that we could not
accept anything less than the care of six cases. When we sent these requirements to the Regents, the medical member of the board objected to six cases and wanted the number reduced to four, and the correspondence in my file, which somebody will get hold of some time, will show the contest I had to hold the six cases. The advice came from the best nursing authorities, whereas medical men were willing to accept lower standards.

Miss Sharp. The good training school of to-day gives a long and thorough training in obstetrics, but in some of the smaller schools in the country, and also among some of the nurses who graduated a few years ago, the training in obstetrics was deficient. These graduates are anxious to obtain post-graduate work, but as I understand it, there is nowhere that a nurse can get post-graduate training in obstetrics. I know a good many who would like to get such training, but have been unable to do so.

Sister Amy. In Boston we send our pupils out six months; it is a long term of service, but they get excellent training and excellent instruction in every department.

Miss Nevins. Do you not think the trouble with us all in sending out our nurses for special training is that on account of so much drudgery and routine work to be done, they do not get what they are sent for? In regard to the question of obstetrical nursing, I agree with what someone has said that there is a good training to be secured in a general hospital with a small number of patients. There the nurse has the patient before delivery, and at each succeeding stage, and she therefore takes an interest in her work for the patient that cannot possibly be secured in any other way. We ought to be very careful to foster the spirit of personal interest in their patients among the nurses who go out from our schools. I think it a great pity that so large a number of graduates will not nurse obstetrical patients. As said in the paper, the first few days are the hardest, but after that to a well trained nurse, the care of the mother and baby is not difficult. The care of a mother and baby is a grave responsibility. The physical work is greater than in ordinary nursing, and I think the compensation should be a little more than in other private duty.

Miss Eugenia Ayres. I should like to know in what stage of her training the pupil should be placed in the Obstetrical Depart-
ment. It seems to me most important that a nurse should have a good general knowledge before this training is attempted. It would also seem that the disinclination of the pupil nurse to take this training should be disregarded. A nurse without a knowledge of obstetrics is much handicapped, and in my opinion the three years' course should include a good obstetrical training whether the pupil wishes it or not.

The President. Obstetricians are more and more taking exception to making this branch of nursing a general requirement in our curriculum. They ask why a woman should spend all that time on a branch with which after she graduates she will have nothing to do.

Miss Holmes. I went to South Africa as an army nurse, and the first case I had was an obstetrical patient.

Miss Maxwell. Is there not an ethical point involved in nursing such cases? I know nurses are criticised because they are not equal to an emergency. We ought to make our nurses feel their mistake. They always excuse themselves by saying that they have not had a case for a long time, and they cannot do it. I would like to know the view of the Society on that question, because I think it is a vital question for nurses.

The President. We have two vital questions before us, one raised by Sister Amy and another by Miss Maxwell, and we should come to some conclusion as to how long we should train nurses in obstetrics. We have with us to-day one of our pioneer nurses, Mrs. Lounsberry. She is not a member, but we are very glad to accord her the privilege of the floor.

Miss Lounsberry. In West Virginia, obstetrical nursing has become quite a problem. The nurses there say, "We cannot do it." They say one case interferes with another; that while they are waiting for this one case they must let another one go. I think the thing to do is to impress upon our pupils the fact that they are business women. They pose before the world as business women and they should take what comes into their hands, and as it comes. The typewriter does not turn down a letter because it is long, or because she wrote one before, or wrote sixty yesterday. A clerk waits on a tiresome customer as well as on a pleasant one. These obstetrical cases ought to be considered from a business point of view, and our likes and dislikes put entirely out of the way.
Miss ALLINE. I had an interesting experience under Miss Campbell in hospital obstetrical work. I think the nurses who got their training under her supervision were willing to do obstetrical nursing. I call to mind one instance in my class of a nurse who asked Miss Campbell, "May I not be excused from obstetrical work?" Miss Campbell replied, "You will take the regular work in the regular way." When she finished her course in the hospital, this nurse went to a small obstetrical hospital and took full charge, and on many occasions had to assume all responsibility during delivery.

The President. May we not go back to the subject of the length of time?

Miss McMILLAN. We have a small obstetrical ward of ten beds, which can be added to on demand. Our service is three months, and most of the nurses see twenty-five cases. The nurses take care of both mother and baby. We find that the pupils are much interested in this training, some of them asking for an extension of time.

The President. We have discussed this matter pretty thoroughly, and now I would like to hear an expression of opinion on the question. Without going through the formality of a motion, those who do not think the course is necessary as a part of the general training, please rise. (No response.) Those who think it is necessary, please rise. (The entire audience responded.) We have put ourselves on record as believing, very one of us, that it is a subject to be included in the course of general training, not to make specialists of our pupils, but to give them a proper and practical training in that particular branch. Now how many cases do you think they should have?

Miss NUTTING. It seems to me it is a matter worthy of careful study. One hospital says six months, another three months, another two months. Another says 10 cases, the Regents call for six. Would it not be well to make a serious study of this matter during the year, and report to the Society at a future meeting, placing before it something definite upon which to work in our schools. I would suggest some movement in that direction.

Miss ALLINE. It really seems necessary the way our work has been going to have something definite for the approval of the Society, such as a course carefully worked out in all subjects for the
training school. New York State had to make out a course of study, and other states having registration must do the same. This Society should formulate and adopt such a course of study as would be accepted by the several states. Therefore I move that the educational committee have charge of this particular subject, and appoint necessary specialists who shall say what that course shall be and the length of it, to report to us definitely next year.

The motion was seconded by Miss Goodrich.

Miss Nutting. Should these specialists be heads of obstetrical hospitals or departments?

Miss Alline. Yes; and graduate nurses in obstetrical departments.

Miss Smith. I would like to hear some discussion on the condition under which this instruction is to be given in general training schools.

The President. I would like to ask whether that committee would be supposed to consider the point raised by Miss Maxwell, the ethical side of nursing. Shall we include that point as to whether our nurses should refuse a patient as a matter of ethics?

Miss Alline. I should think the question of ethical nursing should be included in the training. If there is no objection I will add that to my motion.

The President. As the question stands then, it has been moved that the question of the length of time and the training for the ethical side of obstetric nursing be referred to the educational committee to report next year.

The motion offered by Miss Alline was then put to a vote and prevailed unanimously.

The President. Now, shall we continue this discussion? Miss Smith raised a valuable point just now. In the general hospital, how can we adjust the training of nurses? Shall it be as a separate department, or how is it to be done? I would like to hear from those associated with general hospitals.

Miss Lounsberry. Years ago, when I was superintendent of a training school, we had an obstetrical department containing twenty beds. At one end there were two delivery rooms, and there were always two and sometimes three nurses in the ward. Each nurse was obliged to see twelve cases. After delivery the nurse's time was divided between the care of the mother and of the baby, so that
she did not fail to have proper training in the care of both mother and child. The last case of the twelve the nurse was obliged to deliver under the doctor's eye. She went through each stage herself under the doctor's direction, thus gaining the needed practice and acquiring a confidence which was of great value to every one who went out of the training school. In connection with that practical training, theoretical instruction went on hand in hand, the two accomplishing a complete training.

The President. We shall have to close this interesting discussion.

We will now ask the Secretary to read the next paper which is by Miss Lawler.

THE NURSING OF NERVOUS DISEASES.

Elsie M. Lawler, R. N.,

Johns Hopkins Hospital, Baltimore, Md.

There is surely no greater proof of the fact that each year more and more of our nurses engaged in private nursing are caring for patients suffering from functional nervous diseases, and that we realize the necessity of special qualifications for that branch of our work than the fact that the subject of "Psychiatric Nursing" has been selected for consideration at this meeting. That the nurse is taught to regard the care of a patient suffering from some form of nervous disease in a very different light to-day as compared with, even, five years ago, and that for none of his patients does the physician select the nurse more carefully, we know to be true. Knowing this, the question arises, what special qualifications should a nurse possess before undertaking the care of a nervous patient.

During the last two years this subject has been presented to us by members of our profession in two very valuable papers,—one read at the Eleventh Annual Convention of the Nurses Associated Alumnae and published in the November number of the Nurses Journal of the Pacific Coast, "Nursing in Psycho-
therapy," by M. G. O'Bryan, of the Johns Hopkins Alumnae Association, and the other read at the annual meeting of the Maryland State Association of Graduate Nurses and published in the March number of the American Journal of Nursing on "Psychology and Nursing," by M. Cloud Bean, also of the Johns Hopkins Alumnae Association. Little change has been made in the treatment of these patients, at least in the Johns Hopkins Hospital, since these papers were written.

At this season of the year when on every side our training schools are sending out young women ready to take their places in the nursing world, the thought comes to us, what has been done to fit these nurses for this particular branch of nursing? In how many of our training schools is any instruction given in psychology (the healthy mind) or psychiatry (the sick mind), and if this has not been done how will they be capable of observing and reporting intelligently any deviations from the normal in their patients? To quote from "Psychology and Nursing," "In spite of the fact that considerable information is getting about on 'how to nurse' a nervous patient, there is still a lack of knowing why such and such a practice is necessary. Blind routine can never give the results of informed activity; therefore, nurses must take up this matter at the right end, its beginning, and in some way get possession of those facts of mind and mind working on which psychotherapy rests. We do not need to go the whole length in psychology, nor to look deeply into psychiatry, but to be of greatest value in our work we should and must know the basic principles of mind action and be able to recognize even a slight deviation from the normal in our patients. Only in the light of this knowledge can a nurse report intelligently the patient's symptoms, or carry out with immediate results the doctor's orders. Very great responsibility attaches to the nursing of the mentally unsound, and a far-reaching opportunity comes always to the nurse who has the care of a patient nervously unstrung even in a slight degree. Therefore a good equipment is imperative, and the beginning of this equipment is in the science of the normal mind."
This brings to us the question, how much instruction in this subject could be given in a three years’ course? It goes without saying that it would be impossible to add it to the list should the term of training be less, and at this moment some one may be saying, with examinations and examination results fresh in her mind, that the days are overcrowded now and three years all too short for all that must be done. Partially in answer to this possible query may we not bring forward the long mooted possibility of specialization. In an address given to the graduating class of 1909 at the Johns Hopkins Hospital, Dr. Lewellys F. Barker says, "Thus far nurses have, for the more part, been content to be general practitioners of nursing, but already some have begun to specialize and it needs only half an eye to see that the near future will be marked by an extension of this tendency to specialization in nursing. While each nurse should have a general training in fundamentals of the art, there is no reason why she should not, like the physician, choose some one particular field of work which appeals to her interest and for which her natural talents may make her especially suitable. . . . Nurses who desire successfully to specialize will be compelled to acquire unusual training and experience, just as is the medical specialist.” But let the knowledge be obtained as it may, either in our training schools by post-graduate courses or by reading and special instruction, it must be possessed before undertaking this work.

The treatment of these patients consists in isolation, rest, proper diet and psychic measures. The period of isolation, the amount of rest, and diet vary with different physicians and with different patients of the same physician. “For the psychotherapy,” to quote from Dr. Lewellys F. Barker’s address to a group of graduate nurses, “persuasion and suggestion are the main weapons. Though suggestion is important, the aim should be to cure rather by persuasion, by utilization of the intellect and will of the patient as far as possible. . . . The patient must be educated to keep only healthy suggestions in mind. . . . In the beginning authoritative and suggestive measures are neces-
sary, later when the conditions have improved sufficiently to permit of the gradual restoration of independence through psychic stimulation and education the medical obedience which at first had to be absolute, should be supplanted by self-direction."

Now, what kind of a nurse is needed to carry out this treatment successfully. In my opinion it should be the experienced nurse; no teaching can take the place of experience, but also no nurse can view the patient properly without some instruction. To quote again from Dr. Lewellys F. Barker's address, "The nurse should not be too immature. Many of these patients come from the educated classes and intellectual equality or even superiority on the part of the nurse, if not essential, is highly desirable. So much is expected of the nurse in the teaching, apart from the actual physical care of these patients, that, to achieve success, she must possess or acquire a certain skill and tact for the work. It is imperative that she be of strong character and that she shall have gained full mastery of her own emotions and shall have been well educated in school and in life. As some one has said: "She must know how to make herself respected and esteemed by all: she will have authority enough to be feared, but enough good nature to make herself beloved." Since so much must be taught the patient regarding self-control—that vexation, worry, and resentment must be cut out of their lives—it is easy to see how necessary it is that none of these vices should appear in the life of the teacher." Also from "Nursing in Psychotherapy," "It might be well to consider here what, from our own point of view, goes to the making of the woman and nurse to be entrusted with the care of these so-dependent patients, so strangely dependent upon what, in mind, heart and we may call spirit, is within the power of the nurse to give. It is the woman with dignity, authority, courage, and kindness, with a knowledge of life and of the most important human realities, who is needed for patients such as these; and one whose breadth of observation, and depth of thought has taught her to some-
times "trust that wise consultant called the heart," so that she will have within her an understanding sympathy, that with its sister virtue, patience, will enable her to support the physically and mentally weak—support them with that enduring perseverance which is such a necessary factor in their welfare. The doctrine of optimism should be hers, not that of the ungodly, "Let us eat, drink and be merry, for to-morrow we die?" but such as we draw from the Christian virtues, faith, hope and charity, which are the fundamental principles of that strength-giving happiness, which is the spirit of true optimism."

These then are the fundamentals and added to these should be adaptability and resourcefulness, for the needs of no two of these patients, either mental or physical, can be met in the same way, and we must be ready to meet the needs of all.

That the care of the nervous patient is very taxing the majority know, and the nurse must be in good condition both physically and mentally. Rest and recreation are necessary in any branch of our work but particularly so for the nurses taking care of the mentally disturbed. We cannot be "cheerful and firm" and "fight over and over again the same fight" day after day if physically tired. The care of these patients is usually long continued, varying from weeks to months, and it is difficult to keep stored up enough "cheerfulness of spirit" without possibilities of adding to it continually.

For those among us who feel the need of further instruction or preparation for nursing in psychotherapy very practical suggestions have been given in the paper "Psychology and Nursing," also a list of the most desirable books on the subject, and a modification of the Dubois (of Berne) routine neurasthenic treatment.

In conclusion I quote again Dr. Lewellys F. Barker, who says, "That in the nursing of the psychoneurotic, great opportunities exist for the graduates of all good training schools not only for the acquisition of experience of a peculiarly valuable kind, but also for true helpfulness among a large class of patients whose need is very real and very great."
The President. We cannot listen to such a paper as that without recognizing the need of a high ideal in nursing. I would like to ask Miss Davis to lead the discussion on this paper.

Miss Davis. I certainly endorse what has been said in this paper, and will simply add a few comments. In the first place, I think the nursing of the insane, for that is what it means, and if it also means nervous trouble, we may class them together. I have had some experience in nursing nervous cases, and I am very well aware that it requires a special temperament for that branch of the work. It is no use for people to undertake to nurse nervous cases unless they have a special temperament adapted to those cases. It is a failure both on the part of the nurse, and it is a failure as far as the recovery of the patient goes. They are not fit for that work in any way. No matter how much theory or teaching they may have had, it lies in the woman entirely. I say entirely advisedly, because I have seen cases where women were not trained for any branch of nursing who have taken nervous cases and carried them through to the entire satisfaction of the physician, simply because the woman was fitted for that kind of work temperamentally. I know physicians who make that work their specialty, who say that the women who are trained but make a failure of the care of the nervous or insane, are not properly trained. They say they are not good nurses when we know they are both properly trained and are excellent nurses in general nursing. In insane work you will find the greatest difficulty is that nurses were taught in the general schools to nurse and to study their cases intelligently: they know in a general way what is going on, what to expect, what certain medicines must be given: they know what will probably be the outcome, that is, what the case tended to, whether recovery or death. In the case of insane patients we lack that study. In the first place, we found physicians when we went into the work very unwilling to give us any kind of history of the case which we could build upon, or upon which we could say what was the matter with the patient, but they simply summed it up by saying that "every case of insanity is different from all other cases, each one is in a class by itself." You cannot say that this is that or the other kind of insanity, because he has so many other symptoms that we cannot classify him, and we have to study, if we study blindly. That is very unsatisfactory to
the nurses, because they want to know in what class to put their patients, and what to expect.

There is one thing that a nurse cannot be taught, something that she must develop from her inner consciousness herself, and that is that she has to be very much interested in her cases, very much devoted to the service of humanity and very much concerned in the good and the improvement of human conditions. I find again that it is difficult to "enthuse" nurses in the care of insane patients. It is very difficult to make them enthusiastic in the care of their patients because in most instances the cases cannot be reasoned with and the outlook is hopeless. All a nurse can do, in these cases, is to do the routine work required of her, to keep the ward in order, the patient clean and see that she eats. A good many of you who have been long in the work have found that the younger the nurse is in the work the more determined she is to go on with the regular routine, thinking she had done her duty in trying to keep her patients going in the prescribed direction, trying to prevent them from injuring themselves, each other and the nurses, and when she had done that she had accomplished the thing she was engaged to do, because this was a case perhaps that tended to dementia instead of death, and she reasoned that when she had done all she could do what was the use in trying to do more, for one who was surely going from bad to worse. I do not say this of all the nurses. When they are inspired with the love of humanity, and with the idea that they are here to do good to pitiable humanity, when they can see the divine in every created thing, whether there was mind there or not, then they will put forth every effort in their work. I find those the difficulties, and I find these women always ready to leave their work and do something they think is higher and better if the opportunity comes.

Lastly, I found that most of these women were very young women, a great deal younger women than we would take in our general training schools, and they come to the insane hospital before they could be accepted in the general. In the school with which I was connected, several of the nurses took the two or three years' training in the general schools because they expected to do private work, and they came to understand there was very little insane nursing outside of insane hospitals, and if they continued with that kind of training, it would have to be in institutions and not in private work.
Miss Alline. I want to say that there is every reason why there is great difficulty in the training of nurses which Miss Davis has brought out so plainly. In many institutions the nurses are obliged to sleep near the ward and are obliged to be near the patients most of the time. They are on duty twelve hours, and the majority of the time off duty they have to spend where they can hear the patients. They are only human, and the power of endurance is limited. There is so much of routine in the work, and too little knowledge to arouse interest, so they give it up about the close of the first year. We will have better nursing of the insane when the public once realizes that the nurses must be taught, and also be properly cared for.

Miss Delano. This is a subject in which I am interested, and to me the important thought is the question of prevention. I do believe every nurse in the training school should be taught something in regard to the mentally defective when the first symptoms appear, because they come to the nurse long before they come to the family physician. It is of the greatest importance possible that the nurse interpret these symptoms, because we know that during the first few months of insanity the percentage of cure is very great, and if the nurse could recognize these symptoms a great number of cases of insanity might be aborted.

Miss Davis. In reply to Miss Delano I wish to say that the first symptom of insanity is very, very difficult to get at. It is most obscure. There are many who are mentally defective in our insane hospitals to-day who should not be there. If we could differentiate those cases before they develop into hopeless insanity, we would not need so many insane hospitals throughout the country.

Miss Dock. I would like to put in one point on this question of length of hours in hospitals for the insane that Miss Alline has touched upon. The state of Massachusetts for a number of years has tried to pass through its legislature a law fixing an eight hour day for the attendants and nurses in hospitals for the insane, and up to the present time that law has been defeated. The nursing profession of Massachusetts has always appeared in opposition to this bill, and though they have done so in loyalty to the idea of professional ethics, they have entirely disregarded the economic and social relations affected by the long hours and overwork, and the consequent improvement of the nursing of the
insane which would be brought about by a shorter day. It has been a source of injury to the progress of education in hospitals for the insane that such a law has been defeated, and I want to urge upon the nurses of Massachusetts not to use their influence against it in the future.

Miss Davis. I want to say to Miss Dock, in regard to the law she spoke about, the nurses themselves have asked the representatives to defeat that law. It applied to all the attendants, all the workers, the farm hands, even the laborers were included in this law, to establish an eight hour day. If they got that law, of course, the nurses would be subject to it. An eight hour law is perfectly just; they ought to have it everywhere, but the nurses absolutely refuse to be classed with common laborers. They are professional women from first to last, and they objected to the scope of the law which was seeking to legislate for the male attendants (the voters). And more than that, there is no reason why the adjustment of the hours for nurses cannot be done by the superintendent of nurses and the superintendent of the hospital, if they work together.

Miss Dock. Why don’t they do it?

Miss Davis. They do. In one state hospital they have reduced the time for nurses to eight hours, and if it can be done in one, other hospitals can do likewise.

Miss Hilliard. So far as insane work is concerned I cannot speak as one having experience, but I have for the past few years been interested in the care of nervous patients. I know that there is an increasing class of these patients; that the manifestations of the various nervous disorders are so confused with the personality of the patient, that there is an insistent demand for more and better trained nurses to care for them. I think one difficulty has been that the nurses for the most part received their training in wards where there has not been sufficient time to consider patients as individuals, at least not to the extent necessary to fit them for this particular work. In our school the nurses receive the first and third year’s training in the sanatorium and intermediate year’s in hospital wards. They thus acquire habits of consideration before entering on their hospital work.

Most graduate nurses ask a larger compensation for taking care of nervous patients, which indicates that they seem to think that
it is a very difficult work, but it seems to me unjust for nurses to charge a larger salary for work because, for lack of training, they find it difficult. I know there is a great deal of criticism of graduate nurses by neurologists, as is shown in their attitude toward the hospital trained nurse, and I think it is simply because the nurse sometimes fails to understand this type of patient. If she begins her training with these patients, she is peculiarly well fitted to care for them when she is graduated.

As one of the nurses has said: "A great many untrained women are successful in this work for the very reason that they have consideration for the patient and make a study of individual cases."

The President. I think Miss Hilliard has made a very strong point, one we should carry away with us, and one that we should teach to all of our pupils, and that means that the care must include the mind as well as the body, and our pupils must be taught to recognize that fact, if they wish to become successful in nursing this class of patients. I would like to ask Miss Marker to say something on this subject.

Miss Marker. In the City and County Hospital of Denver, Colorado, we have a special department for the insane. We receive the patients usually in the most excited state, and keep them until they are sent to the state institution. When I was connected with that institution we had a separate department for these cases, and had trained attendants to take care of them. The nurses received training in this department. I believe they became quite capable of taking proper care of nervous and insane patients.

Miss Nutting. The nursing of the insane has become more prominent recently in our state hospitals, and regret has been expressed that our women are not more interested in taking up this branch of nursing, and that training schools are not making it one of the subjects in training their nurses. I think the time has come when we must give serious consideration to the nursing of the insane, and urge forward every effort to procure the best type of women to care for these patients. The women we have in our general schools are of a higher grade than the women we can usually obtain in state hospitals. I think we should prepare to give to the insane the best nursing possible, but I believe I am correct in saying that fifty per cent. of the cases do not get the care we give to a broken leg or an injured arm.
On motion of Miss Goodrich, seconded by Miss Dock, the matter of nursing the insane was placed in the hands of the Educational Committee, with instructions to submit a report at the next annual meeting.

The President. We will now have a paper which was omitted yesterday afternoon, discussing the ethics which should be observed between training schools, by Miss Beecroft.

ETHICS TO BE OBSERVED BETWEEN TRAINING SCHOOLS.

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"Ethics—the science of human duty; rules of practice in respect to a single class of human actions." This is Webster's definition of ethics. I think it a good practice to go back to the root of things occasionally, and look at the foundation. We are all so apt to forget and when it comes to rules, we all add a little to fit our own case or strike out a little, until the original is entirely lost.

I remember when, as a child, I learned to sew, by making quilt patches. The cutting was the difficult part. It was too much trouble to hunt the pattern every time—as a result the patch soon was anything but a true copy of the original. Sometimes the pattern would get small pieces snipped off also, and it would not be exact. We do this same thing in our every day life—in our social and business intercourse—the little things that are so small and obscure at the time have the faculty of piling up, and as the old saying reminds us, "It's the last straw that breaks the camel's back."

I do not believe that any superintendent of nurses would deliberately neglect a human duty, or infringe on one of the rules practiced between hospitals. She simply has had so many other apparently more pressing needs on hand at the time, the true science of ethics has been obscured.
What are the rules that should be practiced between training schools? I must plead guilty to ignorance of those laid down by the founders of our training schools. If there are any written or printed, I have never seen them. The only knowledge I have is traditional.

Physicians begun long ago to follow the rules as laid down by Hippocrates, "Him who taught me this act, I will esteem even as I do my parents—he shall partake of my livelihood, and if in want, shall share my good. So far as power and discernment shall be mine, I will carry out regimen for the benefit of the sick, and I will keep them from harm and wrong," etc. The physicians of the present century have added many new ethical points to their standard. For instance, no physician must run down the character or work of a brother, if he does he injures himself. He must not neglect the patient for the sake of spite or hatred, but must bury these out of sight, giving all professional assistance needed. He must speak well of his Alma Mater, or it in turn reflects back on him, and so on. Some one, writing in a medical journal last year, made the statement—"nurses are very narrow-minded, and since they had found out all sick patients insisted on having a nurse, they were also arrogant."

When nursing was first introduced into the hospitals, and such fearful conditions existed as history records, the necessity of having a certain class of women to help demonstrate the need of nurses was absolutely necessary. At that time, the human side of the people was aroused and many applications were received from good women—the best were selected and the others turned away as unsatisfactory. This was the origin of the first unwritten ethical rule between training schools, which was, as near as I can find out—any woman turned away from one school must not be admitted in another. It did not seem to make any difference what the cause of her leaving was. She could not reform, outlive, or outgrow the difficulty, she simply must not be reinstated or accepted in any other hospital if the head nurse of said hospital wished to be loyal to her profession.
Some years later, some one seems to have had the strength of character to take another stand something like this, "We will admit nurses that have been in other schools, but she must come as a probationer and serve full time.

Since I have taken charge of a training school, I have found two other rules in existence that are just as objectionable as either of the above. 1st. Any pupil from any school, applying at our hospital, will be taken in. 2d. We will allow all time spent in any hospital, if two physicians recommend you to us.

There is a question that is coming before the Western State Examining Boards, Training Schools and Nurses' Associations,—these partly trained women,—What are we going to do with them? This subject of uncompleted courses should be of interest to all of us. We tell the nurse she cannot nurse as a trained nurse unless she is registered. She applies to a training school to finish her work, and is told she must do three years' time, if she is given any consideration at all; and nine times out of ten, she does nothing but continue nursing, telling the physician and patient she has had training.

In Colorado, there are hundreds of these partially trained women. It is impossible for the Registration Board to get hold of them; they say, when brought to bay, we have had training and have said so, but do not claim to be trained, registered or graduate nurses. When taking the case, they may not make this distinction,—what are we going to do? Take them into our hospitals and give them a diploma, thus having a lot of mediocre graduate nurses? In the name of Florence Nightingale—no. We have enough of that kind—graduated from mediocre schools now.

On the other hand, there are many emergencies which may arise for the nurse or woman who has started training in a certain school, which may make it impossible for her to complete her course in that institution. She may become bankrupt; break down in health; an unexpected illness in her family which may mean a change of climate, and again for personal reasons, it may not be best for her to stay in that school. Now,
one of three things happens—she either gives up the idea of being a nurse altogether, or she goes out and enters the nursing field in competition with the graduate; or she makes an effort to enter a school that will allow her the time she has spent.

Second class registration and a local registry where such nurses could be registered, and the doctor and public both know just what kind of a nurse they are employing, is one remedy that is suggested.

I have adopted a plan of my own in regard to this class of women. When they apply to me, I send them a regular application blank with the regulations of the training school and a letter, requesting a letter from their former superintendent, also one from a reliable person who has known them during the previous six months. If the superintendent makes no formal charge, I then instruct them to come for two months' trial; at the end of this period, they must take the intermediate examination, if they want two years' time, or Junior examination if it is only one year. If their practical work is satisfactory, they are allowed the time accordingly. I feel if there is good material there, it is better to make good nurses of them, if possible, than allow them to go to the mediocre school or practice as non-graduates.

I would recommend a standard set of rules for training schools—these might be gotten up by the State Board of Examiners and the superintendents in each state. Every state should have its own standard, for different conditions make it impossible for the United States to make rigid nursing laws. For instance, there are in Colorado about one-tenth per cent. of the institutions for learning that are found in New York State, hence the educational standard may be higher in New York than in Colorado; but per capita, we have as many people needing nurses. For we all know Colorado is the tuberculosis dumping ground for the union.

There are several other ethical points that might be discussed—the one of recommending mediocre graduate nurses to schools in distant states is sometimes met with. They say by
their actions, Oh, well, they will have to keep her a year if they pay her transportation out there. Don't do it! You only injure your reputation and that of your school. The western doctors appreciate a good nurse and know when they get one. We might speak of the pernicious habit of running down other schools. Every school has its good and bad points, because you have an up-to-date operating room or a first class surgeon does not prove to me, your nurses will receive superior training. The training of the good nurse is done by the nurse in the ward and the teacher in the class room. No amount of lectures and fine stage play will make good nurses—they must get down to rock bottom and do the things for themselves. You must teach them ethics if you wish them to respond in like manner. You must teach your pupils surgical cleanliness if you wish them to be surgically clean; you must teach them to be thorough if you wish them to do first-class work, and it is the superintendent of nurses who does these things, that has the best school, and it will not be necessary for her to run down any other school to obtain pupils. What are the ethics or rules I would recommend to be observed between schools? Both the biblical rendering of the golden rule, also that taught by Confucius, "Do unto others as you would have others do to you," the latter "Do not do unto others what you would not have others do to you." If a pupil is leaving your hospital for good lawful reasons, let her understand you will recommend her to any school she may wish to enter, if she is being dismissed for cause, then make her understand you will not recommend her. Do not take in any pupils that have been in other training schools without a recommendation from their former superintendent. Do not encourage migration between local schools, and lastly, let every superintendent teach ethics in her school and at the same time practice ethics herself.

The President. I will ask Sister Amy to open the discussion on this very important and interesting paper.

Sister Amy. After listening to that paper it is hardly necessary to discuss the point as to whether or not we should receive pupils
dismissed from other schools. We all know that those who come from other hospitals almost invariably make trouble, in that they criticise the management and the pupils of other schools. I feel there should be no exceptions. If for personal reasons a nurse has been rejected by another school she should not be received, no matter how plausible her story may be. We injure the profession every day we do that. I cannot speak too strongly on this point.

Miss Wheeler. I have had some little experience perhaps in taking pupils who come from other schools, but I have taken them always with the point in view of the instruction or rather lack of instruction they received at the school from which they came. They are not taken in without a thorough examination as to their claims, and we look into the character of the women carefully before they are accepted into the school. It is only with the idea that the material may be good, and that we may assist the women and the profession at the same time, that we accept them.

Miss Nevins. Does that mean pupils who were dismissed or simply those ungraduated, who left of their own accord?

Miss Wheeler. Those who were in a school where they felt they did not get the proper amount of training, and left of their own accord.

Miss Ahrens. When a young woman finds she has made the mistake of entering a school which does not give her a good training, one perhaps which is not recognized as up to the required standard, it would seem only fair that she should be allowed to enter another school. I think this is done in other educational institutions. In my judgment such a woman should not be turned away.

Miss Nevins. We are missing the point which Sister Amy mentioned, that is in regard to those who have been dismissed. The question was in regard to nurses who were dismissed, which is quite a different matter from taking in nurses who did not get what they wanted at the school they attended.

The President. That is the point of the paper.

Miss McMillan. Instances occur of young nurses committing errors and afterwards regretting and acknowledging their fault. The authorities of the school affected feel, that for the sake of discipline, expulsion is necessary. In such cases would it not be in order for other institutions to give these young women an opportunity to complete their training?
Sister AMY. I do not see why, if they do well, they should not be suspended for a year or two and then be allowed to come back to their own school. We certainly do not want to inflict upon another school anything we have turned away.

Miss MAXWELL. I think there is something to be said on the other side. Frequently there are found unsuccessful pupils in the larger schools who might be successful if they understood training in the smaller schools, and I believe superintendents of the larger schools ought to be willing to recommend such pupils to the smaller schools, rather than turn them down entirely. The demands made upon pupils in the larger hospitals are great, and not all Junior Nurses are equal to these demands. Such as prove themselves reliable and moderately successful, should be given a chance in smaller schools willing to receive them.

Miss AYERS. I think some of the schools in the past have taken in a much larger class of probationers than they intended to accept, and so one or more fairly good women were not retained. I have known probationers who have received a note, saying their services were no longer required. A woman entering a training school spends her time and incurs expense, and I believe every dismissed probationer deserves a conference with the superintendent of nurses. Some superintendents do not come close enough to their students. They accept the report of a head nurse and possibly a pupil is dismissed, when a more intimate knowledge might have saved the nurse. Unless a pupil is dismissed for cause, the hospital should assist her to receive a diploma.

Miss GOODRICH. I believe we can never be too careful in the matter of sending pupils away, and that we should always look into the matter to see that pupil nurses receive their just rights. I feel convinced that no nurse should be sent away after a year at school unless there is some very good cause. We have often felt that probationers were not qualified, but that they might become qualified and that they deserve another trial elsewhere. I have received probationers who have come with a recommendation from a superintendent of another school, and found many of them most excellent women. It seems to me it resolves itself into a simple matter. If a nurse has been dismissed for cause she can hardly be considered for entrance in another school but her own. If she has left of her own volition, she is worthy of consideration and
should be admitted to any school. In the case of a probationer, unless there is a definite fault or deficiency, it would seem that there is no reason why another superintendent should not give her a second trial if she desired it.

Miss Lucy Ayers. This brings to mind an experience which a young nurse told me. She did not come up to the physical requirements of the school. Those in charge felt that she would make an excellent nurse in a smaller training school. The nurse became discouraged and thought she would give up the work altogether, but she followed the advice given to her and went to the smaller school. She afterwards came back and thanked the superintendent for her advice and counsel, and said if it had not been for her guidance she would have given up the work altogether.

Miss Lawson. Why is she not good enough for the large hospital, if she is good enough for the small hospital?

Miss Ayers. It is on account of the physical condition of the nurse. The requirements in that direction are much more severe in a large hospital than in a smaller one. That is the only reason why such a pupil could be recommended to a smaller hospital.

Miss Maxwell. Many of these pupils would probably do well if they were brought into closer contact with the superintendent and received more personal instruction from the head nurses, but in a large hospital the superintendent of the school and head nurses have comparatively little time to give to the individual training of the pupil nurse. There are two wards in the Presbyterian Hospital in which from five to seven hours of the head nurse’s time is given up to the doctor’s rounds, leaving a minimum amount of the working day to be devoted to the instruction of the pupil nurse.

Miss Nevins. It is true that many women who are admirable private nurses are not equal to the duty in a small hospital, and are neither mentally nor physically equal to the work in a large hospital.

Miss Goodrich. Some come to us very young, quite immature many of them, but I do think they can be guided in a small hospital where there is more of a home influence. Unfortunately, in our large institutions they are perhaps altogether under the head nurse, and we cannot watch them as closely as in smaller institutions and guide them in their work.
The President. I wish you would all read Miss De Witt's paper in the Pacific Coast Journal. She says it is not the size of the hospital, but the woman who is at the head. I want to see the time when we shall have supervisors to take the place of the head nurse whose time is now largely taken up with the physician and the surgeon.

Miss McMillan. There is one more kind of nursing, just as important as any taken up to-day, and that is the care of sick children. Some schools of the country have no provision for teaching pupils anything about the care of the sick child. I therefore move that a sub-committee be appointed by the educational committee to take up this matter and report to this association next year.

The motion was seconded by Miss Alline and, being put to a vote, prevailed unanimously.

Miss Maxwell read the following communication from Mayor McClellan, of New York, and from the New York State Nurses' Association, extending an invitation to the Society to hold its next meeting in New York City.

City of New York.
Office of the Mayor.

June 8, 1909.

My dear Miss Goodrich:

I shall be very glad to have you extend for me to the Associated Alumnae and the Society of Superintendents of Training Schools, an invitation to hold their annual meetings next year in this City.

I earnestly hope, both personally and as Mayor, that it will be possible to arrange this.

Very truly yours,

G. McClellan.

Miss Anna W. Goodrich,
Genl. Supt. Training School,
Bellevue Hospital, New York City.
FIFTEENTH ANNUAL CONVENTION.

NEW YORK STATE NURSES' ASSOCIATION.

NEW YORK CITY, June 1, 1909.

To the Superintendents' Society:—

The New York State Nurses' Association, by a unanimous vote, invited the Nurses' Associated Alumnae of the United States to hold its next annual convention in New York City, and there is strong hope it will be accepted. It is also the hope that your association will accept a like invitation which we hereby tender.

Yours sincerely,

M. LOUISE TWISS, R.N.,
Acting Secretary.

The President then declared the meeting adjourned until 2 o'clock in the afternoon.
FOURTH SESSION.

The afternoon session was called to order by the President, Mrs. Robb.

The President. We have with us Miss Damer, Miss Palmer, editor of our Journal, Miss Cooke, editor of the Pacific Coast Journal, Miss Dock, Miss Nutting and Miss Goodrich. I invite these ladies to seats on the platform.

The Secretary submitted the following names of applicants for membership approved and recommended by the Council:

Anderson, Miss Victoria........Supt., Nebraska M. E. Hospital, Omaha, Nebr.
Arnold, Miss Louise F..........Supt., Samaritan Hospital and Training School, Troy, N. Y.
Budmead, Miss R. Elizabeth.....Supt., St. John’s Riverside Hospital, Yonkers, N. Y.
Bodine, Miss Mary H...........Supt. Nurses, Long Island College Hospital, Brooklyn, N. Y.
Buchanan, Miss Jane S..........Supt. Nurses, Bushwick Hospital, Brooklyn, N. Y.
Croft, Miss Floride L..........Asst. Supt., New York City Training School, Blackwell’s Island, N. Y.
Davids, Miss Anna R...........Supt. Nurses, Charleston General Hospital, Charleston, W. Va.
Gent, Miss Emily M............Supt. Nurses, Cleveland City Hospital, Cleveland, Ohio.
Gillette, Miss Nellie..........Supt., Norton Infirmary and Training School, Louisville, Ky.
Gray, Miss Carolyn E...........Asst. Supt., New York City Training School, Blackwell’s Island, N. Y.
Hayes, Miss Anna G.............Supt. Nurses, House of Mercy Hospital, Pittsfield, Mass.
Henderson, Miss Adeline.......Supt., New York Training School for Nurses, New York, N. Y.
Holmes, Miss Amy Elizabeth...Supt., Mills Training School, Bellevue Hospital, New York, N. Y.
Kelly, Miss Helen W...........Supt. Nurses, Milwaukee County Hospital, Wauwatosa, Wis.
Kerr, Miss Anna W.............Supt. School Nurses, Department of Health, New York, N. Y.
LARSON, MISS H. MARIE . . . . . . Supt., Hospital and Training School, Glenville Hospital, Cleveland, Ohio.

LITTLEFIELD, MISS JULIA A . . . . . . Matron and Supt., Physician’s Hospital, Schenectady, N. Y.

MAY, MISS MARY E . . . . . . Matron and Preceptress, Training School, Rochester State Hospital, Rochester, N. Y.

MONTGOMERY, MISS ALICE M . . . Supt., Ingleside Hospital, Canton, Ohio.


PENBETON, MISS FANTINE . . . . . . Supt., Peterson’s Hospital, Ann Arbor, Mich.

REUTINGER, MISS ANNA L . . . . . . Asst. Supt. Nurses, New York Hospital, New York, N. Y.

ROOT, MISS IDA M . . . . . . Supt., Hospital and Training School, Nathan Littauer Hospital, Gloversville, N. Y.

RUGGLES, MISS ALICE KIMBALL . . Supt., Faulkner Hospital, Jamaica Plains, Mass.

SHARP, MISS LUCY ASHBY . . . . . . Supt. Nurses, Church Home and Infirmary, Baltimore, Md.

STIMSON, MISS JULIA CATHERINE . . Supt. Nurses, Harlem Hospital, New York, N. Y.

THOMAS, MISS MARGARET . . . . . . Supt., Hospital and Training School, Luther Hospital, Eau Claire, Wis.

WATSON, MISS GRACE . . . . . . Directress of Nurses, Northwestern Hospital, Minneapolis, Minn.

WESTON, MISS ELEANOR . . . . . . Supt., North Western Hospital, Minneapolis, Minn.

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

WILSON, MISS N. DE DION . . . . . . Supt., Uniontown Hospital, Uniontown, Pa.

WRIGHT, MISS HELEN LUELLE N . . Supt., Hospital and School for Nurses, Hahnemann Hospital, San Francisco, Cal.

On motion of Miss Ahrens, seconded by Miss Davis, the applicants whose names were read by the Secretary were accepted for membership in the society.

The President. We are very glad to welcome this addition to our members.

The first paper of this afternoon is on the subject of nursing ear, eye and throat diseases, by Miss Ayers.
NURSING OF DISEASES OF THE EYE, EAR, NOSE AND THROAT.

MISS EUGENIA D. AYERS,
Manhattan Eye, Ear and Throat Hospital, New York.

Every nurse desires to be proficient in the art and science of nursing. This means to understand how to nurse any case of disease that may present. A nurse who knows how to nurse some diseases and not others, is not truly a trained nurse. She is a partially trained nurse. Many of the patients are infants and children, so the nursing of children and the proper swathing of children for dressings might be included. Nurses to gain the most should be well advanced in their course.

Nurses should receive special training in the eye, ear, nose and throat in a special hospital, primarily because the experience is broader and better, but also because the details are not properly carried out in general hospitals. Many general hospitals do not like to admit these cases, and feel that the cases of general surgery are more important, and hence the others receive a minimum amount of attention. Many ophthalmic surgeons recognizing this, do not like to treat eye cases in general hospitals. It is difficult to have special dressings made in the general hospitals. The solutions require much care: they are made up with distilled water; the bottles are sterilized, and then sealed and not used a second time. Many hospitals will not take purulent eye cases at all, on account of contagion.

The two special lines of experience needed by nurses are: First, and most important, the care of purulent ophthalmia in babies and in adults; and second, the care of surgical operations upon the eye ball, as cataract extractions.

In purulent ophthalmia the cleansing of the eye is by far the most important part of the treatment. Many cases of ophthalmia neonatorum get well under cleansing alone. The cleansing must be done thoroughly and constantly. If masses of
pus are left in the cul de sac, the bacteria multiply more rapidly, and corneal infection is more apt to occur. It requires great gentleness and delicacy on the part of the nurse to properly cleanse the eye. If the conjunctiva is roughly handled the inflammation is increased. If the cornea is even lightly abraded, infection is almost sure to follow. If the manipulation of the eye is not skillful and gentle, the patient especially if young, will resist, and is apt to do harm to his eye or at least make the cleansing more difficult. If a corneal ulceration exists, any pressure on the eyeball may cause a rupture through the floor of the ulcer. The proper tactile sense and skill in cleansing the eye is only attained by long experience in this kind of work.

In order to properly care for cataract cases, the nurse should have a fairly intelligent idea of the operation, course of healing, and dangers, so as to be able to report correctly to the surgeon the condition of the patient during the critical period. The details of handling such cases before and after operation are important. A patient who is allowed to take cold before such an operation may cough or sneeze and destroy the eye. The patient who receives no instruction as to his or her duties during and after operation, should not be expected to have a successful result. The moving of them in bed so as to avoid strain, proper methods of administering medicine to avoid coughing or strain, are numerous, and can only become familiar in a special hospital where a large number of such cases are handled, and where the details are carefully and thoroughly taught.

The principles of cataract nursing apply in lesser degree to all forms of globe operation. The instruments are most delicate and must be very carefully handled.

With the increasing prominence given to the surgery of the ear, nose and throat, there has arisen a corresponding demand for the special training of nurses in these branches. The nurse with a training from a general hospital has not the practical knowledge to administer nasal or aural douches safely and effectively. It also takes a specially trained nurse to care for
laryngeal cases, including tracheotomy cases. Unless the nurse has had a course of training in this special line, she is not competent to care for a case of Otitis Media, Furuncle or Mastoid, and thereby loses a large part of the work, which under the title of trained nurse she professes to be able to do.

Nurses that have had a special training are better qualified to recognize the complications of special operations from hemorrhage after adenoid and tonsil operation to meningeal symptoms in mastoid surgery. Twenty years ago an otologist did not require a nurse with special training, but his work now is technical. An otologist to-day does more than remove cerumen from the ear; his work now includes intracranial surgery. A graduate may more readily care for an operative case than a treatment case. With the former the average graduate little realizes the importance of certain symptoms, but as every nurse is taught to note all symptoms she may succeed fairly well. The same careful handling is as necessary in the treatment of the ear as of the eye, else great discomfort (if not the real danger of the eye case) must result to the patient. The treatment cases for want of knowledge to properly carry out instructions improve slowly or not at all. An ear douche is given, but the fluid does not reach the diseased part as the canal is not straightened. Few nurses know the difference of syringing the ear of an adult and that of a child under two years of age. Patients realize the discomfort and pain caused from ear douches given with too great force or too cold. If a patient complains of dizziness during the treatment will the nurse without this training know that she is causing it? If the surgeon should order a cold water douche with the request that she note symptoms of caloric reaction, would the general hospital graduate know what to watch for? The nurse must also understand the danger of anodynes and of the use of heat and cold. There is the same danger here of masking symptoms as in appendicitis.

One principal object in nursing is to look out for accidents and conditions which may arise. Therefore unless the nurse is familiar with aural emergencies, she is not competent to treat
a case of measles, or scarlet fever or typhoid fever. For the patient suffering from any of these diseases is liable at any time to have the ear involved, and the nurse must be ready to report such involvement to the physician immediately, and nurse the patient afterward. The worst cases of deafness and destruction of aural tissues complicate these three diseases.

What is true of the nursing of the ear is equally true of the nose and throat. The rhinologist does something more than alleviate colds. He treats the accessory sinuses, and so his work is close to brain surgery. The harm resulting from nasal and pharyngeal douches is manifold. If the results were only pain which would pass away and not result in serious surgical interferences, the necessity for this special training might not be so necessary. Until two years ago, I was quite unaware of the need of affiliating with special hospitals of this class, but to-day I am convinced that graduates should hesitate to offer themselves to specialists unless they have had this special training. Affiliation also broadens the nurse. The most conclusive proof is that the nurses without this training do not meet the requirements; this is easily proved by finding a large number of graduates registered, but unable to find one with this specialty disengaged.

The President. It is rather pleasant to find that one does not have to have a special temperament. I will ask Miss Bishop to lead the discussion.

Miss Bishop. It is my experience that specialists so often want the services of a well-trained nurse, and yet they have to fall back on the nurses who have had no training in this branch of nursing to take care of their serious cases. This is the trouble in the New York special hospitals. The eye and ear specialists say the average graduate has not the technical knowledge to give their patients the care they require. It is perhaps true that the average graduate does not know the anatomy of the eye or the ear, let alone the special care required. I think that is one great lack in our profession.

The President. Miss Van Kirk has a large eye and ear department, and I will call upon her for her view of this subject.
Miss Van Kirk. At Mt. Sinai we are especially fortunate in having a good eye and ear service, where thirty out of forty of the nurses get a special training. We, however, also send out some graduates who have not had this special training, and we hear no objection from the physicians. But what are we going to do with so much special service in the general hospital?

The President. You mean there is not time for special service in three years?

Miss Van Kirk. Yes, for the insane training, the eye and ear training, the obstetrical training, and the general training. How can we do all this when we have not nurses enough to take care of our patients?

Miss Davis. What is the general training going to be when all the special things are taken out?

The President. The paper is now open for general discussion.

Miss Nevins. Is it not possible to get in three years some sort of experience in these three branches? Is it not true that we have so much work to be done in large hospitals and so large a number of nurses, that the tendency on the part of the superintendent is to keep a nurse, because she is useful, a longer time in a certain department than she needs for training?

Miss Goodrich. Could we not assist the problem of selecting the right nurse for the case by keeping correct records? There are always certain nurses who have had more experience along one line of work. There should be some record kept of those nurses who are specially fitted for eye and ear work, those who are good in tuberculosis work, those who have had special experience in insane nursing. If each school kept properly arranged records we would be better able to meet the demands of the doctors for nurses qualified in special work.

The President. That brings up the matter of a central directory.

Miss Eugenia Ayers. At Worcester, there is an excellent line of instruction. Three months is devoted to obstetrics and also contagious work, and there are all the facilities for these special branches of training. I think this is the object of the three years' course. The third year is given that the nurse may be fitted for all branches of nursing. It should be used for the advantage of the nurse and not wholly for the benefit of the hospital.
Miss Nevins. There is one last word to be said as to that. No nurse who has not had special training in eye, ear, nose and throat work, can comprehend what is needed, and it is with daring that the general nurse attempts it.

The President. If there is no further discussion on this very important branch of nursing, we will go on to the next subject. Do you care to have a committee appointed on this matter? We will take up the next paper, on the subject of institutional work, by Miss Hay.

PREPARATION FOR INSTITUTIONAL WORK.

MISS HELEN SCOTT HAY,
Superintendent of Nurses, Illinois Training School, Chicago, Ill.

It is a recognized fact that institutions make enormous requirements of the women who enter their service. And because the work as superintendents and instructors in hospitals and training schools calls for the best that any woman has to give of physical, mental or spiritual equipment, it would seem desirable that the first steps in her preparation for such work be begun, as some one has expressed it, with the grandparents. And truly the women who, with their numberless influences, opportunities and obligations, control the destinies of hundreds of hospitals and training schools the country over,—these have need indeed of those fine qualities of mind and heart implanted by nature, and which are fundamental to all worth and refinement. These gifts of the gods that come not for the asking, we can each of us only hope to discover some day within ourselves, lost from sight though they may have been for a generation or two in the struggles of this workaday world, but still ours, a blessed heritage indeed, and which will always be a considerable source of all our strength and accomplishment.

Next qualification of value to the institutional worker is the possession of a broad education. Perhaps some of my audience resent the expression of this self-evident truth, but we
need to be told it—that we as a body have a low standard of culture. Not only are we deficient in that breadth of outlook which the good teacher exhibits whatever her subject or sphere of action, but sadly and woefully deficient are we in the simplest points of equipment,—an adequate knowledge of the King’s English, and of the simple rules of composition and spelling. If you question this statement, read thirty letters from thirty nurse superintendents, and you will find fully twenty of them defective in spelling, grammar or composition, or in all of these. But, you say, these are faults too trivial to be mentioned, and in no wise do they interfere with our efficiency. Do they not? Can we expect to attract to our profession the best women, if we, the leaders and teachers, do not ourselves possess the qualifications that are in every other walk of life recognized as essential to the best? Can we hope to arouse in the college graduate, now in our probation class, any large amount of respect and appreciation, if we in our speech are making the same mistakes that she back in her high-school days was taught to look upon as indicating illiteracy, or an inexcusable ignorance and indifference? And can we as a profession gain recognition as an educated profession till individually we recognize the importance of that degree of culture that forever puts us beyond criticism in even these little points. Further, as teaching in general is recognized as necessitating a reasonably high standard of efficiency and aptitude, so in our profession the instructors ought to demonstrate the possession of ability and culture above the average. But why is Miss Mehitable Perkins, principal of the training school at Sands Corner Hospital? Because of special aptitude, or adequate preparation, or from any sense of duty? No, oh no! The impelling motive is a desire to “sleep nights,” while her ability to “get on with folks” or to increase the hospital income, holds her in the place. And so, by some strange necromancy, the woman whose literary ambitions never soared higher than a 70 per cent grade in a district school, becomes the educational leader, counselor and referee for nursing interests in Sands Corner; with
little knowledge of her subjects and less of the proper presenta-
tion of them, she becomes the chief instructor of a body of
ambitions, alert young women who by all that counts for justice
and fair play deserve the best instruction and leadership, that
conscientious planning and preparation can give to them. Yes,
the finest qualities of head and heart there must be, with an
educational equipment that is unassailable—qualities that the
young women must possess when they come to us, and which
we can only supplement, never create.

But what can we do in our schools in further preparation of
the institutional worker? First of all acquired virtues that
I would covet for them, and which therefore I would endeavor
to develop to the highest possible degree, is a fine ethical sense;
and so, from the day the nurse enters the school, by precept in
part, much more by the example of all who bear authority,
from superintendent down, I would endeavor that the nurse’s
conscience be trained to fine discriminations between right and
wrong; that early each nurse may learn all that is necessitated
in the possession of honesty, the responsibility of personal in-
fluence, that loyalty is not a virtue to be put off and on as our
selfish interests suggest,—these, and a hundred other principles
of conduct, I would make the guide and possession of every
young woman who enters the training school. And once the
ethical sense is well developed, we have gone far in the prepara-
tion of the nurse for her future duties, whatever they may be.
But, alas, that our efforts and methods have failed so utterly,
and that so many of our good women show such a deplorable
lack in this regard, and so by their influence and example
cause the evil to increase rather than to grow less. Yes, truly,
the highest ethical standards the nurse must have as teacher
and leader, or sad will be the conditions and complications that
she is responsible for, the perversions of discipline and loyalty
and order that always she is leaving behind her.

Another quality not so fundamental a necessity, but still
dominantly desirable in the future worker in training school and
hospital, is that of social leadership. Not, of course, a social
ambition that will ever assume importance over professional duties, but the laudable ambition that in polish and refinement, in the proper observations of social usages and customs, she may be herself the inspiration and consistent example. And it is in the home life of the nurse in training that there is large opportunity for the development of her social instincts and graces. The necessity and advantage of unselfishness and self-control, i. e.,—of good manners, the possession of ability, as guests or hostess to perform one’s part easily and responsively,—in other words, the art of learning to forget oneself in one’s thoughtfulness for others, this is indeed an accomplishment that all young women should be taught to admire and covet. Social training, in this restricted sense has, it seems to me, received much less attention than it ought and to which our pupils are fairly entitled. Splendid young women as they are, many of them in their home life and surroundings have been altogether without opportunities of this sort, and we must now make the opportunities for them. When we are able to give to our nurses a working day of a length that is consistent with the best practical work, with mental vigor and physical buoyancy, then let us hope, if not sooner, the young woman’s social necessities will receive the time and consideration they deserve; and meantime, let us make the most in this regard of the smaller opportunities for the nurses strengthening.

From the day that responsibility is put on her, the nurse is likely to demonstrate her executive ability more or less as each new and difficult task increases her strength and independence of action. Her ability is dependent on her birth and previous education. The exercise and directing of that ability depends on the conditions and the supervision under which she works. Happy indeed if all is favorable to the right sort of development. Nothing at this point counts for more than the influence and example of the head nurse, as most of us can testify from our own experience. Her regard of the ward economies, her sympathetic attitude toward patients and their friends, her tendency to praise or criticism, her acumen or her indifference;
whatever the head nurse’s faults or virtues, the pupil soon shows
them to-day, and as head nurse next month or next year, is
likely still to possess them, and to perpetuate them further in
those with whom she labors. And so it happens that her un-
conscious preparation for many of the duties and situations in
institutional work often represent the influences that are strong-
est and most lasting; and for this reason, among many, we
would covet superior women for the positions of head nurse
and supervisor—women whose birth and education, whose pro-
ficiency and enthusiasm in their work and in their chosen part
of it, combine to make them the leaders who are always helpful
and uplifting.

It is perhaps not till the pupil arrives at the dignity of a
head-nurseship, or is given charge of a floor, that the special
preparation for institutional work is felt to have really begun;
and certainly, given the responsibility of any of the important
posts that any hospital has to offer, always with the supervision
and counsel of experienced teachers as her safeguard and aid,
and the young woman is soon evidencing undreamed-of powers,
and day by day becoming more self reliant and competent.
How much she needs to be taught, and how carefully, that in
the process of her development no interest is sacrificed, no loss
permitted of time or effort or material. The problems that now
confront her represent in miniature the same problems that
she will have as superintendent of the small hospital. There
will be much the same points to consider in the domestic econ-
omy, the same close regard for the patients’ perfect care and
happiness, the same need of plan and preparation and unre-
mitting oversight in the pupil’s training, the same necessity
for absolute impartiality in her relations with everyone, and
always, in all that she thinks and says and does, a careful
regard of right for right’s sake, independent of her personal
prejudices or desires. Fortified as she must be by the varied
experiences of five or six months as a pupil head-nurse, what
next step after graduation could be better than the superin-
tendency of the small hospital, from which the more experienced
PROCEEDINGS.

woman will long be kept because of the inadequate wage; and as a preparation for institutional work of any sort or description, or for work of any kind, commend me to the small hospital. It was the superintendent of a large training school who knew running the United States Steel Corporation would be mere by-play to her after wrestling for fifteen years with her many problems. And by the time any woman has successfully survived the issues of the small hospital for even two years, directing its affairs, large and small, then is she indeed past-master in point of organization, adjustment and resourcefulness; above all else, master of herself, come what may. That such a multiplicity and incongruity of tasks be asked of any individual who is expected to give efficient service in each of them, seems almost incredible; but too well we know, some of us from intimate and personal experiences, that in most of our small hospitals all the responsibilities are vested in one individual—those of housekeeper, surgical nurse, supervisor, principal of the training school, class instructor, business manager, general superintendent,—with the vagaries of plumbing and heating and laundry and the perpetual demands of the telephone to fill in her spare time. Truly a hard experience, and difficult always; sometimes with the sting of injustice added that tends to make one hard and embittered. But if we are large enough to rise above the annoyances, splendid indeed will be the gain we derive from all of it, the bad as well as the good. And for all of the hard experiences that later will come to us, there will be found within us a new and gratifying strength and courage to meet them.

Summing up, then, the points in the training for institutional work, they seem to fall into three divisions. First, those preceding the special training of the nurse,—heredity and education. Second, the preparation in the training school, which includes a high ethical sense, training in the social graces, proficiency in technique, natural ability, and development through large responsibility. Third, post-graduate work, as in the control of a small hospital or as assistant in the larger
place. And enriched by one experience after another, gradually the institutional worker is climbing higher and higher, at length to arrive at the "highest employment of which her nature is capable," the best that the world has to give to her.

But it would be scarcely fair to speak of defects as I have done without at the same time suggesting how they may to some extent be remedied; and, I take it, it was with the desire to give opportunity where opportunity had hitherto been denied, that systematic post-graduate training has been arranged, such as that given in the Hospital Economics course at Teachers' College. Few, comparatively, there are who have had extensive educational opportunities before their training course, and that is no discredit. But it is discreditable and unworthy in any of us if we permit our earlier limitations to keep our work now of low grade. First must we see ourselves "as ither see us," as an educated, discriminating public sees us; and, secondly, we must possess ourselves of the salient qualities of culture and intellectual development before we attempt to produce these qualities in our pupils. In other words, we must be students before we presume to be teachers. The tremendous gain to any woman in a course such as Hospital Economics, I could not attempt to tell now. That makes a story by itself. It is for you, teacher and superintendent, to decide whether or no you desire it, if for no other motive than that your pupils and employers may get good measure and honest service. One plan recently suggested for the women whose finances make the course at Columbia impossible, is a summer course at a near-by university—for Illinoisans, say, at the University of Chicago,—where the institutional worker could take three or four months away from her routine duties to devote to the subjects she needs to know, perhaps Bacteriology, Chemistry, to Theory of Teaching, to Rhetoric, Composition or English, if she needs these. Besides the actual increase of her knowledge that any graduate course would give her, a year, or even a few months’ experience in any of our educational centers, with their wealth of opportunity and interests, can be only uplifting. And unquestionably it must give to the conscientious teacher a greater enjoyment in
her work ever after because she knows she has vastly more within herself to give to the work and to others.

The President. We certainly have listened to a most inspiring paper, and I would like to ask Miss Delano to lead in discussion. Miss Delano. I think I can go even a little farther than Miss Hay and say that we should not only be students before we are teachers, but while we are teachers. We should not only be prepared for our work, but we should always be preparing for our work. It is a most unfortunate thing when we feel that we are ready for what we are doing. We should be always getting ready for it. One's whole life should be the life of the student if possible. My own experience with superintendents is that most of them feel their deficiency and continue to be earnest in their efforts to advance.

The President. Miss Hay especially touched upon the value of the small hospital, and the hospital economics course as a preparation of the teacher. Will Miss Balcom speak from the standpoint of the small hospital?

Miss Balcom. It is true, as has been said, the superintendent of the small hospital has varied duties, and it is very difficult for her to carry out her ideals along the line of teaching because there are not hours enough in the day to do all the things expected of her and for that very reason she needs all possible assistance in developing herself as a teacher. From my own experience I can say that such a course as that given in the Teachers College and which I had the privilege of taking is of inestimable value. The graduate of the economics course comes back to her hospital with renewed zeal and with an ability to teach and direct the instruction of the nurse which was unknown to her before.

Miss Nevins. Two years ago it fell to me to ask for money for the hospital economics course and the response was gratifying. I am not asking for money to-day, but it seems to me we owe it to the coming generation of superintendents to make them a great deal better than any of us are, and one of the ways to do that is to select from our schools the woman who shows natural ability by birth, education and training to follow on in our position, to support her if necessary in a financial way, and send her as the cream of our flock to take the hospital economics course. It is not money we need so much as the right kind of women. Each
school should take it upon itself to send at least one to take advantage of that course which is improving every day of its existence.

The President. If it is your desire not to carry on the discussion of this institutional work any further, we will now take up the subject of private duty, and we would like to hear a good discussion on the subject of the student nurse's preparation for private duty. I will ask Miss De Witt to take up the discussion of that feature.

Miss Nutting. I beg the privilege of the floor for a moment to call attention to the importance of the subject of the paper just read. Miss Hay has spoken of the very large number among us who have responsibilities and duties for which we were never prepared except by the hard school of experience. Nothing has been more truly pathetic to me in all my years of hospital work than to realize how many of us are struggling with a large and complicated problem in the education of our pupils for which we have had no suitable preparation. I really question if there exists anywhere at present, a more complicated, difficult and exacting educational problem, than that presented in our hospital training schools; and to bring to it wise, far-sighted control, we need in every one of those schools, women of liberal education as well as of thorough professional training.

I have sometimes wondered if the Extension Departments of our universities might not be helpful to some of those who look forward to institutional work, and would like to take up some subjects neglected in earlier education. They offer good teaching in almost every subject, and I have often felt that we, as superintendents and instructors of nurses, with our very brief vacations annually, ought to ask for an occasional leave of absence for that very purpose of self-improvement. It is considered important for the professors in our colleges to have a full year off if they want it once in seven years, and I am inclined to think we ought to seek such opportunities for further study, and ask for leave of absence for that purpose. We will not get them until we urge their necessity.

The President. Miss De Witt will open the discussion of the preparation of the student for private nursing and will be followed by Miss Stowe and Miss Pickhardt. After these papers are read by the Secretary, we will have a full discussion of the subject.
PREPARATION FOR PRIVATE DUTY.

Katharine De Witt, R. N.,
Assistant Editor, Journal of Nursing.

I have no fault to find with the training for private duty given me in my own school by my superintendent and her assistants. We were given very careful instruction during our senior year as to what conditions we might find in people's homes and how to meet them. In our practical work, each of us had several special cases, and while in charge of them we were carefully watched and were instructed on points where we showed ourselves lacking. I remember that when my first patient proved difficult to feed, Miss McIsaac went through a whole cook book with me in an effort to provide suggestions, but I think even she was discouraged when it turned out that all the women longed for was fried ham or a boiled dinner.

The things most of us lack as we leave the hospitals are the tiny courtesies, the cordial relationships with all we meet, which are so necessary to success. In the great hospitals the pressure of work is so great that our one idea, from morning until night, is to get it done. Neither our superintendents nor our head-nurses really know whether their pupils slam the basins on a marble slab, or close doors loudly, or leave bureau drawers ajar, or handle dainty things roughly. These are little things that count; the nurse who has been well brought up knows them by instinct, the others will probably learn by experience, but they are the things that are very hard to notice and teach.

Then, too, the sense of authority which most of us have carried away from the hospital with us has to be modified a bit for home use. The nurse cannot carry all before her, she must adapt the doctor's orders and her own routine to the wishes of the patient, the convenience of the family, and the established customs of the household. She must become a genius in fulfilling the doctor's wishes without upsetting the family or antagonizing the patient. The nurse who brings on a free fight, in
her effort to do as the doctor told her to, is as unpleasing to
him as the one who slides over his directions because the patient
does not fancy them.

I can not but think that in the hands of our head-nurses lies
great possibilities of good in preparing both the young nurse
and the young house doctor for their future fields. Where the
woman at the head of a ward has a pure mind and high ideals
with consideration for others and courtesy in her dealings with
them, the whole spirit of the place will reflect her character.
Her nurses will be more thoughtful and careful with their
patients under her guidance and from her example, the rela-
tions between the doctors and nurses will be those of respect
and good fellowship, not of familiarity. Even the ward maids
and orderlies will do better work and with happier faces, and
this spirit of good feeling and helpfulness is just as contagious
as the other kind.

In all our good schools we are turning out splendidly
equipped women, professionally,—what we need to keep at
eternally is the cultivation of the spirit back of the work that
makes life worth living for ourselves and for others.

PREPARATION OF NURSES FOR PRIVATE
NURSING.

MISS EMMA L. STOWE,
Superintendent of Nurses, New Haven Hospital.

You have asked me for my opinion in regard to special
preparation, or better training for the student that expects to
engage in private nursing. Unquestionably, more time should
be given to the study and practical work of this branch of the
profession.

We must agree, from our observation and experience, that
there is need for improvement. We also have most conclusive
proof in the fact that the criticisms offered ten and fifteen years
ago, are identical with those that come to us to-day, showing that little progress has been made along certain lines. I might also add that the confidence displayed by a large majority of nurses about to enter this most difficult branch of the profession, indicates a lack of knowledge of what is really before them.

We need not go beyond our own home experience to decide what is essential in a woman to make an acceptable and successful private nurse. We need not restrict our acceptance of criticism to one class of critics, as the same verdict comes from physician, patient and laity in general. Also from many connected with hospitals where the graduates return for special duty.

I have been associated with many hundreds of nurses; have had charge of three schools, where post-graduate courses were given, two of these representing eighty training schools each. A Nurses' Registry has also been under my supervision. My experience is, that these criticisms are not often of technical knowledge, or of judgment in time of extreme illness, or a severe crisis; but of housekeeping, want of responsibility and care towards the patient's property, a failure to recognize or regard individual needs or characteristics, meagre knowledge of dietary and want of resource in cases of convalescence or chronic diseases. We know that many times criticisms are severe and even unjust, but there is so much room for improvement, we cannot help but deplore the existing conditions.

I do not think a woman should be allowed to graduate until she has had at least several months' service with private patients, to be gained in a hospital or sanitarium, conducted solely for this purpose. What we term the refinements of nursing cannot be properly taught in a general hospital, but can be put into practice to a limited extent, after the pupil returns from the affiliated school. Another advantage is the closer supervision possible in a small hospital, where the work and personality of the nurse is so much more in evidence.

Nursing chronic, orthopedic and convalescent patients should be an essential part of the training, but has been too often
crowded out of an overcrowded course. The majority of graduates come to these conditions so new to the work, and often so soon after all the excitement of a busy hospital life, that the situation is to them overwhelming and uninteresting, so the tedious, slower work is discarded every time it can be by the energetic woman, who must have the absorbing interest of an acute disease to combat to do herself justice.

Hospital training schools have done much for the women of this country, but I believe there is a still greater work that can best be accomplished by them. We all know that the criticisms we are considering do not properly belong to the nurse, but to the woman. Nearly all may be summed up in personality, inherent and engraved through childhood and early education. The only way to bring about improved conditions is to return to first principles, give longer hours and more study to what we are apt to term the minor details, but which, in reality, constitute the vital essentials of nursing. How can this be accomplished in so limited a time, with an overcrowded course and curriculum, is the question before us? I should say, chiefly by eliminating that part of the instruction, the hospital training school should not assume, and placing the obligation where it rightly belongs. In other words, by obtaining the cooperation of the public educational interests throughout the country, effecting an improved system of teaching along certain lines in public schools and colleges, so that it will not be difficult to obtain pupils prepared for the work before them. If the hospitals have not succeeded in perfecting a woman's education in two or three years, what can be said of the secular schools? Is it not to be deplored that women leaving the grammar schools, high schools and colleges must be retaught, and often after the lapse of only one or two years, the ordinary branches such as anatomy, physiology, hygiene, arithmetic, and sometimes even reading and writing, before they can be allowed to intelligently nurse the sick. We have proven these women are not slow to learn, therefore, the fault must be with the early training.
I do not think this cooperation would be difficult to obtain. Consider the gain in receiving pupils ready, after examination, to enter upon their nursing work without loss of time, waste of expense on the part of the hospitals, and robbery of the hours that should be devoted to the endeavor to overcome some of the errors of their home education. It requires more than two or three years to eradicate the habits of a lifetime. While apparently much is accomplished in the school, nevertheless when discipline is removed, the woman almost invariably returns to her former methods of living.

The cooperation of parents and guardians will be more difficult to obtain, but will come in time. The impression made on the present generation will be felt in the future. When the home and school educators have done their part, there will be little difficulty in accepting the grammar school pupils and adopting the shorter course, and much less ground for criticism. Training schools have assumed far too much, the present day tendency being towards over-education. The absorbing interests that develop from year to year with the new problems that arise, tend rather to draw away from the original plan of a nurse's education. A reaction must come, and it is my belief the result will bring forth the better prepared private nurse.

PREPARATION OF THE STUDENT NURSE FOR PRIVATE DUTY.

MISS LILA PICKHARDT,
Superintendent of Nurses, Augustana Hospital, Chicago.

A three years' course properly outlined equips the nurse for private duty. Given that she is physically well, is honest and has cultivated adaptability, she stands ready at the end of her three years' training school life to give an equivalent for her charges. In crude commercial calculation she is giving more, and in interest of her welfare the question arises, what can be done to make her duties less complicated and her position less
perplexing and trying? Every training school superintendent will admit that the criticisms made by the patient and physician are not those of omission as much as those of commission. The servant question, the attitude towards relatives, friends, neighbors and children, the disregard for the family purse, ethics in the sick-room, generally with reference to toilet, talk and tact, all have been gone over again and again by lecturer and teacher until the nurse is bewildered with a thousand "don'ts" and little attempt is made to help and advise beyond these parting instructions.

The day the nurse leaves her school she enters a new school, a School of Life and she stands alone, unguided, and sometimes hardly prepared even to meet immediate expenses and other problems heretofore not even thought of. A friendly relation existing between the school and its graduates, is a great factor in helping the private duty nurse. A kindly interest in the individual often brings opportunities otherwise lost. To be sure, we cannot be burdened with the petty trials of the private duty nurse, but she ought to feel free to come to the superintendent of nurses when puzzled or unhappy.

More valuable than all talks in derision, is the happy talk of a successful private duty nurse. Only one who has been tried in private duty has a right to an opinion and therefore, I personally always value the observations made by the private duty nurse and stand ready to take off my hat to those who have conquered themselves sufficiently to claim the day and still continue cheerfully. I believe a truthful, wholesome talk to the graduating class by a private duty nurse well tried in her work, gives many useful, applicable hints. Such talks supplemented with class instructions in ethics in private duty and a final talk by a prominent consultant, fortifies the nurse against many mistakes and heartaches.

Ethics in consultations often affect the nurse and what holds good for the physician, holds doubly good for the nurse at that time.

To relieve the nurse of embarrassment, she should know something about quarantine laws, disposal of the dead; laws
governing the department of health, etc. To make her helpful in cases of terrible tragedies, in murder and suicide cases and insanity, she must know at least enough about coroner's inquests, legal commitment of insane patients, etc., not to make a wrong move and with some knowledge and fortunate intuition, extricate herself from an undesirable situation and still be useful. It takes wisdom to do the right thing and diplomacy to remain neutral, and it takes a tremendous amount of human insight to judge fairly, for these qualities, innate or acquired, greatly control the success of the nurse.

Since the diet-kitchen has been made such an important feature in hospitals, and the better teaching in dietetics has resulted, the former criticism in families of the inability of the nurse to prepare a tray of food properly, has become a thing of the past. The supply-room service tends to teach economy we hope, the laboratory more intelligent isolation and disinfection, and the uniform bed-side instructions have perfected the technique quite beyond our own expectations.

I believe a nurse graduated from a well regulated school to-day, is equal to every emergency. In demonstrating in the class-room, the less advantageous surroundings with available facilities should always be made prominent, and the nurse permitted to use her inventive ingenuity by suggesting other methods, etc. Informality and dignity go very well together in the class-room, and I believe the instructor can arouse enthusiasm and interest even in the least alert student nurse by asking for suggestions and discussions. The relation of the superintendent of nurses and her student nurses out of the class-room and away from duty, must be without restraint. This, I believe, the superintendent of nurses owes herself; to be oneself is a relief and relaxation well earned, and too, it ought to react favorably upon the student. To give so constantly of oneself may seem hard, but since our work so completely fills our lives and absorbs us, why not get out of it what we can?

The love of our pupils and former pupils, counts for much, and after all is said and done, it is what we want more than anything else.
The President. Many of you know Miss Stowe and you will understand why a word from her is of so much value.

The three discussions on the subject of private duty are now open for general discussion. I hope we may have a very lively one. We have with us this afternoon many who are not members of our Society present as guests, and I am sure there are a number among them who have taken up private duty as their specialty. We would very much appreciate from their experience any suggestions they may give.

Miss McMillan. May I ask how much time or how many cases should be given the pupil nurse in her special duty training?

Miss Rankin. I do not believe that private duty in the hospital prepares for private duty in the home; not in my experience. The fact remains that the average graduate is not at all fit for private duty in homes. Not that she does not know how to do things, but she does not know how to adapt herself to the individual needs of the home. I think that is true in this city at least.

Miss Cooke. This point about hospitals not being able to fit nurses for private duty seems to me rather strange, because before nurses enter the hospital they have been in homes and should know how to behave in homes, and how to carry on their work in homes. They are first in the home before they go to the hospital, and it seems strange that they should not be able to do private nursing in homes.

Mrs. Lounsberry. I would like to say as regards nurses going into homes, it is a fact that a nurse never goes into a normal home. Before we are nurses we live in our own homes. Everybody is supposed to be well, but when we go into a home as nurse somebody is very sick. The friends are nervous, they are over anxious about the patient, the twins are cross (laughter), and there is not anything in that home that is really normal, and that is the reason it is so difficult to do nursing in homes, and we seldom find two homes alike. I did private nursing for six years before I went into hospital work, and I will tell you what seemed to me almost the most important consideration in private duty, and that was to make love to the cook. If the cook welcomes you into the kitchen and the laundress is delighted to see you, and if the patient will permit you upstairs once in a while, the doctor will think you very fine. You are there to be a help and a comfort.
If you do anything that makes you a nuisance, you have not fulfilled your obligations. You must always remember that you are supposed to be a help and a comfort, and if you will remember that you will do many things it would be impossible to give you rules for.

Miss Thompson. As a private nurse I find the main criticism among our patients is that there are nurses who are not very well educated, and also that many nurses are so afraid of stepping outside of their sphere and doing something that is not exactly the duty of the nurse.

Miss Nutting. Is there not more expected from the private nurse than is expected from any other living human being?

Miss Cuthbertson. I think there is. I had a case where I had to work from the woodshed to the fourth floor; there were four patients to take care of; I had to cook, answer the telephone, carry up coal and be ready for the doctor when he made his call.

Miss Simons. Last spring I had a patient 32 years old with ten children, and I had to take care of the patient, get the meals for the ten children, and see to the care of the youngest children, twins, and the patient was very, very ill.

Miss Nevins. These are examples of where the private nurse steps out of her niche.

Miss Akinson. I have been in this country eighteen months, and I have been in a hospital where there is a good deal of private nursing, but it appears to me there is a great deal more required of a private nurse in this country in the way of long hours. In our country some of the superintendents allow the private nurse to sleep longer than the hospital nurse. It is not just simply one case to which a nurse gives her best attention, it is a continual going from one case to another, and in this country the nurse gets on an average of four or five hours sleep a day, and I think the private nurses—from what I could observe in the hospital, and I can only speak from my experience there—I do think the private nurse needs more time for sleep and recreation, and the public should know that she needs more than two hours for sleep and two hours for recreation. I do not see how she can do her best to her patients otherwise. At the end of a long, anxious case she is practically worn out, and that means that she has to spend her time in her room getting a rest before she can take the next case.
I think the public should realize that two nurses should be engaged, or if that is not possible, the man of the family could easily at times stay with the patient at night when the nurse needs assistance. I do not think the private nurse should be on duty from fourteen to sixteen hours at a stretch.

The President. We have with us in the audience a nurse who is considered one of the most desirable private nurses in the United States, Miss Healy.

Miss Healy. I do not feel like adding anything to what has already been said.

Miss Garrett. There is one point in nursing I should like to question. The statement was made that the nurse who has had no special training, such as eye, ear, nose and throat, has no right to take a case of that kind. What right then has a superintendent to graduate a nurse who has had no training in that direction?

Miss Nevins. I thought we had concluded that she had no right.

Miss Davis. Why should the doctors make such a time about women refusing to take a case of that kind when they have had no such experience? When they expect a nurse to go to a case, they expect her to go to any case they may want her for, and when she refuses to go for any cause we hear of it through the magazines and newspapers.

Miss Nutting. And yet, Madam President, the nurse is overtrained!

The President. I would like to ask Miss Healy whether she thinks the private duty hours are too long.

Miss Healy. I do not find it so. I get enough rest. I think the matter rests with the nurses themselves. They can ask for assistance and I think it is generally given.

Miss Gorman. They may ask for it, but they don’t always get it.

The President. I spoke with some superintendents of training schools who find it difficult to secure enough graduates to fill the positions of head nurse. I should like to know why?

Miss Maxwell. I think it is because there is an increasing demand for nurses’ work in other fields, and the salary offered is inadequate. Before we had suitable accommodations for nurses, it was thought that graduates did not remain in the hospital as head nurses on account of the living conditions. Under the im-
proved conditions in which the nurses now live at Florence Nightingale Hall, we have as much difficulty in maintaining a teaching staff of head nurses as when we paid them twenty-five dollars a month and gave them nothing to eat.

The President. This closes the discussion, and it has seemed to me that the papers which have been read have been almost inspired. We have not had a paper offered to us at this meeting that has not been full of practical suggestions, and suggestions that have come from a great deal of experience, and a great deal of the right kind of thought given to the work, no matter what kind of specialty it may have been. I am sure our members will go away from here with added inspiration and a desire to do a little better the kind of work each has taken up. We shall get further inspiration from the meeting we shall attend in a body to-morrow. It seems to me these meetings have almost settled the question of the wisdom of holding the different meetings the same week.

I shall now call on the committee on arrangements, of which Miss Patterson is chairman.

Miss Patterson. The board of directors of the Associated Alumnae will hold a business meeting this evening at Parlor No. 2 at the West Hotel. Afternoon tea will be served at St. Joseph's Hospital this afternoon between four and five o'clock. A reception will be held at the City and County Hospital this evening, and guides will be at the Ryan Hotel to direct those intending to go there.

The President. We will now have the report of the committee on resolutions of which Miss Maxwell is chairman. I think I will first ask for the resolution regarding the National W. C. T. U. This is a resolution we have been asked to act upon at this session.

Miss Maxwell read the following resolution:

Resolution.

"The National Woman's Christian Temperance Union of the United States, in convention assembled, sends fraternal greeting to the American Society of Superintendents of Training Schools desiring to express appreciation of their great work in training nurses to care for the sick and teach the science of health. We rejoice in the stand you have, from the first taken, against the
giving of alcohol and other narcotic drugs without a physician's order, and in the great decrease of such orders with the increase of scientific knowledge, and hope the time is near when they will be entirely discontinued.

"Inasmuch as it is now proven that the use of these drugs is a prolific cause of ills they were once thought to cure, their use has become a medical, rather than a social question, and is as much in the province of the nurse teacher, as is cleanliness or ventilation. We ask that you will especially direct the attention of your pupils to these poisonous effects, and instruct them to pass the knowledge on at proper times and in proper manner. We realize the delicacy and difficulty of their position, and that the work will require the finest tact, and do not ask them to in any way violate the canons of their profession, but simply to use the opportunities rightfully theirs.

"Every day and every hour nurses unhesitatingly risk their lives in the service of those not worthy of the sacrifice. Only moral courage is needed for this work for the salvation of the young and innocent.

"We ask your attention to the enclosed leaflets which contain in convenient form the results of recent scientific research by high authorities, and ask for your help in the campaign of temperance, or rather health education."

On motion of Mrs. Foy, seconded by Miss Dock, the resolution was unanimously adopted.

Miss Dock. Madam President, I beg leave to present the following resolutions:

RESOLUTION.

"WHEREAS, In order to keep the moral and social status of the nursing body on a high plane and to preserve the Educational basis of professional training intact, it is absolutely essential that the first principle laid down by Florence Nightingale be adhered to whereby alone nursing can be maintained as a high calling—this first principle being, namely, That the authority over pupil and ward nurses and the control of nursing staffs in educational and disciplinary matters, be placed in the hands of women heads, themselves trained nurses; and
"Whereas, there is and has been from the outset of nursing reform a strong and well defined determination on the part of a certain element among men to take this authority away from women and so regain their former control over the discipline of nursing staffs, and as the injurious effects of such control may be plainly seen in many foreign hospitals and are beginning to be evident in some of our own in the lowering of educational standards, lengthening of working hours, and disregard of entrance requirements and practical work (such as dietetics, obstetrics, etc.), be it

"Resolved, That this Society should assert Miss Nightingale's first principle with courage and maintain it with firmness, doing all in its power as a corporate body to encourage its members to insist upon its recognition, and

"Whereas, the struggle of individual training school heads to maintain this principle is and has been occasionally nullified by the readiness of their successors to accept an inferior status with loss of authority, be it further

"Resolved, That the ethical sense of this Society suffers a shock when women accept training school positions with deprivation of their rightful control over the nursing staff, and when their predecessors may have sacrificed their positions to their principles, and that such action, being regarded as harmful to the highest interests of the nursing profession, meets the moral and ethical disapprobation of this Society."

Miss McMillan. I most heartily move the adoption of the resolutions presented by Miss Dock.

The motion, placed before the assembly by the President, was carried.

Miss Stimson. I wish to offer a resolution tendering the thanks of this Society to the management of St. Luke's, St. Joseph's and the City and County Hospitals for the many courtesies extended.

On motion of Miss Sutherland, seconded by Miss Delano, the resolution was unanimously adopted by a rising vote.

On motion of Miss Ahrens, seconded by Miss Curtis, a unanimous vote of thanks was tendered the excursion committee for the delightful trip afforded to members and guests.

On motion of Miss Bishop, seconded by Miss Ayers, a vote of
thanks was tendered the special committee who met the superintendents at the station.

On motion of Miss Goodrich, seconded by Miss Alline, the thanks of the Society were extended to the Chicago nurses for courtesies shown en route.

Miss SUTHERLAND. I move a rising vote of thanks to the President and retiring officers for the inspiring and instructive meetings of this fifteenth annual convention, and for the able management of the affairs of the Society during the past year.

The motion was seconded by Miss Delano and, being put to a vote, prevailed unanimously.

The PRESIDENT. We come now to the election of officers. The nominating committee presented their report this morning, but further nominations are in order from the floor.

Miss AYERS. I have been asked to have the name of Miss Delano added to that of Miss Nutting as a candidate for the office of President.

Miss CAMPBELL. Does Miss Nevins refuse to take the office of Secretary?

Miss NEVINS. I absolutely refuse.

Miss AYERS. I move that a telegram be sent to Miss Richards, who has been an inspiration to all the nurses in America, stating that this Society sends greetings and regrets her absence from the convention.

The motion was carried unanimously.

The PRESIDENT. While the tellers are counting the votes, we might decide upon the next place of meeting. We have had invitations from different places. The Secretary will read the names of the places.

The SECRETARY. Atlantic City, Niagara Falls and New York.

Miss CLAFLIN. Didn't we send a resolution to the Associated Alumnae asking the Council to consider the matter of the time and place of meeting?

The PRESIDENT. I think the resolution was to recommend that we meet at the same time, but the time and place were not specified. Whatever the action of the Associated Alumnae may be, I do not think it will interfere with our place of meeting next year.

Miss MCMILLAN. I know we all like to go to New York, and therefore move that we hold our 1910 convention in that city, and that we accept with thanks the most cordial invitation extended.
The motion was seconded by Miss Ahrens and, being voted upon, prevailed unanimously amidst applause.

The President. The time of meeting will be announced later through the *Journal*.

Miss Dock. It is probable that the International Council will, in the future, meet every three years instead of five. It may help in reorganization plans to remember this.

Miss Nutting. So far as I understand the discussion, no conclusion has been reached, and there has been no attempt at reorganization. What we have had is a report of an informal committee, not appointed nor instructed by this Society, but acting in response to a request that some data should be obtained on this subject to present here to-day. The Society of Superintendents of Training Schools exists for the definite purpose of guiding and controlling the education of nurses. It concerns itself especially with hospital and training school problems which can only be dealt with effectively by those actively engaged in hospital or training school work, and the particular task of this Society cannot be done by any other body. While acting always in close cooperation and complete harmony with other nursing associations, we can hardly even consider the question of amalgamation.

Miss Palmer. I suppose I am guilty of having proposed this reorganization plan, but I did it simply that we might decide whether the plan we have is the very best for us. There are certain things that have been called to my attention in regard to reorganization that I feel exceedingly in my position as editor. You have a right to know what I think of the matter. The most interesting things that the editor knows are the things that cannot go into the *Journal*. I am told that there are many of our women, heads of hospitals and training schools as well, whose interests are being turned into the Hospital Association and not into this. I think that is perfectly true. I know a number of women who are not here to-day who should be. They say they wish to go to the state meeting, to the alumnae meeting, and that they must go to the Hospital Association meeting. Those women are greater in number than the women who are simply superintendents of training schools, and they are being turned away. One woman told me the other association is making converts every day, and that it comes largely from the diversity of organizations we have. They cannot
stand the expense of so many meetings. That is the reason I brought the matter up in the *Journal* in the way I have. The plan I proposed was this: Our two organizations should appoint committees who should come together and see if it is possible to evolve a plan by which we can meet together, and thereby save expense to the delegates and members, that is, by having one meeting a year instead of two, and thus save something in the expenses of the two organizations. There is the question of railroad rates alone, with one big society we might be able to obtain reductions, as it is we pay regular fare. It is the same in regard to hotel accommodations, and it seems to me it would be saving the money and strength of both conventions if we had only one meeting to attend, and we would then have a bigger meeting.

The fact that we have had here this great body of nurses to-day to listen to the papers and discussions, shows what these meetings mean to the greater number. There is creeping in a feeling of antagonism between these two organizations because the members do not know each other, and that is one reason why we should come together to strengthen our position as a profession. We should not be divided in one single particular when it comes to a matter concerning the education of the nurse and concerning us as a profession. (Applause.)

The President. We will now hear the result of the election of officers.

Miss Maxwell announced the election of the following officers for the ensuing year:

*President,* Miss M. Adelaide Nutting, New York, N. Y.
*1st Vice-President,* Mrs. Isabel Hampton Robb, Cleveland, O.
*2nd Vice-President,* Miss Lauder Sutherland, Hartford, Conn.
*Secretary,* Miss M. Helena McMillan, Chicago, Ill.
*Treasurer,* Miss Anna L. Alline, Albany, N. Y.
*Auditor,* Miss Katherine Brown, San Francisco, Cal.
*Councillors,* Miss Georgia M. Nevins, Washington, D. C. Miss Minnie H. Ahrens, Chicago, Ill.

The President. Miss Nutting’s election as President leaves a vacancy in the Council, and we shall have to have another councillor.
Miss Nutting. It appears that one section of the country is not represented on that Council. I think we ought to have a representative from Boston, and as I see Sister Amy present I will nominate her.

A rising vote was taken upon the nomination, and Sister Amy was unanimously elected a member of the Council.

The President. It is now my duty and great pleasure to present to you your President for the coming year, a member who has once before served you very efficiently, Miss Nutting. (Applause.) In doing so I want to thank you for the very great courtesy I have received from you and for the attention you have given during these meetings. (Applause.)

President-Elect Miss Nutting. The only ground which would justify me in becoming your President is that I am interested heart and soul in the education of nurses, and that is what this Society stands for. If, by being President I can in any way further that object I shall be happy indeed; and while I deeply appreciate the honor of the office, that is a very small matter compared with the opportunity it affords for a large measure of good, hard work. We have many important matters to consider in our organization, and our general mode of procedure. Pleasant as it has been to visit a new city annually, what we now need is more continuity in purpose; the opportunity of working together upon definite plans long enough to gain satisfactory results. At this moment we have twenty-six thousand nurses in our training schools whom we are trying to educate. That and many other facts make me realize that this Society never needed to be so strong, united and industrious as it now needs to be. We have over a thousand schools and the larger proportion of the women in those schools should become members of this Society. They should come here to share with us in our work, and carry the results back to their schools. The formation of local societies should be urged in our various cities to stimulate the interest in the general work of our Society, in its effort to improve educational methods.

Since you have so honored me, I will do the best I possibly can, to justify your confidence, counting upon your help. I thank you. (Applause.)

On motion of Miss Ayers the meeting adjourned.
THE AMERICAN FEDERATION OF NURSES

AFFILIATING SOCIETIES

THE AMERICAN SOCIETY OF SUPERINTENDENTS OF TRAINING SCHOOLS FOR NURSES

AND

THE NURSES’ ASSOCIATED ALUMNAE OF THE UNITED STATES

SECOND MEETING

Held in the First Baptist Church

MINNEAPOLIS, MINNESOTA

JUNE 9th, 1909
OFFICERS.

THE ACTIVE OFFICERS OF THE TWO AFFILIATING SOCIETIES

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

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

Treasurer.—MISS ANNA L. ALLINE,
State Education Department, Albany, N. Y.

Honorary Members.

MRS. BEDFORD FENWICK, MISS ISLA STEWART.

HISTORICAL.

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

(From the editor’s note of the 1905 report.)
PROCEEDINGS OF THE SECOND MEETING

OF THE

AMERICAN FEDERATION OF NURSES

The second meeting of the American Federation of Nurses was called to order by the President, Miss M. Adelaide Nutting, of New York, in the auditorium of the First Baptist Church, at 10 o'clock Wednesday morning, June 9, 1909.

The President. The meeting will please come to order, and listen to the invocation by the Rev. Andrew Gillies.

INVOCATION.

REV. ANDREW GILLIES,
Pastor, Hennepin Avenue M. E. Church.

We thank Thee, O God, that we have the assurance that Thou art a large rewarer of all those who diligently seek Thee. We thank Thee that we know Thou hast a part in all of the work of life and in all of the affairs of life, that in Thee we live and move and have our being, and so, O God, we rejoice in the privilege of bowing head and heart before Thee at the beginning of such a gathering as this and asking Thy benediction to rest upon us. We pray that Thy blessing may rest upon these meetings of the two or three days which are to come, upon those who are gathered here in these meetings and upon the great cause and work and profession which they represent. Let them, we pray Thee, our Father, be guided by the wisdom which is from above. Let the highest and the holiest motives actuate them in all their work, and in all their conduct and in
the lives they live. Let Thy kingdom come and Thy will be
done on earth as it is in heaven. We ask it in the name of
Christ our Lord. Amen.

The President. I think many of us present feel that we
have already received a warm welcome, but a formal welcome
now awaits us from Mrs. A. R. Colvin, President of the Minne-
sota State Association.

ADDRESS OF WELCOME.

Mrs. A. R. Colvin,
President of the Minnesota State Association.

As President of the State Society it is my privilege to pre-
sent to you the greetings of Minnesota nurses and to assure you
how grateful we are to have the privilege of entertaining this
convention in the Twin Cities. I know many of you are having
your vacations and had planned to go to Europe, and I realize
how hard it must have been to change your plans. We have
always felt that we were a little out of the line of travel. We
have not had this privilege before and felt we could not con-
tinue our work unless we did have the stimulation of your
presence. I think your reward will come in seeing our work
grow and develop in the way that you have marked out for us.
We are a young state and a young society in every way.

We have not had the privilege of great schools as you have
had, and our contribution to the nursing world has been very
slight, but I feel that I want to call your attention to one im-
portant thing we have done in our isolation. Our nurses have
come from all over the world, from Europe and Canada. They
represent nearly all countries, and as a result we have developed
our county societies, and we are very proud of them, and we
hope they will be the cause of your doing something along the
same line in your own cities, because from them have come our
central directories. The matter of central directories is one of
the topics coming up for discussion at this time, and that is one thing we are intensely proud of, because in each of our two cities we have central dispensaries. They have established our nurses on a broader scale and have enabled us to give all classes good service. (Applause.) I do not think any other state has a better record than we have in that respect. We have with us the Presidents of the two county societies, Ramsey and Hennepin, and they will be glad to answer any questions that may be asked.

I hope we are going to do better along the line of weather than we have been doing so far. Minnesota sunshine is proverbial, and not to see it is something unusual at this time of the year. We hope you will think well of us, and sometime come again. (Applause.)

The President. We were to have had with us the Hon. J. C. Haynes, the Mayor of Minneapolis, to say for the city what Mrs. Colvin has said for the profession, but he has been detained by official duties. After thanking Mrs. Colvin for her cordial welcome and assuring her that we have sunshine somewhere with us, although it may not be in the sky, we will proceed with the work of the Session. The program of the day is full of promise, and we should give to it all of the time at our disposal.

I shall therefore spare you a formal address, and briefly bring before you a few matters of importance at this time. As we meet in conference to-day, I am carried back in thought to a similar meeting held in Washington four years ago. The great gathering of nurses present at that meeting, the high character of the papers and discussions, and the importance of the subjects they presented, the fine spirit of enthusiasm aroused by speaker after speaker, I am sure you will all remember. The meeting was remarkable in many ways, both by the hope and the courage which it aroused, and by the achievements in many fields of our profession which it presented. We recognized
distinct advance upon older methods, we saw good foundations being laid for new work. During the four years that have elapsed a good many of our hopes have been fulfilled, and though some discouraging things, it is true, have happened, the general trend has been upward. In our schools certain improved aspects of work present themselves strikingly.

The preliminary course has come to be a well recognized feature of our Training school system. It is now found in most of our representative schools throughout the country; it is urged by the Department of Education in New York State. The next step will be to get it out of the hospital entirely and to relieve that institution of a burden it carries with difficulty, and ought not to carry at all. It will be pleasant news for you, I am sure, to learn that a preparatory course is being developed at Teachers College, and will be opened, we hope, in the autumn, and that arrangements are being made with Bellevue Training School whereby the student will go directly from the College to the Training School. The condition under which our students in training schools now live and work is steadily improving. We have better dormitories, more class and lecture rooms and larger facilities in many ways. Few colleges provide more attractive quarters for their students than the Training Schools of three great New York Hospitals,—the Presbyterian, Bellevue and New York City, and, without exception, in these fine new buildings, space is provided for a library and reading room, and general literature as well as special reference material for the student, has come to be an accepted part of training school equipment. Four years ago we were discussing the advantages of paying for lectures and other instruction in our schools. To-day, we can point to excellent progress in this direction and to one school, at least, where a teacher of nurses has been appointed who has no duties and responsibilities beyond instruction of various classes of nurses and supervision of their theoretical work. Reports show that the payment of fees to physicians who lecture is becoming more general, while our records at Teachers College
point to requests, of increasing frequency, for "Probationers' Instructors," as well as for Assistant Superintendents. The time begins to seem not so far distant when the laws governing the education of nurses shall call for at least one instructor in each school who holds a certificate or diploma for teaching as well as for nursing.

Perhaps in no one branch of nursing has there been more real progress than in post-graduate work. Little by little the doors of our larger schools have opened to admit for further training and experience the graduate of the smaller or less well equipped schools for nurses, and the results have been good. They have given larger opportunities to those who needed them, but the really significant thing is the clearness with which they show that the work in a hospital need not depend entirely upon an undergraduate body.

Post-graduate students, whose course covers several months, and who receive a small salary in addition to maintenance, are in effect a salaried staff of workers, and the extension of this method of doing hospital work within certain limits opens out a way to regulate admission to our training schools by definite standards of requirements in candidates, rather than by the needs of the hospital for workers. We were proud to report at our last meeting that we had laws relating to the education of nurses in five states, and it is showing good progress to be able to state to-day that such laws have been enacted in twenty-three states, and are in preparation in several others. Not all of these laws are model laws, nor are they just what our nurses have desired, but the weakest of them accomplishes something in the way of improvement of educational methods, and altogether the whole matter of nursing education has been lifted to a new plane by laws governing the registration of nurses and requiring that a registered nurse shall give evidence of a definite degree of knowledge and skill in nursing. But notwithstanding our laws, and our constant efforts in many ways for the betterment of our schools, there are many problems which we have barely approached. The whole question of nurs-
ing education is a difficult and complicated problem, for which we need much wisdom and patience. In other fields of education, work has been going on for centuries. Great bodies of knowledge have been built up, methods perfected, traditions firmly established. Our work is young, and we still stand very little beyond the threshold of nursing. We shall as a matter of course make errors in judgment, we shall fail here and there, we shall be criticized and censured. But that criticism may be needed, it may be helpful, and it may, if rightly accepted, lead us to renewed and better efforts, even where we have thought we were doing and giving our best.

To turn from our schools to the field of graduate work, we can point to a steady development in practically every form of District or Visiting Nursing and to very particular advancement in certain directions. At our last meeting we were celebrating the recent establishment of the system of School Nursing in New York, the first in this country. School nursing is now apparently firmly placed in the municipal structure of a good many of our larger cities, and within the short span of four years is found in about one-third of our states. Such growth seems to need no further testimony to the serviceableness of the nurse's practical work in the school and in the home for the school child's welfare.

In all of the many kinds of effort for the prevention of tuberculosis in which we have had the privilege of sharing, there has been continuous growth and an increasing demand for our services. This was very clearly shown in the crowded session devoted to purely nursing problems at the International Congress on Tuberculosis held in Washington last September, and there seemed much to indicate that in all active work for the prevention of tuberculosis, people would in the future lean more and more heavily upon the nurse. One aspect alone of her work is so full of possibilities and so capable of expansion that I must devote a moment to it. This is the work done by the teacher-nurse in the public schools of one city in the Middle West, where the children in certain grades are systematically
given simple, clear teaching about tuberculosis—its nature, causes, and the means of prevention. The importance of this can only be fully grasped when one considers that instruction of this kind must involve general fundamental instruction in hygiene. There is no other method of approach to the subject.

Of the utmost importance is another field of work—that of prevention of infant mortality, upon which we are just entering.

In Milk Stations and Dispensaries the opportunities which are presented are not only, nor even largely, for distribution of milk; they are for the education of the mothers, and more and more this feature is being emphasized, and nurses are called for who are capable of giving such instruction in a satisfactory way, such as is given in the schools for mothers which have for some years existed in England and on the Continent. In all this work we nurses must feel at last as if we are entering upon our heritage. The conservation of the health of the people—that is the point to which we must direct our energies, and every effort we put forth in that direction is nursing of the most important kind, and of far-reaching value to the human family.

One more development in our work calls for mention, and that is the field of social service which is being opened up in connection with our hospitals and dispensaries. Our good nurses in their wards have long been giving thought and help to their patients beyond the purely physical care and treatment prescribed, but through a special department, all of this effort can be gathered together, properly organized, and adequately handled, and a good deal done that was never possible to do before.

Especially helpful is the effort to aid the convalescent patient and to ensure that the costly care given to him in the hospital is not wasted by a too short convalescence, or by unsuitable occupation.

Now while we have been witnessing new and striking advances in our own particular work of nursing, we have also been looking upon still more striking progress in certain great world
movements. At least four of these are issues of the moment which are so constantly in the public eye that they cannot escape attention.

The first and greatest of these is the movement for the enfranchisement of women—the others are those concerned with prohibition, moral prophylaxis, and with the effort toward peace. Whatever our personal opinions or prejudices may be, no one of us can afford to remain ignorant of these matters and of the issues involved in them.

In the final analysis the government of our communities is largely a matter of good housekeeping on a large scale, and our wise man whose name is Mr. Dooley says that what we are sorely needing is "voters who know something about housekeeping."

Intemperance and immorality are intimately bound up with each other, and the nurse who is truly interested in the social welfare must inform herself, and fully, if she wishes to be counted on for intelligent and helpful action and advice. What the effect of suffrage might be on either of these two matters it is interesting to consider, but I am inclined to believe that when we get it we shall be able to bring about eventually great reforms in these matters of temperance, morality and peace. Surely these are all of them questions of great moment, deeply concerned with that better and higher and purer type of living toward which we are struggling, and surely we as nurses stand committed to give our thoughtful consideration to such questions and to seek knowledge of them.

We form now a great and growing body, and no matter how many kinds of societies may arise for the more simple and efficient handling of different aspects of our work, we must not for one moment lose sight of the fact that we nurses are one professional body. There has been some discussion of a closer union between the two societies represented in this Federation, but the quite different function of each society and the need for freedom for each to work out its own special problems, with abundant time for their presentation and discussion, show the
practical and permanent obstacles in the way of such union. Each needs to preserve its own identity, and work unremittingly for improvement in its own particular field, and the two societies need to work unitedly for the interests which are common to all. Every effort which brings us closer together in this way is a valuable factor in our mutual development. It has been suggested that we do not meet often enough, together, and I believe that is true. The sympathetic relationship between superintendent and graduate, between teacher and pupil, should never be allowed to weaken. The thing which will more than any other affect our Alumnae as a body, which will strengthen it and make it an influence and a power, will be the character of the members who are each year added to that body. To bring into it educated, refined and cultivated women means that our training schools must be able to attract such women by the good education and training given, and by the opportunities offered. All help and support given by the training school, and to other matters affecting the education of nurses, reacts, and vitally, upon our graduate body. The effort to prepare better teachers for training schools is therefore of direct moment; and here let me publicly acknowledge, with deep gratitude, the generous contributions given by Alumnae, by State Societies, and by individuals, for the development of that department at Teachers College through which we are trying to serve the training schools of this country, and the cause of nursing education. Within about two years the contributions to the Endowment Fund have amounted to over nine thousand dollars, while the additional sums, given to help in meeting certain expenses for which the College does not as yet provide, have brought the entire amount of contributions to over ten thousand dollars.

Not my gratitude alone is due you, but that of the entire body of nurses in whose interests the work at the College is being upbuilt.

It has been suggested that there is a greater need of the moment, which calls for your help. This is the final purchase
of the *Journal of Nursing*, and the effort in so doing to place its affairs on a permanent and stable basis. If this change will be as helpful to the *Journal* as seems to be believed, then it cannot too quickly be made. The matter is to be presented to you to-day, and after hearing about it, you may think it wise to concentrate much of your effort upon obtaining the ownership of the *Journal*, suspending for the time your contributions for the Endowment Fund. The completion of the latter will undoubtedly be a matter of years, while the *Journal* is of direct and immediate importance in all the affairs of to-day and to-morrow. We need to give freely of our best to help the *Journal* to maintain its fullest usefulness.

A wide range of activities will be brought before us in the subjects presented to-day and in the days following. We may perhaps see more fully than before how in our nursing work we are touching life at many points, and how large an opportunity is given us for useful service in our day and generation. May we all draw from our conferences together new hope, new courage, new inspiration.

The Report of the International Council of Nurses was then given by Miss Dock who gave a sketch of the progress of this society, and described the progressive movements in the various European countries, dwelling especially on the obstacles met by British nurses in their efforts to gain legal status.

On motion of Miss Genevieve Cooke, seconded by Miss Alline, Mrs. Bedford Fenwick, founder of nursing organization in England, editor for more than twenty years of the *British Journal of Nursing (The Nursing Record)*, and founder of the International Council of Nurses; and Miss Isla Stewart, over twenty years Matron of St. Bartholomew's Hospital, and an untiring and steadfast supporter of all progressive movements, were proposed as Honorary Members of the American Federation of Nurses in recognition of their invaluable services to the nursing profession; and by a rising vote it was unani-
mously agreed to invite these two English nurses to accept membership. The Secretary was directed to give the invitation at the London meeting.

REPORT OF THE TREASURER.

American Federation of Nurses
In account with Anna L. Alline, Treasurer.

CREDIT.

1905. By dues from A. S. S. T. S. N. . . . . . . . $15 00
    " " " N. A. A. . . . . . . . . . . . . . . . 15 00
    ___________________________ $30 00

1906. By dues from A. S. S. T. S. N. . . . . . . . 15 00
    " " " N. A. A. . . . . . . . . . . . . . . . 15 00
    ___________________________ 30 00

1907. By dues from A. S. S. T. S. N. . . . . . . . 15 00
    " " " N. A. A. . . . . . . . . . . . . . . . 15 00
    ___________________________ 30 00

1908. By dues from A. S. S. T. S. N. . . . . . . . 15 00
    " " " N. A. A. . . . . . . . . . . . . . . . 15 00
    ___________________________ 30 00

Cash on deposit in New York State National Bank ........................................ $120 00

No Disbursements.

Anna L. Alline, R. N.

The President. This is the best treasurer's report I have ever heard. (Laughter.) What will you do with it?

On motion of Mrs. Colvin, seconded by Miss Maxwell, the report of the treasurer was unanimously adopted.

The President. The next item on the program is a report of Red Cross Work by Mrs. Robb. At the request of Mrs.
Robb, we have decided to postpone this report until a later hour of the day. We now come to the appointment of delegates to the International Council in London. It seems best also to postpone this matter until later in the day, when we may present to you the names of members of the Society who will be able to go to Europe. The nomination of delegates to the Council Meeting will, therefore, be made this afternoon.

I have now much pleasure in announcing the next item of the program which deals with the university education of the nurse and will be presented by Dr. R. O. Beard of the University of Minnesota. (Applause.)

Dr. Beard, Madam President and Ladies of the American Federation of Nurses. I want to preface, if I may, the address that I am to give you this morning by saying to you that the University of Minnesota, which I have the honor to represent upon the platform this morning, will be gratified, and in particular its department of medicine will be gratified if the Federation can find an opportunity during its stay in the city to visit the University. The University as a whole is something we should be delighted to show you, and there is one particular small spot upon the University campus in which I happen to take a particular interest and which I should especially like you to see. That small spot is at the present time a very insignificant thing in a system which is but at the point of beginning. It is merely a place above a building, in which, however, we house for the time being, pending erection of our first hospital building of the University hospital service, the University Training School for Nurses, and which, small as it is, we think most of you will agree with us that it is a little model of its kind. I extend to the Federation a hearty invitation from the University to any who can afford the time to visit the University campus, and if a definite time can be set for such a visit, we shall be glad to see to it that you are met by a committee of the faculty who will see to it that you will have an opportunity to view what we have to show you. (Applause.)
THE UNIVERSITY EDUCATION OF THE NURSE.

DR. RICHARD OLDING BEARD,
Professor of Physiology of the University of Minnesota.

The function of the University—and especially of the State University—has broadened within the history of the present generation. There are those who think that this increased breadth has been gained at the expense of decreased depth, but if this is in any wise, or in any measure, true, it is merely a fault of adjustment—an accident of transition. It is in no way an evidence of any error in tendency. It means merely that the stream of available educational values is temporarily insufficient to fill to the full the widening channels of human need. New and better sources of supply are necessary to swell the volume of our effective teaching force. It is not alone the matter, but the method of study which marks the difference between the shallow and the deep in cultural results.

In adjusting itself to the increasing complexity of human society, in affording a more varied means of preparation for the multiplying avocations of modern life, in specializing training for the many forms of expert service which the industrial and professional systems of to-day involve, in answering to the needs of the progressive many rather than the privileged few, higher education should lose—and will lose—none of its cultural values. Those values are simply extending themselves in various directions, as thro the rapidly greatening "ages, an increasing purpose runs and the thoughts of men are widened with the process of the suns."

The world no longer believes that all the wealth of human culture is bound within the covers of the old literatures; that all the wisdom of the ages has been told in the tongues of the ancients; that the light of human knowledge shines alone from the funeral lamps upon "the tombs of the dead prophets"; that all the virtues of human learning are distilled from the story of the past.
It is coming to be a matter of quite general belief that there is a cultural influence in the study of the living, as well as the dead languages; that there is intellectual exercise in the conquest of the natural, as well as the exact sciences; that there is development—and development to fuller symmetry—in the training by technics, as in the teaching of the classics; that a larger mental horizon may be reached by the opening up of all the avenues of sense than is possible of attainment through the employment of the long distance and over-worked receptors of the eye and ear alone.

Educators have come—or are fast coming—to a recognition of the fact that education has two equally large purposes. First, to secure the highest and the essentially symmetrical development of the physical, mental and spiritual possibilities of the individual. This purpose is primary. And second, to secure the highest possible adaptation of the individual to the particular purposes to which he proposes to put his personal powers. That purpose is ultimate, but it is simply an extension of, or a projection upon the first. It does not delimit it. A cultural value underlies both of these phases of education. Infinite as the adaptations of the human subject are and indefinite as is the scope of these educational possibilities, at no point do they cease to be developmental because they have become purposefully adaptative.

Much difference of opinion still obtains as to the precise point at which adaptive education should begin; and there is a distinct danger—a danger always imminent in the self-governed—that popular education may fall, as the result of an over-urged utilitarianism, into the mischief of extremes.

To abbreviate the years of distinctively developmental training, by the too early introduction of adaptive studies is simply to limit that capacity for selective education upon which all successful adaptation depends. A pyramid cannot be safely built upon its apex. The men and women of high rank in any calling, whether self-made or college bred, have laid broad the foundations of knowledge, before they have set their special type of superstructure thereon.
To the public school, whether in its primary or secondary grades and to the earlier years of academic training, may still be safely assigned the purely developmental duty; insisting only that these educational periods insure the symmetrical development of the subject. The attempt to engraft upon them apprenticeships in trade or business, and to foreshorten their curricula of general training is to encourage a community of social dwarfs, intellectually narrow, and prematurely apt.

The University—and especially, again the State University, which is the college of the people,—should be particularly concerned in the achievement of the ultimate or adaptive purpose in education. It should develop—and it is developing—as many and as varied opportunities for the higher adaptation of the student to the place he elects to fill in human society, as its resources will permit. It should multiply its courses of special training for the major callings or occupations in life; at the same time that it should insist upon that measure of preliminary education which will insure the fitness of the specializer in his chosen field.

It is—and it should be—peculiarly interested in providing for the highest and most selective training of those who are to engage in the pursuits by which human life, human development and human health are conserved. In a word, it should bring the full emphasis of its nurture upon the value of human life itself.

The future teacher, sanitarian, physician or nurse would be among the especially chosen subjects of its educational care and culture, by virtue of the very nature and purpose of the offices they are elected to fill. If the state should regulate and control the ultimate fitness of those who would serve the public in these most important fields of social service, it should go back of this regulation and control and should see to it, through its highest educational agencies, that they receive a suitable preparation for that service, upon the effective performance of which the issues of human life so directly depend.

That these life-serving and life-saving callings have been slow
to receive the cultural care of the State and of its higher institutions of learning in America, is a reflex, perhaps, of the prevailingly low appreciation of the value of that serving and that saving, which is again conditioned upon a low estimate of the worth of human life itself. In a young civilization, Nature sets an example, which her human children are quick to follow in her wonderful carefulness of the type and her woeful carelessness of the individual form. Human life depreciates in value in close contact with the elemental forces which rule in primitive society or in pioneer settlements. It is not until human society begins to crystallize, with the passage of time, not until human institutions begin to take deep root in history, not until, with the birth of the sense of the solidarity of the race, the instinct of self-preservation extends itself to posterity, that the individual begins to be accounted an economic unit,—to be reckoned with as a social asset, and to be cultivated and preserved.

The appreciation of material values, which stand for the sum of personal comfort and well-being, is of far earlier birth; and hence it is that cattle and crops have come in for a larger share of scientific attention than has yet been bestowed upon the development and preservation of the human species; hence it is that bread and meat are still dear and that flesh and blood are still cheap; that a larger price is paid for the loss of a limb than is paid for the sacrifice of a life.

Moreover, another influence, of identical origin, has served to postpone the day, when, educationally speaking, those who are concerned with the care and conservation of human life, are coming into their own. It is nothing less than the operation of the common law of demand and supply.

In the rapidly growing and rapidly spreading communities of a new world, the demand for these forms of social service has been too urgent to permit of the measure of fitness and the opportunity of training which the character of the service should insure. To the hungry for help,—be it the help of the district school teachers, the country doctor, or the village nurse,
—“half a loaf has been better”—and but half baked at that—
“than no bread.” This law of demand and supply regulates the
output of human service, as it does the output of cotton goods
or steel rails. A call for cheap dress fabrics, on a relatively
empty market, means the rapid manufacture of shoddy goods.
A call for school teachers, deficient in numbers for the imme-
diate need, means the third class teacher’s certificate and the
short and superficial training of the normal school. A call
for ready-made nurses or doctors,—the cry coming out of the
ever westward moving west,—has meant, in the not remote
past, the multiplication of short term and low standard medical
colleges and training schools. Initial fitness, preliminary edu-
cation, thoroughness of training are superficially gauged, of
necessity, in the face of the urgency of this need of the com-
"munity for help.

The inevitable consequence of brisk demand ensues. Com-
petition does its disastrous work in the diminution of values.
The standards of education, set by older and established civiliz-
ations, are lowered and with them falls, inevitably, the standard
of professional practice.

Fortunately, this condition of things, whether in professional
or commercial life, is not for all time—but only for a brief day!
Economic law, like all natural laws, is compensatory. In the
course of events, the market is fed to the full. Supply and
demand are levelled up and too often the over-swung pendulum
reacts toward over-production. The cheap product becomes a
drug in the market-place. Then it is that in commerce the
balance of trade is restored. Then it is that, in the should-be
higher callings, the standards of education are re-set. Then
it is that the opportunity presents itself to lift the level of
professional life, and practice to a higher plane.

There are those of us who have worked and waited for, and,
at length, are realizing this redemption of medical education
from the necessities and the competitions, the compromises and
the commercialism which have beset it in the past. And there
are those of us who believe that the hour and the opportunity
have similarly come to raise the standards of preparation and the
gauge of fitness for the nursing profession in America—and it
is this belief which inspires the message which I have been
asked to bring to you to-day.

The evolution of the profession of nursing in this and other
countries has been an interesting process. It has not been at
all unlike the evolution of the profession of medicine. It has
been marked by more or less definite and significant and very
similar periods of progress.

The ministry of nursing is coeval with the history of human
suffering and human need, but not so the calling of the nurse.
For many centuries, nursing was but a common duty of domes-
tic life and was often performed interchangeably among the
households of a community. As the principle of division of
labor gradually obtained and as selection became a factor in
society, individual aptitude determined the nurse's choice of
her special field, as it did of other avocations in life. Experi-
ence remained her only teacher, and her function was commonly
looked upon as a matter of instinct or inherited bent. The
midwife was the first recognized representative of her distinc-
tive calling; and only gradually did this field of occupation
widen to include other forms of nursing. In the isolated com-
munities of the early days, the reputation of the nurse was
strictly local and came to her as one of the rewards of long
experience. Like the physician of the pioneer period, she often
exercised a large measure of local influence and authority in
her peculiar sphere. Not infrequently, she became his com-
petitor—and often a very successful one—within certain fields
of domestic practice. Like him, again, in that early history,
she was frequently the intellectual parent of her professional
offspring handing down to other and younger women, the
knowledge and aptness she had herself acquired. She was the
only teacher of her own trade, but she was usually far more
jealous of her personal prerogatives than the old preceptor in
medicine.

Her calling, as a distinctive one, took on a new significance
and a new dignity in the eyes of the world, with her first entrance, probably in the eighteenth century, upon the field of war. It was not, however, until comparatively recent years that her own need of special education was fairly realized, or that any opportunity systematically to obtain it, was found.

When that opportunity was finally secured, it was not so much the nurses’ need of training, as it was the hospital’s need of trained nurses, that led to the organization of the hospital training school; precisely as it was the earlier popular demand for doctors which underlay the creation of the private medical college. Only as the public, thru taxation or thru private contribution, has been called upon to support the hospital, has it undertaken, directly or indirectly, to sustain the education of the nurse. Ordinarily, the nurse has been a source of profit to the hospital and too often has the training school been exploited for its benefit.

The medical profession, by means of courses of lectures, given at the hospitals, for the benefit of nurses, has contributed something to the educational development of these institutions.

An increase in the number and size of the hospitals had led to the multiplication and rival maintenance of schools of nursing. Competition among them has had its helpful share in the improvement of methods and the advancement of standards of training school education.

In a few instances, close association existing between a college or University department of medicine and a hospital, with its training school for nurses, has done much to stimulate the evolution of a higher standard of teaching and training in the latter. The large endowments of certain hospitals have enabled them to consider the interests of the training school for its own sake. The Johns Hopkins Hospital has given a conspicuous example of the possible attainment of an advanced type of education in candidates for the profession of nursing, and other institutions have followed in her train to excellent results.

Nevertheless, it has remained—and still remains, true, that the training schools for nurses remain private schools and, for
the most part, mere hospital adjuncts; that they have no organic
relation with educational institutions; that they exist, primarily,
for the benefit of their hospital service; and that no definite
standards of education obtain, to which the schools, upon any
principle of association or reciprocity, adhere, or by which the
training or fitness of a graduate nurse may be judged.

Undoubtedly, the most helpful influence toward the better-
ment of the profession of nursing and towards the elevation
of the standards of education for the nurse, has come from the
associations of graduate nurses themselves.

Pending the time—and may it come soon—when their in-
fluence shall become sufficiently well organized and well-di-
rected, and therefore sufficiently powerful, to establish a stan-
dard of minimal requirements for the training schools of the
country, they have taken a very important step toward this end,
in several states, in securing laws to regulate and control the
practice of nursing, and they have thus acquired the opportu-
nity to set certain standards of fitness, if not for the schools,
at least for themselves. They have secured, in the enactment
of these laws, a lever with which they cannot fail, in time, to
lift the requirements of the schools, if that lever be well and
wisely applied. With this evident purpose at present inspir-
ing the Graduate Nurses of the country, and their Associations,
with high ideals for themselves and for their followers set
before their eyes, the time would seem to be ripe for a move-
ment looking to the determination of definite standards of
education in the training schools at large.

It is at this juncture, in the history of the profession of nurs-
ing, that the opportunity has come, in the State of Minnesota,—
an opportunity which many of us who have been deeply in-
terested in that history, have waited for and gladly welcome,
to establish a Training School for Nurses in connection with the
University hospital service, as an integral part of the Uni-
versity of Minnesota;—a school which is the first, I believe,
under University maintenance and control, and a school, more-
over, which is unique in the fact that it exists, not for the sake
of the hospital service to which it belongs, but for the sake of
the education of the nurse.

For the University Hospital, to which it is attached, itself
exists, primarily, not for the service it can render,—and will
render—to the sick poor of the State, not for the care of
patients who pay for and demand good nursing, but solely as
an object lesson in the education of the medical student and
the nurse.

This hospital service, which has been initiated by endowment
from the estate of Dr. and Mrs. Elliott, formerly of Minne-
apolis, to which a further substantial appropriation has been
added by the State, is a part of the clinical equipment of the
department of medicine of the University of Minnesota. It
will be supported by the State. It will admit patients who are
unable to pay ordinary medical and hospital fees, only upon
the certificate of physicians of the State.

So established and so supported, it will be under the highest
incentives to good service that can govern such an institution.
It will do its work, not only for the benefit of its sick bene-
fi ciaries, who will be its clinical guests, but for the sake of the
best results in medical teaching. It will do that work, to the
attainment of the fullest measure of success, not for the gaining
of the good repute of a private clientele, but for the reputation
of the clinical service of the University of Minnesota. It will
do that work and herein lies the most moving, because the most
human, of all motives, before the eyes of the medical profession
of the State, under the criticism of its own colleagues of its own
faculty, and before that most critical of audiences made up of
its own students in medicine. It goes without saying that it
will do it well. I know of no guarantees so good for the char-
acter of a hospital service as these which must, of necessity,
govern the conduct of the University Hospital, as a means to
the education of the nurses of the Training School and the
undergraduates of the College of Medicine and Surgery.

That the education of the nurse will be a primary considera-
tion in the conduct of the hospital and training school is assured
by the fact that a sufficient number of graduate nurses are—and will be—employed, to reinforce the work of the undergraduate nurses, so long and so far as may be necessary to their best training.

A still better guarantee is given in the requirements of the Training School. In a recital of certain of these conditions, the Federation may be interested.

And, First, physical fitness is a prerequisite for entrance. The Committee of the Faculty in charge of the Training School conducts a physical examination of every applicant for admission. The physically doubtful are rejected.

Second, The applicant for admission must at least present the diploma of a first grade High School with a course of four years, but, over and above this prerequisite, preference has been, and will be given, to women of superior education and still higher training. Some of the members of the present class have had from one to two years in the academic courses of the University.

Third: A four months preliminary course of instruction, under a tuition fee of $25.00, is required, before the undergraduate is admitted to the hospital, during which she is in independent residence at her own charge. This four months preliminary course is taken in the laboratories and lecture-rooms of the departments of the University concerned. It includes lectures, demonstrations, laboratory exercises and recitations, in anatomy, physiology, chemistry, materia medica, bacteriology, public health, principles of nursing, household and hospital economics, physical culture and English. Examinations in these studies must be taken and satisfactorily passed before the student is admitted to the hospital service.

Fourth: The succeeding two months cover a probational period, in hospital residence, under general instruction in hospital duties and economics, during which no individual responsibility will be given for the care of patients. At the close of this time, marking the first six months of the full course, the Superintendent and the Committee on Training School, will
determine the fitness of the student to enter, permanently, the hospital courses.

Fifth: A limited hospital service and study period of eight hours a day will be assigned to each student during her entire course of training.

Sixth: Each student will be required to take suitable physical exercise and courses in physical culture and will be taught consideration for her personal health and development.

Seventh: A graded course of study, covering the remaining two and one-half years of time, will be given, which will include the usual attendance in the male and female, medical and surgical wards, a course of obstetrical service; care for special cases in departments of special practice; out door service in dispensary; service in operating, anesthetic, preparation and drug-rooms; courses in practical dietetics in which the diet-kitchen will serve the purposes of a laboratory; lectures, each week, by members of the Faculty and by the Superintendent and hospital economist; and finally, a visiting service among the sick poor reported to the dispensary staff.

The undergraduate nurse will be looked upon, throughout her entire course, as a University student. She will be encouraged to keep in touch with women's organizations in the University at large and to cultivate in herself the University spirit. The location of the hospital and training school upon the University campus will promote this purpose.

Examinations will be held and must be successfully passed at the close of each year of study; and at the end of the three years work, the successful candidate will be presented by the Faculty in Medicine to the Board of University Regents for the degree of Graduate in Nursing.

Eighth: Graduates of the School will be eligible under competitive examination, to head-nurseships, which will be under salary, but will carry with them certain requirements of post-graduate work, addressed, especially, to questions of hospital economics and administration.

The first class in the Training School is now taking its
preliminary course of instruction. Out of 33 applicants, seven were accepted and are pursuing the course. Classes will be entered twice a year, hereafter, in September and in March. Fitness, and not numbers, will govern the selection of candidates.

At the present time, pending the erection, during the year, of the first permanent hospital building, the hospital service is conducted in temporary buildings, four in number, two of which are—or will be—occupied, so soon as the present class is ready for residence, as nurses' homes.

Aside from the excellent post-graduate courses for nurses which are conducted in Columbia University, I know of no other University that that of Minnesota, which has undertaken, as a part of its educational system, the education of the nurse. Those who are in control of this movement, believe, that, given a due degree of physical fitness, given a higher measure of preliminary training, given that serious devotion to her calling which bespeaks the quality of the woman who undertakes the task, the nurse cannot be too highly educated or too perfectly trained.

In taking this position, it is fair to say and perhaps for the sake of your support, which I am sure will be given to this position—it is opportune to say—that these advocates of the higher education of the nurse are meeting with opposition from reactionaries in the ranks of the medical profession,—of men who hold that the graduate nurse of to-day knows too much, assumes too much by way of position and privilege and lays too large a levy for her service upon her clientele. These objectors argue for a short term of training, for a semi-trained nurse, who will willingly take a position of acknowledged servitude in the household, and who will accept a smaller fee for her labors.

Erroneous as I believe this view to be—and more than mischievous as I believe any such proposed remedy would be, I shall admit frankly, and without hesitation in this company, that there is a measure of truth masked beneath this plausible error,—a truth which the profession, in the interests of its own survival and development, must recognize and meet.
Measured by the standards which the American Federation of Nurses would maintain to-day, there are graduate nurses in practice who are unfit; who are over-trained, because they were initially and irredeemably unfit for training in the first place; who have neither the intelligence nor the refinement which forbids to the educated lady a presumption of rank, whether she is entitled to it, or not; who lack the womanliness which teaches the true woman that all service is fitting and that "who sweeps a room, as for His laws, makes that and the action fine"; and who undoubtedly obtain, by grace of the organization to which they belong, compensation which they cannot earn.

Your profession is moving forward, I doubt not, but it is under the heavy incumbrance which such of its members lay upon it; and I realize that it must bear that burden of its past patiently until these unfortunates succumb, as succumb they eventually will, to the non-survival of the unfit.

But aside from this burden—an unjust reproach—for which not you, nor your organizations, but many, I might almost say most of the training schools of the past are to blame, there is another and a more serious element of justice in this reactionary plea—an element for which you are responsible;—responsible, as Ruskin would have put it, not in that you have sanctioned, but in that you have not forbidden the spirit out of which it grows. It is that spirit of commercialism which has infected so much of modern life; which has invaded, sometimes,—I admit with shame—the profession of medicine—and has prevailed too often in the profession of nursing, devoted as that profession has usually been.

It is not, I fancy, that you—most of you—"put the fee first" and thus serve the spirit of evil; it is not, perhaps, that you have insisted over-much upon the maintenance of your service-price, which you amply earn, but that, whether you know it or not, you have sometimes "held back part of the price of genuine service." I doubt not that you live, as most of us do, "according to your light," but, alas, that too often the light
by which we live is not large enough to lead us into a broader day.

The profession of nursing in America, if I judge it aright, needs to more highly regard itself as a profession, instead of a business; needs to look upon its life-work as a means of service, as well as a means of livelihood; as a calling rather than a trade. It needs to take the full measure and meaning of its service to human life and human health,—a service which must never be denied within the limits of personal capacity; which must be given, in answer to human need, whether the price it fitly commands be forthcoming or not; which must accept its share of loss, if need be, as its contribution to the public good.

One of the truths which the Training School should broadly teach is that the calling of the nurse carries with it a public duty; that the nurse occupies a privileged place in the community; that she owes to society, as well as to the individual patient, a public-spirited and self-devoting response.

This is one of the things that I look to see the University Training School do for its pupils, not in terms, but by virtue of the broad outlook it will give them;—to teach them that they owe, not only a duty to themselves; a duty to their patients; a duty to the profession of medicine, whose allies they are; a duty to the hospital service; a duty to the alma mater which has fostered them; but also a duty—and a large duty—to the community to which they belong and to the State in which they live. And, after all, is not this whole sum of duties held within the measure of that largest duty which I cited first—the duty to themselves? "To thine own self be true—and it must follow, as the night the day—thou canst not then be false to any man."

A profession so conceived and so interpreted,—inspired by such a spirit and so large a purpose,—ranks among the highest forms of human service. So consecrated, the nurse is born to her high calling. Bringing to that service, this full measure of devotion, she cannot be too fully equipped or too highly trained for the performance of its duties. Void of that spirit,
it is entirely possible that she may become an over-developed, over-organized machine, too costly of operation for the public good.

The Japanese war with Russia exhibited the missionary spirit of Florence Nightingale and her devoted army of the National Red Cross, united to the scientific spirit of Pasteur and his professional followers; and it gave to the world such a noble spectacle of human service and sanitary efficiency as it had never seen before. It set a standard of national nursing which should inspire the purpose and stimulate the training of the individual nurse in every land.

To win for herself so fitting a place, as the handmaid of modern and preventive medicine; to hold for herself her traditional place in the ministry of human pain, the nurse of to-day can neither be too wise nor too womanly; too trained or too good.

The English Laureate, who let "the wisdom of a thousand years" light the eyes of his mythical woman and sent her forth "to mingle with the human race,

And part by part, to men reveal,
The beauty of her face";

found after all, in the dear lady of the Lamp, the heart of his ideal, and bowed down to her as his "type of fixed and constant good," the image of a "sweet, sufficing womanhood."

The President. I think we all must feel as if we had been hearing beautiful music and dreaming wonderful dreams. To listen to such views on the education of nurses, to think of training schools being built up on a standard of fitness of pupils rather than of numbers, to hear of a three years' course in which the education of the nurse is of first importance, makes it seem to some of us as if the millenium were approaching. We have long known that we were struggling with tremendous problems and difficulties and we are beginning to see the way out of some of them. The University is showing us. We do not know how to thank Dr. Beard for his paper but we do know that we endorse
unreservedly the ideas and plans presented in it, and by some formal action we should express in the strongest way our approval and our gratitude.

On motion of Miss Goodrich, seconded by Miss Maxwell, the chair was instructed to appoint a committee to prepare a resolution expressing appreciation of Dr. Beard's paper and endorsing the views contained therein.

The President. I have pleasure in appointing on this Committee Mrs. Robb, Sister Amy, Miss Dock, the Secretary of our International Council, Miss Goodrich, who moved the committee, and Miss Maxwell, who seconded her. We have now a brief period for discussion of the subject, and I would ask if there are any nurses here from Texas, if so we should be glad to hear from them, to learn something of the relation of the Nurses' Training School of the John Sealy Hospital, at Galveston, to the University of Texas.

Miss Beatty. I am from Texas, but I cannot give you any clear idea as to the relation of nursing to the University of Texas. I believe that there is a chair of nursing and that in some ways the graduate students are recognized—I do not know just how.

The Secretary. Some years ago the University of Texas, at Galveston, made an effort to put nursing on a higher plane, and there was a chair established called the chair of clinical nursing. The first holder of that chair was Miss Kindbom, who held it for a time, but has since left, and we do not hear from her successor. It would be interesting to know how the plan succeeded.

Dr. Beard. May I make just a suggestion and request. It is this, that we are educating our own community; we are educating our own board of regents of the University of Minnesota, and it would be very gratifying to me and to those who work with me if a copy of the resolution which you may formulate and see fit to adopt upon the basis of this address, might be sent to me that I might have the benefit of its influence with our own university. It would go far. I should like to say further while I am on my feet that the exigencies of a very busy season have materially delayed the completion of our first bulletin for our training school for nurses. This bulletin will be included as a regulation bulletin of the university itself. I believe many of you would be interested in seeing a copy of the bulletin, and if any of you would like to
have it, if you will kindly send me your names, or send to the University of Minnesota your address, your request will be complied with. (Applause.)

Miss McMillan. Cannot we discuss the advisability of bringing to the notice of the different schools and colleges the request of this body that they consider the needs for training schools in their institutions?

The President. What would you propose?

Miss McMillan. I would suggest that a committee be appointed to consider the matter and take such action as may be deemed advisable. I will make that as a motion.

The President. Miss McMillan is a singularly appropriate member of our body to make such a motion as she is herself a university graduate.

Miss McMillan’s motion having been duly seconded by Miss Adams, was put to a vote and prevailed unanimously.

The President. Is this committee to be appointed by the President?

Miss McMillan. Yes.

The President. Is there anything further to be considered as to the number and character of the committee? Is that to be embodied in the motion or is it to be left indefinite?

On motion of Miss McMillan, seconded by Miss Williamson, the number of members of the committee as well as its personnel, was left in the hands of the President.

The President. The President would be very glad indeed if those members of the Association who have received a college degree before entering the training school, would communicate with the Secretary of the Federation before the committee is appointed.

Miss Alline. I move that the Federation request the printing of this paper by Dr. Beard in the Teachers’ College Record, as well as in our regular Nursing Journal, that it may be distributed broadcast. (Applause.)

The President. I do not know that we need to ask Dr. Beard’s permission to so publish his paper, since he has now presented it to us. The papers printed in our Nursing Journal are read by the profession, but they do not to any great extent reach the laity, and it will therefore provide a way of placing this subject properly before the public to publish it in the College Record.
Miss Alline's motion having been seconded by Miss Cooke, was put to a vote and prevailed unanimously.

The President. The next paper is by Dr. Russell, and in Dr. Russell's absence will be read by the Secretary.

A SURVEY OF THE NURSING OF MENTAL DISEASES.

WILLIAM L. RUSSELL, M. D.,

Medical Inspector for the New York State Commission in Lunacy.

No branch of medicine or nursing can be more important and dignified than that which has to do with mental diseases. To minister to a mind diseased demands all that a nurse can muster of skill, fortitude and delicacy. And yet, of all branches of nursing, none has received so little attention from the leaders in the field of nursing, and from the benevolent supporters of nursing. By the average general nurse, and by nurse teachers as well, mental disease is apparently looked upon as something quite apart from those interests and activities with which it is worth their while to concern themselves. Few articles on the subject have been written by nurses, and it is entirely ignored in the books they have produced. Indeed, it is safe to say that by many nurses the care of insane persons is regarded as a work for which the qualifications are inferior to those needed in general nursing, and to a large proportion, probably the majority, it does not appear to be nursing at all. This attitude, however, merely reflects that of society in general which, under the influence of traditional views and methods and the lack of enlightened guidance, has not yet learned to demand for mental diseases the high standards of medical and nursing attention provided for other forms of illness. This can be readily illustrated by the prevailing methods of dealing with insane persons in all except the most highly organized communities. For the sick in general the acknowledged requirements are the physician, the nurse, and the hospital, and
these are practically everywhere available; for the mentally
sick, the overseer of the poor, the constable, and the lockup
are accepted with seldom a protest, and in only a few places is
anything else provided until the cases are certified to be insane,
when they are transferred to an institution often many miles
distant. That this is no exaggeration is evident from the fact
that, during the past year, in New York State alone, nearly
1,000 of the cases admitted to the State hospitals from all
parts of the State except Greater New York, were found by the
nurses sent for them to have been grossly illtreated, or neglected
at home or, pending their transfer, to have been confined among
criminals in jails and lockups. Even in New York City,
where provision is made for temporary care in general hospita-
tals, and where a State hospital is easily accessible, fully half
the cases fall into the hands of the police. Conditions are
certainly no better in other States, and in many they are no
doubt worse. In the whole country no less than 50,000 cases
of mental diseases become, every year, so flagrantly apparent
as to be committed by legal procedure to institutions, and there
must be many more remaining at large in whom the symptoms
are less pronounced. The number of inmates of the institutions
in New York State number more than 30,000, and the number
in the whole country must be over 200,000. These figures
indicate the great prevalence of mental diseases, and the extent
and importance of the work of dealing properly with them.

The Asylum System.

The lack of intelligent interest in mental diseases which
prevails so generally may, in part at least, be explained by
a glance at the history of the care of the insane. A century
ago, many of the accepted methods of treatment for insane
persons were cruel and stupid. Emancipation from chains,
dungeons, whippings, and gross neglect was begun by Pinel in
France and Tuke in England in the latter part of the 18th
century, but has scarcely reached its complete fulfilment even
now. The demand for more humane provision for the insane led, however, to the wide development of what is known as the asylum system, by which institutions were established as a refuge or asylum where at least humane care might be received. This system grew rather slowly in this country, and as late as 1850, only 20 of the 230 public institutions for the insane which now exist had been established.

Valuable as the asylum system has been, it has not contributed much to the dispelling of popular ignorance concerning mental diseases and the best ways of dealing with them. The institutions are, in many instances, remote from large centres, and even those near by are, by most persons, known only to be shunned. No yellow journal story in regard to them is too exaggerated to find credence, and little regarding the true nature of mental diseases and the real treatment received by the patients reaches the public. Such a strange alteration in speech and behavior is produced by diseases which affect the mind that the sufferers are generally looked upon with wonder, fear, and perplexity. Frequently they are regarded as subjects for ridicule. To be afflicted with mental disease, or to be a near relative of one thus afflicted is considered a disgrace which must be carefully concealed, if possible. The more obvious forms lead, therefore, to early seclusion, at first in the home, and, when management there becomes too difficult, in the asylum. The less pronounced types are not recognized as disease at all. Thus a profound ignorance in regard to mental diseases and their proper treatment pervades every community. From this ignorance neither physicians nor nurses are exempt. The public has not yet learned to expect much in the way of knowledge and skill in these diseases from the average doctor and nurse, who have consequently not been brought face to face with any great obligations in regard to them. The study and treatment of mental diseases have, in fact, been extremely specialized. This has been necessary no doubt, and has served a most useful purpose. Now, however, a wider diffusion of knowledge of the specialty is called for, and is needed to bring about the better management of the whole problem of insanity.
THE HOSPITALIZATION OF THE ASYLUMS.

To the physicians and nurses who are brought into close relations with persons suffering from mental disease, it is perfectly plain that for their proper treatment much more is needed than simply provision for humane care. They see the cases in quite a different light than those who think only of the insane as a class, or in terms of the prevailing ignorance. Asylum physicians have, therefore, always striven to emphasize the medical character of the cases, and the need of medical and nursing supervision and care. As a result of their efforts the asylums have gradually developed more and more along hospital lines. In token of the soundness of this tendency, during the past ten or fifteen years, the official name of nearly every institution in the country has been changed from asylum to hospital. There has, too, been a change in much more than the name. The suppressive and more neglectful methods of the past are giving way to more rational and active measures of treatment. Classification with a view to specialization and concentration in the treatment of the different conditions from which the patients suffer is taking the place of more haphazard methods. For the reception of the new cases, separate buildings are being provided, where liberal arrangements can be made for active medical and nursing procedures for those who need them. For those suffering from acute physical diseases and surgical conditions special hospital provision is made. The buildings or wards used for this purpose are arranged and organized as general hospital wards. A well-equipped surgical operating-room and all the appliances and facilities for thorough medical and nursing work are features of this service. Attending oculists and dentists, and a corps of consulting physicians and surgeons assist the resident medical staff in the management of conditions requiring knowledge and skill in the various specialties. For the infirm and feeble in mind and body from chronic disease, infirmaries are provided. Many of these cases are confined to bed, and many
others are so enfeebled as to require attention and assistance in every detail of their lives. It is doubtful if in any other kind of public institutions, chronic bed cases receive as good care as they do in the best hospitals for the insane. Tuberculous patients, of whom there is a much larger proportion than in the general population, are segregated and, in many institutions, are cared for in buildings specially designed and equipped for the purpose. Special provision is also made for the isolation of cases of acute infectious diseases which are of not infrequent occurrence in the institutions. Epileptics, for whom special dietary and precautionary measures are necessary; the restless and excitable who require skillful and tactful management, and the suicidal are other classes for whom special provision is made. The best administrative methods provide also for medical and nursing supervision in the care of all classes of patients in the institutions.

More definite classification has made possible and has necessitated more specialization, and more efficient organization to this end. For a number of years progress in hospitalization of the asylums has been towards bringing to the treatment of the patients the diagnostic and therapeutic resources of modern medicine and surgery. This has done much to improve the physical treatment of the cases and to make available for systematic study and for teaching purposes the valuable resources of the institutions. At present the tendency is to focus attention more particularly on improving the methods of bringing about mental readjustment and restoration to normal activities, which is the special work that the hospitals for the insane may be expected to do better than it can be done elsewhere.

The hospitalization of the asylums is a gradual process, and may be seen in every stage in the different institutions of the country. The highest development is to be found only in the very best, and in all there is room for improvement. It is hampered by the weight of traditional views and methods, by the lack of harmony between the needs and the provision made,
and by the great accumulation of incurables, whose presence furnishes plausible grounds for a pessimistic attitude towards mental disease in general. Few realize that the service is as active as it really is, and that nearly half the cases admitted are, even under present conditions, returned eventually to their homes, either quite restored or sufficiently improved to be capable of living in a normal environment.

**The Training School for Nurses.**

To the hospitalization of the asylums nothing has contributed more than the establishment of the training schools for nurses. The two developments have gone hand in hand, the needs of the one being provided for by the other. This has been the case from the time when the first attempt was made to establish a school, as may be learned from an extremely interesting article on "Nursing Reform for the Insane," read by Dr. Edward Cowles at the International Medical Congress in 1887, and published in the *American Journal of Insanity* for October of that year. The schools and the institutions for the insane followed in the wake of the world-wide movement for better nursing of the sick which was started in England about fifty years ago. The need of a high grade of medical and nursing attention for mental diseases has, however, never taken deep root in the public mind, and the nursing of the cases has never commanded the same quality of service or received the support from the benevolent that have been bestowed upon other forms of illness. The Nightingale movement brought to the nursing of the sick in general a host of high-minded, intelligent women who looked upon the work as a vocation. The mentally sick did not come within the scope of this movement and the same class of women did not feel impelled to offer to care for them. The foundation in knowledge of mental diseases and in provision and methods in caring for the cases had, perhaps, at that time scarcely been laid. The work of Dorothea L. Dix and that of Dr. Cowles were probably more suited to the needs
of the situation. The consequence has been, however, that the training schools for nurses in connection with the institutions for the insane have developed under different auspices and from different material than the general hospital schools.

The training schools for nurses connected with the public general hospitals were, at first at least, established and supported by private benevolence, and some of them are still detached organizations. In not a single instance, so far as I am aware, has a similar development occurred in connection with a public institution for the insane. In the spread of the movement for general hospital schools, the best of the graduates of the present schools were employed to establish new centres and thus the movement spread under nurse auspices. The schools in connection with the institutions for the insane have, on the other hand, developed under medical auspices, and are the outcome of a want which medical superintendents have long felt for better personal service to the patients by the attendants. Dr. Cowles was the first to show what could be accomplished by organizing a school on general lines, and by hospitalizing the methods of the institution to meet its needs, and others followed gladly in his footsteps. The persons to be trained were, however, only the attendants already employed, and no better material appeared. The physicians had themselves to provide the instruction as best they could, and to this day the grade of intelligence needed for building up an efficient nurse organization for teaching and supervision has only exceptionally been available. The schools have, however, steadily improved, and with the hospitalization and greatly improved medical methods of the institutions, the facilities for the training of nurses have been vastly increased. In an article which appeared in the *American Journal of Nursing*, in September, 1907, I tried to show the resources of the New York State hospitals for the insane for general as well as special nurse training, and I shall refer you to that for information on this point. By securing additional training for the best of the graduates, and by the employment of specially qualified gradu-
ates of general hospital schools for supervisory and teaching positions, the school organizations have also been improved. It has, however, been difficult to obtain the support and the material for the higher positions needed. Still, in many of the institutions the position of superintendent of nurses commands a good salary. In New York State it is $1,300.00, and there is also a position of assistant superintendent at $900.00. Competent candidates for these positions are, nevertheless, very scarce. At a recent examination for the position, not one of the first lot of candidates met the requirements even for admission to the examination. On a second trial, after the stated requirements had been slightly reduced, eight were admitted of whom three passed. Similar difficulties are experienced in other States. General hospital graduates, who have had merely an incidental or short experience in the care of mental cases, cannot measure up to the full requirements of these positions, which can be satisfactorily filled only when able women decide to specialize in the work, and are willing to face the unquestionable difficulties and unpleasantness which, in the present stage of nursing in mental diseases, must in most places be met in preparing themselves for it. Those who will accept these terms will, I am confident, eventually secure good positions and find an extremely useful and interesting field of work.

In New York State at least, the schools have developed sufficiently to be able to secure registration by the State Education Department under the nurse registration act. The registration movement has also, I believe, been of assistance to the schools by the stimulating effect and by bringing to their support, and to the support of the better nursing of the insane, the sympathetic, intelligent interest of the able body of nurses who act as advisors of the Educational Department in executing the law. The pupil nurses of these schools receive a part of their training in general hospitals. Thus far, however, no arrangements have been made for an exchange of pupil nurses and, owing to the lack of private support for the nursing of
the insane and for the State hospital training schools, certain difficulties relating to this have not yet been overcome. At one of the New York State hospitals, King's Park, a post-graduate course for general hospital graduates has been organized and a number have availed themselves of it. A demand for such courses would no doubt meet with a favorable response in many places. Wherever there is a well organized school in connection with a well hospitalized institution for the insane, affiliation between it and a general hospital school could be arranged with mutual advantage. This is much to be desired in the interest of the better care of mental cases in the homes and in general hospitals. The lack of provision and the ignorance and indifference which result in such large numbers of insane persons being confined in jails and lockups merely for safe keeping is a reproach to the medical and nursing professions alike. The earliest development for the proper care of insane persons in this country occurred in connection with general hospitals, and these hospitals, the Pennsylvania and the New York, have still large departments for this class of work. And yet, at nearly all other general hospitals, no matter how far distant they may be from a special institution for the insane, no obligation is felt to make provision for even the temporary care of mental cases. For those who may wish to gain some insight into the need of such provision, a report issued by the New York State Commission in Lunacy, which may be obtained at Albany, will prove useful. Enough has, however, already been done in a few places (viz. Bellevue, Kings County, Albany, N. Y., Cook County, Ill., Ann Arbor, Johns Hopkins, etc.) to furnish precedents, and it may be confidently expected that, in the not far distant future, every general hospital management will make some provision for these cases. In New York City, a special institution for incipient mental cases is planned for under private endowment. With the growing interest in such cases and in the relation of mental states to disease and its treatment, more adequate provision than at present prevails is sure to be made, and more knowledge and skill in the care of mental cases will be required of nurses.
The Personal Care of Mental Cases.

In the final analysis, the success of any system of treatment of disease depends upon the character of attention given to each individual case. This is conspicuously so in the treatment of mental disease, which is largely a nursing problem. Through the efforts of the physicians, the medical needs of the cases have been emphasized and provided for with increasing efficiency, and the nursing has been greatly improved. Training schools have been established and placed on a creditable and promising footing. It is time now for the nurses to take a more definite and active part in pointing the way and shaping the plans for a still higher standard of personal care of the insane than has yet been possible. To be convinced of the need and the opportunities for improvements, one does not have to believe fully the newspaper accounts of abuses. A little knowledge of the history of the care of the insane and of the prevailing views and ignorance, with the conspicuous absence of any strong popular movement for better personal service such as the Nightingale movement brought to the sick in general, is sufficient. Some insight into the situation from the standpoint of a patient may be obtained from a most interesting and instructive book entitled "A Mind that Found Itself," the author of which, Mr. Clifford W. Beers, recovered from an attack of mental disease after successive periods of treatment in three different institutions, each of which represents a type. It is surely time for the nursing profession to take up the evident needs of mental cases from the nursing standpoint, just as for years physicians have been wrestling with them from the medical standpoint. The nursing of mental diseases should now become a distinct nursing problem.

Those who wish to be of real service must, however, first obtain an intelligent insight into what they are dealing with, and practical knowledge of the needs of the cases. To many, insanity signifies a single disorder. Those who see the cases thus classed know, however, that they present a great variety
of conditions which differ in their characteristics, origin, and outcome, and in the requirements for their management. Some of them are due to gross organic changes in the brain, such as tumors and hemorrhages; others are manifestations of the effects of toxic substances such as alcohol, opium, or the products of bacteria; others are associated with such familiar forms of nervous disease, as chorea, epilepsy, hysteria, and neurasthenia; others still are the outcome of inherited or acquired constitutional states which render the subjects peculiarly susceptible to the upsetting influences of incidental physical disturbances and of personal mental experiences which present difficulties in adjustment. Every nurse is familiar with acute delirium, and looks upon it as a feature of the physical disorder which she is engaged in dealing with. This is, however, merely a point of view. If the delirium should dominate the clinical picture to the exclusion of the accepted evidence of a recognized type of physical disease, the case would be regarded as one of mental disease, and if protracted, would probably be transferred to an institution for the insane. Many of the cases admitted to these institutions are in a state of delirium either as an essential feature of the disease, or as an episode in a more fundamental disturbance. Other cases show a special type of physical and mental overactivity, spoken of as maniacal excitement. Others are overcome with a profound depression of spirits and of physical inadequacy. In still others the mental disease consists in a thinking disorder which leads to misinterpretations and false ideas concerning the experiences and ordinary affairs of life, often without much or any physical evidences of disease. In many, there is general mental enfeeblement, often accompanied by pronounced physical changes due to old age or to organic disease. In conservative tabulations of the mental disorders from which the cases admitted are suffering, which are published in the annual reports of hospitals for the insane, between 20 and 30 forms are mentioned. From the medical and nursing standpoints a reference to the insane as a class means no more than would a reference to the sick
as a class. The mental and physical conditions met with are numerous and present marked differences. It is impracticable, in an article of this kind, to bring this out fully, but I trust that enough has been said to indicate that much knowledge and experience are necessary, and that the measures employed in the care of the cases must be far from simple.

The extent to which the knowledge and resources of the well trained general nurse are required in the care of mental cases can only be partially demonstrated by reference to a few facts relating to the work in the institutions for the insane. That a large proportion of the patients admitted are extremely ill is shown by the high death rate, which is four or five times that of the general population, and by the fact that nearly half of the deaths occur during the first year of residence. The prevalence of pronounced physical diseases is shown by the following table taken from the article in the American Journal of Nursing already referred to. The table was prepared to show the number of conditions, other than distinctly mental disorders, which required nursing, during one year, in thirteen New York State hospitals. An average of 160 patients in bed daily, in each hospital, during the same period is also an indication that general nursing measures must be employed.

<table>
<thead>
<tr>
<th>Disease/Condition</th>
<th>No. of Cases</th>
<th>Average for each hospital</th>
</tr>
</thead>
<tbody>
<tr>
<td>Infectious diseases including erysipelas,</td>
<td>375</td>
<td>28.8</td>
</tr>
<tr>
<td>Tuberculosis,</td>
<td>1068</td>
<td>82.0</td>
</tr>
<tr>
<td>Intestinal disorders,</td>
<td>1313</td>
<td>101.0</td>
</tr>
<tr>
<td>Other diseases of the digestive tract,</td>
<td>486</td>
<td>35.8</td>
</tr>
<tr>
<td>Abdominal and pelvic diseases (not surgical),</td>
<td>330</td>
<td>25.3</td>
</tr>
<tr>
<td>Pneumonia,</td>
<td>349</td>
<td>26.8</td>
</tr>
<tr>
<td>Other respiratory diseases,</td>
<td>594</td>
<td>45.6</td>
</tr>
<tr>
<td>Heart diseases,</td>
<td>608</td>
<td>46.3</td>
</tr>
<tr>
<td>Other circulatory diseases,</td>
<td>250</td>
<td>18.4</td>
</tr>
<tr>
<td>Paralysis,</td>
<td>581</td>
<td>44.6</td>
</tr>
<tr>
<td>Other nervous diseases,</td>
<td>631</td>
<td>48.6</td>
</tr>
<tr>
<td>Miscellaneous general diseases (rheumatism, Bright's disease, diabetes, etc.)</td>
<td>981</td>
<td>75.3</td>
</tr>
<tr>
<td>Surgical conditions (without operation)</td>
<td>710</td>
<td>54.6</td>
</tr>
<tr>
<td>Genito-Urinary conditions in the male (without operation)</td>
<td>221</td>
<td>17.0</td>
</tr>
<tr>
<td>Fractures,</td>
<td>167</td>
<td>12.8</td>
</tr>
<tr>
<td>Obstetrical Cases,</td>
<td>31</td>
<td>2.3</td>
</tr>
<tr>
<td>Surgical operations (not abdominal)</td>
<td>407</td>
<td>31.3</td>
</tr>
<tr>
<td>Surgical operations (abdominal)</td>
<td>67</td>
<td>5.1</td>
</tr>
</tbody>
</table>
The number of surgical operations, while not large, is sufficient to show that knowledge of the necessary technique may be required in the care of mental cases. A very large number of minor surgical procedures which were necessary, has been omitted. During the period, 789 persons, or an average of 58 for each hospital, among the officers and employees of the hospitals suffered from conditions which necessitated nursing attention. It should be clearly understood, too, that many of the measures employed in the treatment of mental diseases, without regard to intercurrent conditions, have reference to improving the physical state and consist of procedures which are familiar to general nurses. Measures relating to disorders of the digestive tract and nutrition, to circulatory disturbances, and to functional nervous disorders are especially applicable. In the management of the dietary, the nurse for mental cases should be an expert. Not only will the more common occasions for ability in this direction be met with, but all sorts of vagaries and positive refusal of food must be managed. In the care of all acute cases and of epileptics, and of cases of general paralysis, dietetic considerations become extremely important. Hydrotherapeutic procedures are employed in great variety in the nursing of mental cases, from the neutral tub in which an excited or delirious patient may be kept continuously for days or weeks, to the simple sprays and packs. Rubbing and massage and electricity are used extensively, and the nurse should be able to employ them effectively and judiciously.

In the application of all nursing measures in these cases, the question of mental readjustment and restoration to normal activities must be ever in the mind of the nurse. The special measures employed in dealing with these are judicious mental management, combined physical and mental exercises, and means of recreation and pleasure. The proper mental management of the cases can only be learned as a result of insight into their character and of practice. The nurse must know what may ordinarily be expected from a case. A cheerful wholesome outlook on life in the nurse herself is quite essential.
She must be sure of her self-control under aggravating circumstances, and find a constant satisfaction in healthy activities with and for others. She must learn when and how to use repressive measures, and to what extent it is best to permit even morbid activities to have their swing. She must know how and when to use assertion, suggestion, and example in dealing with morbid ideas, and when to leave the patients to their own thoughts. Little can, however, be said on this subject that will explain the requirements.

Much importance is attached to the use of combined exercises. Among the simplest are marching to music, calisthenics, dancing, interesting walks and simple, often childish, games. Various occupations such as cutting pictures, making scrap books, making cardboard boxes and forms, sewing, fancy work, weaving, wood carving, brass hammering, book binding, photography, nature study and collecting, horticulture and, in institution work especially, the more utilitarian occupations answer the same purpose. Occupation and recreation may be frequently obtained simultaneously by the same means. Conversation, reading, cards, pictures, plays, and other entertainments are, however, employed in addition. For years occupation and means of recreation have been among the resources of the institutions for the insane. They have, however, been employed principally for the patients as a class and often for mere utilitarian institutional ends. The present tendency is to use them in a more definite and systematic way as distinct therapeutic measures to be graded and applied in such a way as to procure distinct effects on selected individual cases. In some places, the number of which is steadily growing, special instructors and directors are employed for this work. In the personal nursing of mental cases the nurse must be prepared to apply all the resources of her art whether they relate to physical or mental conditions.
SOCIAL SERVICE FOR MENTAL CASES.

A few years ago, under the auspices of the State Charities Aid Association, a movement was started in New York State for the after-care of patients discharged recovered from the State hospitals for the insane. The work has been carried on with exceptional efficiency in New York City where it has been extended so as to include attention to incipient mental cases who apply for treatment at Bellevue Hospital. The value of this method of seeking to prevent the onset or recurrence of mental disease has been clearly shown and its further application seems certain. This should open to nurses an important and interesting field of work in which a working knowledge of mental diseases would be extremely useful. A somewhat similar work has been carried on in Massachusetts for many years, and nurses are constantly employed to visit the patients in homes where they are boarded by the State or in their own homes.

A great deal more might be said on the subjects touched on in this paper. I fear, however, that I have already tried your patience. My purpose has been to bring to your attention some facts and considerations relating to the whole field of nursing in mental diseases with a view to exciting interest, and possibly suggesting openings for helpful and profitable service. I should like to emphasize the following practical points:

1. That, though a great deal of splendid work is done by the attendants and nurses in the hospitals for the insane, nurse leaders are needed for dealing more efficiently with the care of the insane as a distinct nursing problem, and for the better organization of nurse training for the work.

2. That, for humanitarian reasons, and for the earlier treatment of mental cases, special structural, medical, and nursing provision for at least the temporary care of such cases should be made at the general hospitals.

3. That physicians and nurses in general should receive better instruction and training in regard to the nature and
causes of mental diseases, and to the proper methods of dealing with them. This would render them more efficient in dealing with the cases in the homes, and would enable them to lead in measures for earlier attention and prevention which must be looked to if the rising tide of mental disease in this country is to be checked. To accomplish what is needed will require the cooperation of many workers. The nurses cannot cultivate the field uninvited and alone. The need of more efficient management exists, however, and is daily becoming more plainly seen and felt. So far as it relates to nursing, the nurses of America may, I am sure, be depended upon to find a way.

The President. The lateness of the hour will not permit us to have any extended discussion of this paper, but it is too important to pass over, and we shall therefore take the matter up immediately upon assembling this afternoon.

The meeting then adjourned until 2 o'clock.
WEDNESDAY AFTERNOON SESSION.

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

The President. We have a full program this afternoon, but as we suggested before the close of the morning session, it is important to discuss Dr. Russell's paper on "A Survey of the Nursing of Mental Diseases." Two very interesting points were brought up in it. One is the effect of registration in bringing about improvements in the care of the insane. The other is the degree in which affiliations are being made with general training schools. Perhaps Miss Alline will give us some further information on the subject.

Miss Alline. I am very glad always to speak of the work that is being done in New York State in connection with insane hospitals, and I wish to say right here that when Dr. Russell's paper is printed I want every member to read it. Dr. Russell is medical examiner for the Commissioner in Lunacy of New York. He visits not only the state hospitals, but also thirty private institutions for the insane in New York. I think one of the most interesting questions he has taken up is the advance in these hospitals in the nursing department, and when we speak of any measures we wish to have brought before the State Commissioner in Lunacy, he refers to Dr. Russell, saying: "Whatever Dr. Russell and the educational department have to say, we will stand for." There is no man more interested in work for the insane in New York than Dr. Russell. Through his aid much has been done and we are just beginning. Five state hospitals accomplish their work in accordance with the plan of work in general hospitals. They move their nurses about from ward to ward, from one department to another in the state hospital, that they may have all the experience they are able to get there. The instruction is greatly improved. The nurses are grouped together in homes so they may be together in their work and study together, something which has never been done before.
These questions of shortening the hours and of the educational requirements have been studied carefully. We had a conference in the beginning with the committee, and they said they had this examination which they had to submit to students, and that they would submit it to the educational board to see if it would come up to the requirements of a full year in the high school. The examination has been passed upon by the educational department as it came before them, and it was found it did not come up to a full equivalent of a year in the high school. Another conference was held and a canvass was made to find how many had that equivalent before taking the examination. I think I can say that fully one-half had the equivalent of a year in the high school. Now we changed that point, and we admit students in the state hospital who have met the requirements of the state law regardless of the examination that has been held, and we expect in a short time, as soon as other conditions are improved in measures regarding training schools, so we may have all members of the schools eligible for registration. The greatest changes that have been brought about by the lunacy commission are along the line of the appointment of the superintendent of the training school. The requirements of the examination to take up that work state that nurses must be familiar both with the state hospital work and general training, the same amount of time given to each, and also must have held an executive position to prepare herself for teaching nursing. The salary is $1,200 and our greatest difficulty was to find a woman who could meet the requirements of that examination. So far two have been appointed, two others are about to be appointed, but we want many more. When our next examination of women to fill these positions takes place, we shall send notices out as widely as we can, and I hope by that time many of you will feel that you can take up this work. There is no more important work than nursing these insane people. We need to do better work and it is a good opening for responsible people. (Applause.)

The President. Perhaps Miss Goodrich, of Bellevue Hospital, can add to this discussion.

Miss Goodrich. I would like to ask whether there is a representative of a hospital here where they have done away with male attendants and have placed women in charge. If there is any-
one here in whose experience they have done that, I think she could explain it better than I could.

Miss Anderson. Dr. Macey went to see such a hospital and was much impressed with its management and the work that women were doing. It has been so satisfactory that he has since done away with male attendants and has placed women in charge. He has a woman superintendent in his own hospital, and we have placed women in charge of our male insane with very satisfactory results. The whole care of the patient has been pronounced very much improved. I would like to call on Miss Holmes to tell whether they have done this in England. It seems to have a quieting effect on patients; the deranged mind seems to be more influenced by the intelligent and higher grade of woman. It speaks well for the higher grade of women who can by their influence control patients instead of using brute force.

Miss Holmes. I know nothing personally about this, but I was told by a doctor who had a course of training in such a hospital that restraint had been done away with entirely even in the case of the most violent patient. That women nurses had entire charge of wards, and that although patients sometimes became very violent, they became quiet immediately in the presence of the nurse. He said he could give no reason for it except the influence of one mind over another. The wards were clean and in order and had the appearance of general hospital wards, and there was no such thing as padded rooms and restraint, in fact, restraining a patient was hardly ever known. That nurses who took a course in this hospital were applied for long before they finished their course in their hospitals, and positions of importance were always open for them almost before they commenced their training. (Applause.)

Miss McMillan. All insane institutions in Illinois are open to nurses—either pupil or graduate. The authorities of these institutions are willing to pay good salaries to the nurses, to make their home life comfortable, and to give women going there an opportunity to do good work. For fully two years they have been applying to the general hospitals of Illinois, and they have been unable to get a sufficient number of graduate nurses to fill positions as head nurses and superintendents of nurses. It would seem that out of the hundreds of good nurses in this country there should be a number both willing and capable of taking up this work.
It also seems that women at the head of schools could do much to make their pupils interested.

In Illinois some of the general hospitals have optional three months' training in the state institutions, and a number of the pupil nurses are taking advantage of the opportunity. In my own school the entire junior class has made application to take the training, while about ten of our nurses have completed the course. Five of these have accepted permanent positions in the insane hospital, and those who are private nurses claim that this experience has been of inestimable value to them in managing their patients—especially, of course, nervous patients. We are fortunate in Illinois in having Julia Lathrop who for many years has been trying to better the condition of the state institutions, and who has, to a great extent, been instrumental in raising the interest of the nurses as well as in securing a welcome for them in these institutions.

The President. I would like to refer briefly to another point in Dr. Russell's paper, where he touches upon the importance of work for the insane. An exhibit of "Occupations for Invalids" was set up in our educational museum during the year, showing types of work suitable for many kinds of patients, among them those with nervous diseases—those on the border line. The exhibit was prepared by Miss Tracy, Superintendent of Nurses, Adams Nervine Asylum in Massachusetts, and much of it is her own original work and creation. It attracted much attention, and several departments, notably that of fine art, offered to contribute to the further development of such a course.

We will now pass on to the next paper, which is by Dr. Caroline Hedger.

VENereal Diseases and Moral Prophy-Laxis.

Dr. Caroline Hedger, Chicago.

I shall call your attention first to the institution of marriage. The people who are working on this problem experimentally ought to know more about it than we do. There seems, how-
ever, to be a consensus of opinion that there is something wrong with the institution. Professor Thomas, author of *Sex and Society*, uses this language in regard to marriage: "A situation at present abnormal and almost impossible." This is strong language, and those of us who know Professor Thomas think he is not talking from the experimental side, but the theoretical. We hear from our strenuous ex-President talk of race suicide and the responsibility that rests upon society in that direction. I think we can arraign society to-day on three counts:

One is the increasing amount of divorce. That is an ominous matter.

Second, is the decreasing birth rate. You cannot have a state without citizens. If we are to have an America that is to be worth while we have to have Americans. If you want Americans made second hand from Bulgaria and Turkey, that is a different matter.

The third ground on which we could arraign society to-day is the ever increasing amount of venereal disease.

All these things are due in part to the economic basis of our present society. I cannot stop to discuss that point; there is an economic basis on which these three things lie and it is well worth your study.

It occurs to most of us that we believe in monogamic marriage—one man and one woman. That seems to be the best thing that has yet been worked out for the race. I have never yet found any institution that fitted children for the struggle of life so thoroughly as the well regulated home. One father, one mother. When one man and one woman feel responsible for the children they bring into the world, it is there we find the highest type of development of which these children are capable.

Another argument in favor of monogamy is the elimination of venereal disease. As I will show you, there are many ways of contracting venereal diseases, but you know perfectly well as nurses if we could have monogamic marriage, one man and one woman, we would wipe out three-fourths of the present disease.
At this point I must pause, as it is my vital ground. What have we to-day to fear from syphilis and gonorrhea? You have much to fear both as citizens and nurses. There is the personal side of the question, but society has much more to fear from these diseases than you have from the personal point of view. Perhaps you have read Bulkley on "Syphilis of the Innocent." He states that more than half of the cases he has treated came by innocent means, that means through marriage or contact in daily living. Those of you who do hospital work come in contact with venereal diseases. You protect yourselves and your nurses from those diseases. You know how gonorrhea is carried in various ways. You know that to avoid spreading gonorrhea means absolute cleanliness of instruments, of water closet seats, bed pans and bedding. I do not need to tell you that these neglected are a source of infection.

There is one phase of venereal infection which in your profession will tax to the utmost your ingenuity. That is the prevention and treatment of vulvo-vaginitis in children in hospitals. You well know the constant menace of this contagion in children's wards.

We now have a ward set apart for the infected children in Cook County, and other hospitals demand three "negative smears" before admitting a child among children free from gonorrhea. In private nursing you have to protect yourselves. You know syphilis is carried in various ways; that it can be inoculated in cracks in the skin, and you know you must take the most careful precautions in handling a syphilitic patient. As citizens you run exactly the same risk that every woman runs. This is not an imaginary statement. Last week a professional woman told me she had in her practice a trained nurse who had been married one month and was infected with both syphilis and gonorrhea. Have you not got backbone enough to demand a clean man when you marry?

In regard to this decreasing birth rate. You do not know, perhaps, how serious a thing this is becoming. We do not need to point to France any longer. Our average family has
dropped from 4 + to 2 +. The minute our average drops below two we are a dying race. There are the father and mother; and two children growing to maturity simply replace the father and mother. The race, to be a live race, has got to increase. The average family of two does not make a nation. The colored race is still worse off. Their birth rate has dropped off three or four times that of the white, and if the colored people do not wake up to the dangers of venereal disease they will become extinct.

The next social point is the increasing sterility. Race suicide does not cover the ground. Forty-two per cent. of our sterility, according to Morrow in his Social Disease and Marriage, is due to gonorrhea. It is my experience in practice that more women come to me wanting children that cannot have them than come to me wishing to dispose of their children, though there is occasionally the woman who has so far lost her sense of her own divinity and her best chance for immortality that she desires not to have any children. I am well aware that that class exists in the community, though I live in a poor district where the number of children in family is above the average and I may have a different experience. There is an economic basis to this limitation of families. There has got to be an adjustment of wage and rent so a man can do a day's work without killing himself and the mother can stay at home and take care of her children. It must be so that people will not fear to have children, so that they can get a loaf after the rent is paid and give their children enough to eat. We know the economic basis in marriage is a factor in decreasing birth rate, but gonorrhea is another big factor.

The next thing we have to consider in this venereal disease is the support by the state of the blind. You may say you do not pay taxes, but if you pay rent in the long run you do pay taxes. One third of all the blindness in this country is due to gonorrhea, and you are bearing the burden of these hundreds of people unable to support themselves. You have got to get right down to the root of this matter. Just why do we pay
taxes to support the blind from gonorrhea? Why do we have the average family of two? I will give you frankly my reason: It is because of one institution that exists in our midst, and that is prostitution. That is the great lake that is the feeder for this ever-widening stream of disease, and you as nurses know it. We have had the prostitute ever since the day of Noah. Still, because we have had her, do we always have to have her? We do not. Prostitution has to go. Now, that will probably not be in our day because it is going to be a matter of education. You may be in a frame of mind that many women are in, that they would be afraid to have prostitution go. We have been told it would not be safe, that a woman could not walk the streets alone safely if there were no prostitutes. I think we need have no fear on that score; I refuse to accept any such standard as that for American manhood. Perhaps some of you were brought up to think that prostitution was a necessity; that sexual intercourse is a necessity, legitimate or illegitimate. It is not so. A man can be just as continent as a woman. The only reason we are permitting promiscuous sexual intercourse is because women have sat down and let it be so. The moment that women rise up and demand that men be as clean as they are clean, that moment the men will rise to their standard, because men cannot get along without woman. What is to be done? I would like to refer you to the report of the "Committee of Fifteen" of New York. It is one of the best reports existing on the history of regulation and segregation. It contemplates an examination by police surgeon, and issuing a card to the prostitute as a means of checking venereal disease! It does not work. If I had time I would tell you why. It has been tried in Europe. Europe is much worse off than we are. In France we may expect to find eight to ten per cent. syphilitic, and fifty out of every hundred with gonorrhea. In Chicago we have a system of segregation. The prostitute is sent down to Twenty-second Street, while at the same time there is a syndicate which steals girls, steals hundreds of them every year to recruit these
houses of prostitution. We in Chicago and New York believe there is only one way out of this and that is for women to possess the ballot. We have in Illinois an A No. 1 law; we have a law which, if enforced, would put every house of prostitution out of business. Does it occur to you that if we had the ballot we could snow under a few district attorneys and get others to do something? It occurs to me.

There is another thing that has to be done, a thing that has to come. That is some arrangement of our marriage laws by which a woman can have some knowledge of the risk she runs of venereal infection before marriage. That has been worked out to some degree in some states. If woman had the ballot that would come faster I believe because women stand for that kind of legislation. Now it is a difficult matter. If a woman has a father or a brother she perhaps can ascertain a man's condition, whether a man has been infected or not. I believe such a system of pre-matrimonial examination would work out well. Something that occurred a few years ago makes me think it would work. A little woman I met in my practice was engaged to be married, and she knew something of the dangers of venereal disease. The man whom she was to marry knew that she knew something about venereal infection. He said to her, "I visited Dr. So-and-So for life insurance examination, and if you will go down there and see him, he is at liberty to give you all the information he can, he knows all about me." She went there and found out about him, married him, and so far she has kept her health. If that plan were general, men would prove themselves fit.

Another thing to which I wish to call your attention is the campaign of education that is so well begun in this country, and in which I wish to enlist you as a profession. The field is open to nurses, hospital as well as private. I do not know of any field in social work that is more worthy of being cultivated than this very educational campaign against the dangers of venereal disease. In the first place you come in contact with the people. You get mothers under your care, and you can
teach those mothers what they should teach their children. You have a chance to teach children what they should be taught. You must not only fit yourselves for work, but you have work to do that should make your profession immortal as a profession. This campaign for education we have organized in Chicago (and I suppose it is the same in New York) after this fashion. We pay two dollars a year to belong to the society, and it is called the Society for Social Hygiene. It only meets once a year and only a few people attend the meeting, but if the funds are available that is all that is necessary. Men and women work quite differently in that society. The men have sent out pamphlets from Maine to California. The men sent them out to men, and they seem to be doing a great deal of good. The women are organized on a different basis. Our society is allied with two departments of the Chicago Woman’s Club and, by the way, that is a good symptom when these women of wealth and leisure take up work like this, and in this committee are twelve women physicians. The woman’s club end of the committee makes all the business arrangements; that is, for all the teaching that is done in the groups of mothers’ clubs and in schools, and then the physicians give the lectures. We have given two series to teachers and also many lectures to the Alumnae Associations of Nurses. For these groups of women we have either a long or a short course in Sexual Hygiene. The women physicians have divided the work among themselves. Say the first physician has anatomy, the second has the physiology of the reproductive organs, the third has menstruation, and so on. We are trying to have light on this subject which has been kept under cover too long.

I do not know of anything I could more cheerfully invite you to than to come into this work with us. We found we were not fitted for it, but we started the movement and we are getting results. We do not all think alike, but we have this hope that in children’s minds the tissue of lies that has so long existed may be replaced with the truth. Now, of course, we believe mothers should do that teaching. I believe it is the
business of mothers to do that teaching, but I say to you that mothers are not fitted for it, they are not ready for it. That lays the onus of this campaign on the rest of us, the nurses, doctors and teachers. The doctors are not ready, the nurses are not ready for it, and we are trying to get a few teachers ready. The thing I want you to do is to settle with yourselves what you yourselves think you are willing to stand for. Make your standard, then find out as far as you can the best way to teach this matter to children. Dr. Virginia Van Hoosen believes the whole secret lies in telling the truth to children. She believes if children were told the straightforward facts about reproduction it would settle the whole business, and I am not sure but it would.

The President. The approval of this audience shows the way the paper has been received. Some of our nurses have long felt that the enfranchisement of women meant sooner or later the destruction of prostitution. I think Dr. Hedger would be glad to know that the Society of Moral Prophylaxis, of New York, numbers several nurses among its members, and they pay their contributions gladly. I regret that we have so little time to devote to the discussion.

Miss Lent. I would like to ask Dr. Hedger to give a list of books that would be helpful to nurses in this education. I know there are a great many books that might be helpful.

Dr. Hedger. Unfortunately, the list is not as large as it should be. I might mention some that come to my mind, such as Morrow’s Social Diseases and Marriage,—that is the standard—Report of the Committee of Fifteen, of New York City; Woman and Economics, Charlotte Stetson Gilman; Miss Manley’s Biology;—well, there are others but I can’t think of them now. However, those I have mentioned will keep you busy for a long time.

The President then announced the next paper.
THE VISITING NURSE’S NEED FOR SOCIAL TRAINING.

By Miss Abbie J. Peters,
Visiting Nurse, Associated Charities, St. Paul, Minn.

Notwithstanding the fact that the Jubilee Congress of District, or Visiting, Nursing, held in Liverpool last month, celebrated the fiftieth anniversary of the foundation of our work, yet it must be said we are a new class of social workers. Although it is over thirty years since the first nurse began visiting the sick poor in this country, still fifteen years ago the number of visiting nurses in the United States was small. The few who were at work were rather widely scattered with, as a rule, somewhat different purposes in view. They were so few and their aims so diverse that it was practically impossible for them to get together anything like a body of experience. The first meeting of visiting nurses in America, the first opportunity to compare notes, was held only five years ago. So the meeting to-day is not far removed from the first one, and the visiting nurses present may discuss questions affecting their work with their faces to the future.

The isolated accounts of the beginnings of the work indicate that the first visiting nurses thought they were dealing with a comparatively simple matter, sickness in a person normal except for lack of money. We have now advanced far enough to know that if a person is so destitute that in sickness he must accept the services of a charity nurse, in the overwhelming majority of instances, his wants are much more serious than want of money. There are many honorable exceptions of course, but they are exceptions. I need not stop to tell this company that I am not speaking chiefly of moral lapses, but of the social lacks now coming to be well understood. This fact, that the poor man’s shortage of material things is but an evidence of some deep need in his character, is one of the
principles underlying the unexampled social activity of our time, and has had much to do with the recognition of the value of Visiting Nursing.

People the world over know of the success of the Charity Organization Societies in bringing helpful relief to the poor in their homes. These societies became necessary chiefly because it was found that people who, in undertaking to relieve the needy, had in mind only or principally the hunger or cold, did on the whole more harm than good. Such workers left the poor weaker and more dependent than they found them, in other words they pauperized them. This disastrous result can be accomplished in other ways than by the unwise giving of material things. Most of you have doubtless read the paper which Dr. George M. Gould, of Philadelphia, presented a few years ago at the American Academy of Medicine, on Hospitalism. In it he showed the general weakening effect upon the poor of loose administrative methods in public hospitals and dispensaries. The paper was widely circulated and had a salutary social effect. Successful visiting nurses have found that because the nurse comes to occupy such an intimate relation to the families she visits, she has to be very careful or she too may do harm in weakening character while doing good in restoring physical health. It is clear that it is quite possible for the visiting nurse to leave people with less independence of character and less self-reliance than she found them.

In order to know the experience of the successful charity workers of the country on this subject, I wrote, in the preparation of this paper, to eighty of the most prominent Charity Organization Societies in the United States and Canada, asking them whether the visiting nurses in their respective cities had had any social training before taking up the work or had had special opportunities of this kind since, whether a lack of social training was apparent in the work of the visiting nurses, whether any pauperizing effect could be observed, and whether they thought it possible for the nurse to do her work in such a way as to weaken the spirit of independence and self-reliance.
Of the eighty written to, fifty-three, including those in almost all the large cities, replied. Of the fifty-three answering, in only four had the visiting nurses taken any social training before going into the work. In eight others the head nurse or some of the nurses had taken such training. In fifteen cities the visiting nurses had taken up studies in social work at the time they entered upon their nursing duties, and in twenty-one the matter of social training had, so far as known, received no attention by the nurses. Five cities state that they have no visiting nurses. Thirty-two of the fifty-three report that the visiting nurses show lack of social training. In twenty this lack of social training is reported to have resulted in more or less social harm, and all but one are positive that it is necessary for the visiting nurse to be on her guard or she may pauperize.

This presentation of the condition of visiting nursing from the social point of view, while not at all alarming can surely not be considered satisfactory. These reports are made by our friends, for we know that the Charity Organization Societies have been one of the largest, perhaps the very largest, factor in promoting visiting nursing.

A number of most interesting aspects of the question are brought out by the answers received. The day my letter reached the general secretary of the Baltimore Society, one of the visiting nurses of the city had called on him to inquire about the opportunities for social training, as she had come to feel the need. It appears that the number of visiting nurses attending courses in the schools of philanthropy is increasing in a marked degree. Both New York and Boston write to this effect. The head nurse in one city is planning to take a course in philanthropy this year. At least three of the reports were written by graduate nurses, and none were more positive than they as to the visiting nurse's need for social training. All these charity workers speak in warm terms of the devotedness of the visiting nurses, and it is clear that the utmost good feeling prevails. A point made by several is that nurses who have turned their attention from nursing to social work are unu-
usually successful. The head of at least one charity organization society in this country began work as a visiting nurse.

Turning to the details of the social problems encountered by the visiting nurse, we may deal first with material relief. It is not, the most important, but it is nearest. It may be noted that the practice of having the nurse administer food or fuel or such, is not now followed by any of the progressive visiting nursing organizations. Even special sick diet funds, for milk, eggs, ice, etc., are in many places being relinquished to the regular relief agencies. The answers to my letters of inquiry indicate that difficulties have arisen in certain cities through the nurse’s methods of dealing with material relief. In some of them, notably Baltimore and Chicago, the practices of the Visiting Nursing Association have been changed so that individual nurses no longer call directly upon the relief societies for aid. They now report these cases to the superintendent of nurses, and she calls them out before requesting help. There can be no question but that a sick person must be supplied with all the nourishing food needed. All are agreed on that point. But this does not mean that the visiting nurse shall, upon discovering apparent destitution, immediately call upon a relief agency for groceries, and so on. What is known as the natural sources of relief are first to be considered here as elsewhere. The relatives, neighbors, employers and others interested are to be interviewed, the resources of the neighborhood must be known. This need cause no appreciable delay, it is simply doing the work right. The idlers in the family are to be put to work. To administer material relief properly is not an easy matter. Then there are many families who find it pleasing to have the nurse carry messages to the relief societies concerning the household needs. What to do in all such cases requires training, and it may be taken as a general rule that a visiting nurse who in her work allows material relief to occupy her thoughts in any considerable degree, will injure the family just as the old style of charity worker already spoken of did. Again, the nurse cannot presume that she is more sympathetic
than the charity organization worker, nor cherish the notion that a particular family would be neglected in the matter of material relief but for her. Such attitude of mind on the part of the nurse is fundamentally wrong, and generally tends to injure the poor.

But the principal reasons why the visiting nurse should have social training remain to be considered. As stated above, most of the people she is called upon to minister to are dependent in spirit, defective in character. Some are widowed, some lazy, some improvident, some drunkards, some thieves, some debauchees, almost all lack energy and are much given to self pity. The family life is without unity or purpose, the relation of the parents to the children is abnormal, generally the latter are greatly neglected. If a nurse visits a family of this character, attends to professional duties, gives advice on sanitation, telephones some charitable society that the woman is sick and the family have no provisions, and fails to get into the heart of the disordered family life, she misses one of the rarest opportunities which can possibly open for helpful personal service to the dependent.

One of the difficulties in the treatment of social diseases is to discover what is wrong. Different from in the case of physical ailments, the person socially sick endeavors to conceal the real difficulty. The nurse without effort on her part, is admitted to the family council. If she has trained sympathy and mental alertness, if she has studied human nature intelligently, the difficulties in the family life will appear before her. It would require many calls and much labor on the part of the general social worker to obtain as intimate a footing with the family as the nurse does in her first call, and it is probably true that there are instances of this character in which none but the nurse can fully succeed. Meeting these deeper needs in the family may not consume any appreciable amount of time. In some instances the social training will show where time may be saved, and it is probably true that the visiting nurse would lessen her own power for social uplift if she spent much time
in social work. Should the social disorder be one which will require treatment for any considerable period, she should generally turn the work over to the regular charity worker, but if she has no social training all these serious family troubles may, and usually do, go unnoticed.

Sometimes the social diseases must receive serious attention right at the start. Now to get thoroughly into the family life is to leave out one of the principal factors in healing, the mental condition. We all know that sickness is sometimes caused by anxiety and worry, and it is frequently thus aggravated. It is unprofitable to advise the sick woman to boil the water before using it, while her mind is fixed on the fourteen year old girl who stays out nights. It is not easy to introduce the cheer necessary for recovery while the twenty year old boy persists in idleness. If the cause of the heart ache is removed, the professional service needed may be small. It is sometimes said that while character building work is undoubtedly needed in most of the families visited by the nurse, it should be delayed until the sick member of the family has recovered. Now, of course, this could be done in some instances, but as just shown it cannot be done in all. If the nurse has had social training she will be in position to decide which cases may be delayed. But why have any wait? The social and bodily healing may well go on together. In fact both are likely to progress faster in this way, thus from another point of view saving the time of the nurse. Of course the person sick is as liable as any other member of the family to need social treatment.

The time of this paper will not permit a consideration of methods of treatment of social disorders. But it may be said in general that what is needed is calm, steady, healthy sympathy, with the communication of the strength which this implies, and a pushing aside of all morbid sentimentality. The personality of the nurse is the important question in social healing.

Besides the acquaintance with the causes of social weakness
within the sick man himself, an intelligent capacity to appreciate community causes is needed. Questions relating to wages earned, loss of time, the conditions of the man's or the girl's employment—social as well as sanitary, opportunities for recreation—the standard of living generally—all enter into the case of sickness at home. Why should we not inform ourselves on subjects so closely related to our professional duties? Social workers generally feel under special obligation to Miss Wald and her associates of the Nurses' Settlement, New York, and Dr. Cabot and his nurses in the Massachusetts General Hospital, for demonstrating the advantage of the nurse's doing professional work and socially constructive work at the same time. The neighborhood work done in both cities has had an important bearing on the professional work.

The visiting nurse must not only avoid doing social harm, she is to improve the opportunity to communicate to the weaker, the strength of character which she herself possesses. Although a thorough course of training will be most helpful, there is no desire to insist upon this. The principal thing is the point of view. It is necessary to take sufficient social study to know well the place visiting nursing occupies in the accepted scheme of social regeneration, and to appreciate the fact that if we fail in this it is we, and the sick we visit, who lose by it.

Visiting nursing occupies a unique and distinctly foremost place among all the vocations of life. The visiting nurse is the servant of the weakest and most helpless of human creatures. Those she ministers to are not only broken in physical health, they are also penniless, their mental status in some respects that of a child, ambitionless, incapable, without perseverance, desponding, sometimes despairing. If the nurse recognizes her opportunity, her profession will rise in dignity accordingly. Shall she in visiting those laid low by a combination of all these ills, bring the curative touch to only one sore, and that not always the most painful, or shall she so qualify herself that by the same movement of her healing wand she may set the wretched sufferer on the way to complete, perfect health.
The President. I will now call on Miss Cannon for her paper.

HOSPITAL SOCIAL SERVICE WORK FOR NURSES.

IDA M. CANNON, R. N.

In reading the exceedingly interesting History of Nursing that Miss Nutting and Miss Dock have given us, one cannot but be impressed anew with the phenomenal rapidity of the development of nursing as a profession. The development of nursing ideals as they have traced them has been concomitant with the development of hospital service and the perfection of hospital technique. As a natural phase of this development the hospitals have shut themselves away from the community and hedged themselves in with conventions and restrictions which have allowed them to concentrate their attention on the details of internal development.

We are now questioning whether the hospital—the institution that ought to be most vital to the people, most human in its significance—can possibly cut itself off from the community without sacrificing an opportunity to make its work of the greatest effectiveness.

The community that the hospital serves—the vast accumulation of people of our present day city with its centralization of industries, overcrowding, bad conditions of living and work—presents not only grave questions of individual illness and distress, but also tremendous problems of public health and public welfare. The forces which have drawn these multitudes together seem now to have turned upon them and are devouring them in disease, misery and vice.

Preventive medicine and philanthropy are fast finding that these public health problems demand the union of their forces, and with this union a new, hopeful era of human progress is opening. Preventive medicine is based on the scientific proof that we can control most infectious diseases, that we can fore-
stall malnutrition, and gives a more hopeful aspect to the problems of infant mortality, nervous disorders, venereal diseases, and occupational accidents and illnesses.

The dominant note of modern philanthropy which Dr. Devine gives as, "the determination to seek out and to strike effectively at those organized forces of evil, at those particular causes of dependence and intolerable living conditions which are beyond the control of the individual whom they injure, and whom they too often destroy," conveys a new hopefulness and courage.

If either of these great professions—medicine and philanthropy—is to be effective in combating these evil conditions, they must join their forces and fight together. The tuberculosis crusade gives a striking example of the possibilities of such a union. In fact, tuberculosis has been the "entering wedge" of social into medical fields.

One of the most significant expressions of the possibilities of medical-social work is found, I believe, in hospital social service work which is being rapidly developed all over the country.

Social work of a more or less desultory character has been done in hospitals for many years through the clergy, the boards of "lady visitors," interested individuals and by individual doctors and nurses. The new element that has entered the work as we understand it to-day is the establishment of specially trained workers in conjunction with the hospital or dispensary whose business it is to meet the needs of the patients in all their variety and to supplement the medical treatment which the hospital gives. They are the link between the institution and the community it serves.

The possibility of organized social work in conjunction with hospitals was seen by Mr. Locke, of the London Charity Organization Society, when he established some twelve years ago the "lady almoner" whose nominal office it was to limit the abuse of medical charity. These women, not trained nurses but trained social workers, do much more than detective work and are the means of referring to various social agencies many patients with whom they come in contact.
About eight years ago Dr. Charles Emerson, of the Johns Hopkins Hospital, organized a group of young medical students who visited in the homes of Associated Charity cases (some of whom were Johns Hopkins patients) under the supervision of that society. The object here, I believe, was largely the social education of the students.

The first definitely organized social service department was established in connection with the Massachusetts General Hospital Out-patient Department in October, 1905, by Dr. Richard Cabot, of Boston. After some years' service in the Out-patient Department, Dr. Cabot came to feel very strongly that "conscientious diagnosis is sterile if there are no means of making the treatment effective." To fill the gap between the needs of the patient and effective treatment, Dr. Cabot employed Miss Garnet I. Pelton, a trained nurse who had had social experience, to visit the patients in their homes, to report to the doctors the social conditions, and to see that the patients' needs—whatever they might be—were met.

During the past three years hospital social service has been extending with remarkable rapidity. Social service was established at Bellevue Hospital in July, 1906. Under Miss Wadley's direction this work has grown extensively and received wide recognition. The Presbyterian Hospital, Vanderbilt Clinic, Mt. Sinai, Women's and Children's and Flower Hospitals of New York are also doing social work. Johns Hopkins, of Baltimore, Lakeside Hospital, of Cleveland, University of Pennsylvania Hospital in Philadelphia, have social service departments. The Eye and Ear Infirmary and the Boston Dispensary in Boston have carried on similar work for some time. The Berkeley Infirmary of Boston has been carrying on social work in a small way since October, 1905. In Chicago, the United Charities have two agents who take cases from the Cook County Hospital and to some extent from the Mary Thompson Hospital. Many other hospitals have recently started social service work, and still others have the subject under consideration. In no two places is the work the same
in plan or in organization. In some places it is done by nurses, in others by social workers, and in others by nurses who have had social training. In some instances the social work has been introduced from without the hospital, and in others it has started in the hospital itself. In some hospitals it does not differ from ordinary visiting nursing work.

In the work at the Massachusetts General Hospital, with which I am most familiar, the emphasis is placed largely on the social side of the work. The staff consists of seven paid workers, two of whom are trained nurses who have had social training also, and about thirty-five volunteers. One worker gives her time to the tuberculosis classes, three to the general work, one to the nervous patients, and one to the unmarried, pregnant girls and to those who have venereal diseases. Each of these workers is peculiarly fitted for the work she is doing.

The Massachusetts General Hospital faces a peculiar problem owing to the fact that about forty-five per cent. of the patients who come there are residents of cities and towns outside of Boston. From four to seven hundred come daily to the Out-patient Department and are distributed to the various clinics. Those patients whom the doctors feel need more attention than they can give are referred by them to the Social Service Department. They are usually sent with such recommendation as this: "Patient has advanced Phthisis. Was told to-day for the first time that he had the." "This case is evidently overworked. Has considerable anaemia: needs rest." "This patient is in a sort of hog of habit pain. I have advised hygiene, exercise and recreation. Can you supplement, reinforce and make practical?" "Unmarried, pregnant." "This patient needs double caliper splint. Will cost about $30. Cannot pay." These, with a hundred other problems, are presented to us for solution.

About a third of the patients referred to us have tuberculosis. For them, as with all our patients, we try, first of all, to use the resources in their own communities. For example, since the establishment of the Municipal Dispensary for Tubercu-
losis about a year and a half ago, we have referred Boston cases of tuberculosis to that clinic. If a patient comes from a town where there is no Anti-Tuberculosis Association the problem is very different. Last winter a man of fifty with advanced tuberculosis—careless and ignorant—was referred to us. He lived in one of the out-lying towns where there was no community interest in tuberculosis. Investigation showed that he was working in a shoe factory, expectorating on the floor both at work and at home, that he slept in the same room with three other members of his family, one of whom (a boy of three) was found to have a tubercular hip. To make a diagnosis in the case of this patient, possibly using him for teaching material, and then to send him back to his work, to the dirty, crowded rooms of his home where, through ignorance and carelessness he is not only a danger to his family but also to his fellow-workmen, is certainly to assume a grave responsibility. The visitor who tackled the situation in this case secured immediate care for the child, had the family moved to a better tenement, saw that the former tenement was fumigated, and by her persistent visiting and oversight has brought about a remarkable reformation in the atmosphere of the home, and a thorough appreciation of the necessary precautions.

For the ambulatory cases who live at home, who have the intelligence to coöperate with the physician in carrying out the treatment, the Department maintains two Tuberculosis Classes under the supervision of Dr. John B. Hawes, 2nd. The details of class treatment need not be considered here,—enough to say that a distinct effort is made to arouse the suburbs that are doing nothing for their tuberculous people, to a feeling of their responsibility.

Aside from the tuberculous we have, among the general cases, many to be referred to other agencies—medical and social; for example, the patient who needs long continued supervision as to hygiene, the woman who needs change of work, the timid one for whom an operation has been advised and who must be persuaded, the debilitated patient who has been ordered to
take a tonic when, through lack of employment and illness, he has not been able to secure the proper food, the immigrant who does not understand the doctor’s orders which need interpretation. Besides these we face numerous other problems which may seem simple at first, but really, when causes are looked for, are found to be complicated and to need study and following up for a long time.

Two years ago a child was sent to us because she was stammering, with the request that we send her, if possible, to a teacher of articulation. After investigation it was found that this anaemic, nervous girl of fifteen was working nine hours a day in a net and twine factory where her fingers were flying every moment, that she walked a mile back and forth every day to her work, and that when she returned to her home it was to cold rooms and to entirely inadequate food, improperly prepared. The mother (a prematurely-old widow with two daughters) worked all day in a factory (though she was entirely unfit) and had no strength left after her work to attend to the physical needs of her family. The total income was five dollars a week. Through the efforts of the Department a relief agency was called upon to supplement the income, and the patient was sent away for several months’ rest. After following the situation for a year we finally succeeded in bringing the patient to the condition where she was fit to have the training in speech. She is now working in the home of a teacher of articulation where she remains five days in the week having instruction and supervision, not only for her speech, but for her moral and mental development.

Two groups of cases—the neurasthenics and the unmarried pregnant—are having special attention, partly because it is possible to secure workers peculiarly fitted, and also because it is made financially possible. Miss Burleigh, who has charge of the neurasthenics, was, herself, a neurasthenic for several years, but is now entirely cured. Her experience and special social training give her sympathetic imagination in dealing with these patients. She works always under the direction
of a physician, visits the patients in their homes, studies the setting of their lives, and tries to bring to them an appreciation of their own possibilities in making life worth living and in giving them a greater resourcefulness within themselves. For a selected group, a clay modeling class has been formed in which twenty women have met twice a week for a year and a half. Here they have seen that their condition is not unique, their social consciousness has been aroused and their imagination stimulated by the really beautiful things which they have made. Several lectures have been given at the Art Museum by Miss Keyes, in which she taught them to see beauty in mud-puddles, in a glass of water, and in the common things about us every day. It has been most interesting to see the results and the new richness which has been brought into their lives.

Another special worker, who has charge of the unmarried pregnant girls, is now also undertaking the cases of venereal diseases in women and children. Where but in a hospital could one have a better approach to the problems which Dr. Hedger has called our attention to so emphatically. Our worker who is dealing with the unmarried pregnant girls feels that it is not right to place in an institution all the girls who, regardless of their story, find themselves facing the hostile world; nor does she feel that the problem is solved when the girl is carried successfully through her confinement. The greatest problem really comes when she, with her baby, must face the world.

About a year ago an attractive girl was referred to us when about five months' pregnant, determined to rid herself of her baby by abortion. All these months our worker has befriended her, and she is now supporting her baby whom she adores, is determined that the child shall at least have one parent who will do its right by him. Through the Legal Aid Society $500. has been secured from the father of the child, and has been deposited in trust for the child's education, and our worker has been made its guardian.
In this brief account it is impossible to give an adequate picture of the work, but I trust I have succeeded in giving an idea of what we are trying to do.

What, then, is hospital social service? Is it distinctly and only an extension of medical work? It may be so in a period of transition, but to me it means an application to hospital work—to the great social clinic within the hospital walls—of the scientific knowledge and methods of another great profession,—that of the social worker. It is the recognition of the social significance of disease,—the treatment of the whole man in all his relations. Social Service is a new field of work which is opening up very rapidly, and there is urgent demand on every side for workers. Where are they to be secured? Are nurses ready and prepared to step in? Let me quote from Miss Pelton:

"Here where the busy doctor can give no time, his ally, the nurse, should enter the field,—the field of the sick, which is always her field—her duty—under whatever conditions it is found. The nurse must not wait for social workers to point the way. Wherever there is sickness or opportunity to prevent sickness by constructive work, there must she put herself on duty. Our profession has passed its probation, its training school days, and is in the world responsible not only to do all the work, but also to find all the work that is ours. We are marching out beyond hospital walls, hearing the dominant strain of to-day that is calling all workers together to bring about more just, more humane conditions. It calls us! From the hospital we have followed the sick to nurse them in their homes, we have found our way to the children in the schools, we are teaching the mothers the care of their homes and their babies, we are gaining an entrance into the working places of the poor in shop and factory. We must bring to this work the efficiency, the devotion to duty, the consecration of spirit that is ours in the sick room."

Because this new movement starts from the hospital it is quickly assumed that it is the nurse's, by right. Let us consider this question.
The average nurse, when she graduates from a hospital, is the natural product of her training. The rush of work has kept her attention down close to the duties at hand. She has no time to get a perspective,—to think of the patient as more than "a case." She is shut away from the community during her three years' work, and knows nothing of the conditions of work and living, the standards of living, of wages, and she lacks appreciation of racial traditions and prejudices. She knows little of the philanthropic agencies, of their aims and activities. Her work is specialized: it is also subordinate. She is a medical handmaiden—the skilled tool of the physician. She is too often institutionalized, and not readily adaptable. On the other hand, we must surely grant that she has the best possible foundation for medical-social work in her knowledge of disease. She has also the knowledge of the hospital point of view, and a respect for hospital "red tape." Best of all, she has the easiest approach to the homes of the poor. The relation between nurse and patient can easily become friendly. The relationship which the nurse can so easily obtain is deliberately sought by the social worker as the foundation for most effective work.

But is the ordinary visiting nurse using this confidence of the patient to the best possible advantage?

Social service work demands something more, I believe, than the average visiting nurse has brought to her work. As nurse she must know the symptoms and physical causes as well as to understand the treatment of disease that she may be an intelligent helper in the medical field. So, as social worker, she must know the social diseases and understand the treatment that she may be intelligent in the social field. Even more:—she must not only be an intelligent tool to do the bidding of the expert, but she must be that expert, herself. I should name as requirements for hospital social service, intelligence, a love of people (not the poor or any special class—but people), a wise sympathy, imagination, appreciation of the patient's point of view, open-mindedness, a spirit of coöperation, and a
resourcefulness based on knowledge of social forces in the community, and on the principles underlying scientific social work.

For nurses, then, social service is opening a new field full of the greatest possibilities of service to the community. It is the ideal development of the art of nursing.

For the hospital it means, first, that its treatment may be made more effective; second, I believe (although this may seem a dream of an enthusiast) that the character of the hospital is to become more socialized. May not the time come when hospital social work will be the source of the most valuable material on which reform legislation can be based?—when the results of disease will speak and demand better hygiene of living and work, more rigid restrictions on the use of harmful drugs and alcohol, the use of purer foods—when it shall join the campaign for moral prophylaxis? I believe the hospital can some day stand for education in hygiene, and have extension work similar to that of our large universities.

Was not Miss Nightingale prophesying the ultimate development of hospital social service when she wrote, "In the future, which I shall not see, may a better way be opened! May the methods by which every infant, every human being will have the best chance of health, the methods by which every sick person will have the best chance of recovery, be learned and practised. Hospitals are only an intermediate stage of civilization—never intended, at all events, to take in the whole sick population."

Did she not mean more than the physical care of the individual? Was she not pointing the way? And shall we allow our profession to fall short of her ideal?

The President. Might not our nurses obtain at the very outset of their work, preferably before they enter the hospital at all, some knowledge of the social problems which are so bound up with sickness or injury—problems of which the hospital itself is in some sense an expression. And may we not hope that as our training enlarges scientifically, it may embrace some sort of psy-
chology which will enable us to understand our patients better—
their troubles and anxieties. Not entirely the psychology which
enables the teacher to understand the workings of the mind of the
child, but a social psychology to enable the nurse to get into the
mind of her patient. These two papers, dealing with different
aspects of the same subject, are now open for discussion.

Miss Franklin. I was connected with the New York Associa-
tion for Improving the Condition of the Poor for two years. I
did their rest work, taking care of mothers before and after con-
finement, established their field work, but every day I felt the need
of training before I took up this work. It seems as though the
problem was shoved on my shoulders; I did not know how to care
for it. I do not agree with Miss Cannon on one point. I believe
the nurse is better adapted for her work through her hospital
training, but she needs further training for social welfare work.

Miss Cannon. I certainly did not say that the nurse would
not be the one to do social service work. The point I meant to
make was that the graduate nurse would not have the practical
experience to make her successful in this field.

The President. The inference we seemed to draw from Miss
Cannon’s paper was that she would be glad to take all she could
get of them.

Miss Lent. I believe we need social training. I would like
to bring a message from Dr. Emerson as to the value of nursing
training in social service work. He said that after several years
with trained social workers and trained district nurses in social
work, he felt that the nurses who had had social training had
distinct advantages over others in their work. I think this is a
stimulus to trained nurses to get some social training.

Miss Gardner. It has been my experience that whatever other
knowledge she may have it is certain that nurse after nurse is
not eligible for some position on account of her lack of social
training, and it is almost impossible to find nurses to whom we
can give certain responsibility at first on account of this lack, but
not because of her medical and surgical nursing training. (Ap-
plause.)

Miss Cannon. Just before the close of the discussion I want
a word. I want to say that our practical school for social service
workers has offered to make any kind of combination in connection
with our social service department for special training in this
social service field. We have not worked out a plan yet, but we
shall be glad to consider it.

The President. I see the afternoon fading, and we have the
program still with us. We will now take up the next number
which is one of a group on child saving work. Miss Leet has a
chart here which shows the work done in the babies’ dispensary
of Cleveland.

THE MODERN BABIES’ DISPENSARY.

By Harriet L. Leet.

“The object of the modern Babies’ Dispensary is to lessen
infant mortality.”

Our country is just awakening to this great need, and we are
asking ourselves what methods secure the best results. Other
cities have sent very interesting reports of their work, but
only a few of the facts from each one will be mentioned.

In New York, the St. John’s Guild was founded in 1866,
“For the relief of the sick of the poor of New York,” without
regard to creed, color or nationality. The membership then
consisted of twelve volunteers, and the work was restricted.
In 1873 excursions upon hired boats were conducted by the
Guild. This has grown until now they have well equipped
Floating Hospitals, which are absolutely fire proof. Infant
feedings, as prescribed by physicians, are prepared on the boats.
There are nurses to instruct mothers, as well as to care for the
sick babies. In connection with the Babies’ Hospital of the
city of New York, there is a visiting nurse from the Out-patient
department, whose duty it is to watch the dispensary cases and
.teach the mothers food preparation, value of cleanliness, fresh
air, etc. The Department of Health of New York has issued
a pamphlet entitled “Summer care of sick babies,” which con-
tains a list of milk stations, and also a list of places where
mothers can receive help if too poor to have a physician. This
circular was prepared by the "Conference on the Summer Care of Babies," representing the Departments of Health and of Education and fifty hospitals, dispensaries, settlements, and other agencies. The New York Milk Commission opened seven "Infant Milk Depots" in June, 1908. These depots are under the supervision of volunteer physicians and trained nurses. The New York Health Department, through their Bureau of Child Hygiene, gives instructive nursing among the mothers and infants of the tenements. Modified milk may be obtained through the New York Milk Commission, Nathan Straus Laboratories, and the Good Samaritan Dispensary, while the Diet Kitchen Association furnishes whole milk to the poor children. The Babies' Clinic has been growing since 1903, when it was decided to establish a clinic for the treatment of sick babies, who had been born in the service of the Society of the Lying In Hospital. During 1908 only patients under two years of age were treated. The clinic also aims to educate the mothers in keeping the babies well. The clinic has a medical clerk and also a nurse who follows up the cases. In 1902 The Speedwell Society inaugurated a Boarding Out system which has proven most satisfactory, twenty-four families being employed in Morristown, N. J. The society sends out a supervising nurse who watches each case and gives it individual care. The work is under the supervision of a salaried physician. A class for babies and children is conducted twice a week by a physician at the Post-Graduate Hospital, N. Y.

The Infant Hospital in Boston, in connection with the Women's Municipal League, expect to establish a system of visiting babies in their homes, after they have left the hospital. This will be done by a trained nurse. The Milk Fund provides good milk for poor babies, and the Elizabeth Peabody Settlement House provides modified milk. The Boston Floating Hospital, besides its permanent ward, has a day patient deck, where the mothers and babies come from 8 a. m. to 4 p. m. Mothers are here taught how to prepare milk according to
formulas given, the boat having a well equipped modern milk laboratory.

The Children’s Hospital Society, of Chicago, have established a bureau of wet nurses. The Chicago Relief and Aid Society in cooperation with the Visiting Nurse Association, has for four summers maintained fresh air stations for babies. Tents have been placed in the most congested districts. During the summer of 1908, 296 babies were cared for in these stations. These stations have proven of such value that they have been copied in other cities. The Milk Commission, of Chicago, distributed in 1908 735,079 bottles of pure or modified milk. At the Northwestern University Milk Laboratories of Chicago the food is ordered by a physician, and the modifications are made under the direction of a trained nurse.

The Babies Milk Fund Association, of Baltimore, furnishes the “best milk properly modified” to the babies of the poor. These dispensaries were started in 1904 by the Thomas Wilson Sanitorium, and since 1906 have been maintained by the Milk Fund Association. Last year, by means of trained nurses, who supervise the care of the babies and report to the physician in charge, nearly 400,000 bottles of milk were distributed.

The Pure Milk Commission of the Children’s Aid Association, of Indianapolis, began its work of distributing pure milk during the summer of 1908. The child on coming to the dispensary is first undressed and weighed and history taken. The child is prescribed for individually by the physician. The nurses are in the dispensary in the morning and visit their patients in the afternoon.

Rochester, N. Y., through their Board of Health, have raised the standard of milk and have milk stations for babies.

St. Louis has in connection with the Pure Milk Commission a free clinic for mothers whose babies use the modified milk from its laboratory.

Cincinnati has no distinct Babies’ Dispensary, but the Board of Health distribute certified milk gratis to poor mothers during the summer. In winter the stations are maintained by private subscriptions.
Last summer the superintendent of the Visiting Nurse Association of Youngstown started a baby clinic, modifying milk according to various physician's orders. Funds were raised through the active interest of the newspapers. The work was carried on through the winter with splendid results.

The Visiting Nurse Association of Providence, and the Children's Clinic of the Out-patient department of the Rhode Island Hospital, started a Baby Day Camp, modeled after the Baby Day Camps of Chicago.

Columbus started a Baby Day Camp, which is now in connection with the Visiting Nurse Association. They also furnish pure and modified milk, not alone to the charity cases, but to those who can pay. The Day Camp has proven so successful that there are to be three camps established this summer.

Minneapolis has no Babies' Dispensary, but there is a children's department at the University Free Dispensary, with some plans for starting dispensaries similar to those in Cleveland.

The Babies' Dispensary and Hospital of Cleveland, modeled after the Saeulingstfuersorgestellen, of Berlin, was started in July, 1906. The Visiting Nurse Association furnished the nurses and the Milk Fund Association supplied the milk. The physicians donated their services. The work grew so rapidly that in December of the same year, a group of people who had become interested in it, had it incorporated, under the name of "The Babies' Dispensary and Hospital of Cleveland." In June, 1907, it was necessary to move to larger quarters. Here, too, the work increased until now we have had 2550 babies registered. From May 1, 1908, to May 1, 1909, there were 1353 new cases registered in the dispensary. All the work is under the supervision of a medical director. He has the entire charge of both the medical and social side of the work, and gives his entire time to it. There are six physicians in the central dispensary, and two in each branch dispensary, who donate their services. The nurses have all been with the Visiting Nurse Association for at least three months before coming
to the dispensary. They continue as members of the Association, but are entirely under the medical director’s supervision, and their salary is paid by the dispensary. This is an example of the close co-operation of the different branches of charities in Cleveland.

In August, 1908, number of the Archives of Pediatrics, our medical director, Dr. Gerstenberger, has given a detailed account of the Babies’ Dispensary work as planned.

The ideal institution should comprise the following parts:

1. A dispensary, both for sociological and medical work.
2. A well planned and modernly equipped milk laboratory.
3. A hospital for babies too ill to be cared for in the dispensary where nurses, nursery maids, physicians and students can get their training in this work, and where also new problems in this specialty might be solved.
4. An isolation house for contagious diseases.
5. Branch dispensaries for prophylactic work.
6. Convalescent homes and fresh air camps.

This is the plan of the baby work, but owing to lack of funds, we have as yet only parts of it started. A map has been made showing the work as it is being carried on at the present time.

Realizing that pure milk alone, or any one branch of the work, is not sufficient to secure the best results, the work has been planned on a broad basis.

Prophylactic Care—Medical Treatment.

Our first and highest aim is our prophylactic work, but as babies do become sick it is necessary to care for them when they are ill.

Medical Treatment.

If ill, the child can come to the dispensary until it is three
years old. The medical treatment is carried out in the central dispensary, the home, the out-door ward, and with the aid of general hospitals, dispensaries, and the fresh air camp.

Home Medical Treatment.

In the home, the slightly ill cases are given instructions and treatment by the Babies' Dispensary visiting nurse, as directed by the dispensary physicians. Contagious cases are referred to the "out physicians," who may have, in cases of scarlet fever and diphtheria, the aid of the Board of Health nurses. Very often it happens that mothers will not allow their babies to go to a general hospital, and again the hospitals are often too crowded to accept patients; for we have as yet no baby hospital in Cleveland. Then the nurse must care for the baby in the home, under the direction of the "out physician" from the Babies' Dispensary. Excellent results have been accomplished in this way. The "out physician" belongs to the dispensary staff, and carries out the same order of treatment, and the same feeding schedule as is used at the dispensary.

Central Dispensary.

The Central Dispensary cares for
1. Slightly ill babies who can come to the dispensary.
2. Convalescing patients who must leave a hospital.
3. Constitutional diseases.
4. Some minor operations.

General Dispensaries.

Special cases of tuberculosis, eye, ear and surgery, are referred to a general dispensary.

General Hospitals—Fresh Air Camp.

As we have not been able to build a babies' hospital, all seriously and often moderately ill babies are referred to a general hospital or to a Fresh Air Camp.
Day Hospital.

July 1, 1909, there is to be an out-door ward started in one of Cleveland’s large shady yards. Here will be taken some of the slightly and moderately ill babies, just for the day. These will be cared for by a trained nurse, under the supervision of the medical director.

Prophylactic Care.

Central and four Branch Dispensaries.

The prophylactic care of the babies, who are taken to either the central or one of the four branch dispensaries, until they are fifteen years old, is based upon the physical examination of the child by the dispensary physicians. Instructions are given regarding correct methods of nursing or feeding the child. Attention of the mother is called to the importance of good hygiene and care of the baby.

The mother’s health is watched, and with the help of other organizations, the assistance she most needs is rendered. She also receives advice and encouragement along all social lines.

Educational Literature.

All the literature used at the dispensary is printed in five different languages. The nurse has sometimes been surprised by the good care the baby has received, and upon asking the mother her reasons for doing it, is given this reply, “I read it in the little book the doctor gave me.”

Milk Supply.

Babies under fifteen months of age receive milk, either modified at the dispensary, or if it can be modified at home, they may have the milk fund milk, or the certified milk for which we pay .16. The Milk Fund Association is a charitable or-
ganization which aims to furnish pure milk for children in the congested districts. This milk is from tuberculin tested cows, and handled just as carefully as is the certified milk. Because of the great expense, it has been possible to furnish this milk only to children under fifteen months, except in cases of illness when it is sometimes furnished to older children.

Educational Publicity.

In order to reach some mothers who are not charity cases, stereopticon lectures and simple talks have been given in churches, libraries and schools. During the coming year these lectures are to be given to the mothers' clubs in connection with the public schools. These lectures teach the value of correct nursing and feeding, proper hygiene and pure milk. All of the various points are illustrated by stereopticon slides. Pictures taken from our homes, from our model dairy, and of our well babies; also contrasting pictures of bad conditions and babies improperly cared for.

Day Nurseries.

A physician from the staff of the Babies' Dispensary and Hospital, has the supervision of the medical, prophylactic and dietetic care of the babies under fifteen months at the day nurseries.

Home.

The Babies' Dispensary visiting nurses visit all babies in their homes regularly every two weeks, re-instructing and encouraging the mothers as directed by the dispensary physicians. She also inquires about their financial conditions, to learn if they are worthy, and also investigates sanitary and housing conditions. All of these findings are written on the patient's chart at the dispensary. In the home, as in the dispensary, the same good results could not be accomplished were it not for the close cooperation of all other charitable organizations and associations.
OTHER FAMILY MEMBERS.

Even the other members of the family are given advice, and assistance is rendered by the Babies' Dispensary visiting nurses' referring them to the person, organization or association which can help them. In this way much preventative work is accomplished, as they often discover wrong conditions at the very beginning of the trouble.

FINANCIAL AID.

Aside from individual contributors, many churches and societies are glad to do their share towards helping the little ones. Some young children who have homes of their own, give socials, lawn parties, and club dues towards the support of the wee waifs, who have neither fresh air, pleasant surroundings nor good food.

The expense is great, but we feel that even though the mothers sometimes fail, the young girls are learning the best way to care for the little ones, and the child for the first three years of its life, at least, has the right start towards becoming a strong, useful citizen.

The President. I think we would very unwillingly part with any information Miss Lect came here to give, and we only permit her to stop on account of the flight of time which we cannot control. The paper is exceedingly important, and the carefully worked out chart we have before us shows the work done in this field. I am sorry we will not have time to discuss this paper, but we have still a good deal of work before us.

Miss Goodrich. May I ask one question—whether the chart has been sent over to the Visiting Nurses' Meeting in London?

Miss Leet. It was made for here, so it has not been anywhere.

The President. We will now have another number of this symposium, which will be a paper by Miss Gardner, telling of their summer work.
SUMMER WORK.

MISS M. S. GARDINER,
District Nursing Association of Providence, R. I.

Twenty years ago it is probable that any discussion of the problem of the sick babies of our cities would have dealt almost exclusively with the baby itself. Little or no attention would have been paid to the parents of the child, or to their instruction. Possibly twenty years from now in such a discussion, the baby will receive less attention, and the main issue will be the parents, and the question of marriage laws which will help to prevent the existence of children, too heavily handicapped by hereditary disease.

Fortunately, there are many children with the heritage of a good constitution, if not with that of a wise and judicious mother, but there are many others who seem to have no weapons with which to make a fight for existence against the terrible foe of an inherited tendency to tuberculosis, syphilis, idiocy, or the many ills that can be transmitted from alcoholic or diseased parents.

If we are not yet ready to strike at the very root of the difficulty, we are certainly past the time when we are willing to wait until the babies become sick enough to be brought to hospitals and dispensaries, nor when so brought do we feel satisfied to merely cure the baby, and return it to the mother incapable from ignorance of keeping it well.

The best time to start with the care of the baby is several months at least before it is born, for parental influences, both physical and mental, are certainly to be reckoned with, and if beside a wiser regulation of the mother's life we are able to preach successfully the necessity for a doctor rather than a mid-wife, we have accomplished something towards a right start for the child.

This kind of care presupposes home visiting by nurses particularly adapted and trained for their work. Good judgment,
tact and sympathy are requisites in all district nurses, but one other quality is peculiarly necessary in children's work.

The efficient children's nurse must thoroughly appreciate the importance of coöperation. Her work will be robbed of half its usefulness unless it is constantly supplemented by that of the truant and probation officers, the factory inspector, the Society for the Prevention of Cruelty to Children, the charity organization, the teacher, the priest or the minister, and all other societies and individuals whose lines of work touch hers. A thorough and complete understanding of what may be called the rules of the game are indispensable if friction is to be avoided. Not infrequently, her only service to the child will consist in successfully bringing one of these other agencies to bear upon the situation, but the service is none the less important because she personally does nothing.

It seems somewhat presumptuous to speak in detail of our work in Providence, for we are a young association, and are, of course, doing infinitely less than many of the larger cities. Possibly, however, our efforts may be of help to some other city of about two hundred thousand inhabitants which is confronted with the same situation, and which has about the same resources with which to deal with it.

Of one thing we early became convinced,—that there can be no successful summer work unless there is also winter work, for the summer is far too short to get hold of the mothers, though it seems to be of sufficient length to kill the babies.

The Providence District Nursing Association has at present two permanent special nurses doing advisory work with mothers, which number is augmented in summer by additional nurses. These nurses do not give nursing care. If such care is needed it is given by the general nurse of the district, because in our experience advisory work is best done by nurses who give their entire time to it. The cases come from all sources, from doctors, organizations, the mothers themselves, many from the children's clinic of the Rhode Island Hospital, while many more are the obstetrical cases of the other district nurses. We are
firm believers in this method of answering all calls, for often the patients most needing the attention of the nurse have come to us by very devious paths.

In every instance a doctor is responsible for the case. If one cannot be afforded, the baby is taken to the clinic. If such a thing as a family physician exists, he is, of course, first consulted.

Naturally our first effort is to prevent the child from becoming a "bottle baby." Almost without exception, the mothers want to nurse their children, for the artificially fed child is both expensive and troublesome. A few days' rest, if it can by hook or crook be managed, when the milk begins to go, additional and suitable food, and proper advice for the mother if anything causes a temporary separation from the baby, or if it is too weak to nurse, these things, if we can be on the spot at the right time, will often save the day. We have had excellent results with buttermilk for the mothers, partly for the very practical reason that the children of the household do not like it, so the mother drinks it all herself instead of being tempted to share it with the family. A department store delivers it at five cents a quart.

When, however, the baby must be artificially fed, then our real difficulties begin. For two summers, pure milk stations were established in Providence, supported with money raised by the committee on Infant Mortality of the Providence Medical Association, but they were not considered entirely successful, because they did not prove sufficiently educative in their results. There was no home visiting, and many of the mothers were irregular about sending for the milk, feeding the babies during the lapses with whatever was at hand.

Last year, therefore, it was decided not to open the milk stations, but, instead, this same committee raised the money and gave it to the District Nursing Association for the support of additional children's nurses. This was done, however, only after a new analysis of milk had proved that there was a sufficient number of dealers who could and would deliver pure
milk to all parts of the city. Armed with formulae for the simple modification of milk and with equally simple directions for the care of the baby, printed in various languages, the nurses began their summer crusade in June. Of course, the children's work was made much easier because for seven years the people had grown to love and trust the District Nurses, and the uniform and methods of work were familiar in many simple homes. Our effort was to give sufficient time to each mother to secure the results aimed at, rather than to give a long list of patients occasionally visited. As in tuberculosis work, we found that generally speaking our success was in very direct ratio to the amount of time given to the individual.

Our troubles were not long in looming up before us. First the mid-wife, whose ignorance leaves a long list of babies started wrong; babies with pussy eyes, babies with orthopedic troubles, babies with digestive disturbances. Then the soothing syrup difficulty. We found babies of eighteen months as truly the victims of the morphia habit as any adult patient. The housing conditions, too, where pure air and freedom from dirt are to be had, and always the ignorant, shiftless mother, who feels that after all she has done as well as could be expected if she is able to rear three out of her eight children. Perhaps she is right, and the wonder is that a single one survives her neglect. We found, however, fewer of this type of mother than we anticipated, and on the whole received a welcome and hearty cooperation in most of the houses.

The problem of the young unmarried mother is perhaps the most difficult of all, for often the desire to make the baby live at all has to be taught, as well as the method of accomplishing it, and one is often torn asunder between the best good of the mother and the best good of the child.

We are constantly handicapped in our work by the lack of sufficient hospital accommodations for the sick babies. Providence has no children's hospital, and the beds in the children's wards of the Rhode Island Hospital are usually taxed to their utmost, and are as a rule occupied by acute and orthopedic
cases. While the so-called feeding cases cannot perhaps be classed as acute, we all know what a percentage of babies' deaths are due to malnutrition in some of its forms.

We were, therefore, made miserable by more than one inconsiderate baby, who refused to wait while we taught its mother how to care for it, and who slipped away in the midst of our efforts.

After hearing an account of the Baby Day Camps of Chicago, we decided to try a very simple form of day camp ourselves. A family that was going away for the summer gave us the use of its beautiful grounds for two months. There was a broad, shady piazza, a vine-covered arbor, and a lawn shaded by tall oaks and elms. We had also the use of the gas stove and the telephone in the house. The situation of these grounds was ideal for our purpose, as they were on the edge of one of the most congested parts of the city.

Briefly stated, the object of the camp was two-fold,—to provide a place where sick babies could get fresh air and receive proper care during the heat of the summer days, and also to provide for the mothers an object lesson, and instruction in how this care might be given. A nurse experienced in baby work was engaged, and an assistant, a public school teacher, who did excellent work under the guidance of the nurse. The number of beds was limited to ten, for, as instruction of the mothers was to be so important a part of the work, time must be left for it.

In getting the simple equipment, only such articles were bought as could be found in the homes of the average poor mother. The long deal table was covered with white enamel cloth, the ticks were stuffed with straw which could be readily renewed, the pitchers, basins, etc., were of agate ware, and the rubber nipples were kept in preserve jars. We were able to say to the mother "get something just like this, for it is the cheapest thing you can buy that will answer the purpose." The babies were brought at half-past eight in the morning, having been already bathed at home. On arrival they were
undressed, and night gowns put on, their own clothes being kept clean to wear home. Not infrequently a second bath was necessary to demonstrate to what undreamed of lengths cleanliness could be carried. A careful report of the child’s condition was taken from the mother, which proved helpful in teaching her what to look for, and what symptoms were of importance. Enough clean diapers were brought with the baby to last through the day, and here, too, was an opportunity for instruction, for we insisted that whatever was brought to serve as diapers should be clean and soft, and not washed with naptha soap.

The doctor visited the camp before nine o’clock every morning in order that he might personally see and talk with the mothers. The milk was modified for each child according to the doctor’s orders, feedings for the twenty-four hours being put up. When the mothers came for the babies at five o’clock, the bottles for the night were carried home, and also the soiled diapers, heavy paper bags being provided for the purpose. Whenever the family was not below the line of self-support, we required a payment of five cents a day for the milk. This rule we considered very important, for in many cases it is necessary to teach the mothers that the baby’s food is a necessary expense, and that she cannot expect to feed it with something that happens to be in the house.

Almost without exception the babies were “bottle babies” and the mothers did not stay at the camp, unless the children were in a critical condition, but they were allowed to visit at any time, and encouraged to ask questions as to the care given.

We also encouraged the visits of other mothers and fathers, and on Sundays little groups of men and women would come, sometimes accompanied by an interpreter to facilitate communication.

On the recovery of a baby, it was sent home to make room for a sicker one, but as the question of the admission and discharge to the camp was in the hands of the head children’s
nurse, it was possible to consider home conditions in every instance. Sometimes a baby really quite ill would be sent home to an intelligent mother living fairly comfortably, while the child of an ignorant woman living in a crowded tenement would be retained, though the physical condition of the latter patient might be better than the former. In every case home visiting was continued and considered of vital importance.

The camp was opened for two months, during which time fifty-three babies were cared for at a total expense of $252.61, including such equipment as we were not able to borrow.

We consider the experiment a success, judged both by the results with individual babies, and also from the point of view of the education of the mother. This summer we are planning to have two, possibly three, such baby day camps in different parts of the city, for we feel sure that they meet a want which is felt by the doctors, the nurses, and the mothers themselves.

About a year ago we were requested by the Board of Health to make an investigation of all women licensed to board babies under two years of age, and we were also asked to undertake the education of those who were in need of instruction and who were sufficiently intelligent to profit by it. Since then all new applicants have been referred first to the nurse, and the licenses have been granted or withheld according to her report, though in doubtful cases, she usually asks that a visit be also made by an officer of the Board of Health.

This makes it possible not only to raise the standard of those holding licenses, but to find and prevent babies from being boarded by old women having no licenses, and who from ignorance and lack of intelligence should be ineligible for one.

As a general rule we have found that the licenses allowing but one or two babies for each woman are the best, for the children there become part of the family, and the life is more normal. The children thus boarded usually seem to be in better condition than those cared for with a larger number of other babies, even though in the latter case there may be a higher standard of living.
One other effort we have made for the instruction of mothers. For two years we have been giving simple talks in the public schools after school hours, sometimes to mothers alone, and sometimes to mothers and fathers. We always go at the invitation of the principal, and each month receive a list of the schools that have asked for talks. Usually two talks are given in each school, the first being theoretical in its nature, and the second demonstrative. A bed and a small trunk of articles are carried from school to school by the school expressman. The meetings are of all sizes, and the mothers are of all classes. When any one nationality is very largely represented, we have an interpreter. Ample time is allowed after each talk for questions, and when the first long and painful silence has been once broken, these pour in, and the nurse needs all her wits about her to avoid pitfalls, and the ever present danger of diagnosing or prescribing.

We are now considering the feasibility of an exhibit for mothers like the tuberculosis and dental exhibits, with stereopticon lectures, and speakers in various languages.

We are at the very beginning of effectual children’s work, but it is a comfort to have taken even the first step. Hospitals, institutions, and day nurseries are all needed to meet emergencies, but I think we must constantly bear in mind that the normal baby should be normally cared for by its own mother in its own home.

Whatever conduces to better wages, better homes, better food, and a higher degree of intelligence for the mothers and fathers, helps to bring about this result, and we cannot afford to despise the day of small beginnings.

The third paper of this group was by Miss Crowell.
OPHTHALMIA NEONATORUM; A PREVENTABLE DISEASE.

F. ELIZABETH CROWELL.

I asked a friend not long ago if she had ever numbered among her acquaintances a blind person. She replied that she had not. I put the question to another friend with a like result; and to another and another. We all know the blind beggar at the street corner, and cherish secret doubts as to whether his blindness is not for revenue only. We have seen the aged and infirm whose failing vision is but one of the many physical signs pointing to the approach of senile decay. But fortunately for our sensibilities the vast army of the blind live in a world apart.

There are over 64,000 blind in the United States. Many are in institutions; others are dragging along a monotonous existence in the seclusion of their homes. We do not see them or know them. The ravages of tuberculosis are a familiar tale. The death rate tells its own story, and we stand aghast. Private philanthropy and governmental agencies unite to combat the white plague, and the gospel of prevention is preached from one end of the country to another. The victim of tuberculosis dies and his troubles are ended. The victim of blindness lives and his troubles have just begun. Had the doctrine of prevention been followed with regard to blindness, some 7,000 of these 64,000 blind would to-day be in possession of a vision as good as yours or mine. In other words about 10% of the total number of blind in this country are blind because of a preventable infantile infection known as ophthalmia neonatorum or blindness of the new-born.

Usually of specific origin, ophthalmia neonatorum is an inflammation of the mucous membrane of the eye. Infection generally occurs during the passage of the head through the
vagina, and from the subsequent manipulations. Dr. Hermann Knapp, of Columbia University, gives a vivid description of the development of this disease. "As soon," he says, "as the new-born child has filled its lungs with a cry announcing its individuality as an independent being, its eyes in a certain number of cases are threatened with blindness. After its first bath the eyes look all right, but soon the eyelids swell becoming red, and a white slimy liquid oozes through the fissure of the lids. On the first day, little or no discharge is perceptible, and the eyes are bright, clear and intact, but from day to day the disease grows worse. The swollen, scarlet lids are smeared with white paste and liquid or creamy pus. When cleaned and opened they discharge a small stream of pap-like secretion. Now the cornea (the hard and transparent coat) is dull, and the iris and pupils are clouded. The conjunctiva (the soft mucous coat lining the inner surface of the lids and the outer of the ball) is thickened and covered with creamy pus. In this stage the eyes can still be saved. The next stage shows ulcers on the cornea which are apt to perforate it, and then the poisonous discharge may creep into the interior of the eye and damage the delicate structures to such a degree that sight is forever more or less destroyed, and the eyes are so disfigured that the parents ask to have them removed and artificial ones inserted." With such a vision before us, can we do ought but concur with the opinion of the New York Commission on the Blind that "when it is borne in mind that all of this could be prevented by the simplest prophylactic care, the continued blinding of babies in a civilized community becomes a crime."

The responsibility for the occurrence of this infection in all but a very small proportion of cases is due to the failure of those attending the birth to employ a harmless prophylactic in the child's eyes immediately at the time of birth. In the light of the wonderful results of Credé's discovery in 1881 of the value of Nit. of Silver Sol. as a specific for ophthalmia

1 Dr. Gerung.
neonatorum, such failure is chargeable only to culpable negligence or ignorance on the part of the attending accoucheur or midwife. Statistics\(^1\) are available showing that previous to the introduction of Credé’s method, the records of over 17,000 births showed that over 9% of the children developed ophthalmia neonatorum. On the contrary, after the introduction of Credé’s method, the records of over 24,000 births showed only .65% or 1 in 200. In other words ophthalmia neonatorum occurs nearly 15 times more frequently without the Credé method than with it. Other prophylactic agents have also been employed with varying degrees of success, but no form of treatment has a record of efficiency equal to that shown by the Credé method.

Immediately after the delivery of the head, the nurse should cleanse the eyelids with sterile water or a solution of boric acid to prevent any infected secretion from gaining entrance to the eyes when first the child begins to open and shut them. Later, as soon after birth as possible, the eyelids should be again cleansed and a drop of Nit. of Silver Solution should be instilled between the lids of each eye from a glass rod one-eighth of an inch in diameter. When bathing the child great care should be taken to avoid any re-infection. Dr. Gerung lays especial stress upon the danger of subsequent re-infection. “I believe,” he says, “the hands of the physician, nurse and even more, the child’s hands, covered as they now are with infected secretions, to be most dangerous. Fingers, towelings, etc., and the nurse’s clothing, wet and covered with secretions against which the child’s face is pressed during cleaning, dressing and carrying, are the prominent sources of infection.”

And when every precaution has been observed there still remains a certain percentage of cases—1 in every 200—in which the infecting germ escapes destruction. In these cases the first danger signal is the appearance in the center of the lid of a narrow transverse red line. Later, the eyelids become

\(^1\)Dr. S. Howe.
swollen and congested. At this juncture, the entire responsibility of the child's future well-being rests upon the nurse. The first sign of inflammation of the child's eyes should be immediately reported to the physician. Delay of an hour is dangerous—of several hours, fatal.

The reports from a large number of ophthalmic hospitals show that if these cases already fully developed but without ulceration have the benefit of methods of treatment now well known, only about 5% of them progress to ulceration with consequent impairment of vision.\(^1\) Thus we see the overwhelming importance of impressing upon all persons upon whom the after care of a new-born child may devolve, the vital necessity of reporting at once to the physician any abnormal condition of the child's eyes.

That I am not placing undue emphasis upon the importance of this immediate notification may be seen from the fact that 15 States\(^2\) have enacted legislation making such notification mandatory, a failure to comply with the law entailing a penalty of a fine not to exceed $100.00 or imprisonment not to exceed six months, or both. While the apparent difficulty of enforcing such legislation militates to a certain extent against its efficacy, nevertheless even an occasional convolution is a potent factor in driving home a sense of responsibility in those immediately concerned with the care of an infant.

Again, the educational effect of such legislation upon the lay public is certainly worth considering. If parents can be brought to realize the grave danger of neglect in such cases, they themselves will be the first to demand the attendance of a physician, and there is small likelihood that his directions will not be carried out with scrupulous fidelity. If, on the other hand, a reflex of this education of the laity regarding the horrors of this particular infection shall be the development in the parent of a realization of the deeper, fundamental cause

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\(^1\) Dr. S. Howe.

\(^2\) New York, Maine, Rhode Island, Massachusetts, Pennsylvania, Minnesota, Ohio, Maryland, Michigan, Connecticut, Missouri, Iowa, Illinois, New Jersey.
which is ultimately responsible for this sword of Damocles that threatens his unborn child, a lessening of the social evil may be a further result of a campaign against the ophthalmia of infancy. Such children are indeed suffering for the sins of their fathers.

I have purposely omitted from this paper any extended reference to the part played by midwives in the tragedy of infant blindness, for the reason that as nurses, unless you are doing district work, you will seldom come into contact with cases under a midwife's care. When it is remembered that in the large cities, where the foreign element forms a considerable proportion of the population, practically one-half of the births are attended by midwives, it will readily be seen that we are face to face with another serious phase of the problem. The carelessness and neglect of the untrained, ignorant midwife must be controlled by the strong hand of the law. She must be compelled to employ a prophylactic to avoid the danger that menaces the sight of a new-born child, and this prophylactic should be furnished free of charge by the Health authorities in each locality. Recent investigations of the condition of mid-wifery practice in New York and Chicago developed the fact that many midwives, by their own acknowledgment, use no prophylactic whatever, while only a very few use the Nit. of Silver Solution. In Milwaukee only 16% of the mid-wives claimed that they used any precautionary measures to protect the child's vision while over one-third admitted that they did nothing for the eyes even when a pus discharge appeared. And yet, as was stated in the beginning, statistics prove that ophthalmia neonatorum develops in over 9% of the children where Credé's method is not used.

During the past year New York State has taken a distinct step in advance with regard to the prevention of ophthalmia neonatorum. In June, 1908, the New York Association for the Blind organized a Special Committee on the Prevention of Blindness. As a result of the efforts of this committee, during the past winter the State legislature has enacted a law requir-
ing the official notification of births to be returned within 36 hours instead of 10 days. An appropriation of $5,000.00 for the State Department of Health was also obtained to enable the Department to furnish for free distribution by local Health officers, a prophylactic to be used for the eyes of children at birth; and at the instigation of the committee the State Department of Health has recently issued a circular of "Directions to mothers, midwives and nurses for the Prevention of Ophthalmia Neonatorum," in five different languages: English, Italian, German, Polish and Yiddish.

The Committee on Ophthalmia Neonatorum of the American Medical Association, in a recent report (1908) lays especial emphasis upon the lack of exact statistical data as to the incidence of this disease, the localities chiefly affected and the results both in blind and disabled eyes. The conclusions of the committee may be summed up briefly as follows: "Three things seem to be necessary:—

"First. Exact data concerning the incidence of Ophthalmia Neonatorum, and its results should be secured in every state.

"Second. As it is a problem vitally affecting the state in making dependents of those who might be productive citizens, its control rests with the state through its department of public health.

"Third. It is important that there be secured united and concurrent action for its control on the part of all of those who know what to do and are willing to aid in stamping out this pestilence."

The Committee recommends:

"Registration of

\[\begin{align*}
& a. \text{ Births.} \\
& b. \text{ Midwives.} \\
& c. \text{ Physicians.}
\end{align*}\]
"Education of
\{ 
  a. Midwives.
  b. Mothers.
  c. Medical Profession.
\}

"Preparedness—
a. Proper dissemination of prophylactic.

"Coöperation—
\{ 
  a. United and concerted action in carrying these provisions into effect."

The adoption of these recommendations would go far towards reducing to a negligible quantity the amount of blindness caused by ophthalmia neonatorum. One noted ophthalmologist has said, "Purulent ophthalmia of infancy can and must be wiped out of every civilized country."

Some objectors will urge that in the aggregate the number of those who are blind from this cause when compared with the total population is insignificantly small. But viewed from the opposite angle of approach, we see 7,000 men, women and children groping their way through a world of darkness; and each year adds its quota to the number. In the schools for the blind one-quarter of the total admissions are of children who have been blinded by this dread scourge. And it need not have been thus! A little knowledge, a little care, and to-day they might be seeing as we see!

Driving through a country district one hot, summer day, I stopped at a hospitable looking farm house to ask for a drink of water. Milk was proffered, instead, by the kindly woman and the invitation to come in and rest while drinking it was too tempting to be refused. As we sat talking, a slip of a girl not more than seven years of age, appeared at the door of the room. With groping feet and outstretched arms, and searching hands and wistful, upturned face she came slowly towards the stranger: and with a pleased, little smile of pitiful childish pride, because somehow she was different from other people, she said: "I'm blind."
"Yes," added the mother, "she's blind. She never has seen anything. Her eyes got sore when she was only a day old."

The final paper of the symposium was by Miss Lillian D. Wald, Head-worker in the Henry Street Settlement.

A FEDERAL CHILDREN'S BUREAU.

BY LILLIAN D. WALD,

The Nurses' Settlement, New York.

In becoming actively interested in any one of the many lines of social work relating to children, whether educational or industrial, or prophylactic, it is very soon impressed vividly upon one's consciousness that there is chaos in the conditions under which many children of our country grow up.

Under the sway of the long lived belief in individualistic liberty as the best preservative of the interests of all, our people have come slowly to restrictive and protective legislation;—slowly in certain vital phases in the children. It is not possible now to go into discussion of this. It is enough to explain that confusion and ignorance of modern methods that are prevalent in many supposedly civilized communities throughout our country to the circumstances which affect their lives to the detriment of their best future and the country's. After considering the educational opportunities and standards of compulsory education, one is naturally drawn into the Child Labor question and quickly then comes the realization of the problems of health, growth, and future prospects of the children of our nation.

Already, in the visiting nursing work, enough has been learned of the menaces to life and health and the dangers to which children are exposed; among others we know the frequently careless practices of the midwives and the relation of this neglect at birth to blindness. We have long been familiar
with the disasters of malnutrition and the sad results of uncared for infections.

The conception of a National Children’s Bureau at Washington was a very natural result of thought and study of the child and it became definite as one after another of the modern problems of the child urged itself upon the attention of the Settlement workers and those others, whose endeavors are directed to comprehension of children’s conditions and the successful measures to improve them. This Bureau might be a step to a diffusing widely knowledge of child-saving methods. The enthusiastic response of many was immediate, including the then President, Theodore Roosevelt. The members of the National Child Labor Committee upon which I have the honor to serve became sponsor for the bill introduced in Congress for the establishment of a Children’s Bureau in the Department of the Interior; but that committee can no longer claim sole guardianship for this nor indeed does it desire to do so. It has been taken up by the National Organizations of Women’s Clubs and Councils, Consumers’ Leagues, College and Alumnae Associations, and Societies for the Promotion of Special Interests of Children. The various State Child Labor Committees, representing in their membership and executive committees, Education, Labor, Law, Medicine, and Business, have officially given endorsement. The press, in literally every section of the country, has given the measure serious editorial discussion and approval. Not one dissenting voice has it been possible to discover—not one utterance contradicts the principles that have been laid down by these various representatives of humanitarian thought and unselfish patriotism throughout America, and which principles they believe the bill will advance. Not long before our meeting in Washington on a given Saturday and Sunday clergymen throughout the country proclaimed from pulpits of all creeds the eternal message of the value of the child; outlined to their hearers the modern conception of childhood’s claim upon society and the obligation to the child of a society which has prospered by all the results of a progressive
civilization; and they asked their hearers to support this effort to bring the child into his heritage.

What would the Bureau do? What measures for the advantage of the child, the future citizen and the country would the Bureau further? What innovations in Governmental functions would the Bureau introduce? These are pertinent questions that may well be asked, and which must be answered to the satisfaction of the men in both Houses of Congress before we shall have the right to ask them to vote for its creation. The Bureau would be a clearing house, a source of information and reliable education on all matters pertaining to the welfare of children and child life, and especially it would investigate and report upon the questions now nowhere answered in complete or unified form, and whose enormous importance to national life is so strikingly evident:

The birth-rate,
Illegitimacy,
Congenital and Preventable Diseases,
Infant Mortality,
Physical Degeneracy,
Orphanage,
Desertion,
Juvenile Delinquency,
Juvenile Courts,
Dangerous Occupations and Accidents,
Crimes against Children, etc., etc.

It would fix upon government the responsibility. The attitude now is not unlike the small boy's of whom my friend in New York speaks. He had told him of the story of Nero. The brutality of the monster was vividly related: how he slew his mother; how he played while Rome burned, etc. The boy showed no concern, and to draw him out my friend said: "Well, what do you think of that kind of a man?" "He never done nothin' to me," quoth the boy, with a shrug.
It would investigate legislation affecting children in the several states and territories, and all other facts that have a bearing upon the health, the efficiency, the character, the happiness, and the training of children. Orphanage has many aspects that should call out the wisdom of the sages. Perhaps not enough has been done. Perhaps in some respects, too much. The orphan is a child, and yet orphanage means to some people even now the commitment to an asylum. Many are like the pious philanthropist who prayed: "Oh, Lord, send us many orphans that we may build the new wing to the asylum."

Nothing would it do to duplicate any work now being done by state or federal government, but it would strengthen their work and bring into immediate usefulness all of the statistical facts that may lie in the treasure-house of any governmental department or any private association. Practical cooperation of this kind, based on intelligent sympathy, has already been assured by the far-seeing Chief of the Educational Bureau and by the head of the Census Bureau. As much of the results of their researches as would enrich the Children’s Bureau would be laid before it almost without the asking, and yet, important as is their information and their knowledge, it covers only a part of what pertains to the whole great question of the wisest and most enlightened guardianship of our children—the most valuable natural asset of our nation. Literally, the Education Bureau is all that we have done that could be directly construed for the children, from which it might be said that we as a nation are indifferent.

The Children’s Bureau would not merely collect and classify information, but it would be prepared to furnish to every community in the land information that was needed, diffuse knowledge that had come through experts’ study of facts valuable to the child and to the community. Many extraordinary valuable methods have originated in America and have been seized by communities other than our own as valuable social discoveries. Other communities have had more or less haphazard legislation, and there is abundant evidence of the desire to have judicial
construction to harmonize and comprehend them. As matters now are within the United States, many communities are retarded or hampered by the lack of just such information and knowledge, which, if the Bureau existed, could be readily available. Some communities within the United States have been placed in most advantageous positions as regards their children, because of the accident of the presence of public-spirited individuals in their midst who have grasped the meaning of the nation's true relation to the children, and have been responsible for the creation of a public sentiment which makes high demands. But nowhere in the country does the Government, as such, provide information concerning vitally necessary measures for the children. Evils that are unknown or underestimated have the best chance for undisturbed existence and extension, and there where light is most needed there is still darkness. Ours is, for instance, the only great nation which does not know how many children are born and how many die in each year within its borders: still less do we know how many die in infancy of preventable diseases; how many blind children might have seen the light, for one-fourth of the totally blind need not have been so had the science that has proved this been made known in even the remotest sections of the country. Registration and our statistics on these matters are but partial, and their usefulness is minimized by the unavoidable passage of time before their appearance. There could be no greater aid to the reduction of infant mortality than full and current vital statistics of children, such as no one community can obtain for itself, and for want of which young lives born to be valuable to society, are wasted. We realize only occasionally, or after the occurrence of some tragedy, how little is known of other important incidents of the children's lives. We cannot say how many are in jails or almshouses, though periodically the country is stirred by some newspaper report, such as that one of a little boy of twelve, sentenced to five years in a federal peniteniary, or that of a little boy confined for some months on a trivial charge and incarcerated with a
murderer and other evil men and women, in the cell of a county jail. Outside the few states which have Juvenile Courts, there is chaos in the treatment and punishment of difficult children, and largely because of lack of knowledge concerning this important matter. This information cannot be effectively obtained by private agencies. It is too vital to be left to that chance. Only the Federal Government can cover the whole field and tell us of the children with as much care as it tells of the trees or the fishes or the cotton crop.

I remember that some three years ago when we had the pleasure of bringing this suggestion before the President, his first expression of approval was, if I recall rightly, that "It is bully." It was a coincidence that the Secretary of Agriculture was departing that same morning to the South to find out what danger to the community lurked in the appearance of the boll weevil. That brought home, with a very strong emphasis to the appeal, the fact that nothing that could have happened to the children would have called forth such official action on the part of the Government.

What measures for the advantage of the child and the country would the Bureau further? No direct responsibility or administrative fund for furthering new measures would fall upon the experts of a Children's Bureau, but, proceeding by the experience of other scientific bodies there would be ample justification for employing the best minds of the country for the application of the knowledge gained, by using the stimulus of suggestion and education. It takes no stretch of the imagination to believe that, with the light of knowledge turned by responsible experts upon all phases of the problem of the child, the American people could be trusted, if not with the immediate solution, then with serious consideration, for what appears to be a national apathy is not really so in fact. This confidence would disprove that. What innovation in the governmental function would this introduce? This measure for the creation of a Children's Bureau can claim no startling originality. It would introduce no innovation—
no new principle—in the functions of government. It is along the line of what we have been doing for many years to promote knowledge on other interests, in material matters. Look carefully into the history of the development and present scope of the various Bureaus within the authority of the Government, ample and fascinating analogies will be found.

Other countries, too, have awakened to realize the import of efficient guardianship of their children, have gathered expert information and are using it under the leadership of trained specialists. The French call the development of this, "Child Culture," which implies the use of scientific minds and trained powers, coördinated functions, and the protection of the State to the end of efficient manhood through a well-guarded childhood. Current literature every day shows the trend of civilized people to fix the responsibility upon the present generation to preserve and cultivate its resources, indeed charging as a crime against us any reckless waste of these. The English Children's Bill, that within a day or two has become "An Act," is the best example of this as regards the children. That bill is a most remarkable document indeed, covering practically every incident in the child's life that might come within the concern of the Government. Its ninety folio pages constitute a complete code, and reflect not only the wide range of the Government's information but cover every interesting phase of the development of this vital social and economic matter. A "veritable Children's Charter" it has been called. The forms of the English government and ours differ. We do not desire the code; details and administration can be left to the states; but we do desire and we do most urgently need information and the best means of broad publicity on all matters relating to the children, that the national intelligence and conscience may be stirred. The full responsibility for the wise guardianship of these children lies upon us. We cherish belief in the children, and hope, through them, for the future. But no longer can a civilized people be satisfied with the casual administration of that trust. Is not the importance of these a call for the best statesmanship our country can produce?
The bill has been reported favorably from committees of both Houses of Congress. If public interest demands it, Mr. Taft will secure the passage of the bill through this coming session. If you wish it done, let him know, let your representative in Congress and Senate know.

The President. I am sorry we have not time to discuss these very interesting and important papers. We must hurry on to the unfinished business of the day. There has been a committee appointed from this Federation to consider the matter of affiliation with the Red Cross. The chairman, Mrs. Robb, will present the report.

The chairman of the Committee had only presented a portion of her report when it became evident that there would not be time to complete it, and accord it the careful consideration which so important a matter required. The question of postponing it was therefore placed before the assembly, and upon motion of Miss Gladwin, it was voted to take up the matter again the following day. As the sessions of the Federation, however, closed with this meeting, and no provision could be made for an adjourned session on the following day (which belonged entirely to the Associated Alumnae), it became necessary to present the deferred report at a meeting of that body, which fortunately embraces practically the same membership. It was, therefore, so presented, and the action taken following it is quoted from the Proceedings of the Associated Alumnae, and will be found at the close of the report. As the report was that of a Committee of the Federation, it is included in these Transactions also.

REPORT OF THE RED CROSS COMMITTEE OF THE AMERICAN FEDERATION OF NURSES.

Madam President and members of the Federation:—

Your committee on Red Cross Nursing affairs beg to present the following report: On April 22d, 1908, at the Superintendents' Convention held in Cincinnati, Miss Nutting, President
of the Federation of Nurses took the opportunity to ask me to serve as Chairman of a Red Cross Committee, the object of this committee being to confer with the Red Cross Central Committee for the purpose of finding out if any arrangements could be made whereby a practical Red Cross Nursing service might be established. In order that the committee should be quite representative of our various associations, the following members were appointed: Miss Damer to represent the Associated Alumnae, Miss Nutting the American Federation of Nurses, and being myself at the moment president of the Superintendents' Society, Miss Nevins, Secretary of the Society, was asked to represent it and also because it was advisable to have a member in Washington, then, as the member at large, Miss Maxwell was asked to serve as she had had some practical experience in Red Cross Nursing during the Spanish American war. Such is the membership of your committee. On June 13th, 1908, I wrote Miss Boardman telling her of the committee's existence and its object, to which a reply came July 20th, as follows: "I was very glad to receive your letter and am delighted. . . . .

"This spring there were created three Red Cross Departments on War, Emergency and International Relief, a Board is at the head of each Department. Gen. O'Reilly, Surgeon General of the Army and a member of our Central Committee, is the chairman of the first board and I am of the second. At the time of our annual meeting in December, the 8th and 9th, there will be meetings of these two boards, and there will also be a meeting of the Emergency board in Washington the first part of October and probably also a meeting of the War Board about the same time. If you were near Washington at that time and could meet these boards it would be very useful as they are the boards which will have active charge of these relief measures in which we would probably need the nurses' assistance."

I again wrote Miss Boardman saying I would be in Washington in October the week of the Tuberculosis Congress, and
asked for an appointment to talk over Red Cross Nursing matters. On October 4th Miss Maxwell, the only available member of the committee, and myself had an informal conference with Miss Boardman and Mr. Becknell. I then went up to New York and held a meeting of the Red Cross Committee and reported our meeting with Miss Boardman. The subject was informally discussed by the committee but nothing definite was done. Upon my return home I put the substance of the conference with the Red Cross officials in the form of a letter as follows:

Cleveland, October 15, 1908.

My dear Miss Boardman:—

I beg to submit to you in writing the substance of the conversation Miss Maxwell and myself had with you on October 4th, to the effect that the Federation of Nurses, which consists of the Associated Alumnae of the United States and the Society of Superintendents of Training Schools for Nurses and numbers about 15,000 members, appointed a special committee to confer with the Central Committee of the Red Cross to find out if it is possible to make suitable arrangements whereby all nursing and allied work required by the Red Cross Society might be done through the Federation of Nurses under proper organization. Unless some such organization is effected the majority of nurses feel that the most efficient nursing work cannot be reached, nor the proper selection of nurses made, and that in consequence all members of the profession are subject to unnecessary adverse criticism. The nurses also feel that suitable recognition should be accorded them as a body of professional women and the integrity of their work should be maintained. To those of us who have given the matter careful thought it would seem that a satisfactory agreement to both the Red Cross and the Federation of Nurses might be reached through affiliation, whereby a nursing department carefully planned in every detail might be organized that would cover
all branches of Red Cross nursing including that of the Army and Navy. This would not necessarily mean that women for appointment to any branch of the Red Cross nursing work must be a member of some nursing organization, but that she should have the qualifications now considered essential for a nurse in good and regular standing. If the Central Committee of the Red Cross is willing to consider this affiliation proposition, then it will be necessary to hold a conference to decide upon what grounds such an affiliation can be best worked out.

Yours very truly,

ISABEL HAMPTON ROBB,
Chairman.

Miss Boardman's reply was as follows:—

DALTON, MAINE, October 19, 1908.

Dear Mrs. Robb:—

Your letter of the 15th has been forwarded from here. I feel confident that a plan satisfactory to all can be worked out. I shall be at an office in Washington on Thursday and then will go into the matter at length. I want you on the War Relief Board, and as a meeting of this Board will be held soon after my return to Washington, your appointment will then be arranged for. The Red Cross President, Mr. Taft, makes this appointment.

Yours sincerely,

MABEL L. BOARDMAN.

This was followed by one on October 27, 1908.

Dear Mrs. Robb:—

There has not yet been a meeting of the War Relief Board, but I think one will be held next week at which time your letter will be presented to the Board and at the same time your
appointment as a member of that Board to represent the Trained Nurse part of the Red Cross and as a representative of the Federation of Nurses will be made. I feel sure that this proposed affiliation with the Federation of Nurses can be brought about in a way satisfactory to all.

Please let me know when you expect to be east so that a meeting of the War Board can be held during that time. A meeting of this Board will also be held about the time of the regular annual Red Cross meeting, December 8th. At the meeting next week or thereabouts, I will read your letter to me of October 13th.”

Then on November 11th my appointment to the War Relief Board came, which I accepted, as it seemed the most direct way of reaching the Red Cross Committee and on the 23rd a notice of a meeting to be held on December 7th, which I attended, the affiliation of the Federation of Nurses was discussed and I was appointed a committee of one to draw up a plan for the consideration of the Board.

On January 5th, 1909, a meeting of your Red Cross Committee was called in New York. All the members were present. A report of the conference with the Red Cross War Relief Board was made and the subject was then informally discussed, but no plan outlined.

On February 21st I received from Miss Boardman an urgent letter asking me to send on at once any plan I might have ready. I therefore drew up a plan that had been gradually formulating itself in my mind during the winter. This plan I sent Miss Boardman and also a copy to each member of our own committee. With Miss Boardman’s I also sent a letter saying I was obliged to be in New York March 22nd and could attend a meeting of the War Relief Board on the 25th when I could take with me the plan as revised by the Nurses’ Committee. To my astonishment I received a notification of a War Relief Board meeting for March 17th. I supposed there was some mistake and again wrote Miss Boardman that our Nurses’
Committee could not meet before March 22nd, after which I could take the plan approved by it to a War Relief Board meeting. Later came another notice of a meeting to be held in the Red Cross offices, Washington, March 25th. A meeting of your Red Cross Committee was therefore held in New York March 22nd and the plan carefully gone over. In addition to suggestions offered by the members of the committee valuable recommendations were sent by the Committee on Nursing Service of the New York State Branch of the Red Cross. The following plan is the result of the combined deliberations of your committee.

Suggested Outline of Plan for the Affiliation of the Federation of Nurses with the Red Cross.

To the Red Cross Board of Control for War Relief:

The committee appointed by the Federation of Nurses to devise a plan whereby the Red Cross might enter into affiliation with the Federation of Nurses for nursing purposes begs to suggest the following plan for your consideration:

Whereas it has been proven that volunteer service by the individual nurse is not a success owing to the fact that it is impossible to count upon her services in emergency—it would seem advisable to form a regular nursing department of the Red Cross. That a permanent Chief Nurse having the requisite training, experience and organizing ability be appointed to the head of this department. That the department be subdivided into four large sections, that of the North, South, East and West, and that a permanent Head Nurse be placed over each of these. That the Federation of Nurses be asked to affiliate with the Red Cross for the purpose of supplying the main nursing force. This force to be composed of its members specially selected, and in consideration of this, the federation would request the following privileges:

That its nursing force be drawn upon first for active service; that this nursing force have the privilege of wearing the Red
Cross Brassard on nursing service of any kind; that an Executive Committee from among its members shall be appointed by the Federation Council to act with the War Relief Board of Control; that the federation be represented at the Red Cross Annual Meeting by one or more delegates selected from the federation.

The source of supply shall be drawn from the ranks of the federation, from other qualified nurses not members of the federation, from Sisterhoods and from so-called "experienced nurses." It is further suggested that in order to insure a ready supply of nurses the Federation of Nurses be asked to form Central Directories in all of the large cities of the Union and the Head Nurse in charge of these directories be put on the permanent staff of the Red Cross Nursing Department, subject in emergencies to orders from the Sectional Head Nurse.

Duties of the Chief Nurse:

To organize the nursing force in detail in coöperation with the Executive Committee and Board of Control and the Sectional Head Nurses. To keep corrected lists of all nurses on the Sectional Registers. To visit and inspect the various sections from time to time. To arrange for Special Courses in Emergency Training throughout the country. To arrange for Home Nursing Courses in the various sections. To talk upon Red Cross Nursing matters wherever and whenever desirable. To study Red Cross Nursing organizations of other countries with a view of improving that in America. The Nursing Department of the Bulletin to be edited by her.

Duties of the Sectional Head Nurse:

To make lists with records of all Trained Nurses in their Sections.

1. Number of Federated Nurses.
2. Number of Graduated Nurses not in the Federation.
3. Number of Sisterhoods—available.
4. Number of experienced nurses—available.
5. Lists of Nurses on Directories.
6. Lists of all Available Nurses.
7. Represent Red Cross work by at least one lecture before students in Training Schools. To arrange for and oversee courses on Emergency and first Aid Nursing. Also to give courses on Home Nursing. To cooperate with other Red Cross work where possible.

I then went down to Washington to present the plan to the War Relief Board, and attended a meeting at the Red Cross office March 25th, 4 p.m. There were present at the meeting Surgeon-General Torney, Dr. Wise of the Navy, Major Davis and Miss Boardman. I at once presented the revised copy of the plan as the one to be considered. After it was read there was some discussion on the use of the brassard, but as soon as possible I asked whether the report was acceptable as a plan. To that there was no particular assurance, but I gathered it was not acceptable; objection was raised to the expense it would be. Major Davis asked if it would not cost at least $10,000 a year. I said I did not know, perhaps five, that the Nurses' Committee had spoken of expense but did not see how a regular department could be organized without any. I suggested that the head nurse's salary might be the chief expense, as the states in each of the four sections might be willing to meet the salaries of the sectional head nurses. Then Miss Boardman said after all a regular nursing department hardly seemed necessary, that nurses were not needed very often and when they were, as for instance, for the Mississippi floods, they had had no difficulty in getting nurses. It had worked out very well and would again. If a nursing force could be used for any purpose in time of peace it would be different. I mentioned what might be done in nursing people of moderate means. That it was thought did not come within their province. The Board then adjourned.

The following is the letter received:
At a meeting of the Red Cross Relief Board held March 25th at the National Headquarters in the War Department, The Suggested Outline of Plan for the Affiliation of the Federation of Nurses with the Red Cross, prepared by Mrs. Isabel Hampton Robb at the request of the Board, and after consultation with the Federation of Nurses' Committee on Red Cross Nursing, of which Mrs. Robb is Chairman, was presented by Mrs. Robb and informally discussed. The Board considered the plan carefully studied out and containing valuable suggestions, but that as the carrying out of such a plan would involve a large expenditure of money from the Administration Fund of the Society, the Board felt that it would be impossible under present conditions for it to undertake any such elaborate plan. Mrs. Robb thought that it would involve an annual expenditure of from five to ten thousand dollars to carry out and maintain the proposed plan.

As experience has shown that for both war and emergency relief, the services of a number of nurses have very seldom been required for strictly Red Cross Work, the Board questioned as to whether at any time it would be justified in such a large annual expenditure for the proposed plan unless some continuous beneficial use within the Red Cross sphere of work could be made of this affiliation.

The Board hopes that for the present a plan for some limited affiliation may be brought about that will involve little or no expense to the Red Cross. It is desirous of obtaining the interest, support and assistance of the Federation of Nurses in Red Cross work so that the trained nurses of our country may be able to take their part in the patriotic and humane service of the Society in time of war or disaster.

The Board desires to express its thanks to Mrs. Robb and the other members of the Federation of Nurses' Committee on Red Cross nursing for the care and thought given to the proposed plan, and regrets that the financial question involved makes its adoption under existing circumstances impossible.

Signed by Chairman,

Red Cross War Relief Board.
As a matter of fact the formal discussion of the report took place at the meeting held March 17th, as I telephoned the Red Cross Secretary for a copy of the proceedings of that meeting and his reply was that only my report had been discussed. Therefore the meeting for March 25th seemed an unnecessary expenditure of time and energy and money to put us to when their decision had already been reached.

In conclusion we assure you we did the best we could and only regret that we cannot bring you a more satisfactory report after a year of sincere endeavor for all concerned.

Your Chairman received the following resolution from the War Relief Board June 4th, with the request that it be presented at this meeting:

The War Relief Board, at a meeting held May 7, 1909, took under consideration the placing of the Red Cross Nursing Department under a special sub-committee. To provide for the Committee the following resolution was passed:

"Resolved; That the sub-committee on Red Cross Nursing Service shall consist of a Chairman and fourteen other members; five to constitute a quorum; the Chairman and five members to be members of the War Relief Board, to be appointed by the Chairman of the Board; six members to be appointed by the Chairman of the Board from a list of trained nurses submitted by the Nurses’ Federation, and three persons to be appointed by the Chairman on recommendation of the Board.

"The present plan for such a committee is to have the Chairman and two other members of the Board to be selected from the trained nurse members of the Board. Of the three members of the Board, one should be a surgeon of the Army, one a surgeon of the Navy, and the third some other member of the Board. The three persons selected from outside the Board and the list of nurses should be persons specially fitted for membership on this Board."
"This will give a membership of nine trained nurses on the Committee of Fifteen."

The District Red Cross Branch has made the following arrangement with the Nurses' Central Registry of Washington. The Registry is to be supplied every three months with an up-to-date list of the Red Cross nurses with their addresses. In case there is a call for the service of any nurses, the nurse in charge of the Registry will find out what nurses are able to go. The Registry will be compensated for its assistance in every case where it has been asked to obtain this information.

Your committee beg to draw your attention to the fact that three suggestions from your committee's report are embodied in the two communications, as follows:

That there shall be a Red Cross Nursing Department.
That a joint committee from the Red Cross and from the Federation of Nurses be appointed.
That nurses be obtained through Central Directories.
At the meeting at which this report was presented, following the discussion, the following resolution was presented by Miss S. F. Palmer.

"Resolved, That the American Federation of Nurses affiliate in a body with the National Red Cross, and that the nurses be nominated by this association to serve with the National Red Cross Committee as outlined by the National War Relief Board.
"With the exception of the substitution of the words 'the Nurses' Associated Alumnae' in place of the 'Federation of Nurses' the resolution was adopted as read (the recommendation of the War Relief Committee being that a National Red Cross Committee on Nursing should be composed of fifteen members, nine of them nurses)."—Proceedings of the Twelfth Annual Convention of the Nurses Associated Alumnae, p. 911.

The President then called upon the Secretary to explain the amendments expected to be presented at the London meeting.

The Secretary. It is proposed to substitute "may" for
"shall" as to honorary membership of presidents. The rule has 
been to make each president of the national federation an honorary 
president. We thought it might be better to have the word "may" 
used instead of "shall," because we might have so many we would 
not know what to do with them. (Laughter.) 

Another amendment reduces the number of delegates. Many 
of our foreign members have to do a great deal of work for their 
members that our Society does not have to do, and to make their 
dues as light as possible we thought it was best to reduce the 
number of delegates.

The President. The third proposition is to change the time 
of meeting from every five to every three years.

The Secretary. The five year periods are almost too far apart 
to keep up the interest, and then we have interim meetings, some 
of which make some of them come every two years, and that is 
too close together.

The President. We have another resolution to consider which 
the Secretary will read.

The Secretary then read the resolution on the Enfranchisement 
of Women, which was announced by the International Council, 
and after prolonged discussion the American delegates were in-
structed to vote in the negative upon it, by a vote of 48 against 28.

The President. You are now asked to nominate members as 
deleagtes to the meeting of the International Council in London. 
Upon motion of Miss Gladwin the following members were nomi-
nated: Mrs. Robb, Miss Goodrich, Miss Maxwell, Miss Cadmus and 
Miss Delano.

We have appointed a committee to plan ways and means of ap-
proaching colleges to endeavor to enlist their interest in the train-
ing school problem. Those appointed are Misses McMillan, Hay, 
Gladwin, Van Kirk and Stimson,—five college women.

There are a few resolutions to come before the meeting, and I 
will ask the Secretary to first read the resolution on Dr. Beard’s 
paper.

The Secretary then read the following resolution which was 
received with applause:

"Your committee to prepare a resolution to offer to Dr. Beard 
to show the appreciation of the Federation for his paper on the 
University Training of the Nurse, beg to offer the following:
"The American Federation of Nurses, in regular session in Minneapolis, on June 9th, 1909, have been deeply gratified and profoundly encouraged by the liberal, progressive, and far-sighted views upon the professional training of the nurse presented by Dr. Beard in his able paper "University Training for Nurses," and desire to express the unanimous opinion of the members present that the example of the University of Minnesota in establishing this course will be of the most far-reaching value to the educators of nurses and the utmost support to all those who are advocating the principles of higher education for nurses.

"Your committee regards this as the initial step in the development of state central schools for nurses towards which we are working.

"Your committee recommends that this example of the University of Minnesota be made widely known through the International Council of Nurses, and that Dr. Beard's paper be offered to the Educational Section of that body at its meeting in London in July.

ISABEL HAMPTON ROBB,
SISTER AMY,
ANNE GOODRICH,
ANNA MAXWELL,
L. L. DOCK."

On motion of Mrs. Foy, seconded by Miss Sharp, the resolution was unanimously adopted.

The Secretary also read the following resolution regarding the subject of moral prophylaxis:

"Resolved, that the American Federation of Nurses appoint a committee on Social Hygiene: to

"I. Report on progress of legislation and enforcement of existing laws aimed at preventing prostitution and limiting the spread of venereal disease:

"II. Examine and recommend literature for nurses:
   a. Professional; as to extent and dangers of venereal diseases;
   b. Social; methods of instructing mothers and children."
"III. Recommend for training schools courses in prevention of venereal diseases:

"IV. To further in state and alumnae societies the formation of similar committees.

On motion of Mrs. Robb, seconded by Miss Ahrens, the resolution was unanimously adopted.

The President. It has been suggested that this committee be appointed by the Council at the final meeting on Friday. If there is no objection it will be left that way.

The delegates to the International Council Meeting in London were then elected. Miss Nutting, being unable to go to London, preferred resigning the presidency of the American Federation, her period of presidency not being terminated. The final result of the election and the Executive Committee's action was as follows: President of the American Federation of Nurses for the ensuing term, Miss Goodrich. Delegates to London: Miss Maxwell, Mrs. Robb, Miss Delano, Miss Cadmus.
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MISS MABEL T. BOARDMAN.
MRS. M. CADWALADER JONES.

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STILSON, MISS JULIA C. Harlem Hospital, New York, N. Y.
STOWE, MISS EMMA L. Connecticut Training School, New Haven, Conn.
STRUBLE, MISS MARY B. George Washington University Hospital, Washington, D. C.
STRUMM, MISS FLORA E. Montreal General Hospital, Montreal, Canada.
SURBRAY, 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.
SUTLIFFE, MISS IRENE H. 8 West 92nd St., New York, N. Y.
TAYLOR, MISS MARJORIE M. Physicians and Surgeons Hospital, San Antonio, Texas.
TEDFORD, MISS NORA Montreal General Hospital, Montreal, Canada.
THEOMAS, MISS MARGARET 120 Marston Ave., Eau Claire, Wis.
TRACY, MISS SUSAN E. Adams Nervine Hospital, Jamaica Plains, Mass.
TWITCHELL, Miss Alice I. ...... Passavant Memorial Hospital, Jacksonville, Ill.
UNDERHILL, Miss ELLA......... Bellevue Hospital, New York, N. Y.
VAN BLARCOM, Miss CAROLYN... Rockford Sanitarium, New Bedford, Mass.
VAN KIRK, Miss ANNE D. ...... Mt. Sinai Hospital, New York, N. Y.
VAN VOLT, Miss ROSE Z....... Memorial Hospital, Richmond, Va.
WALLACE, Miss MARGARET M.... Grant Hospital, Columbus, Ohio.
WARD, Miss AGNES S.......... Metropolitan Hospital, Blackwell's Island, N. Y.
WASHBURN, Miss IDA........... Eastern Maine General Hospital, Bangor, Maine.
WATSON, Miss GRACE.......... Northwestern Hospital, Minneapolis, Minn.
WATSON, Miss SUSIE A......... Flower Hospital, New York, N. Y.
WEBSTER, Miss JENNIE......... Montreal General Hospital, Montreal, Canada.
WEBR, Miss MARY J............ Braddock General Hospital, Braddock, Pa.
WEST, Miss LILLIAN O....... Holyoke City Hospital, Holyoke, Mass.
WESTON, Miss ELEANOR........ Northwestern Hospital, Minneapolis, Minn.
WHEELER, Miss MARY C....... Blessing Hospital, Quincy, Ill.
WHITE, Miss VICTORIA......... Naval Hospital, Brooklyn, N. Y.
WILLIAMSON, Miss ANNE A.... California Hospital, Los Angeles, Cal.
WILSON, Miss FREDERICA...... Winnipeg General Hospital, Winnipeg, Canada.

WILSON, Miss MABEL............
WILSON, Miss MARGARET S...... Orthopedic Hospital, Philadelphia, Pa.
WILSON, Miss MAY............. Savannah Hospital, Savannah, Georgia.
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WISE, Miss HELEN.............. Peninsula General Hospital, Salisbury, Md.

WOOD, Miss ELEANOR WHARTON.. Bryn Mawr Hospital, Bryn Mawr, Pa.
WORRALL, Mrs. FRANCES A.... Cooper Hospital, Camden, N. J.
WRIGHT, Miss HELEN LUELLA N.. Hahnemann Hospital, San Francisco, Cal.
YOUNG, Miss ZAIDEE E......... Montreal General Hospital, Montreal, Canada.
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