Eighteenth Annual Report
of
American Society of Superintendents
of
Training Schools for Nurses
1912
HEADQUARTERS

NATIONAL LEAGUE OF NURSING EDUCATION,

370 SEVENTH AVE., NEW YORK CITY.
Property of the Society
PROCEEDINGS

OF THE

EIGHTEENTH ANNUAL CONVENTION

OF THE

American Society of Superintendents of
Training Schools for Nurses

HELD AT

CHICAGO, ILLINOIS

June 3–5, 1912
OFFICERS OF THE SOCIETY

President.—MARY C. WHEELER, R. N.,
127 N. Dearborn St., Chicago, Ill.

First Vice-President.—MARY M. RIDDLE, R. N.,
Newton Hospital, Newton Lower Falls, Mass.

Second Vice-President.—MARY A. SAMUEL, R. N.,
Lakeside Hospital, Cleveland, Ohio.

Secretary.—JESSIE E. CATTON, R. N.,
Springfield Hospital, Springfield, Mass.

Treasurer.—MARY W. McKECHNIE, R. N.,
423 W. 118th St., New York, N. Y.

Auditors.—MISS MARY A. LAWSON,
City Hospital, Akron, Ohio.

LUCY C. AYERS, R. N.,
Woonsocket Hospital, Woonsocket, R. I.

Councillors.—Third year.—M. A. NUTTING, R. N.,
Teachers’ College, Columbia University,
New York, N. Y.

Third year.—A. LAUDER SUTHERLAND, R. N.,
Hartford Hospital, Hartford, Conn.

Second year.—ELIZABETH G. FLAWS, R. N.,
Wellesley Hospital, Toronto, Canada.

Second year.—MARGARET A. DUNLOP, R. N.,
Pennsylvania Hospital, Philadelphia, Penna.

First year.—MRS. SUSAN FISHER APTED, R. N.,
40 Ransom St., Grand Rapids, Mich.

First year.—LOTTIE A. DARLING, R. N.,
Washington University Training School,
St. Louis, Mo.
COMMITTEES

COMMITTEE TO APPROACH WOMEN’S COLLEGES,

MISS ISABEL M. STEWART, Chairman.
MISS EDNA L. FOLEY,
MISS ANNE D. VAN KIRK,
MISS CHARLOTTE BURGESS,
MISS SUSAN WATSON,
MISS LAURA R. LOGAN.

COMMITTEE ON DEPARTMENT OF NURSING AND HEALTH.

MISS ANNIE W. GOODRICH, Chairman.
MISS M. ADELAIDE NUTTING,
MISS GEORGIA M. NEVINS,
MISS MARY M. RIDDELE,
MISS ANNA C. MAXWELL,
MISS ANNA L. ALLINE,
MISS M. HELENA MCMILLAN,
MISS M. H. KRUEGER,
MISS SARA E. PARSONS,
MISS MARY C. WHEELER.

COMMITTEE ON EDUCATION.

MISS M. ADELAIDE NUTTING, Chairman.
MISS ANNIE W. GOODRICH,
MISS CLARA D. NOYES,
MISS MARY M. RIDDELE,
MISS ANNA L. ALLINE.

COMMITTEE ON MEMBERSHIP.

MISS MARY M. RIDDELE, Chairman.
MISS CAROLINE I. MILNE,
MISS M. HELENA MCMILLAN,
MISS ALMA C. HOGLE.

COMMITTEE ON PROGRAM.

MISS MARY C. WHEELER, Chairman.
MISS ANNIE W. GOODRICH,
MISS SARA E. PARSONS.

COMMITTEE ON PUBLICATION.

MISS MARY C. WHEELER,
MISS JESSIE E. CATTON,
MISS MARY W. MCKECHNIE.
EIGHTEENTH ANNUAL CONVENTION.

COMMITTEE ON PUBLIC HEALTH.

MISS CAROLYN VAN BLASCOM, Chairman.
MISS EDNA L. FOLEY,
MISS ELLA P. CRANDALL.

MISS JANE E. HITCHCOCK,
MISS ANNA W. KERR.

COMMITTEE ON ISABEL HAMPTON ROBB EDUCATIONAL FUND.

MISS ANNA C. MAXWELL,
MISS M. ADELAIDE NUTTING,
MISS ANNIE W. GOODRICH,

MISS GEORGIA M. NEVINS,
MISS LOUISE C. BOYD.
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The American Society of Superintendents of Training Schools for Nurses was organized in Chicago, June, 1893. Officers of the preliminary organization were:

President — MISS ALSTON.  Secretary — MISS DARCHE.
Treasurer — MISS DROWN.

Officers for years following have been:

1894 New York, Jan. 10–11.
President, Miss Alston; Secretary, Miss Darche; Treasurer, Miss Drown.

President, Miss Richards; Secretary, Miss Darche; Treasurer, Miss Drown.

1896 Philadelphia, Feb. 11, 12, 13, 14.
President, Miss Davis; Secretary, Miss Littlefield; Treasurer, Miss Drown.

1897 Baltimore, Feb. 10, 11, 12.
President, Miss Nutting; Secretary, Miss Dock; Treasurer, Miss Drown.

1898 Toronto, Feb. 10, 11, 12.
President, Miss Snively; Secretary, Miss Dock; Treasurer, Miss Drown.

President, Miss McIsaac; Secretary, Miss Dock; Treasurer, Miss Drown.

1900 New York, April 30, May 1–2.
President, Miss Merritt; Secretary, Miss Dock; Treasurer, Miss Alline.

1901 Buffalo, Sept. 16–17.
President, Miss Keating; Secretary, Miss Dock; Treasurer, Miss Alline.

1902 Detroit, Sept. 9, 10, 11.
President, Mrs. Gretter; Secretary, Miss Dock; Treasurer, Miss Alline.

1903 Pittsburgh, Oct. 7–8–9.
President, Miss Giles; Secretary, Miss Nutting; Treasurer, Miss Alline.

1905 Washington, May 1–2–3.
President, Miss Nevins; Secretary, Miss Nutting; Treasurer, Miss Alline.
EIGHTEENTH ANNUAL CONVENTION.

1906 New York, May —
President, Miss Goodrich; Secretary, Miss Nutting; Treasurer, Miss Alline.

1907 Philadelphia, May 8, 9, 10.
President, Miss Banfield; Secretary, Miss Nevins; Treasurer, Miss Alline.

1908 Cincinnati, April 22, 23, 24.
President, Miss Greenwood; Secretary, Miss Nevins; Treasurer, Miss Alline.

President, Mrs. Robb; Secretary, Miss Nevins; Treasurer, Miss Alline.

President, Miss Nutting; Secretary, Miss McMillan; Treasurer, Miss Alline.

1911 Boston, May 29, 30, 31.
President, Miss Riddle; Secretary, Miss McMillan; Treasurer, Miss McKechnie.

1912 Chicago, June 3–5.
President, Miss Wheeler; Secretary, Miss Catton; Treasurer, Miss McKechnie.

In June, 1912, the name of the society was changed to "The National League of Nursing Education."

THE SOCIETY HAS AFFILIATIONS WITH:

American Nurses’ Association.
The American Society of Sanitary and Moral Prophylaxis.
The American Association for the Study and Prevention of Infant Mortality.
International Congress on Hygiene and Demography.
EIGHTEENTH ANNUAL CONVENTION

OF THE

The American Society of Superintendents of Training Schools for Nurses

CHICAGO, ILL., June 3, 1912.

The meeting was called to order at 10:20 a.m. by the President, Miss Mary C. Wheeler.

The President. The meeting will please come to order. The first thing before us is the consideration of the minutes of the meeting that was held in Boston, May 29, 30 and 31, 1911. Miss Catton, Secretary.

The Secretary. I simply have the statement to make that the minutes of the meetings which were held in Boston last year are incorporated in this book which the members of the Society have had for five or six months.

The President. What is your pleasure with the minutes as printed?

Miss Nevins. I move the minutes be accepted as printed. (The motion was carried).

The President. We will have the report of the Treasurer.

TREASURER'S REPORT FOR THE YEAR ENDED DECEMBER 31, 1911.

Cash in Corn Exchange Bank, January 1, 1911... $124.56

Receipts.

Membership fees and dues............. $950.00
For exchange charges on checks....... 1.25
Sale of Annual Reports.............. 1.50
Sale of one share Journal stock...... 100.00

1,052.75

$1,177.31
EIGHTEENTH ANNUAL CONVENTION.

Expenditures.

<table>
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<tr>
<th>Item</th>
<th>Amount</th>
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<tbody>
<tr>
<td>Printing and stationery</td>
<td>$52.92</td>
</tr>
<tr>
<td>Postage</td>
<td>$42.65</td>
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<td>Carefare, telegrams, express charges,</td>
<td></td>
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<tr>
<td>bank charges</td>
<td>$8.08</td>
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<tr>
<td>Clerical work</td>
<td>$43.20</td>
</tr>
<tr>
<td>Convention expenses (rent of room badges, lanterns)</td>
<td>$163.03</td>
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<tr>
<td>Reporting convention proceedings</td>
<td>$75.00</td>
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<tr>
<td>Annual dues, Am. Fed. of Nurses</td>
<td>$15.00</td>
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<tr>
<td>Membership dues, other societies</td>
<td>$10.00</td>
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<tr>
<td>Traveling expenses officers</td>
<td>$32.65</td>
</tr>
<tr>
<td>Traveling expenses delegates (Infant Mortality Convention)</td>
<td>$12.30</td>
</tr>
<tr>
<td>Council meeting expenses</td>
<td>$1.90</td>
</tr>
<tr>
<td>Printing 17th annual report (on acet.)</td>
<td>$450.00</td>
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</tbody>
</table>

Cash balance, December 31, 1911: $270.58

Total expenses: $906.73

Audited and found correct.

LUCY C. AYERS, Auditor.
SARA E. PARSONS, Auditor.

MARY W. McKECHNIE, Treasurer.

The President. You have heard the report of the Treasurer, Miss McKechnie. What is your pleasure?

Miss Samuel. I move it be accepted.

(The motion was carried).

The President. The report of the Council meetings during the year 1911-1912; Miss Catton, Secretary.

REPORT OF THE COUNCIL FOR 1910-1911.

The Council has held three meetings during the year, one in Boston, one in New York, and one in Chicago. At these meetings reports of the progress of the work of the Committees
were presented and new Committees were appointed for service in various matters pertaining to the nursing situation.

The resignation of Miss Clara D. Noyes as chairman of the Committee on Constitution and By-laws was accepted and Miss Annie W. Goodrich was appointed to take the chairmanship of that Committee, Miss Noyes remaining as a member of the Committee.

Miss Julia C. Stimson, who resigned from the chairmanship of the Committee to Approach Women’s Colleges, was asked to consider remaining as chairman for the remainder of the year. As Miss Stimson could not continue further with the duties of chairman, this committee has been without a head for some months.

The Society has lost three of its members through death during the year:

Miss Lucy Ashby Sharpe, graduate Johns Hopkins Hospital, died March, 1911, at New Rochelle, N. Y.

Mrs. O. Banks Wright, graduate Boston City Hospital, died November 30, 1911, at Fort Francis, Ont.

Miss Cora Overholt, graduate Illinois Training School, died July 25, 1911, at Hahnemann Hospital, Chicago.

Eight members have resigned: Miss Anna G. Clement, Mrs. Jessie Mewhort Gray, Miss Katherine E. Hertzer, Miss Lina Lightbourne, Mrs. Millicent Northway, Mrs. Janette F. Peterson, Mrs. Louise Meier Robertson, Miss Mary J. Weir.

During the year the Council voted to pay $250 toward the expenses of a delegate to the Convention at Cologne and also to pay $200 toward the expenses of the Interstate Secretary.

Jessie E. Catton,  
Secretary.

The President. You have heard the report of the Council
meetings for 1911–1912. What is your pleasure with this report?

Miss Nevins. I move it be accepted.

(The motion was carried).

The President. We will now listen to the reports of the standing committees; first, the Membership Committee, Miss Riddle.

REPORT READ BY MISS RIDDLE.

The names of the new members recommended by the Council for admission into the Society are as follows:

ASSELTINE, Miss Elizabeth A........Ryburn Memorial Hospital, Ottawa, Ill.

BEARD, Miss Mary....................Superintendent Boston Instructive
District Nursing, Boston, Mass.

BURGER, Miss Donna L...............Superintendent of Nurses, Memorial
Hospital, Worcester, Mass.

BURGESS, Miss Charlotte...........Cook County Hospital, Chicago, Ill.

BURKE, Miss Elsie Logan...........Children's Memorial Hospital, Chicago, Ill.

BURNS, Miss Johanna S.............St. Luke's Hospital, Spokane, Washington.

BURNS, Miss Mary A.................Trinity Hospital, Milwaukee, Wis.

BOYD, Miss Louie Croft...............City and County Hospital, Denver, Colo.

CHISHOLM, Miss Ethel L.............Union Hospital, Terre Haute, Ind.

CLARK, Miss Ruth Gardner.........Hudson City Hospital, Hudson, N.Y.

CLARKE, Miss Ethel P............University Hospital, Baltimore, Md.

DANA, Miss Charlotte W............Boston Lying-in Hospital, 24 McLean
St., Boston, Mass.

ELLISON, Miss Katherine I........Cincinnati, Ohio.

EVANS, Miss Caroline........Utica Homeopathic Hospital, Utica, N.Y.

FARQUHAR, Miss Margaret..............Infants' Hospital, Blossom St.,
Boston, Mass.

GRAY, Miss Tamson A.................Detroit, Mich.

GREENE, Miss Elizabeth A........Halekley Hospital, Muskegon, Mich.

HORN, Miss Jessie A................M. E. Hospital, Indianapolis, Ind.

LOEB, Miss Elizabeth V............Medico Chirurgical Hospital, Phila-
delphia, Pa.

LOGAN, Miss Laura R.................Hope Hospital, Fort Wayne, Ind.

LOKER, Miss Margaret E...........St. Mary's Infirmary, Cairo, Ill.

MAST, Miss Lucile....................Boston Lying-in Hospital, Boston,
Mass.
McClellan, Miss Florence.........Superintendent Schneck Hospital, Seymour, Ind.
McCowan, Miss Annie E........Thrall Hospital, Middletown, N. Y.
Minnigerode, Miss Lucy........Savannah Hospital, Savannah, Ga.
Moran, Miss Mary A..............Augusta City Hospital, Augusta, Ga.
Mullin, Miss Addie..............Mary Thompson Hospital, Chicago, Ill.
Noyes, Miss Ursula D.............745 Massachusetts Ave., Boston, Mass. (Boston City Hospital).
Pentland, Miss Ruth.............Youngstown Hospital, Youngstown, Ohio.
Phelan, Miss Mary T.............Assistant Superintendent Infant Welfare Work, Chicago, Ill.
Purmen, Mrs. W..................Paterson General Hospital, Paterson, N. J.
Robinson, Miss Mary E...........Sanitarium Hospital, Brooklyn, N. Y.
Sare, Miss Winifred.............Jeffrey Hale's Hospital, Quebec, Canada.
Scott, Miss Martha M...........Mt. Sinai Hospital, New York City.
Stewart, Miss Alice E...........Tuberculosis League Hospital, Pittsburgh, Pa.
Taylor, Miss Effie M............Johns Hopkins Hospital, Baltimore, Md.
Thurlow, Miss Josephine Estelle.Corning Hospital, Corning, N. Y.
Tucker, Miss Myra...............Cook County Hospital, Chicago, Ill.
Tynan, Miss Mary.................Mary Immaculate Hospital, Dunellen, N. J.
Sly, Miss Sarah..................Birmingham, Mich.
Whittaker, Miss Annie J.........Superintendent Nurses, Jewish Hospital, St. Louis, Mo.
Williamson, Miss Anne..........Glenville Hospital, Cleveland, Ohio.
Wright, Miss Elizabeth M. M.....Rockford Hospital, Rockford, Ill.

The President. You have heard the report of the Membership Committee, forty-three applicants for membership with the endorsement of the Council. What is your pleasure?

Miss Parsons. I move that these applicants be accepted.

(The motion was carried.)

The President. They are elected members.

The next report is the report of the Committee on the Department of Nursing and Health, by Miss Goodrich.
REPORT OF THE DEPARTMENT OF NURSING AND HEALTH.

The Committee on the Department of Nursing and Health has the honor to present the following brief report of their meetings and proceedings during the past year, together with the report of Miss Alline, the Treasurer, and the comprehensive and interesting report of Miss Nutting, the Director of the Department. One informal and two regular meetings have been held during the year.

In order that no confusion should arise from the change of name of the Department at the College, following Mrs. Hartley Jenkins' bequest, upon the written motion of the members, the name of the Committee was changed from the Committee on Hospital Economics to the Committee on the Department of Nursing and Health. Two additional members have been appointed—Miss Mary C. Wheeler and Miss Sarah E. Parsons.

At the formal meeting on January 19th, it was determined to establish a lectureship in memory of Isabelle Hampton Robb, by placing in the hands of the College annually $200.00 of the income of the fund for the endowment of a chair. Some important persons will be asked each year to give these lectures. Miss Nutting had hoped to secure Miss Jane Addams for the inauguration of this foundation but was unable to do so this year.

There was also placed at the College, on motion of the Committee, the sum of $200.00 to meet the necessary additional stenographic assistance. At the January meeting, the Committee authorized to be made an enlarged copy of a photograph of Mrs. Robb for the class-room at the College. This has been completed, and concerning it Miss Nutting writes as follows:

"The Department is much indebted to the Committee for the gift of a beautiful enlarged and finished copy of one of Mrs. Robb's portraits. On one of the closing days of the session, it was presented by Miss
Goodrich on behalf of the Committee, with a very simple ceremony. It hangs in the class-room with pictures of Miss Nightingale and views of places associated with her name.”

Respectfully submitted,

ANNE W. GOODRICH, Chairman.

REPORT OF TREASURER.
1910–11.

American Society of Superintendents of Training Schools for Nurses in account with Anna L. Alline, R. N., Treasurer of Hospital Economics Endowment Fund.

Credit.

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<td>By interest on investment, May, 1911</td>
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Debit.

<table>
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<td>To scholarships, 1910</td>
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<td><strong>Disbursements</strong></td>
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<td><strong>Balance on Deposit</strong></td>
<td><strong>$559.00</strong></td>
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EIGHTEENTH ANNUAL CONVENTION.

REPORT OF TREASURER.

1911-12.

American Society of Superintendents of Training Schools for Nurses in account with Anna L. Alline, R. N., Treasurer of Hospital Economics Endowment Fund.

Credit.

By cash on hand June, 1911 ....................... $559 00
By interest on bank deposit, July, 1911 .......... 7 09
By interest on investment, July, 1911 .......... 100 00
By interest on investment, August, 1911 ...... 25 00
By interest on bank deposit, August, 1911 ...... 4 41
By interest on investment, November, 1911 .... 124 00
By interest on bank deposit, October, 1911 .... 5 00
By interest on investment, January, 1912 ..... 100 00
By interest on bank deposit, January, 1912 .... 6 00
By interest on investment, February, 1912 .... 25 00
By interest on investment, May, 1912 .......... 125 00

Total ........................................ $1,081 50

Debit.

To stenography, postage, etc., 1911 ............ $89 25
To scholarships, 1912 ............................ 400 00

Total ........................................ $489 25

Receipts ...................................... $1,081 50
Disbursements ................................ 489 25

Balance on deposit ............................ $592 25
Miss Goodrich. I think perhaps I should explain a little concerning this Treasurer's report. As you know, for many years a fund was being sought for the endowment of a chair in nursing and hospital economics, it was called. We had many contributions, both from the nurses' associations and from friends of the members. This sum altogether gathered was $10,000. It was invested in bonds and it required a special committee and it seemed wise to have a special treasurer who was conversant with the work at the time the Treasurer of the Superintendents' Society was changed, so Miss Alline still held this office. Recently we have been making endeavors to secure an endowment for Mrs. Robb's memorial and also the pension fund, so it has been impossible to secure any more subscriptions to the endowment fund; and for the last two years the Treasurers had very little to report. Two subscriptions were received, one of $48 from the College, and one from a private nurse of $1.35. The income, owing to the good investment, has reached the sum of $1,081, the interest this year was $1,081; and the expenditures were, for the scholarship, $400, for some small expenses for stenography $59, leaving on deposit in bank $522. Miss Nutting has submitted an exceedingly interesting and rather extensive report, and I hope if I cannot be heard you will not hesitate to speak.

REPORT OF MISS NUTTING, DIRECTOR OF THE DEPARTMENT OF NURSING AND HEALTH.

CHANGES AND DEVELOPMENTS IN THE DEPARTMENT.

The most significant event during the past year is the division of the College by the action of the Board of Trustees into two more or less distinct departments — the School of Education, which will continue to train teachers for all branches of educational work, and the new School of Practical Arts, which is organized very much like a regular arts college, with a four
years' course, the emphasis being mainly on technical and scientific work. Students will be able, however, to pursue all the academic subjects usually included in a college course.

Students desiring to prepare as teachers or for educational work in connection with training schools or public health activities will register in the School of Education, while those who are to do practical, scientific or administrative work mainly will enter the School of Practical Arts. All are under the direction and government of the same department, and to the outsider there is no line of demarcation.

This arrangement will be of distinct advantage to students who do not desire to teach, as they will not be obliged, as was heretofore the case, to take all the educational courses in order to obtain a certificate or a degree.

The most interesting feature of this readjustment from the standpoint of the Department is the direct and definite connection of the College with the Training School through the preparatory course. A student may now enter the School of Practical Arts direct from the high school, take her preliminary sciences in one or two years, enter a training school, and return, on the satisfactory completion of her course, to finish work for her degree. The work done in the Nursing School, if it is of a high character, with good solid theoretical courses, is counted toward the degree, receiving quite substantial recognition.

The College, that while the course was in its infancy, was very generous in making allowances for certain deficiencies in high school education, and accepting various equivalents, now feels, and very justly, that our students must be able to enter on the same basis as other students — that is, a good high school training which is properly certified, with (in our case) the addition of two or three years' course in an approved nursing school. It is a very grave question whether we can receive students whose training has been secured in a number of affiliated schools, with no definite control or direction anywhere; or in schools where the theoretical work is meagre and irregular,
no matter what the standing of the hospital is. It will, however, still be possible to make provision for exceptional women, whose preliminary education has been irregular, by entering them provisionally for the first half year, and where the work done is of an unusual character, they may be able to make up deficiencies, either in the regular session or in summer school, thus making them eligible for the certificate.

Miss Goodrich. I think no college has heretofore undertaken to give us credit for two or three years in a school of nursing. (Applause.) I wish Miss Nutting could be here to hear that, because she is quite responsible for it. (Applause.)

Another noteworthy development is the organization of a special district, a branch of Henry Street Settlement, in the vicinity of the College, which will serve as an observation and practice district for nurses in the Public Health Nursing Group. Nine distinct agencies, including hospitals, dispensaries, municipal departments and correctional, social and philanthropic agencies, will cooperate in the various activities of this district, the students thus having the opportunity of observing problems of organization and administration in a nursing center which includes these widely varied types of activities.

It is gratifying to note that the students in the Public Health Nursing Group this year, who have been studying in the School of Philanthropy and districts of the Charity Organization Society, have received very appreciative comments for the work on problems of family relief and rehabilitation, in which they have been engaged.

A new course on the Basis of Social Legislation is announced for next year by Dr. Chaddock, professor of statistics in Columbia University. The Department feels that it is very fortunate in securing the services of such an authority on this subject—one, too, who has such a warm personal interest in nursing work. A course on Occupations for Invalids will be given in 1913–14.
SUPPLEMENTARY COURSES.

Courses are arranged, not only for those who want to work toward some definite position, but for those who want to fill up the gaps of their nursing or general education. Such subjects as English, History, Languages, Art, etc., are taken by many students. Advanced standing is based on the character of the work done in the training school, normal school, college, etc. Several of the students have been able to complete work for the B. S. degree two years after entrance, others require two and one-half or three years.

For the first time in the history of the Department, the work will be continued through the summer season, July 8th to middle of August. A course will be offered in Public Health Nursing (including School Nursing), with possibilities of additional courses in other departments. It is probable that some work will be given in the summer session each year, since there seems to be considerable demand for short courses of this nature.

The publications from the Department during the past year, besides folders, announcements, etc., are the annotated list of text and reference books for nursing school libraries, which may be secured through the Secretary of the School of Practical Arts for twenty-five cents a copy, and the monograph on the Educational Status of Nurses, prepared by Miss Nutting for the Bureau of Education, Washington. Copies of this will be sent free on application to Washington, Bureau of Education.

ACTIVITIES OF MEMBERS.

The Teachers' College Nurses' Alumni Association, which was organized last year at Boston, has now a membership of 48. The meetings held at the College in February for all old graduates of the College were well attended, quite a number of former graduates of the Department being present. Letters received from many others show their continued interest in the work of the College, and their loyal attempts to carry out the purposes of the Association. Several members mention addresses given to high school and college women on "Nursing
as a Vocation." One writes "last year I addressed the students of one college, two normal schools and two high schools — this year, six high schools and one college." Another has spoken at three colleges and two or three high schools. Another writes, "I have written to all the advanced educational institutions in the State (Colorado) and have had very favorable answers, so I am hoping to see a better type of probationer than has heretofore been applying." Five of our graduates are now doing teaching work in universities in connection with preparatory courses, and another writes that affiliation with a college is pending, some courses being taught in the college and some in the hospital.

A committee from the Alumnae has prepared a report for this meeting on "Possibilities of Co-operation Between Nursing Schools and High Schools." Next year they hope to pursue the subject a little more thoroughly, investigating possibilities in other types of educational institutions and acting into closer touch with the Vocational Guidance movement throughout the country.

Members of the staff have responded to invitations and requests for papers, addresses, etc., to the limit of their time and ability. The work would undoubtedly benefit by greater publicity, but at present it seems impossible to do more than answer requests made. Several talks on the opportunities in the nursing profession have been given in high schools by members of the staff and students. Some further work in this direction is planned for next year.

The "Nurses' Club" has had an unusually active year, combining many interesting and educational features with much pleasant social intercourse and quite a little gaiety. The students appreciate greatly the opportunity of membership in the New York League for Nursing Education where they have the privilege of getting into closer association with the superintendents and assistants of the New York Training Schools, and so get in touch with the actual problems which confront the schools at the present time.
Miss Goodrich. I am going to include, if I may, the statistical report.

STATISTICAL REPORT.

Students in attendance in the Department during the past year, 37. Of these 31 were regular students and 6 were taking special courses.

In Teaching and Administration in Schools of Nursing, 21 registered.

In District and Public Health Nursing and Sanitary Inspection, 16 registered.

Six or 7 of these students plan to return next year to complete work for the diploma.

Three will complete work for the B.S. degree and 5 will complete work for diplomas this summer.

Almost all have already accepted positions or at present have something under consideration. Only four or five are not as yet definitely located.

An unusual number of inquiries have been received, and several applications are already in for next year's work. It may be interesting to note that one of these applicants intends to prepare herself to teach Home Nursing in high schools. Another student wishes to specialize in Day Nursery work. One of the students this year who is interested in social work has opened a laundry, which she has organized in accordance with the newer social and sanitary standards.

Positions which have been formally referred to the Department during past year

Superintendents of Training Schools and Hospitals........ 30
Teaching in Training Schools (usually with some supervision of wards)........ 14
Other hospital positions........ 21
Public Health Nursing, of various types........ 28

The Department wishes to again express its indebtedness to the Superintendents of Training Schools and Hospitals and
various other organizations who have so graciously opened their doors to each succeeding class, and given of their time and the results of their experience so generously. Also to those through whom the facilities for experience in teaching is afforded.

The President. You have heard this most interesting report of the Committee. What is your pleasure in regard to this?

A Member. I move it be accepted.

(The motion was carried.)

The President. Our next standing committee is the committee in charge of the Isabel Hampton Robb Memorial or Educational Fund. Miss Riddle.

STATEMENT OF ISABEL HAMPTON ROBB MEMORIAL FUND.

May 24, 1912. Balance in Merchants’ Loan and Trust Company, Chicago...... $3,575 88

Nov. 24, 1911. Paid on investments in interest bearing bonds, mortgages, etc... 7,168 55

Printing Robb Memorial Calendars.......................... 385 00

Rent of safety box, incidentals, postage, printing, etc........ 311 43

Total to be accounted for in bank as interest or deposits...... $11,440 86

Acknowledged through American Journal of Nursing.............. 10,985 15

Difference in favor of fund...... $455 71

Note.—The difference is due to interest, which during the year amounted to $219.74 and to the small deposits made directly to the bank and not through the Treasurer—and, of which the Treasurer has no knowledge until it is seen in the bank’s statement.

Mary M. Riddle,
Treasurer.
The President. What shall be done with this report?
Miss McKeechnie. I move it be accepted.
(The motion was carried.)
The President. This completes the reports of the standing
committees on the program this morning. There will be some
others later.
Is there some unfinished business to come before the Associa-
tion this morning? New business? Then we will proceed with
the paper, "How Can Training Schools Best Co-operate with
Educational Institutions?" by Miss Mary Jean Hurdley,
Superintendent of the University of Virginia Hospital, Char-
lottesville, Virginia.

HOW CAN TRAINING SCHOOLS BEST CO-OPERATE
WITH EXISTING EDUCATIONAL INSTITUTIONS?

When asked by the Council of the American Society of Super-
intendents of Training Schools for Nurses to write a paper upon
this subject I found it difficult to obtain information suitable —
whereby it would prove interesting.

I have divided the subject in two heads, viz.:
1. Should Training Schools be affiliated with existing educa-
tional institutions?
2. How can Training Schools most efficiently utilize the
advantages of educational institutions?

Reasons for Co-operation — Under Three Heads.
1. Economy — Combination of service with training.
2. Efficiency of strength of teaching forces.
3. Prestige of high standard and historical connections.

In order to defend the thesis that "Training Schools" for
nurses should be affiliated with existing educational institutions
the argument will fall under the following heads:

1. Economy. Observation in all forms of education makes
manifest that nowhere, and at no time, have higher educational
institutions, or institutions which prepare for life work, been
self-supporting. To prepare a lawyer, a doctor, or a nurse to
most efficiently render service to society, society must pay a part of the cost. It costs society $2,000 to educate a doctor — the doctor pays only about one-fourth this amount, hence 75 per cent of the cost of his education must be paid by society — (I take it that the same holds true of a nurse). To establish separate Training Schools would require a separate endowment, which is difficult to secure, and separate schools are apt, therefore, to be feebly equipped. On the contrary, when affiliated with an established institution they constitute a part of the required machinery for medical training, directly reducing the cost of medical education and therefore indirectly reducing the cost of operating the Training School. Then again the administration costs are reduced to the lowest point, for, when affiliated, the administration staff of the regularly organized institution can perform 75 per cent. of the administration work of the Training School. In like manner, but more pronounced, is the instructional cost reduced, for, in most cases, experience has shown that the teaching staff of the medical department of the regularly organized institution can and will give instruction in the training school without any cost whatever. Lastly, the operating costs are greatly reduced, for the Training School is exempt from duplication of apparatus and equipments of all kinds — for that which is needed for medical training is just that which is needed for work in the Training School. One of the great evils of public education is the needless and extravagant duplication of teaching plants, and it is just as culpable to waste the energy and money of philanthropy as it is to waste the money of a state — the money of both belongs to society and should be conserved. There is even less excuse for extravagance and waste in public education than in private or personal life. There seems, then, every reason for affiliation from the practical, economical side and the administrative side.

Efficiency:

1. Such as the Faculty, whose first duty is to teach rather than practice, but without omitting the latter.

2. Aims of such institutions, above and beyond the relief.
of suffering or distress, the scientific development of medicine renders such relief more enduring.

The *partnership*: In the ideals of the established institutions by the interest shown from the higher department to the working and fundamental department, "the nursing field."

Thus the "efficiency" is strengthened by the fact that *all* instruction is given by the regular and highest teachers in the institution—the same professors who lecture in the medical school.

In the practice of medicine, the professor of medicine in the University of Virginia delivers a course of twenty lectures to the Intermediate Class. This is supplemented in the senior year by twelve ward, bedside rounds under his direction, where practical instruction in the use of stethoscope and sphygmomanometer, as well as the collection of blood and excreta is given.

In the surgical course, the professor gives nine lectures, using all specimens of the operative side before him, as "object" lessons, and combining four lectures on emergencies with the use of tourniquet, etc.

Chemistry: The nurses go to the chemical laboratory of the University, where eighteen lectures are given. (I have their course with me.)

Urinalysis: The professor gives six lectures in the lecture room and one in practical work in his laboratory.

This will show the efficiency, both in theoretical and practical co-operation.

_ Prestige and historical advantages:_

When considering the fundamental problems connected with the training of nurses, we are, perhaps, too apt to keep in mind their professional or technical training alone—thereby overlooking their *general* cultural education.

Surely, it cannot be contended that, while modern society is investing more and more upon the needs of *general culture* for all other professions, the nurse’s profession can dispense with it or *at least* does have, to have, *specific* provision made for it. It is unfortunately true that the pressure of time and the daily
work make it impossible to require the attendance of nurses upon academic courses, and, indeed, leave but little opportunity for private reading and other cultural pursuits.

*Still*, this defect, in my opinion, can be remedied in some measure, at least, by surrounding the nurses with a cultural atmosphere and environment.

*Hence*, it seems to me manifest that, in this respect, a school for nurses connected with and *existing* as an organic part of a great university offers broader educational advantages and opportunities than could be secured in an institution with a specific and narrowed professional function and aim.

In illustration of my point:

I trust you will pardon my presumption if I venture to refer once more to the school which I have the honor to represent. During the past session the nurses attended a large number of lectures given by distinguished men from all over the world, on different subjects. They heard authorities discourse on art, on political conditions, on archaeology, on German drama, and on the world's peace movement. They have listened to addresses given at the public occasions at the University of Virginia. They have heard about Japan from the Japanese exchange professor, and they have listened attentively to a series of lectures on the Development of Modern Medicine, given by Dean Welch of Johns Hopkins.

Is it claiming too much to hold that such experiences have a beneficial educational effect?

Of course, it may be urged by way of reply, that *all* of these opportunities may be even more abundantly enjoyed by nurses who are members of any nurses' school situated in a large city and unrelated to university. That is undoubtedly true, but the fact remains that under such conditions the nurses do not feel the same stimulus to avail themselves of these advantages. They *simply* do *not* go.

In the "*environment*" of a university they hear more talk about the coming lectures; their interest is aroused; they come to feel the effect of culture, the desire for information and of a
larger vision. They become aware of the force of the prestige of the institution; they learn to know that they are parts of it, owe allegiance to it, and they grow conscious of their own obligations to share and sustain its high purposes.

The President. The discussion of this paper will be opened by Miss Bertha L. Knapp, Principal of the Training School for Nurses, Wesley Hospital, Chicago.

Discussion led by Miss Knapp: You have heard the methods of co-operation with an educational institution well presented in the paper just read. I understand my part in the discussion of the subject is to present some of the advantages of such connection. I assume, for purpose of discussion, that the educational institution had in mind is a medical institution; either a department of a university or a school without university connection. To my mind, such a school offers, first of all, a higher grade of teaching than usually can be had from physicians engaged exclusively in their private practice. The physicians on the faculty of the medical school generally are and always should be good teachers.

Their work of most importance to the school is teaching the medical students, and their retention upon the school faculty is dependent upon their ability to make clear to students the science of medicine and surgery. It follows that they should excel in teaching nurses also, for nurses do not differ materially in mental equipment from medical students. One criticism sometimes offered is that the teachers of students, who are advanced in medical knowledge beyond the ken of the nurse, are liable to “shoot over the head” of the nurses. This criticism is somewhat fanciful, as the teacher should know, and usually does know, the needs of the nurses, and is better able to modify his teaching than the man not accustomed to teaching at all. Should he not so modify it when his attention has been called to the matter, another instructor should be engaged. As a general proposition, I think it true that the best teachers are the simplest and clearest in their instruction, and are more often found within the ranks of school instructors than without.
Affiliation with an educational institution gives prestige. When the nurses graduate with the students of an educational institution, they feel the importance to them of Commencement Day more than they otherwise would. I think this aids somewhat in procuring nurses.

Connection with an educational institution also raises the standard of entrance requirements to the Training School. The medical school has its requirements for entrance high, and, with plenty of applicants, there is no reason why the Nurse Training School should not have its entrance requirements high also. Higher entrance requirements make for a higher grade of applicants. A higher grade of applicants means a higher grade of nurses.

Connection with an educational institution advertises the Training School also. The faculty and the graduates of a medical school come in frequent contact with young women contemplating entering the field of nursing, and advise them, naturally, to enter the Training School with which they are best acquainted.

In a hospital connected with a medical school, the staff, being members of the medical school faculty, have to keep at the very front of their profession, and thus in their hospital practice bring to the nurses the latest and most advanced methods of healing. The nurse thus learns how to nurse for the most progressive physician.

The expense of the Training School should not be greater with medical school affiliation than without. The teaching of the fundamentals, such as Anatomy, Chemistry, Dietetics and Bacteriology, is usually done by the teachers of the same branches in the medical school; their services can be had for a nominal addition to their salaries as instructors in the medical school.

The larger part of the instruction, that received from the clinical men through their lecture and demonstration, is given to the school without price by men who are thoroughly versed in their own specialty. Such men are so imbued with the desire
to teach that they willingly give of their time and knowledge the better to equip the nurse who is to help them in the care of their patients.

To summarize, it seems to me that affiliation with a medical school gives to the Nurse Training School —

(a) Prestige.
(b) More applicants.
(c) Higher entrance requirements.
(d) A higher grade of teaching.
(e) Better nurses.
(f) A minimum of expense for the teaching received.

The President. Further discussion of this paper by Miss Helen Bloomfield, Superintendent of the Training School for Nurses, Evanston Hospital Association, Evanston, Illinois.

Discussion by Miss Bloomfield: How a Training School can best co-operate and how a Training School does co-operate with Educational Institutions are questions so widely different in some cases, that I feel that I cannot do better than state to you just how Evanston Hospital Training School does co-operate with the Northwestern University.

When I took charge of the Training School the first of October, 1910, the preliminary talking arrangements were well under way; it remained to put them in execution. The plan of affiliation was that requirements for admission to the Training School for Nurses, the course of study to be pursued, the methods of instruction and the requirements for graduation should be determined by a committee of five members, composed of the President of the university, the President of the hospital, one member of the faculty of the medical school, one member of the faculty of the College of Liberal Arts of the university, and one member of the medical staff of the Evanston Hospital Association. Instruction for nurses in training requiring scientific and non-technical work which could not be given at the hospital, should be given in the laboratories either of the medical school.
or of the College of Liberal Arts of the university. When the
three years' course was completed a diploma from the Training
School as affiliated with the Northwestern University, signed
by the proper officers of hospital and university, should be given
the nurses.

The work in the university was to be done by the first year
pupils and was to cover Anatomy, Chemistry, Nutrition and
Dietetics, Bacteriology and Materia Medica. The nurses were
to take this work at the medical school.

We began very bravely, but when you realize the medical
school is situated on the south side of Chicago, at least fifteen
miles from the Evanston Hospital, you will appreciate our
dilemma. Our school was not large enough to allow the nurses
of the first year class to give their entire attention to the theo-
retical work, but each nurse had to take her place on the nurs-
ing staff. The first class was Anatomy, a period of one and
one-half hours each, three times a week. Our nurses left the
hospital at eleven in the morning, returning at five in the after-
noon. This left an inadequate nursing force in the hospital;
car fare, round trip, thirty cents; tuition, $5. This expense
was borne by the hospital. The next class was scheduled for
four periods a week. We were appalled, yet loath to give up.
Counsel with the committee devolved this plan: Chemistry
could be given at the College of Liberal Arts in Evanston, the
other prescribed university studies be given by members of our
staff, stamped with the approval of the university. This has
been tried for two years, and, while it is yet in its infancy and
all has not been smooth sailing, and though many times we have
been discouraged, we are ready to express very positive senti-
ments as to its value. One more year will see our first class
assembled with that great body of university students to be
graduated. I am sure those who are now somewhat skeptical
will receive inspiration and encouragement from that glorious
picture.

Our greatest expense was in the equipment of a laboratory,
costing $150. Friends of the Training School gave $875,
required for a manikin. Of course, these expenses will not recur. Each year our instruction in Nutrition and Dietetics is $150; this, with eat fare, supplies for laboratory and text books, make up our present yearly expense.

Possibly no other school has an affiliation like ours. While unique in its way, we realize its disadvantages and limitations as well as you. However, we feel we are on the right road and would not want to give it up.

Our nurses do not have the stimulus and inspiration that association and competition with other students produces. I am convinced that where at all possible Training Schools should co-operate with other educational institutions, let it be High School, Academy or Medical School. There are certainly some benefits to be reaped.

Co-operation gives prestige to the school, gives us more competent young women to enter the field of nursing, better teaching force. There is surely more impetus and inspiration for young women in being connected not only with an institution dealing with sorrow and suffering, but, at the same time, one teeming with wide-awake humanity and throbbing with enthusiasm and power.

The President. We have a little time at our disposal. Is there some further discussion from the floor on this topic? It is probably one that has been tried in different instances, and we would like to know the results.

Miss Flaws. I was able to get the chemistry through the Board of Education in our high school. The appropriation was made for night school work, but, instead of giving it at night, we arranged for it from three to five. They gave us twelve classes in chemistry, and it was most satisfactory, both as far as keeping the nurses away from the hospital and getting them back to the scholastic idea; and we had a regular teacher who, fortunately, had had some work along the line that we wanted to prepare the pupils for, dietetics and materia medica, and it was most satisfactory.

Miss Nevins. Was this a city hospital?
Miss Flaws. It was scarcely a city hospital; it was a private hospital in Grand Rapids, Michigan, and there are no public hospitals there, although it was a general hospital.

Miss Nevins. I am not quite clear as to where these nurses got their instruction.

Miss Flaws. In the high school laboratory. We had all the equipment that was given to this new high school.

Miss Nevins. It would be very interesting to hear from anybody who has had any experience with other than medical schools. There must be other schools with which the Training Schools are harmonizing. The effort to get our educational work divided up in the manner demonstrated by those three papers is valuable to all. So if there is anybody else here who has the experience to give us, let us have it.

Miss Parsons. Madam President, the Massachusetts General Hospital, of Boston, finds itself trying to deal with this problem without any special affiliation with any college, and we are trying, and I think succeeding to some degree, to induce applicants to the school to get their elementary anatomy, physiology, chemistry and bacteriology before coming to the Nurses’ Training School, in addition to the ordinary high school education. The candidates coming from all parts of the country, it is rather impossible to require them all to get the sciences at the same place. A good many take the preliminary course at Simmons College. A few take the courses in the technical high schools, where they get very good instruction in chemistry and bacteriology, and others take them in the academies or colleges. I find a great many candidates come to us a year or two before they expect to enter the Training School and talk over the courses that they would best take to prepare them for the Nurses’ Training School; and I have been surprised in the last two years to find how many there are who will be guided in this way, especially when we get hold of the parents. If I can talk with the father or mother of a candidate, I find them very open to arguments that I give them as to the desirability of their daughters having this special instruction; and I feel that I am on
pretty solid ground in asking for the minimum educational requirement of the high school, which must include these elementary sciences, either as part of the high school course or more often as supplementary courses. And in Boston, next year, there are going to be established evening courses that will include what are sometimes left out of the high schools — Latin, chemistry and bacteriology, which will be given in laboratories, so that those pupils who have already had a high school education and want to supplement it with these branches, may have this opportunity in or near Boston of getting them in evening schools.

Miss Nevins. I would like to ask, is there any allowance made in the school to the pupil who comes in with that instruction already secured?

Miss Parsons. No, we have not made any allowance. With approximately an eight-hour system, a preliminary course, and giving a certain option in the third year work, we could not curtail her time without depriving the student of experience she would prefer to have. In the preliminary course of four months, we review anatomy, physiology and bacteriology, bringing out and emphasizing the points that nurses need to know, and unify, in a way, the knowledge that they may have got before they come, so we are sure that they know the things that they should know in order, eventually, to take the State Board examinations. And I am happy to say that I have not yet found a pupil who wants to cut her time short of the full three years; and we find that seniors who have graduated, college women or otherwise, are glad that they have had the full course.

Miss Goodrich. I would like to ask Miss Parsons if they are also obliged to take the same course in anatomy and physiology that they have covered at Simmons College?

Miss Parsons. We find it necessary to give them a course in the hospital, and we are going to connect it with the preliminary course taught by Miss Miller, graduate of Teachers' College, and we are going to omit fifteen or sixteen periods given
by the doctor, feeling that they may safely be eliminated, now that the pupils are getting this preliminary instruction.

We have a certificate of entrance and we have the examination at the end of the preliminary period, which gives us perfectly satisfactory evidence that they have sufficient knowledge of these subjects. And I will say this: That where we have previously had three years' theoretical work in the third year, we were giving lectures on special subjects — the eye, ear, nose and throat, etc.; and we have found that a disadvantage, because in the senior year we are obliged to send part of our pupils away for their obstetrical experience, and while away they lose our hospital lectures, and the best I could do was to give them abstracts of the lectures they missed; whereas by cutting out these fifteen or sixteen periods, I am going to be able to introduce these special subjects that would come in the third year into the second year, so that the pupils will get a much better balanced course, and I am going to be able to give more electives to the third year students by this method. And this is interesting to me because the older schools must find themselves trying to crawl out from under the old system, where a new school starting may perhaps make its proper affiliations with a university.

Miss Greenwood. May I ask Miss Parsons what electives she has in the senior year?

Miss Parsons. We are trying to give those specially adapted to social service work an opportunity to do that. We also give most of the pupils an opportunity to do executive work, and if they want to specialize in children's work, some opportunity along that line. We have not had to take hold of electives yet very seriously, because I have not had so many pupils who were sure even in their senior year what line they were going to follow — one or two, perhaps — and I shall be for a year or two quite able to meet those needs. The large majority, of course, want the best all-around education that they can get, rather than special opportunities.

Miss Noyes. Presupposing you have an applicant twenty-
six or twenty-seven years old, having been out of high school
seven or eight years, do you require her to go back and take
that course?

Miss Parsons. I require her to take this course somewhere
before I receive her.

Miss Noyes. Is it possible at that age, say twenty-eight or
thirty, to get that? Where would she go?

Miss Parsons. Well, if she is a graduate of a high school,
she can go to Simmons.

Miss Noyes. Well, presupposing she cannot, or does not live
in Boston. We do not all have Simmons, you know. I would
like to know how you handle it.

Miss Parsons. Of course, I have not had to meet just that
very thing yet. Perhaps a year or two later I will be better
able to answer. All I can say is that I have classes now pupils who have had that instruction. Some of
them, as I say, are getting it in their various academies, or
Simmons, or in private lessons.

Miss Gladwin. Are nurses required first of all to have high
school education, then preliminary work, and then this educa-
tional course? Must all nurses have it?

Miss Parsons. I require a full high school education or a
very satisfactory equivalent. I do not turn away a very cul-
tured and very clever woman necessarily because she has not a
diploma, because occasionally, you know, there are some who
have had private lessons or who have studied abroad, or because
she gives evidence of being very well equipped, is the kind of
woman you want in your school. I would never turn down
such an equivalent.

Miss Gladwin. That was not quite the question; are they
required to have this additional training in science at Simmons
in addition to a high school education?

Miss Parsons. If they have not had it in high school. Few
schools give this course in high school.

Miss Ayers. I would like to ask if in your course any of
your students have elected the course in anaesthetics?
Miss Parsons. Yes, a good many pupils ask for that opportunity, and all our pupils do not get that actual work; but I have been able to give it to all those who have asked for it, and a good many others besides.

Miss Ayers. Well, how long a course, for instance, do you give?

Miss Parsons. Well, we give at least a month, and that means considerable work, because we have a great deal of surgical work and a great many operations.

Miss Ayers. At whose instruction, your resident anaesthetists or visiting anaesthetists?

Miss Parsons. We have a doctor who has the position of instructor, and we always get Dr. Allen if we can; if not, a resident anaesthetist, and we have three, one a woman who has had three years' experience and anaesthetized over two thousand patients, and she gives very good instruction.

Miss Ayers. She is a nurse?

Miss Parsons. Yes, she is a nurse.

Miss Noyes. I think Miss Crandall has a very interesting point.

Miss Crandall. I do not feel that I ought to participate in this discussion, because I am not teaching pupil nurses nowadays, and Miss Noyes is. For that reason I asked her to speak. The first paper and also the second were very instructive. However, the point was made that the doctors do not shoot over the heads of the nurses. In my experience, up to three years ago, it was one of our very greatest problems that, with the best intentions in the world, and much time often given to preparation, the doctors did shoot over the nurses' heads. And whether they do or do not, with our higher standards of nursing education and our increasing efforts toward affiliation with educational institutions, ought we not to see to it that we prepare nurses for teaching the subjects connected with nursing?

The President. As there is nothing more on the program
this morning, I will ask Miss Ahrens if she has some announcements to make.

(Announcements made.)

The President. There are two committees to be appointed. The Nominating Committee will consist of Miss Helen Kelly, Miss Ayers and Miss A. E. Williamson; and the officers to be nominated are a president, first vice-president, second vice-president, secretary, treasurer and two councillors. I appoint on the Committee on Resolutions Miss Parsons, Miss Samuels and Miss Powell. Both of these committees will please report at our last meeting, Wednesday morning.

We will be very pleased to have you here on time for the afternoon session. If there are no objections, the meeting stands adjourned until 2 p. m.

It is adjourned.

MONDAY AFTERNOON SESSION.

The meeting was called to order at 2 p. m. by the President, Miss Wheeler.

The President. The meeting will please come to order. We are very sorry that Dean Sumner cannot be with us this afternoon. Shall we all rise and repeat the Lord's Prayer in unison?

(The audience repeated the Lord's Prayer.)

I take great pleasure in introducing Miss S. P. Breckenridge, who is a member of the Faculty of the University of Chicago, of the Chicago School of Civics, and President of the Woman's City Club.

It is a very great privilege to extend to you a welcome to Chicago. This welcome is sincere, not only because we are glad to have you learn to know this great city in which we believe the life is representative of much that is best in America, but because many in Chicago are deeply interested in the problems you are going to discuss. We recognize that in formulating the difficulties which you encounter, in undertaking to point the
way in which you find that you should go, you are making the path clearer for others who will be confronted by similar problems of an educational, professional or social significance.

I am, for example, deeply interested in the opportunity offered you by the fact that you both house and train your students. This combined responsibility is, I know, attended with many temptations and presents itself with many limitations. There are the dangers of providing inadequate and unsuitable accommodations, the danger of delaying the policy of a definitely limited working day, of regulating the social and domestic life after a manner that partakes of the boarding school or the barracks. On the other hand, having thus the opportunity to use the domestic and social life in large free ways, there is the possibility of building up a fine, dignified, and professional attitude towards life and towards work, this is one of the most modern and most significant undertakings, the utilization of the students' leisure and the manipulation of their domestic habits, so as to make them free and independent, and I bring testimony from the University of Chicago that with large patience and real wisdom, even under the difficulties presented by a coeducational situation, this can be done. For you, with your past association with military organization,—the discipline of the battle field on the one hand, and with ecclesiastical organization, —the discipline of the convent on the other,—it is of peculiar importance that for the obedience to the command and for the sacrifice of the ascetic there should be substituted the self-control of large freedom and generous independence.

But this is not your only problem. You have the enormously interesting question of the relation of practical work to the entire program of the student. You, like the teachers of medicine, of law, of social service, of teaching itself, must find a just balance between the theory and the practice, the science and the art, the dogma and the technique. In this, all who are themselves concerned with similar unsettled problems in education are deeply interested. For these reasons I bid you welcome! And, in addition, I welcome you because I know of those to whom
your students are going to render service. In behalf of the foreign neighborhoods into which your representatives go on their errands of mercy, in behalf of the Woman’s City Club to whom you must give of your wisdom and experience in order that the evils of alcoholism and prostitution may be fought in effective and sound ways by the decent women of the community, to whom all young women are sisters and all young men beloved sons, in behalf of the suffrage societies who court your co-operation in order that your knowledge of the dangers surrounding the lives of children in the homes you visit may contribute to their zeal and their intelligence, I welcome you to Chicago today. (Applause.)

The President. The response by Miss Goodrich, who needs no introduction to this group of women.

Miss Goodrich. It is my great privilege to extend on behalf of this society our thanks and to express our deep appreciation, not only of the gracious welcome that we have just received, but also our appreciation of the wonderful grasp of our work which Miss Breckenridge has shown. Its inspiration will carry us back with renewed strength to our work. I think its inspiration will never leave us throughout the year. We all know we are meeting great problems in the nursing profession. If we had not great problems to face I think we had better all stay at home. It is our greatest encouragement that we have these problems.

We are very young as a profession. We have grown numerically very fast in schools and in pupils. We have grown very rapidly in opportunities of service to the people. Our opportunities have grown so rapidly that we have not been able to readjust our educational system. Notwithstanding, in this past twenty years—for our society is only twenty years old—we have accomplished much. First, we have turned to the state. Our leaders, ever appreciating that upon the statute books of every state must stand some laws that shall protect the community from the commercial element in the profession, those leaders have striven for and have obtained legislation in many
states. And then, realizing, too, that the theoretical preparation was weak, they have turned to the colleges and to the schools. And here, I think, has been our very greatest encouragement. We have stood knocking at the doors of the college. I do not think I should have said that we have stood, for before we reached the doors, the doors were opened; and the educators, those great inspirers of the national uplift, have stood ready to welcome us. They could not come down to us, but they have reached out their hands and begged us to come up to them. We are striving to find in what way we can go up to them. And I am sure that with the co-operation that we are meeting year after year, in state after state, that our place in the university will soon be found. The institution for the sick has accepted us; it has given us a wonderful preparation in practical work. We have had a training which the vocational schools may well strive to secure — a training in manual dexterity, a training in executive ability, a training in ability to carry responsibility. But we need the college, we need the university, we need the intellectual point of view. We are not yet prepared to render the splendid far-reaching service to the country which the country is asking. The word conservation is constantly before us; and our place in the great movement for the conservation of the public health has been very definitely assigned to us, but we must ask the university to help us gain our place with them, that we may learn of them — those great teachers who are really the educational mothers of the country — how to most fully meet our opportunities. Our place, as I say, has been found in the institutions of the sick, but we shall never render our full service to the community until our place is also found in the university. (Applause.)

COMMUNICATION FROM THE PRESIDENT, AMERICAN SOCIETY OF SUPERINTENDENTS OF TRAINING SCHOOLS FOR NURSES.

It is with much pleasure that Illinois greets the American Society of Superintendents of Training Schools for Nurses at
this, their eighteenth annual meeting. Having been born in Chicago in 1898, this is, then, the second return for inspection; may we find that the child of our hopes is still a vital factor in broadening our views, and may she continue to be a helpful guide in our efforts towards efficiency and humanity.

The conventions in the past have dealt with various topics, presented from many points of view. Upon reading the records of its activities, however, one cannot fail to note that the trend has always been along the line of the true education of the woman as a nurse.

This society has been influential in the organization and re-organization of local, state and national nursing bodies, in order to meet the growth of interest in their mutual activities. This has brought somewhat of order out of the individual endeavors and also brought us into closer personal touch.

This society also claims a share in the present success of the American Journal of Nursing, and we hope that the Journal may continue to be a most useful bond of communication between each of us.

The Chair of Hospital Economics, started by Alumnae bodies, assisted by the state and local associations, generously rounded out by Mrs. Jenkins, stands out in fine relief. Persons interested in nursing education appreciate what it means to receive recognition from a body of educators as is now given by Teachers College, Columbia University, through the Department of Nursing and Health.

The Isabel Hampton Robb Memorial Fund is gaining in size, steadily, and we have had two scholarships extended by the Fund. Steps have been taken to bring this matter to the attention of the authorities of the University of Chicago, and we are hoping that suitable postgraduate work will also be placed before the nurses in the Middle West, through this avenue.

The visits of the Inter-state Secretary, Miss McIsaac, throughout the country, have been of untold value to the nursing organizations; especially valuable to such bodies as are more or less isolated.
We rejoice that the nurses have responded so readily in becoming enrolled in the Red Cross Nursing Service. We trust that this portion of Uncle Sam's standing army may be a credit to our country, and to the women who are directing this splendid piece of work.

All of the nursing problems, however, are by no means solved. The question of Central Registries is still before us and, although some of them have been able to work out their problems, locally, still they are very far from being a finished product. There are still constant and insistent demands for efficient women in the institutions, both as executives and teachers; the visiting nurse work, nursing in mental cases, organizations for the study and prevention of infant mortality, the question in regard to midwifery, various associations for the study and prevention of tuberculosis and the social diseases, the matter of placing our profession in such a light as to get better material into our schools and the conservation of that material in the schools, are some of the problems before us.

In the past, each school practically was its own guide. More recently, due largely to the activities of the national organizations, the rails on the road-bed of Training School management are getting placed more nearly parallel and we look forward to the time when the main parts of the machinery of training a nurse may be nicely adjusted to, at least, a near-smooth running gear.

The establishment of definite standards, both in theory and practice, must act as the educational pivot in our Training Schools for Nurses; for our profession can only grow as we tend to make it more nearly perfect. Not until we had laws relating to nurses and providing for their registration has the opportunity been presented of studying the Schools for Nurses in the various states as groups. This study has brought before us a great number of unpalatable facts, and as many problems. We find Schools for Nurses established regardless of the needs in the community; regardless of the ability of the institution, with which it is connected, to provide proper instruction, either
didactic or practical; regardless of the ability to plant such principles, in the mind of the student nurse, as will make her an efficient moral force in her activities beyond the shelter of the institution. The School for Nurses, in most instances, has been established for the purpose of an economy in labor in the institution, or for financial gain.

The statement is made by Dr. Flexner, in a report regarding the Medical Schools of America, "The law that protects the public against the unfit doctor should, in fairness, protect the student against the unfit school." The same can truly be said in regard to the nurses. At the present time, when the various Nurses State Registration Boards have taken up their positions as door-keepers to the profession of nursing, asking that some preliminary education be demanded; that women of some judgment, only, be accepted as applicants, and that the defective education in the school be remedied; then they meet with much opposition. A pitiable fact is, that this opposition often comes from the ones, who, in all sincerity, should be the ones who were demanding such minimum requirements of us, as a profession, rather than that we should be forcing the state to allow us to protect us and grow.

It has been borne in upon me that we have a splendid amount and kind of material in training; that the development of this material is hampered; that this development is hampered by an educational system, which is incompatible with the educational movements in other lines of vocational training of today.

This problem is one which needs our best efforts in order to find a workable solution. In the reconstruction of nursing education, I feel sure that affiliation will play an important part. Affiliation, as it now stands between Schools for Nurses, is in its infancy, but we must have combined action on broad lines to become efficient.

With the education of the nurse in view, comes the question: "What are we training women, as nurses, for?" Are they to be trained solely as the hand-maidens of the doctor, or have we
found that the public has made a demand upon our women, urging them to occupy broader fields of usefulness?

If the purpose of the hospital section of the American Medical Association be carried out, which is the rating of all hospitals in all of the states, this will help wonderfully in eliminating the unfit hospital and, therefore, in eliminating defective Training Schools for Nurses.

We hope to appoint delegates to such national societies as the Society for the Study and Prevention of Infant Mortality and also to the Society for the Study and Prevention of Tuberculosis. This year a delegate from this society will be present at the International Nurses' meetings, to be held in Cologne, Germany. The plans for the meetings of 1913 must include the meeting of the Federation, which is, as you know, the neutral body between the American Society of Superintendents of Training Schools for Nurses and the American Nurses' Association.

The things you take away from these meetings are the remembrances of the words and appearances of others, with an idea of what others have been doing. Those who were unable to come, together with those who were careless about coming, may read the reports of these meetings, but for them the personal inspiration is lost. I sincerely hope that members of this association and visitors attending these sessions will take part in the deliberations and discussions here presented; that you will become acquainted with your temporary neighbors; and that your remembrances will be wholesome and useful.

MARY C. WHEELER.

(Appause.)

The President. The next paper on the program is "Responsibility of Hospital Trustees to Training Schools for Nurses," by Miss Mary E. Gladwin, Superintendent of Nurses, Scranton Road Hospital, Cleveland, Ohio.
THE RESPONSIBILITY OF TRUSTEES TO THE TRAINING SCHOOL.

Growing older in work and experience with an ever increasing sense of the responsibility of a superintendent of nurses, a knowledge of many failures, a realization of the finiteness of time and the seemingly infinite number of tasks waiting to be done, the writer has naturally a strong disinclination to talk of the duties of other people not in the nursing profession, although closely allied to it.

However, the subject gives me an opportunity to acknowledge publicly my debt of gratitude to some of the wise men and women whom I have delighted to call "my trustees." By their honesty of purpose, their unircling devotion to the welfare of schools and hospitals, they have taught me many valuable lessons; not the least valuable being that it is only by the keenest sympathy for each other's point of view and an understanding of each other's ideals and efforts that all the complicated work of a modern hospital can be done well and without an undue amount of friction.

Ordinarily, nothing is accepted more lightly than trusteeship, and it seems accepted for every reason except that it involves a trust and an obligation; given and accepted because people move in the same social circle, go to the same church, live on the same street, have influential friends, have a political pull, have money to give; in short, for every reason under the shining sun except fitness for the work in hand or special knowledge of the needs of nurses or of hospital conditions.

What are some of the obligations of a trustee who is concerned in the management of a school of nursing? What is the nature of his work? There is, first, the initial responsibility for the existence of the school. Schools of nursing differ from all schools in being founded primarily not for teaching purposes but for the avowed purpose of caring economically for the sick in hospitals. Hospitals are founded that the sick poor may be cared for, that doctors may find suitable places in which to do their work, or by private corporations for money-making pur-
poses; the school follows as a matter of course and suffers in proportion as its special needs are not recognized and cherished. If the question remains one of economics then it is morally wrong that the school should exist and the responsibility for the wrong, whether they know it or not, belongs to the trustees or directors. It sounds like a truism to say that the existence of a school is justified only when adequate recompense in the way of teaching and training is made to the pupil nurses engaged in doing the nursing work of the hospital, but it is a thing which needs saying again and again. One’s heart aches for the great number of young women working hard and making considerable sacrifices in order to obtain a diploma which will always be a detriment to them — to be graduates of a school of whose name and standing they will learn to be ashamed. There are still many hospitals doing work in the name of charity where the only charity is not the money given from full pockets but the work done by poorly fed, badly housed, little-taught nurses at greater cost than they themselves realize.

We are taught today that “good motive” is not sufficient excuse for lack of knowledge of actual conditions. There are a good many trustees whom one would like to ask: “Is a three-years’ course of training for nurses in a hospital averaging ten patients right by any sort of ethical code? Is any sort of school justifiable under such circumstances?”

Shouldn’t every trustee of a school be able to answer certain very pertinent questions, such as, “Does the actual teaching of the nurses correspond with the announcements made in the school circular?” “Is there really any teaching by properly qualified teachers or is it merely ‘holding class’?”

“What proportion of the class and lecture work comes at night after the pupils have done ten hours’ ward duty?”

“Have the nurses any properly equipped, well lighted, adequately heated place in which to study?”

“Is the food for the school nutritious, well cooked, well served?”

“Does the trustee or member of the training school committee
know about the food or does he merely take it for granted that it is right?” In spite of frequent investigations and much publicity given to training schools there are many hospitals whose burned, unpalatable, illy-prepared food, served by slatternly maids, is a disgrace. Young women with little experience outside their own homes, at an impressionable age, for three years never sit down to a well-served meal, and then they are sent out into the homes of refined people with the expectation that they will be at home amid dainty china, fragile glass and fine linen, will be able, indeed, to give all sorts of exquisite touches to the preparation and serving of food. Surely many people have forgotten how custom dulls delicate susceptibilities. A doctor friend of mine once spent several days at a hotel with a nurse in the care of a member of his family and told me of his chagrin and dismay at her eagerness for food and at the kind of food she ordered. Had he known the table at which she sat for three years, he would have had a very pitiful understanding of her hunger for palatable things and of her really starved condition.

To go on with our “catechism for trustees” — “Is there a good growing school library?” A library not only of reference and text-books on all subjects appertaining to the work of nursing but prepared to meet other bookish needs? Current magazines, good fiction, travels, science, poetry to rest and refresh the weary worker and to prepare her for her work among educated people. Nothing is commoner than to hear the speaker to the graduating class dwell on the nurse’s need of a knowledge of current publications and the best in literature. What would happen, one wonders, if some one of the nurses addressed found courage to arise in her place and give the pitiful list of books which had fostered and cherished that need for three years?

“Do the trustees know whether the nurses receive the advertised number of ‘hours off duty’?”

“Do the nurses have enough bath rooms and facilities for keeping clean?” Some of us have rather amazing knowledge along that line.
"Have the nurses the right sort of a place in which to receive men friends or are they driven to the street in order to satisfy this need of young people?"

"Do the nurses room two or more in a room and never during their school life have an instant’s privacy?"

"Do the nurses have any social life? Is any special effort made so that they may sometimes go to church?"

"Is the superintendent of nurses a properly qualified, properly trained woman?"

"Is the superintendent doing three times as much work at one-third the salary at which any man could be obtained? Is she so overworked, so hampered, so little helped, her aspirations and ideals so little understood that just at the time when her experience and long service should be of most use to the school, the hospital, and the community she is broken down in body and mind so that she is of no use to herself or anyone else?"

One last question: "Does the trustee actually know of his own knowledge anything about the nurses or the school?"

That wise man, Dr. Rowe of the Boston City Hospital, once said that part of the duty of a superintendent was to educate the trustees. Educating the trustees is a difficult task and occasionally results disastrously for the educator. It is so much easier to go on one’s way settling all sorts of difficult questions for one’s self and growing more and more of an autocrat, but it isn’t the best, the wisest way. It does not tend to the best work and development either of the school or its head.

In discussing the question of the responsibility of the trustee one is often reminded that his work is volunteer work. But the fact that any work is volunteer work has long since ceased to be sufficient excuse for inefficiency. There is probably no class of workers in the United States or anywhere in the world who work harder or for longer hours than the superintendents of nurses. It is the work over and above that for which their salaries are supposed to pay which makes or mars the school. It is everywhere the dominant personality of the woman which sets a mark on the school. A woman of whom so much is
expected, upon whose character and conduct so much depends, needs the inspiration and incitement to further effort which can only be given by the encouragement given by trustees working hand and hand with her, watching over her, guiding her steps if need be, and thus bringing the greatest good to all concerned. (Applause.)

The President. The discussion of this paper is to be opened by Miss Kate Madden, Superintendent of Nurses, Hamilton City Hospital, Hamilton, Ontario.

Miss Madden. I fear I am not able to add anything at all to Miss Gladwin’s paper, but I want to say a word of appreciation for it. It seems to me most exhaustive. Before I came here I asked the medical superintendent in my own hospital what he considered the duty or the responsibility of the trustees of a training school. He said to provide it with funds, to put a responsible, proper person in charge, and then to leave it alone. Of course I think that there is trouble in leaving the training school too much alone.

I know of one school, a nurse who was in training there applied to me not very long ago, and she told me they had eighteen nurses, and the eighteen nurses sleep in one dormitory. The hospital was founded as a memorial hospital and was supposed to be very well equipped, and they have actually no residence for the nurses. The dormitory is in the top story of the hospital and they have no place to receive friends except in the reception room of the hospital. It seems to me while a condition of that sort continues the trustee is not living up to his responsibility to the letter. I personally do not suffer from that in any way. The hospital that I am in is one that is growing very rapidly and belongs to the municipality, and the board is dreadfully hampered by the municipality. The board of trustees suffers with me. The difficulty is the board of control and board of aldermen are really in charge of our hospital, and with the aid of the trustees we are able to make the city see some of our wants, and I am glad to say they are waking up to our situation. They have allowed me to do a great many things this year that have
never been done before. For instance, we have a course for nurses on the college entrance, along with the course spoken of this morning. So far we have only eighteen lessons in chemistry and physics, two hours a day, four days, in the daytime. Next year we hope to have some more of good scientific work down there. And the board have enabled me to get the money for this course from the city. So that I have nothing but good to say for the board of trustees in charge of the hospital that I am in.

The President. May we hear from Miss Parsons, of the Massachusetts General?

Miss Parsons. The one word that I would add to what has already been said is the business aspect of the school. As the trustees are usually supposed to be expert business men, it seems to me logical and convincing to say to them when they are going to establish a school in their hospitals that in a way it is a business proposition. They are going to give an education, presumably, as compensation for the nursing of the sick in the hospital in which they are interested. Now they will want to know how to gauge their responsibility to this school, and I think it would appeal to any business man to say that "You can estimate in dollars and cents to a reasonable degree the worth of pupil nursing in the hospital, and you can easily reckon up in dollars and cents how much you would have to pay if you hired people to do that nursing." Then surely it is not too much to ask that having reckoned that up, that they shall be willing to expend on instruction for the school what they would otherwise have to pay for nursing service. And if you have not done so already, but will take the pains to count up how much the nursing service is worth in dollars and cents, you will find that there is a fairly reasonable sum that can be spent for paid instructors and supervisors of the pupils in training. (Applause.)

The President. Are there representatives from boards of trustees in the assembly? If so we would like to hear from them. We have a few minutes for discussion. Is there further discussion on this paper?

Miss Goodrich. I would like to give just one item. I am
sorry that I cannot give it quite correctly, as I was unable to bring the report. We computed this year just what the cost would be to the institution for graduate nurses. There was a statement made that it cost the institution a thousand dollars for every pupil nurse. The statement was made that every nurse who went through the training school cost the institution a thousand dollars. It was, I am quite sure, a correct statement. It was based on a three years' course, and it was determined from the data submitted by several of our best institutions, that is to say, the institutions that gave a six months preliminary course, and employed paid instructors. We computed what the output would be for these institutions if they were forced to depend upon graduate nurses and they could obtain the equivalent of the pupil nurses no other way, and we found it would be a little over $2,000 for every nurse; and as a large number of institutions were also receiving some income from the pupil nurse, but some even receiving a sum of $4,000 to $5,000 yearly, the output of the institution or the saving for the institution was not only the thousand dollars a year but it was a great deal more. I thought perhaps you might like just those statistics. (Applause.)

The President. Is there some further discussion? If not we will take a recess for five minutes.

[Recess of five minutes.]

The President. We will now have the pleasure of listening to a paper by Miss Foley on "What Can Training Schools Do to Meet the New Demands Upon Nursing?" by Miss Edna L. Foley, Superintendent Visiting Nurse Association, Chicago.

**WHAT CAN TRAINING SCHOOLS DO TO MEET THE NEW DEMANDS UPON NURSING?**

**BY EDNA L. FOLEY, R.N.**

At the first national meeting of nurses which it was my good fortune to attend, a remark that impressed me greatly was made by a superintendent of a large training school who had listened in patience to a long arraignment of training school methods and
products. When called upon for discussion, she remarked thoughtfully that the training school did wrong to begin with the nurse herself, it should have begun with her grandmother. And as long as intelligent young women who don't know how to boil a kettle and who have a double standard of bed-making apply for admission to nurses' training schools that remark will be echoed by many other superintendents. Every good school takes pretty raw material sometimes, and it is decidedly to its credit that these probationers are graduated, well-trained and efficient, in three short years.

The present hospital training in most cases is certainly arduous enough and one hesitates to add the final straw, recognizing that there are physical limitations, even to nurses, but it seems to the writer that there are three ways in which nurses may be better prepared for the future without entailing additional expenditure of too much time or money. The first is by means of occasional lectures on public health nursing, by people interested and active in that work. A brief course in the history of nursing, with voluntary reference reading in the Survey, the Visiting Nurse Quarterly, the Journal, and a few helpful, marked, books, left on a special reference table in the training school library, might precede these lectures. Most students need to be taught how to read and study, and pupil nurses are no exception. They will be more interested in the significance of their own calling if they know something of its development, but they will value this course more if they are taught how to use the magazines and reference books.

The lectures on public health nursing should include descriptions of the diverse opportunities in the field to-day—visiting nursing, tuberculosis nursing, factory welfare work, hospital social service, and the many, many other special places which a nurse is called upon to fill. A recently graduated nurse is not fitted to enter immediately into any of this special nursing (without supervision), nor can any undergraduate school send her out so prepared, but it may help to prepare her by giving her some idea of the unrivaled possibilities of her chosen métier.
There are many demands made for nurses other than those made by the public health field. Hospitals of all classifications, homes for children and the aged, day nurseries, and other philanthropies, want nurses as their superintendents and matrons, and this training — in part — may be given in schools where it is possible to give the nurses opportunity to study institutional management, in practice as well as theory.

Another important way to strengthen nurses for the great responsibilities to be placed upon them is by developing their originality and initiative as much as the necessarily strict routine of a hospital permits. The old Bohemian professor was right when he said that America, with all her faults, was the place for the younger generation, for she kept alive its idealism, and without ideals a nation could not endure. Our pupil nurses, the great majority of them, enter a hospital with a somewhat exalted opinion of their avocation, it is true, but if we too ruthlessly pull in the strings that tether them to earth, ours is the responsibility if they unhitch their wagon from the star of their idealism and allow its wheels to sink deeply into the mud of gross materialism. Workers permitted to come daily into such close contact with the awe and the mystery of human existence sometimes fail to appreciate this privilege and are apt to think only of the "little city of sewers." People after all are "just folks," as Liza Allen says, and a pupil nurse is only human. It is a good training that permits her to graduate with better, finer ideals than she had when she entered, and this is her right as well as her American heritage.

And, finally, the training schools may help the nurses to meet these new demands by teaching them to say bravely — I don't know. Having said this once, a well-trained nurse studies and finds out. Hospitals and the dear public have so long expected wisdom and infallibility to descend upon a nurse with her diploma, that many nurses have accepted this graceful tribute to their profession and ceased studying.

A training school should impress upon its nurses that their course is but a preparation for the world's work, while their
education is a life course, its degrees and its cum laude depending upon their own serious effort. Somewhere Dr. Osler speaks of a quinquennial brain dusting for the graduate medical student. Is it too much to ask of nurses that they shall plan to postgraduate, or take a good university correspondence course, or at least attend a national convention once in five years?

As the beautiful seal of the Cleveland Visiting Nurse Association reminds us, "When the desire cometh, it is a tree of life," and surely the seeds of a sturdy growth may be planted and nurtured by careful guidance during training school days. Incidentally, the training school can help in this regard very materially by offering both its pupils and graduates an annual nursing demonstration, at which old methods may be reviewed and new methods introduced and explained. This is a wonderful stimulus to the technique of the busy, sometimes overburdened graduate nurse.

Pupil nurses should be taught constantly that they have entered into a noble calling, not merely because the public calls it so, but because it enables them to serve ably and well their fellow-men. Noble, too, because it is so indissolubly associated with that universal profession of medicine, whose unbroken line of succession may be traced through all the changes and chances of twenty-five centuries, a splendid, wonderfully human record of devotion to ideals and methods.

What Dr. Osler has said of medicine is also true of nursing, and it is fitting to quote it here, perhaps, when we are wondering how already overburdened training schools may prepare to meet future demands upon them —

"The higher the standard of education in a profession the less marked will be the charlatanism, whereas no greater incentive to its development can be found than in sending out from our colleges men who have not had mental training sufficient to enable them to judge between the excellent and the inferior, the sound and the unsound, the true and the half true."
Nurses' training makes them more than skilled workmen, it gives them more than a trade or their daily bread, it places them in the ranks of the master craftsman who creates while he executes; and, granting this, may not the school that gives high ideals, worthy ambitions, and a generous, carefully planned training to its pupils best prepare them for success in meeting the new demands upon nursing?

The President. The discussion upon this paper will be opened by Miss Crandall, Instructor Teachers College, Columbia University, New York City.

Miss Crandall. Madam President and Members: I feel that we are very much indebted to Miss Foley for having given us three perfectly practical, perfectly possible suggestions to carry out in our schools right now, without a big sum of money; because nearly everything that we consider now-a-days seems to have attached to it the inexorable demand for money. One of her suggestions appeals to me very strongly, viz.: that the public health instruction in the course will prepare the women to choose for themselves, when they are through training, between the work in public health nursing and other more familiar fields, providing they have the aptitude for it. At present, and also in the past, it has been very true that many women who did have the aptitude failed to enter this field because they knew so little of it compared with their knowledge of institutional and private nursing. An illustration of the point is found in the experience of the Presbyterian Hospital of New York, where for some nine or ten years they have had a course in district nursing, which is elective. When it was first offered there were only one or two students in any year who chose to take it. In recent years many women have been selected to serve as head nurses in that institution who have had the training in district nursing. While they have no occasion to use this experience in the wards other than in co-operation with the social service nurse, they do, as a direct result of their work in the homes, more generally regard their patients as individual human beings, with relations to family and society,
rather than as "number so-and-so." Even the atmosphere in
the wards is different; and the young nurse unconsciously
absorbs it. The result is that now-a-days practically all of the
Presbyterian Hospital nurses elect the two months course in
district service, and therefore have a basis for comparison and
choice for their future work.

The problem of preparation of nurses for public health
work is an immediate and urgent one. As most of you doubt-
less know, in England and Canada the time-honored custom
has been to establish a training center in connection with a
nursing association, which is nothing more nor less than a
special school for district nursing. There are a few such in
America, notably in Boston and Cleveland, Cleveland being a
very new organization, but doing excellent work.

It would seem for the present — I should like to say merely
as a transition measure — that the United States must probably
turn to some means for meeting the immediate demand for
properly prepared district nurses. But, economically, it seems
wrong to some of us. Why should there be two organizations
and two schools doing the work that one ought to be equipped
to do? On the other hand, it would be dangerous — nothing
short of it — to make a single new demand upon the present
overburdened training school as it exists to-day. It would be
women graduating from them who would gladly meet their own
impossible to introduce an additional course of training requir-
ing from three to six months outside the hospital without
seriously affecting the existing standards of work and hours
which, we all grant, are even now too low. Therefore it would
seem as though some such compromise as this might be con-
sidered, viz.: that a post-graduate course be established as an
adjunct to some of our training schools. There are many
expenses of board and lodging while taking such a course. The
nurse in charge of such a department might be an officer of the
school. This has not been tried so far as I know, but I believe
it is worthy of our consideration as a means of meeting a present
need while the big problem of nursing education is being dealt
with so seriously by those who are best qualified to solve it.
The President. May we have some discussion from the floor?

Miss McKelvie. Madam President, one point mentioned in Miss Foley's paper appealed to me particularly. That was "that the nurse when she graduates has a feeling of having finished her education." I believe this statement is true. It seems to be a perfectly natural thing for the nurse, on receiving her diploma, to think that there is nothing further to be learned, and that all that remains to be done is to go forth and use the knowledge she has acquired in her short two or three years of training. When she comes to work in the field, and by that I mean visiting nursing and other kinds of social work, this point of view of the hospital trained nurse is, I think, very narrow. In other words, the graduate just out of the training school has the hospital point of view solely. She lacks the wider social view. I believe she will not get this point of view until she looks at her work from another side entirely; and besides a new point of view she must get a new feeling, a new attitude toward her work and toward society.

Miss Breckenridge, in her address to us this morning, mentioned several conditions where the knowledge and training of the nurse might be of great value; for instance, the question of a man being allowed to starve if he will not work. Such a case brings up the question of diagnosis and how that diagnosis shall be made. Certainly, I would say not by the relief visitor alone, who, though fully competent to obtain all the facts concerning the economic conditions of the family, and able perhaps to reach correct conclusions regarding the moral status of its members, is unfitted to judge of the physical conditions upon which the other two so largely depend. On the other hand, because of the more intimate relation which exists between the visiting nurse and the family, the nurse is able to get at the underlying causes of a man's idleness, and often to prove that his failure to support his family is due, not so much to fault in himself as to some physical defect or weakness. I believe it is becoming more and more obvious that in relief work, the knowl-
edge of conditions gained by the visiting nurse, and her judgment of the case, must be taken into account in the making of every diagnosis, and in planning the treatment for every dependent family.

In the same way the plan of treatment for any given case, say of a man’s idleness, must rest on something more adequate and enduring than discipline, especially if the man has a family to support. Without questioning the right to discipline and its efficacy when a man is starving, such a method of treatment only shifts the responsibility to another group, for if the private society refuses to aid, the burden inevitably falls sooner or later on the hospital, the almshouse or the prison. Another method of treatment and one that appeals to the visiting nurse who believes that conservation of health and prevention of disease are the foundations upon which the wealth of the nation rests, is, while recognizing human frailties, to give friendly assistance and advice in obtaining employment, together with adequate aid until the man is on his feet, resorting to the law only when compulsory methods are necessary. This method requires time, interest, and knowledge of resources, and makes demands upon the nurse not strictly in line with nursing duties, and yet the results of her nursing efforts depend entirely on such a plan of treatment. This may serve to illustrate my point, that there is need for a broader interest in the work of visiting nursing than is required for hospital work or private nursing.

But unemployment is only one of the many problems the visiting nurse has to meet and that are so intimately connected with health and disease. For this reason the visiting nurse needs special preparation for this broader field. Miss Crandall’s suggestion of a post-graduate course seems to me a good one. Some of the larger training schools are able to offer experience in outdoor nursing, and many include lectures on social topics in their lecture schedule, but this is only introductory and not sufficient to fit the pupil adequately for social work when she leaves the school. I do not think the education of a nurse can ever be complete or finished, no matter what her chosen field
may be. If she wishes to progress and make the best of herself she must keep up with all the wonderful developments of her time, and be gaining knowledge every day, every month, and every year as long as she is actively at work.

Miss Nevins. Every superintendent of a training school now-a-days realizes that she has other things to convey to her pupils than those which were recognized as necessary for so many years. I think most of us do agree that the post-graduate course is highly essential if a woman is going to specialize. I would like to hear if anyone present has had experience in sending her pupils out for experience with existing visiting nursing organizations. The superintendent in charge of the visiting nurses in Washington has expressed her willingness to take two or three pupils from the various training schools to go about with her nurses. It seemed to me that might be a practical arrangement, and if anyone has tried it, may we hear from her?

Miss Samuel. Madam President, I would like to say that at Lakeside Hospital we have tried that method, and have affiliated, this year, with the visiting nurses' association, and twelve of our pupils during the third year have a short course in visiting nursing work. The first month is in the district under supervision. The second month they are taken to the different organizations that are affiliated with the association, the tuberculosis dispensary, the babies' dispensary, school work, etc., and thus get an insight into the various social activities of the association, but we hope it may lead to something further. If Miss Johnson is here I think, perhaps, she can tell you how successful it has been so far.

The President. Is Miss Johnson here, of whom Miss Samuel speaks?

A Member. She just left the room.

Miss Samuel. I want to say that Miss Johnson has very kindly refrained from asking these pupils to take up this work before they graduated. She has done so with one nurse, and that nurse is now engaged in the tuberculosis work. In the fall she is going to take the course in social service work which
has been arranged, and for which there are three or four scholarships.

Miss Crandall. May I ask, Miss Samuel, if the board of the Lakeside Hospital has granted additional nurses to take the places of those who leave the hospital wards to go to the district? Various schools affiliate with the local visiting nurse associations and through them offer to their students some experience in the homes of the poor; but the hospital boards seldom grant a proportionate increase in the staff of nurses, and therefore it only means longer hours of duty and consequently a little less efficient work for those left in the wards. That is the danger which we fear.

Miss Samuel. Yes, we have to increase our number of nurses in order to do that. We realize that it is necessary to give pupils in the third year a broader experience when possible.

Miss Crandall. I should like to ask Miss Samuel if the course is elective or if she appoints the pupils.

Miss Samuel. It is elective and more than the required number have requested to be given that course. I would like to say, also, that we give all our nurses an outdoor obstetrical service. This is for two months, so that every nurse in the school gets two months in obstetrical work, and twelve get the four months.

Miss Powell. Is that in addition to regular obstetrical work?

Miss Samuel. At present this is our only means of training in obstetrical nursing.

Miss Gladwin. We send our nurses out to Miss Johnson two months, but it is not elective. The nurses are compelled to take it. I must confess so far we have used no compulsion. It comes as part of the three years' work, and the city grants us enough nurses to make up for the lack in our wards.

Miss Cleland. We have two extra nurses, and I find it a great success.

Miss Ayers. I want to add my tribute. We began this work while I was at the Rhode Island Hospital and we con-
considered it very valuable from an educational standpoint. We used to appreciate very particularly Miss Gardner’s Tuesday morning lecture. I know our nurses got a great many things from that meeting of nurses held at her office every Tuesday morning at which many things of vital importance, civic importance, etc., were given to them. It broadened their outlook and at the same time I have found it of very great benefit to the pupils in the consideration of their patients in the hospital. They appreciated their home conditions. It made a broad view of their hospital work, their ward work.

The President. Is there some further discussion?

Miss McKenzie. Madam President, in regard to the Victorian organization of Canada, we have tried several times to affiliate with the hospitals in giving the course to the nurses while in training, and we have given it up. We find that it is much better to have the regular training for that course than to have the regular instructors in social service work; and in doing that we are going to be able to co-operate with the associated charities and chartered welfare associations, and so on, in giving, during the four months’ course, a post-graduate course, giving the nurses all the advantages of that social service work. I think the chief difficulty in taking the nurses in training was that the hospitals objected to sending us their senior nurses. They said the senior nurses were too valuable to send them for a four months’ course at the end of their three years’ course; and the result was that the junior nurses were sent, and it was very bad, indeed, for our social service work. So now we have ruled out taking any of these into the Victorian order in any shape or form, and our course is connected with this post-graduate course at our various training centers. At present, we have one at Toronto, at Ottawa, Montreal and Vancouver. (Applause.)

The President. Is there some further discussion? Miss Catton has one or two notices.

The Secretary. I would like to request that the members of the council remain after this session for a few moments and
come forward. Also, I would like to announce that the treasurer will be on the second floor Tuesday morning at 8:30 to receive dues from any wishing to pay them.

The President. I am quite sure that had the Arrangement Committee realized that we were going to get through with our program so early they would have provided something for this afternoon. However, I would like to call your attention to the exhibit on the first floor, which has been compiled by Miss Giles in the interest of state registration, and also to the exhibit of the Red Cross Nursing Service.

If there are no objections, the session will stand adjourned until tomorrow morning at 9 o'clock, when we hope to see many of you here. The meeting is adjourned.

TUESDAY MORNING SESSION.

The meeting was called to order at 9:30 a.m. by the President, Miss Wheeler.

The President. The meeting will please come to order. I think if there is one thing above another that a society usually enjoys it is the changing of the constitution and by-laws. It is always such a short, easy task!

We will now have the report of the special committee on the revision of constitution and by-laws by Miss Goodrich, chairman of said committee.

Miss Goodrich. There are several important matters, the committee thinks, or rather important suggestions, to be brought before the association. One is the question that we have been quietly considering for a good many years — the advisability of an affiliation with the American Nurses' Association, a closer union with that association. It seemed to us, possibly, that this was a proper moment to bring this before the association. And there is also the question of international representation.
REPORT OF THE COMMITTEE ON CONSTITUTION AND BY-LAWS.

The Committee on Constitution and By-Laws has the honor to present the following report, in which are embodied their suggestions and resolutions concerning the questions now prominently before the association:

1st. An affiliation with the American Nurses’ Association, whereby the Society of the Superintendents of Training Schools shall become an integral part of that association.

2d. Provision for international representation.

3d. Such amendments of the proposed revision as are required to provide for membership of state organizations of the same nature in the national society of Superintendents of Training Schools.

I would like to speak just for a moment in regard to the state organizations; perhaps it would be interesting to you to know that we have now, I find, at least eleven state organizations; so that you see such associations already exist, possibly not regularly organized, though they are in one or two states, so that it is quite an important question to consider whether they might not come in, and whether we might not get more closely in touch with training schools throughout the United States if we had representation through state associations.

1. Affiliation with the American Nurses’ Association.

The Committee presents the following resolutions concerning the affiliation with the American Nurses’ Association:

Resolved, That in addition to one delegate the Society of Superintendents of Training Schools should stipulate for a definite and recognized representation on the Board of Directors of the American Nurses’ Association by having the President of its Society become automatically one of the eleven members constituting this board. The Committee also suggests that the Society advise the American Association to make provision for
a dignified representation on the Board of Directors for all National Nursing Organizations, and that such representatives shall be called Vice-Presidents. They also recommend that these Vice-Presidents be members of the Executive Committee.

2. International Representation.

While it is recognized that if the Society of Superintendents of Training Schools becomes an integral part of the American Nurses' Association the logical international delegate would be the President of the American Nurses' Association, your Committee deem it wise to consider the wider purposes that would be served by the appointment of an international representative, together with a secretary and a small executive board, whose special work would be the preparation of data, etc., concerning international matters. They therefore suggest that the Council of the American Nurses' Association and the Council of the Superintendents' Society, together with the Council of any other national organization affiliated with the American Nurses' Association shall elect an international delegate, who shall be called vice-president, and be an ex officio member of all councils, also that those joint councils shall appoint a secretary and an executive board of not less than five members to carry on the work connected with the international relationship.


Article 1. Name. This organization shall be known as the National League of Nursing Education.

Article 2.

Article 3. Members. There shall be two classes of members:

(1) Active.

(2) Honorary.

Article 4. Classes of members.

Active members. Section 1. Individual members of the Society shall include members of the preliminary organization; all past superintendents who were members while holding that position; all present superintendents of schools of nursing and
of hospitals; assistant superintendents of training schools and hospitals who are eligible only when holding positions; head workers in various forms of social, educational, and preventive nursing, if qualified as specified in by-laws and acceptable to the Society.

Section 2. State Leagues if qualified as specified in by-laws and acceptable to the Society. Such organizations to be entitled to one delegate in addition to the president, and one vote.

Section 3. Individual members who have performed noteworthy services to the Society and the profession, who have been active members and who have resigned, may be made life members with full privileges.

HONORARY MEMBERS, ETC.

Article 5. Officers. The officers of this Society shall consist of a president, first vice-president, second vice-president, secretary, treasurer and two auditors, together with the duly elected presidents of State Leagues as specified in by-laws, and the individual delegate, who shall be an *ex officio* member, shall constitute the Council, the Executive Committee, etc.

BY-LAWS.

Article 1. Meetings. Not amended in the revision. The meetings of this Society shall be held annually and conjointly with the American Nurses' Association.

Article 2. Membership qualifications. Paragraph 1 to read: Individual members shall be graduates of training schools connected with general hospitals giving not less than a two years' course of training in the wards of the hospital, or whose experience gained by post-graduate or other additional school work might justly be considered its equivalent. In those states where nurse practice laws have been secured, registration shall be an additional qualification. They must be endorsed by two members. State Leagues whose membership requirements accord with the requirements for individual membership in the National organization. Candidates for admission to member-
ship, either individual or state organizations, shall make application to the secretary for an application blank, etc.

Article 3. Fees and assessments. The annual dues of individual members shall be $5.00. The minimum annual dues of state organizations shall be $10.00.

The annual dues of individual members and state organizations shall be payable on the first day of January of each year, except that for the first year dues shall be paid at the time of admission. Any member or organization failing to pay annual dues by April 1st shall receive special notice from the treasurer, and if the dues are not paid within three months from that date, they shall have forfeited all privileges of membership, unless such dues shall have been remitted by the Council, for good and sufficient reasons. The fiscal year shall be from January 1st to December 31st.

Article 4.

Article 5. Election of officers. A nominating committee shall be appointed by the executive committee at its mid-year meeting. This committee shall select one name for each office to be filled, and shall post this list at the afternoon session of the day previous to the election, together with the names of the presidents of the state leagues. Additional nominations for any office may be made from the floor. The president, secretary and treasurer are eligible for re-election, and one auditor shall be elected to serve two years. These nominations, etc.

The President. You have heard the reading of the report of the Committee on Constitution and By-Laws.

Miss Krueger. I move that this report be accepted.

(The motion was seconded.)

The President. The motion has been made and seconded that this report as read be accepted. It is then necessary for us to take up the separate recommendations. This first recommendation, then, we will take up: An affiliation with the American Nurses’ Association, whereby the Society of Superintendents of Training Schools for Nurses shall become
Committee to choose name for the group which became the NYC League of Nursing Education. Brought in the name "League of Nursing Education".

Mary A. Samuel.
Chairman
1907

Jane Pindell
Jane Hitchcock

Told by Min Samuel, Dec 1930 on visit to New York.
an integral part of that association. What shall be done with this resolution?

Miss CRANDELL. I move that it be adopted.

The PRESIDENT. Does any one second this motion?

(The motion was seconded.)

The PRESIDENT. There is a motion made and seconded that this resolution be adopted. Are there any remarks?

The PRESIDENT. The resolution is: "An affiliation with the American Nurses' Association, whereby the Society of Superintendents of Training Schools for Nurses shall become an integral part of that association." Are there any remarks about this? Are you ready for the question? All those in favor of adopting this resolution please say aye; opposed, no.

It is carried.

(Miss Goodrich continued reading the report to the end of Section 2.)

The PRESIDENT. What shall be done with this recommendation?

Miss GREENWOOD. I move the recommendation be adopted.

(The motion was seconded.)

The PRESIDENT. The motion is made and seconded that this resolution be adopted. Are there any remarks? If not, all those in favor please say aye; opposed, no. The resolution is adopted.

Miss GOODRICH. (Reads) 3d. Such amendments of the proposed revision as are required to provide for memberships of the state organizations of the same nature in the national society of Superintendents of Training Schools for Nurses. We will then take up the by-laws, one by one.

Article 1. Formerly read as follows:

This organization shall be known as the American Society of Superintendents of Training Schools for Nurses.

Proposed revision: Amend by striking out "American Society of Superintendents of Training Schools" to read as follows:
"This organization shall be known as the Society for the Advancement of Nursing Education."

A further amendment suggested by the committee:
"This organization shall be known as the National League of Nursing Education."

It seemed to us that the suggested title was rather unwieldy. The name, "League of Nursing Education," had proved to work very satisfactorily in New York state. We find, since we came to Illinois, that that is the way in which the society is designated, I think, in Chicago, and it would, of course, allow a very clear representation of other organizations. That is to say, we could have state leagues, county leagues and city leagues; and it seemed a very practical and easy name for the society.

The President. You have heard the changes suggested by your committee in regard to the name of the association. What is your wish in regard to this? We will have to have a motion.

Miss Greenwood. Would it be too much trouble to ask to have that read again?

(Miss Goodrich repeats.)

Miss Gladwin. I move that this recommendation be accepted.

A Member. I second this motion.

Miss Palmer. Why not the "American League of Nursing Education"?

Miss McKechnie. We already have "The American Nurses' Association." The "National League" gives our society a very definite name; and it seemed to the committee that "National," perhaps, differentiated the "Superintendents' Society," while "American" might possibly conflict with the American Nurses Association. We do not want to lose our integrity, you know; we want to maintain it.

The President. Are there further remarks about this name? This is important to us.

Miss Noyes. I am sure, Madam President, there must be a good deal to be said by somebody on that subject, and now is the time, I think, to say it. As I am a member of the com-
mittee I am suggesting this name. We will hear about it later if we do not have it now.

The President. Miss Noyes says we will hear about it later if we do not have it now, so let us have it now.

Miss Nevins. I will say frankly that I do not like the word "league," but I have nothing to offer in the place of it.

The President. Has some one else further suggestions? Miss Delano, can you say anything to us?

Miss Delano. I am in the same position that Miss Nevins is.

The President. Miss Delano rather objects to the term "league" also.

Miss Delano. But I have nothing to offer in the place of it.

The President. Is there something else?

Miss Giles. Why not say "society" instead of "league"?

The President. Miss Giles suggests the word "society" instead of "league."

Miss Noyes. If the American Nurses' Association are willing to accept us as a section of their big organization we could hardly call ourselves a society, because we are not independent. We are an integral part of that association. If they adopt this suggestion, therefore, we must have a name to apply to that section which we can use easily and quickly, and we want to represent, it seems to me, nursing education. But we must get a short term and an easy title. Of course, there may be much better titles than that, but we found it worked out very successfully in New York, and it is very easy to speak of "The Nursing League." It is a short term to use, and if we can get it adopted throughout the country, we get the idea the instant the word "league" is spoken and we know what it means. If the state societies are called one thing in New York and another thing in Illinois and another in Maryland, we shall not know what we are talking about; and if we can get that section of the American Nurses' Association a short title which stands for some particular thing and then get that adopted throughout
the country and state and city, we link up in a very easy manner. Of course, there may be better names, and that is what we are here for today — to get suggestions.

Miss Goodrich. I would like to say that I did not like the word "league" at all, the "League of American Nursing Education"; and I was quite unwilling to accept it for some time. It would, however, be conveniently different from the American Nurses' Association, it has proved to be a practical title to use, and I think all of us who have struggled for years with "The American Society of Superintendents of Training Schools for Nurses" will be glad to say "league."

Miss Palmer. We have discussed this question of changing the name of American Society of Superintendents of Training Schools — I can't say it very glibly — for years, and we have always stood on it and couldn't do anything. Now, I think, before anybody has made up their minds, before they get over the shock of this proposition, we had better vote on it, and get rid of the proposition.

The President. Are you ready for the question?

(The question was called for.)

The President. All in favor of changing the name from the American Society of Superintendents of Training Schools for Nurses to the "National League of Nursing Education" will please rise. Those opposed please rise. The motion is carried, thirty-eight to one.

May we now have the second article.

Miss Goodrich. (Reads) Article 2. The object of this association shall be to consider all questions relating to nursing education; to define and maintain in schools of nursing throughout the country minimum standards for admission and graduation; to assist in furthering all matters pertaining to public health; to aid in all measures for public good by co-operation with other educational bodies, philanthropic and social; to promote meetings, papers and discussions cordial professional relations and fellowship; and in all ways to develop and maintain the highest ideals in the nursing profession.
The proposed revision is as follows:
Amend clause reading: "To aid in all measures for public good by co-operation with other educational bodies, philanthropic and social," to read as follows:
"To aid in all measures for public good by co-operating with other bodies, educational, philanthropic and social."
The committee makes no further suggestions.
The President. You have heard the reading of Article 2.
Miss Goodrich. It is simply a little better wording.
The President. You have heard this proposed amendment. What is your pleasure?
A Member. I move it be accepted as amended.
(The motion was seconded.)
The President. The motion is made and seconded that the amendment be adopted. Are there any remarks?
(The motion was put to a vote and carried.)
Miss Goodrich. (Reads) Article 3. Members. There shall be three classes of members:
1. Active.
2. Associate.
3. Honorary.

The proposed amendment is as follows:
Amend by omitting "associate" and inserting "life," to read as follows: "There shall be three classes of members:
1. Active.
2. Life.
3. Honorary."

Suggestion from the committee:
"Article 3. Members. There shall be two classes of members:
1. Active.
2. Honorary."

It seemed to the committee that it was a mistake to make three divisions, when life members were really live active mem-
members, and that therefore it would simplify it to report that we just had two memberships, active and honorary.

The President. You have heard the reading of this article and the proposed change by the committee. What is your pleasure?

Miss Greenwood. I move the adoption of this article as amended.

(The motion was seconded, put to a vote, and carried.)

Miss Goodrich. (Reads) Article 4. Active members of the society shall include members of the preliminary organization, all past superintendents who were members while holding that position, all present superintendents of schools of nursing, superintendents of hospitals, superintendents of special educational departments of nursing, and associate members, if qualified as specified in the by-laws and acceptable to the association.

Associate members shall include all assistant superintendents, school instructors and heads of special departments of nursing work, if qualified as specified in the by-laws and acceptable to the association. They shall be eligible for such membership during the time they are holding such appointments.

Honorary members shall be those of whom the association wishes to signify its appreciation and hold in grateful remembrance for signal service to the profession or to humanity.

The proposed amendment is as follows:

Complete revision of first and second paragraphs to include active and life members to read as follows:

"Active members of the society shall include members of the preliminary organization; all past superintendents who were members while holding that position; all present superintendents of schools of nursing and of hospitals; assistant superintendents of training schools and hospitals who are eligible only when holding positions, instructors of nursing, head workers in various form of social, educational, and preventive nursing, if qualified as specified in by-laws and acceptable to the society."
“Life members of the association shall be those who have been active members, who have resigned and who have performed noteworthy service to the society and to the profession. They may be made life members with full privileges and without paying dues.

“Honorary members shall be those of whom the association wishes to signify its appreciation and hold in grateful remembrance for signal service to the profession or to humanity.”

Further suggestion by the committee:

“Article 4. Classes of members.” Active members they have divided into three sections:

“Section 1. Individual members of the society shall include members of the preliminary organization; all past superintendents who were members while holding that position; all present superintendents of schools of nursing and of hospitals; assistant superintendents of training schools and hospitals who are eligible only when holding positions; head workers in various forms of social, educational and preventive nursing, if qualified as specified in by-laws and acceptable to the society.”

This wipes out the associate membership. This is last year’s revision.

Section 2 is a new suggestion by the committee:

“State leagues, if qualified as specified in by-laws and acceptable to the society. Such organizations to be entitled to one delegate in addition to the president, and one vote.”

That is an important section.

“Section 3. Individual members who have performed noteworthy services to the society and the profession, who have been active members and who have resigned, may be made life members with full privileges.”

It simply includes in the active membership the life. Honorary members have not been changed.

The President. You have heard the reading of this article. What is your pleasure?

Miss McMillan. I move it be accepted as amended.
The President. The motion is made and seconded that this be accepted as suggested by the committee.

Miss Noyes. Madam President, it seems to me that that Section 2 might require a little further explanation to those who are here, because it brings into the society—or the league, as we are going to call it—state organizations as a body, which we have never done in this society before; and that brings up, of course, a little bit the question of individual membership and membership through the state organizations. So, it seems to me, there must be a great many questions that those who are here would like to ask.

Miss Goodrich. Madam President, I think I might add this: That a question which may be asked, that comes immediately before us, is, will we lose our individual membership through the acceptance of the state organization as a body? It seemed to the committee in preparing this that the privilege of one vote and one delegate and a place on the council of the president might bring us in touch with these bodies whose members, perhaps, would not all be individual members in the national, but that later would be interested to become individual members if they realized that as such they each had their vote, and there is, of course, provision made for the individual member still and for the organization. It is very much along the line of the American Nurses’ Association. In preparing these amendments, we always kept that association in mind. We tried to make these by-laws accord and thus simplify the whole organization.

The President. Are there some questions?

Miss Williamson. Madam President, I would like to ask if the qualifications for membership must be identical in this society in order to have representation?

Miss Goodrich. Yes, Miss Williamson, they have to qualify as specified in the by-laws and be acceptable to the society. The organizations apply as individual members would apply. They make out the application form that is provided for in the membership qualification. An organization whose
membership does not meet with the approval of the National
League could not come into the National League as a body.

Miss McKechnie. Madam President, would it be possible
to get an idea of how many state organizations there have been
formed already, so that we might have an idea of how many
would like to come in?

The President. Miss McKechnie would like to know how
many state organizations have already been formed, so that we
could get an idea how many would come in. Can somebody
speak further on this?

Miss Greenwood. Madam President, we formed a society
in Ohio two years ago for the superintendents' association. I
suppose now we will have to change the name.

The President. Some other states to report?

A Member. Washington, two years ago.

Miss McKechnie. Madam President, I think these are
state nursing leagues and not the association of superintendents
in the state.

The President. Not the state association, usually recog-
nized as such?

Miss McKechnie. No, this is the state organization of
superintendents.

Miss Lawlor. Maryland has a state organization.

Miss Williamson. We have a county association in Los
Angeles. It is not a state association, and it is not organized
as yet.

Miss Ayers. Rhode Island has an organization, a society
for women who are doing educational work in hospital, district
and directory service.

Miss Giles. Madam President, I would like to ask how is
it provided for the organizations to vote?

Miss Goodrich. The president is placed on the council, has
a vote there, and the organization also sends one delegate and
has one vote. I would like to add, Madam President, that
eleven states have reported as having superintendents' societies.
Eleven states have reported altogether fifteen superintendents'
societies; that is, there are eleven state societies, and a number of states have reported several local societies.

Miss Palmer. Do they have the nursing section affiliated with the state nursing association?

Miss Goodrich. In sending out a questionnaire I asked: “Have you any superintendents’ societies, and how many”? and a number reported in connection with their state associations; others reported “one superintendents’ society that we know of,” and others reported that “We have two divisions, the western and the eastern division.” Others reported, “We have so many local associations in the state.” So I fancy that a number are quite well organized.

A Member. Is there any provision for a city superintendents’ society in this body?

Miss Noyes. The whole object of this plan is to get a strong national organization. You see, as we are now organized, we come as individuals from all parts of the United States. When you want to find out anything pertaining to Training School matters in the state we have great difficulty in finding out what the situation is. We are not strongly organized. The time has come when we as a body of nurses must be strongly united. If we are going to do things, we must have a strong national organization and we must form our local leagues and then our state league, and our state league, represented by the president and one delegate to this body, brings us in touch with every part of every state in the United States; and that is the object of getting the state leagues in; we are now figuring largely upon societies that are not yet in existence; but the idea is to get you all to go back to your counties and states and organize, if you have not already done so.

Miss Delano. Madam President, may I ask if the state delegate and state president would still have their individual vote if they were members of the American Nurses’ Association?

Miss Goodrich. Madam President, I should say that they still would, just exactly as I think in the American Nurses’ Association the individual delegate carries the vote of the asso-
ciation, and if she is an individual member, of course, she would have to be an individual member to have an individual vote.

The President. So that as president she would have two votes?

Miss Goodrich. Yes. That would not seem to be too much if it was a large organization, or even a small organization. The state having the smallest number of training schools reports five. That would mean five superintendents. Of course, now there are very few states that have as few hospitals as that.

Miss McKeechnie. Madam President, the unit of the Superintendents' Society is the individual superintendent. These units are scattered throughout the state. The idea of calling ourselves a National League is to connect these individual units into local leagues — the local leagues into state leagues, as Miss Noyes has pointed out, but always to think of the educational purpose running through down to the individual superintendent. In this way, it is a continuous chain of connection all over the United States from each individual superintendent into the National League; then, by affiliation with the American Nurses' Association, we become a part of the great National Organization of Nurses, the unit of which is the individual nurse.

The President. Is there any further discussion?

(The question was called for.)

The President. The motion has been made and seconded that Article 4, as presented by the revision committee, be adopted.

(The motion was put to a vote and carried.)

Miss Goodrich. (Reads) Article 5. Officers. The officers of the society shall consist of a president, first vice-president, second vice-president, secretary, treasurer, two auditors and six other members of the body to be called councilors. All of these officers together shall constitute a body which shall be known as the council.

The proposed amendment is as follows:

"The officers of this society shall consist of a president, first vice-president, second vice-president, secretary, treasurer and
two auditors. These officers, together with duly elected representatives from each state, as specified in the by-laws, shall constitute the council. The executive committee shall be composed of the president, vice-presidents, secretary, treasurer and two members from the council.”

Further suggested amendment by the committee:

“Article 5. Officers. The officers of this society shall consist of a president, first vice-president, second vice-president, secretary, treasurer and two auditors, together with the duly elected presidents of state leagues, as specified in by-laws, and the international delegate, who shall be an ex officio member, shall constitute the council, the executive committee, etc.”

The executive committee is not changed.

The President. You have heard the reading of Article 5 with the proposed changes. What is your pleasure?

Miss McIsaac. Madam President, may I ask why the international delegate should be an ex officio member?

Miss Goodrich. Were you here when we read that suggestion?

Miss McIsaac. No.

Miss Goodrich. We made a suggestion concerning the international delegate, Miss McIsaac. Shall I read that?

The President. Yes, please, Miss Goodrich.

Miss Goodrich. Miss McIsaac was not present and I will read it again, if you do not mind. The society has passed on this provision for international representation.

(Reads Section 2, international representation.)

Miss Delano. Madam President, is this paragraph which Miss Goodrich has just read simply a recommendation?

The President. Yes.

Miss Goodrich. In considering these officers, Madam President, perhaps I should say that that clause in regard to the international delegate is dependent on the acceptance of the amendment in reference to the American Nurses’ Association.

The President. Would you like to have this read again?

(Miss Goodrich reads “Article 5. Officers.”)
Miss Noyes. Might it not be well to just say a word here why that provision was made in reference to the international delegate? Perhaps they do not understand exactly why we made that provision.

Miss Goodrich. I think we made it following out our suggestion that the international delegate should be ex officio member of the council. If we make that provision it has got to appear in our by-laws, or at least in our constitution, under "Officers."

Miss McMillan. I move the adoption.

Miss Delano. Madam President, may I ask if it would not be well to leave that paragraph out until we know whether the recommendation to the American Nurses' Association is acceptable? It could easily be added another year, if the recommendation to the American Nurses' Association is accepted.

Miss McIsaac. If there is any explanation that anybody can make why we wish to have an ex officio member of the council I would like to hear it.

Miss Goodrich. Well, I think that the question is, whether the international delegate shall be a regular delegate or an ex officio member of the council, for I believe that if we have an international representative she would not have a proper knowledge of international affairs if she did not have the privilege of belonging to the council of every national organization. Our international delegate is expected to go abroad fully informed on all matters concerning the educational side or any of the activities of nursing. She must be very closely connected with international affairs, and she must also know very much about what is going on in her own country. It is a very special piece of work, and our women are all very busy. The very women who would be eligible are very busy women; and it seemed that only by attending the councils, where the actual work is done, would she be in touch with the working part of any of our national organizations. That was the idea of placing her on the council.
Miss Pinchell. Madam President, may I say that having attended the international council that this question appeals very strongly to me; and it does seem that the amendment as proposed is very important. I do not see how any one casually attending an international congress can possibly answer all the questions asked her. I was perfectly amazed at the questions that were asked the delegate at the international congress in London. And it does seem that when you have attended a congress it simply brings it home to you. You realize how very important it is that our international delegate should be fully informed. This appeals to me very strongly.

Miss Noyes. Madam President, is it possible, as Miss Delano suggested, to vote upon that question until it has been submitted to the American Nurses' Association?

Miss Greenwood. Madam President, is it not possible to vote upon this international delegate today?

Miss Crandall. Madam President, may I inquire if there are not several points of our provision? Our membership personally in the American Nurses' Association is provisional upon their acceptance. May we not vote upon that as well as the other?

Miss Goodrich. Madam President, I believe that there is only one other suggested amendment that touches upon this. These two, the appointment of the international delegate as an ex officio member and the question of when we shall meet, whether we shall meet jointly with the American Nurses' Association. We are like a state organization. The state organizations have their own constitutions and by-laws. They do not have to provide for membership in the national association in their constitution and by-laws, but the American Nurses' Association has to decide whether they are eligible for membership in the national association.

There is a question then of the annual meeting. We can determine whether we want to meet with them or not. Of course, if we determine that we want to become an integral part we would actually meet when they meet. That is the only
clause, I think, that is difficult. I do not believe that we should make a provisional motion.

Miss McKeechnie. Another point is the international delegate.

Miss Delano. But we haven’t an international delegate as yet.

Miss McKeechnie. But we still have our American Federation of Nurses.

Miss Goodrich. Some years ago in Washington a federation was definitely formed and an account of it definitely appeared in the proceedings of the Society of Superintendents, and at this federation meeting it was determined that an international delegate should be appointed by the two councils, the council of the superintendents’ society and the council of the then Associated Alumnae of Nurses. I think I have stated that correctly. They did not appoint a secretary; they did not make any place on the council for that international delegate. It was an honorary position, and she was appointed once in five years; and they determined that once in five years an international delegate should be appointed and she should serve five years. Now, it has been held by two members of the association — Miss Nutting and myself — inasmuch as there was no executive board, inasmuch as there was no secretary, and inasmuch as there was no opportunity to be in touch except you happened to be a member of these councils, there was no way of really carrying on definite work. We still have this federation — that is, it has not been dissolved that I know of, certainly not by this society — and therefore the position is vacant, and I presume an appointment is to be made by the two councils at this meeting in June; but it seemed wise when we were revising our constitution and by-laws to, in some way, provide for this international representative, either by having the president of the American Nurses’ Association act as delegate or to consider, as we did before, the larger phase of work — the very special piece of work that could be done by the international delegate who had that as the chief interest. The appointment
will be virtually the same, except that we provide that every national organization have some option in the matter or some representation in the matter.

Miss Noyes. Madam President, I cannot see that in this Article 5 that we are making any recommendation. This is simply a revision of the article as we had it last year. I could not say about the revision of the council. We are not dictating to the American Nurses’ Association that they shall make her in that order a member of their council; it is only a preliminary suggestion, and we made the recommendation as it is in this article, in order that some action might be taken.

The President. Some ten minutes ago we had a motion by Miss McMillan which failed for lack of a second, and then further discussion.

Miss Parsons. I second the motion.

The President. I think possibly we had better have the motion renewed.

Miss Delano. Madam President, May I move that this be accepted?

(The motion was seconded by Miss Parsons.)

The President. The motion is made and seconded that this Article 5 be accepted as recommended by the committee. Are there further remarks?

(The motion was carried.)

Miss Goodrich. (Reads) Article 6. Amendments to Constitution. This constitution shall not be amended or annulled except as hereinafter provided.

To amend or annul this constitution it shall be necessary that such proposed amendment or annulment be presented in writing to the secretary to put before the annual meeting next preceding the one at which the final ballot shall be cast for its approval, and a copy of the proposed amendment or annulment with a copy of the part of the constitution as amended be sent to each member at least two months previous to the meeting, at which
final action is to be taken. A two-thirds vote of the members present shall be necessary for amendment or annulment.

Not changed. No suggestions.

(Reads by-laws.) Article 1. The meetings of the society shall be held annually. The time and place of each meeting shall be named by the council and reported to the society for its action at the meeting next preceding. Each annual meeting shall be called by a printed announcement sent to each member, at least one month previous to the meeting. The council shall hold an annual meeting concurrent with the annual meeting of the society.

This was not amended last year. The committee now suggests that it shall read as follows:

"The meetings of this society shall be held annually and conjointly with the American Nurses' Association."

The President. You have heard the reading of the by-laws, Article 1. What is your pleasure?

Miss PinDELL. I move that the amendment be accepted.

Miss Delano. Some one wants to know what "conjointly" means.

Miss Sutherland. Does it mean conjointly or concurrently?

Miss Goodrich. I think conjointly is correct. It means together with. I may be mistaken about that. Is there some one that can correct us?

Miss Palmer. I think it is correct, but I am no authority.

Miss McKeechnie. We might use both terms, conjointly and concurrently.

Miss Goodrich. I think concurrently is at the same time, and conjointly is together with; and that was why conjointly was selected after careful thought and deliberation.

The President. Miss Riddle, can you help us; is it correct?

Miss Riddle. I think it is correct.

The President. Are there any further remarks?

(Thef motion was put to a vote and carried.)

Miss Goodrich. (Reads) Article 2. Membership qualifi-
cations. Active members shall be graduates of Training Schools connected with general hospitals giving not less than a two years' course of training in the wards of the hospital, or whose experience gained by post-graduate or other additional school work might justly be considered its equivalent. They must be endorsed by two members.

Associate members shall have the same qualifications and endorsements as active members, and shall be entitled to the same privileges in vote and debate.

Associate members who have held office for not less than three consecutive years and been members of the society for the same length of time may become active members by the unanimous vote of the members present at any regular meeting, their names having been duly considered by the council and proposed in writing by two active members.

The proposed amendment is as follows:

"Active members shall be graduates of training schools connected with general hospitals giving not less than a two years' course of training in the wards of the hospital, or whose experience gained by post-graduate or other additional school work mightly justly be considered its equivalent. In those states where nurse practice laws have been secured, registration shall be an additional qualification. They must be endorsed by two members. Every candidate for admission to membership shall make application to the secretary for a blank form which she shall fill out and return to be sent by the secretary to the chairman of the Membership Committee for consideration. Final action by the council shall be taken at the council meeting immediately previous to the annual meeting, and the names of all candidates, with recommendation of the council thereon, shall be presented to the society for action at the annual meeting.

"Election shall be by two-thirds vote of the members present.

"Proposal for life and honorary membership shall be signed by three active members and shall be presented at an annual meeting. The election shall be unanimous."

Further suggestion by the committee:
Membership qualifications. Paragraph 1 to read:

"Individual members shall be graduates of Training Schools connected with general hospitals giving not less than a two years' course at training in the wards of the hospitals, or whose experience gained by post-graduate or other additional school work might justly be considered its equivalent. In those states where nurse practice laws have been secured, registration shall be an additional qualification. They must be endorsed by two members. State leagues whose membership requirements accord with the requirements for individual membership in the national organization. Candidates for admission to membership, either individual or state organizations, shall make application to the secretary for an application blank, etc."

The rest is not changed.

The President. You have heard the reading of this article. What is your pleasure? The original one that was recommended last year with the further recommendations of this year.

Miss Goodrich. Perhaps it would emphasize it a little better if I said that the third suggestion is that "State leagues whose membership requirements accord with the requirements for individual membership in the national organization, and such state organizations or individuals, shall make application, etc."

Miss Powell. I move to adopt the amendment.

(The motion was seconded.)

Miss Delano. I would like to ask, in regard to this paragraph, "whose experience gained by post-graduate or other additional school work might justly be considered its equivalent." It seems to me that a two years' course of training in the wards of the hospitals now is a very small requirement, and might it not be possible to make this paragraph apply in some way only to people who graduated prior to the passage of this amendment?

Miss Goodrich. I think that point is well taken, because in New York State they will not accept any equivalent. They
must require a diploma showing two full years. The postgraduate diploma of the nurse who has had a year has no recognition. So it is really an important matter.

The President. Any further remarks?

Miss Delano. I move that this paragraph be amended to read: "Or in the case of superintendents graduated prior to the passage of this amendment, or whose experience gained by post-graduate or other additional school work." That would not debar superintendents who graduated some time ago, but it would make a different standard in the future.

Miss Noyes. You mean that to apply now, that all must be graduates from this time on; that they must have two years' experience in the wards of the hospital, but in the past they would accept those who perhaps did not meet those requirements? You will observe that it requires in those states where nurses' practice laws have been passed, "they must have an additional qualification of being registered." Most states have such laws now, and they require two years, do they not, in all states?

The President. A minimum of two years.

Miss Noyes. A minimum of two years. So really they could not get in without that.

Miss Goodrich. I think Miss Delano's point is well taken, and I think we should also recall that in that report from the department of health Miss Nutting made the point that it would be difficult to admit pupils for additional work who could not give very definite evidence of graduation from at least a two years' course in a reputable hospital. That was not the way she worded it, but the purport was that allowance could not be made for graduate nurses without a diploma from a school in good standing.

The President. Have you your amendment ready, Miss Delano?

Miss Delano. How would this do: "But in the case of individuals who graduated prior to the passage of this article,
experience either as post-graduates or additional school work may be accepted as an equivalent."

Miss Goodrich. Prior to this amendment?

Miss Delano. Prior to this amendment; or might the exact wording be left to the committee, for the committee to work out?

The President. Is there a second to Miss Delano's amendment?

Miss Parsons. Madam President, should not the word "individual" be substituted for the word "superintendent"?

Miss Palmer. I have not given this matter, of course, any study only for the moment, but it seems to me that when we fought and bled all these years for two years in the hospital that we should not let down the bars now by admitting any equivalents. What is to be taken in place of any part of those two years? What can be as any part of those two years, and which is now below the standard of any other state? I would like to have you explain that.

Miss Noyes. Why not eliminate it altogether?

Miss Delano. Madam President, some of our superintendents may have had eighteen months' training and they may have had three years as superintendents. I should be very much opposed to anything that would eliminate them from membership in this association. I am sure we would not want to debar any one who has done splendid work as training school superintendent, because in our pioneer days everything was not as it is now.

Miss Noyes. After all isn't it for the Council to decide when these questions come up whether they will accept the superintendent or not? So it seems to me we might leave it with that recommendation of Miss Delano.

Miss Goodrich. Very lenient for the past and very strict for the future is rather a good rule.

The President. You have Miss Delano's amendment, which has been read by the Secretary. All those in favor of this
amendment please say aye; opposed no. We will have a rising vote. All those in favor of this amendment please rise.

(The motion was carried.)

The President. Then we have the article as amended. All those in favor of the article as amended please say aye; opposed no. The article is adopted.

We will postpone the continuation of this until this afternoon's session.

We will now have the pleasure of a report from the Inter-State Secretary, Miss McIsaac.

Miss McIsaac. I tried to make two separate reports, one for this association and one for the American Nurses' Association, but I failed. I had to put them together; I could not separate them; so that the report I will read to this association will be the same as to the other body.

REPORT OF THE INTER-STATE SECRETARY OF THE AMERICAN SOCIETY OF SUPERINTENDENTS OF TRAINING SCHOOLS FOR NURSES AND THE AMERICAN NURSES' ASSOCIATION.

In presenting a report of the work of the Inter-State Secretary it has been impossible to schedule the work, putting organizations in one group and schools and hospitals in another, and after making an attempt, it was abandoned because these nursing interests cannot be separated, they are woven together as the individual, the family and the state, and in considering one it must be regarded as an integral part of a whole. For instance, state registration does not concern the graduate alone, although many of us have thought so, but it is of vital importance to the public, to the hospital, to the pupil and to the great army of graduates. Hence this report aims to show how pupils, graduates, schools, organizations and laws are all bound together in a whole which we may call the status of nursing for lack of another name.

The work has covered two years, including twelve months of travel, six months in each year, the summer months from April to October being devoted to the necessary correspondence in
arranging the itinerary. All of the visits and meetings were by invitation from some organization of nurses. A considerable number could not be met because requests came too late, and in some instances it has seemed impossible for the nurses to understand why extra travel, time and meetings could not be interjected into an itinerary covering thousands of miles which had taken months to plan. Some concern has been expressed for the Inter-State Secretary for the strain of travel, but, in reality the heavy correspondence, and the efforts to make the requests of the nurses’ organizations conform to the geography of the country and to railway time tables were the most difficult part of it.

The list of cities following is arranged in the order of the visit, beginning in September, 1910, at a graduation at Hackley Hospital, Muskegon, Michigan, and ending at a state meeting at Lincoln, Nebraska, in February, 1912:

1910–1911.

Muskegon, Mich.          Salt Lake City, Utah.
Indianapolis, Ind.       Omaha, Neb.
Beloit, Wis.             Peoria, Ill.
St. Paul, Minn.          St. Louis, Mo.
Minneapolis, Minn.       Milwaukee, Wis.
Pierre, S. D.             Madison, Wis.
Omaha, Neb.              Rochester, N. Y.
Boise, Idaho.            Syracuse, N. Y.
Spokane, Wash.           New York, N. Y.
Tacoma, Wash.            Baltimore, Md.
San Francisco, Cal.      Newark, N. J.
Santa Barbara, Cal.      Reading, Pa.
Los Angeles, Cal.        Pittsburgh, Pa.
Pasadena, Cal.           Auburn, N. Y.
San Diego, Cal.          Cleveland, Ohio.

Toledo, Ohio.
Dayton, Ohio.
Detroit, Mich.
Ann Arbor, Mich.
Grand Rapids, Mich.
Battle Creek, Mich.
Kalamazoo, Mich.
Jackson, Mich.
Lafayette, Ind.
Hanibal, Mo.
Kansas City, Mo.
Cedar Rapids, Iowa.
DesMoines, Iowa.
Dubuque, Iowa.
Iowa City, Iowa.
Davenport, Iowa.
Chicago, Ill.

1911–1912.

Utica, N. Y.             Racine, Wis.
New York, N. Y.          Oshkosh, Wis.
Brooklyn, N. Y.          Chicago, Ill.
Albany, N. Y.            Louisville, Ky.
Providence, R. I.        Nashville, Tenn.
Boston, Mass.            Knoxville, Tenn.

Traverse, Mich.
Petoskey, Mich.
Ishpeming, Mich.
Calumet, Mich.
Buffalo, N. Y.
PROCEEDINGS.

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NURSES’ MEETINGS.

| State associations | 12 |
| City associations | 60 |
| County associations | 4 |
| Superintendents' associations | 24 |
| Alumnae associations | 6 |
| Pupil nurses | 58 |
| Public schools | 4 |

HOSPITALS AND SCHOOLS VISITED.

GENERAL HOSPITALS (PUBLIC MANAGEMENT).

| County Hospital, Wauwatosa, Wis. | City, Knoxville, Tenn. |
| Bellevue, New York City. | City, Memphis, Tenn. |
| Philadelphia. | City, Vicksburg, Miss. |
| Cook County, Chicago. | City, Natchez, Miss. |
| City and County, St. Paul. | City, San Antonio, Texas. |
| County, Tacoma. | City, Louisville, Ky. |
| Boston City. | |

GENERAL HOSPITALS (PRIVATE MANAGEMENT).

| Hackley Hospital, Muskegon. | University, Iowa City. |
| Beloit Hospital, Wis. | Fauxton, Utica, N. Y. |
| Seattle, General. | Rhode Island, Providence. |
| Oakland, Cal. | Newton, Mass. |
| Pasadena, Cal. | Salem, Mass. |
| Pennsylvania, Philadelphia. | Hanover, N. H. |
| South Side, Pittsburgh. | University, Baltimore. |
| Reading Hospital, Pa. | Kenosha, Wis. |
Auburn, N. Y.
Lakeside, Cleveland, Ohio.
Harper, Detroit.
Toledo, Ohio.
Miami Valley, Dayton, Ohio.
Butterworth, Grand Rapids, Mich.
Union Benevolent Association, Grand Rapids, Mich.
Bronson, Kalamazoo, Mich.
Jackson, Mich.
Lafayette, Ind.
Levering, Hanibal, Mo.
Finley, Dubuque, Iowa.

Norton, Infirmary, Louisville.
Lincoln Memorial, Knoxville, Tenn.
Memphis, Tenn.
Galveston, John Sealy.
San Antonio.
Lockwood, Petoskey.
Geneva, N. Y.
Bethesda, Zanesville, O.
Akron, Ohio.
Elyria, Ohio.
Blessing, Quincy, Ill.

GENERAL HOSPITALS (CHURCH AFFILIATIONS).

Methodist Episcopal, Omaha.
Asbury Methodist, Minneapolis.
Clarkson, Omaha, Episcopal.
St. Luke’s, Cedar Rapids, Ia., Episcopal.
St. Luke’s, Davenport, Ia., Episcopal.
St. Luke’s, Chicago, Episcopal.
Fanny Paddock, Tacoma, Episcopal.
Good Samaritan, Portland, Oreg., Episcopal.

St. Mark’s, Salt Lake City, Episcopal.
New York Presbyterian.
Philadelphia Presbyterian.
Memphis Presbyterian.
Dallas Baptist.
Santa Rosa, Roman Catholic Sisters.
Sisters’ Hospital, Manistee, Roman Catholic Sisters.
Mercy Hospital, Cadillac, Roman Catholic Sisters.
Mt. Sinai, New York, Hebrew.
Jewish, Cincinnati, Hebrew.
Touro Infirmary, New Orleans, Hebrew.

Northern Pacific Railway, Tacoma.
Calumet & Hecla Mining Hospital.
Battle Creek Sanitarium.
Providence, R. I.
State Hospital for Insane, Concord, N. H.
Two Sanitaria, Memphis, Tenn.
Sanitarium, Knoxville, Tenn.

Good Shepherd, Syracuse, Episcopal.

SUMMARY.

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The general public hospitals visited were those under the control of cities or counties, such as Bellevue in New York, the Philadelphia, the Cook County of Chicago, City and County of St. Paul and the County in Tacoma, Washington. In most of these hospitals good schools for nurses exist.

The general hospitals under private management present variations so numerous that pages might be devoted to them. From the well-equipped hospitals providing good care for patients, excellent training for nurses as well as proper living conditions, to the many inferior institutions which provide neither adequate nursing care for patients nor training for nurses. Unhappily the latter are numerous and in almost every city of the country are examples of the greatest fault out of which rise the manifold glaring defects of nursing education, viz.: the establishment of nursing schools solely because they afford a cheap way of getting the hospital nursing done. It is schools of this type which admit the young girl, the uneducated, the undisciplined and the undesirable, who are poured out annually to swell an army of incapables. The laws of state registration endeavor to cure these defects rather than to prevent them, and taken from every standpoint the nursing situation seems to be critical. That we have always had these problems cannot be denied but in their multiplication lies our danger. Opposition to state registration has arisen in unexpected places; charges are made that under the exactions of our present laws the schools are unable to secure probationers in sufficient numbers and therefore laws for state registration of nurses should be repealed. If the charge were made that the requirements of the laws are so slight that they permit the establishment of great numbers of inferior schools which take desirable candidates away from the really good institutions it would be nearer the truth. The most unhappy phase of the situation is in the number of victims of these so-called training schools, many of whom might with proper teaching become efficient nurses. At the same time it must be admitted that in order to get the hospital work done nearly every, if not all hospitals in the country are compelled to admit undesirable candidates.
Another phase of the situation is that the criticism for the results of this state of affairs is heaped upon the heads of superintendents and nurses, whereas in most instances neither are to blame. Most superintendents have to fight constantly for every inch toward the better teaching of nurses and one-half of the poor nurses are the victims of poor schools. There are many superintendents living under a constant fire of criticism who if they were able to do what they feel should be done, would graduate efficient nurses. There are enough poor superintendents we cannot deny, but for every poor one there are many earnest, hard-working women of whom we may be proud. If this were not true we could not have done the things which have cost us money, time, hard labor and self-denial. The efforts to establish the course of Hospital Economics at Columbia University, the purchase of the Journal, the Isabel Hampton Robb Educational Fund and the Relief Fund have covered a period of about ten years and when we add to this the labor given so freely for state registration and the Red Cross enrollment we realize that the nurses of the country must have had the right influences from some source or they would not have done this work. The work and money have been given to help all nurses. The course at Columbia, the Journal and now the scholarships and Relief Fund will be open to the nurses of every state, and, as time goes on, will doubtless become large enough to do great things. It is because so many superintendents have felt the limitations of their own opportunities that they have been eager to help create better possibilities for the coming generations.

The law of registration in one state which permits a hospital of nine beds, for women only, to maintain a Training School with a three years' course, certainly needs looking after. This state is one of a group in which registration was secured in haste to repent at leisure. The law is poor and the administration of it worse; the state contains a large number of inferior schools. If there is one which approaches efficiency, the writer did not see or hear of it. This state is also one of a group which pretend to have nursing organizations, but, upon slight observation, prove to be as inferior as the schools, there being no work past
nor contemplated which would be of the slightest help to the graduate nurses; and in them all there is an almost total absence of good feeling and mutual interest.

In contrast to these conditions are the many schools which are earnestly trying to advance their standing in every way, to improve their teaching, to enlarge their opportunities by affiliation and co-operation. Such schools, in nearly all instances, maintain cordial relations with their own alumnae and with the nurses' organizations, and are eager and interested in the state registration and Red Cross enrollment of their graduates.

Nurses trained in schools where this interest is absent lack public spirit; most of them do not evince interest in their own schools nor associations, and it is plainly obvious to a stranger who meets large groups of them just where they stand in regard to all of the efforts made to improve the nursing schools and their graduates. Too many graduates do not realize that they owe any duty to their schools or their profession, failing to understand how the status of their own schools is of vital importance to them as individuals.

Several large schools have appointed graduate nurses upon their boards of management, an important step which, it is hoped, will become widespread. The nurses have long needed friends at court who understand the difficulties which beset both pupils and graduates. The various nursing organizations, from this our national body to the youngest alumnae society, have each an individual personality. The best are alert, intelligent, industrious, forbearing and progressive. In them one finds definite work and plans worthy of respect. Business transacted with them is prompt, definite, accurate and courteous, and, if one is fortunate enough to be their guest, one finds the most thoughtful hospitality, and comes away with the remembrance of an enjoyable visit with friends, rather than a short stay with strangers. The fact that in two years of travel and so many meetings of nurses only two engagements were missed and only one misunderstanding about date has occurred, speaks volumes for the methods of the associations.

In the better organizations there is always inquiry about the
best work to be done, and during the past year your inter-state secretary has urged upon many societies the need of a better understanding of the laws of registration in their own states. Every registered nurse should have an intelligent grasp of the law under which she registered, not only its requirements but its limitations and deficiencies. Looking back, it would seem that in the beginning the registration of schools should have been the first consideration, rather than the registration of nurses. Certainly there can be no doubt in the minds of all good nurses that the state should have more control over the nursing schools. The next few years will doubtless see many changes in the laws and, as these changes concern every individual nurse, each should inform herself of present conditions, and be able to judge of the value or detriment of the proposed amendments. The enrollment for the Red Cross Nursing Service has proved to be a most revealing process. The members composing local committees gaining an insight into the status of nursing in their own communities, which, when added to the revelations of the State Boards of Nurse Examiners, gives valuable knowledge to every state in the Union, and we begin to understand how very little we really knew about our own profession a few years ago.

One thing we greatly need, and perhaps may have, is a Central Bureau, where institutions needing executives could apply for candidates and vice versa; where information could be exchanged between schools giving, and candidates desiring, post-graduate work. Everywhere there are numerous inquiries as to the best places to go for post-graduate experience, and such information is not only very meager, but it is based almost entirely upon hearsay. If a circular could be prepared and sent to every school in the country asking if they offer post-graduate experience and what they offer, we would in time be able to help the nurses to get the training they wish and also protect the schools from undesirable candidates.

Such a central bureau would be a sort of clearing house of information upon nurses and nursing affairs throughout the country and could not fail to be of value. The better we know
and understand each other, the more rapid our progress will be.

The older nurses among us recall with regret the experiences of 1898, when, in the emergency of war and its consequent epidemic of typhoid fever, a call was made for nearly fifteen hundred nurses. The Medical Department of the Army was unaccustomed to women nurses, the nurses were inexperienced in army work, and the D. A. R. tried to be the bridge between the two. In short, here were three groups of good people all inspired by the same desire to nurse the sick soldiers, and because there was no definite plan of action, and no one group understood the other two, confusion and misunderstanding resulted.

We are indebted to one moving spirit — Miss Delano — who has had the foresight and judgment to fully realize that the nursing service of the Red Cross should constitute the nursing reserve of the Medical Department of the Army and Navy, and who has planned and built so substantial a bridge between them that the majority of the 3,000 enrolled Red Cross nurses could be called out inside of thirty days if they were needed. The foundations of this bridge are the nursing organizations, and it remains to be seen if we can support the heavy superstructure which would be imposed in time of war.

The Red Cross Nursing Service is the one great feature of nursing which is our very own, in which no one may interfere, and for that very reason we must jealously guard the enrollment, each state holding itself responsible for its nurses, and each nurse holding herself responsible as an individual. The Red Cross holds no place for the trumper, the lazy, the slovenly, the incompetent, nor the women who see in war or calamity only an opportunity for adventure.

Each time we come together, as we have now, we may ask ourselves two questions, What has the coming year in store for us? If it is a baptism of fire, will we face it with honor? The answers lie in our own hands.

It would be impossible, no matter how interesting, to go into the details of these long journeys. Last year they mostly covered the parts of the country both east and west, which are well known; this year two journeys were made into the far south
and the far north, both of which were as distinctive as Boston and Salt Lake City.

The South has difficulties and problems peculiar to social conditions which we of the North do not comprehend. We forget that at the end of the Civil War the southern states were bankrupt and not only had nothing to sustain themselves, but had another helpless race on their hands. Looking back fifty years, we see that millions and millions of money have been poured into the hospitals and nursing schools of the North and West and that with all which has been done we are not yet without institutions suffering from poor equipment and lack of funds. Then, looking to the South, how can we criticise, knowing that its hospitals have all been born in privation? If we counted them in both sections the North would have the greater number, and we try to make ourselves believe that our finest and best are representative, which is not true. What is excusable in sparsely settled communities of limited means is altogether wrong in wealthy cities; but too many of us judge from the standpoint of our own personal training without any real knowledge of the situation as a whole. It is not putting it too strong to say positively that for every poor hospital to be named south of the Mason and Dixon line two can be mentioned north of it. In the North we have the advantages of the splendid examples of what hospitals with adequate endowment may be. Personally, I wish some way might be divined to bring the northern and southern schools nearer together — an affiliation which would be just as beneficial for one side as the other. The North needs more good nurses, the southern communities must have hospitals, but the nurses from many of them need further training, and if some way could be planned to bring the two needs together both North and South would be better off.

 Everywhere in the South, just as in the North, are the good nurses who work against discouraging conditions; their industry, intelligence and eagerness for knowledge is greatly in contrast to a few of our communities where there is nothing to struggle for and, consequently, we sit down in our easy chairs and admire ourselves, entirely forgetting our neighbor.
The southern journey was vividly interesting from beginning to end, the country, the people, the climate, the hospitals and the nurses made an impression never to be forgotten. The transplanted nurses of the South are just as enlightening as the transplanted nurse of the West. We find them throwing themselves into new work and difficulties, assuming that they are their own, defending them, and in every way showing that "thy country is my country," and gradually "making themselves respected," as Mr. Kipling would say. Then turning the picture over, we find the women who leave ideals and public sentiment at home, who are seeking comfortable berths and adventure in lands far from home. They need no description.

The journey to the Copper Country, the land of Pere Marquette, more commonly known as the northern peninsula of Michigan, was an experience of a lifetime. From the day of departure, January 2, until January 14, the thermometer did not rise above zero, varying all the way from 30 to 38 degrees below zero, while it snowed heavily a great part of the time. The itinerary planned called for thirteen meetings in ten days, among them three addresses to High School girls, and, in spite of the wicked machinations of the weather man, the plan was carried out excepting for one High School address at Petoskey, which arose from the mistake of a railway official about time tables.

Although schools are small and nurses are scattered, there were evidences everywhere of the work and influence of the State Nurses' Association. The most unusual phases of nursing in the copper country are the mine hospitals and visiting nursing among the miners. Mining is now almost the sole business interest, as the lumber is gone and the country too cold for much agriculture; consequently, one finds, aside from zero weather, an entirely different atmosphere than in cities with diversified business interests. The rugged climate has its influence, and one cannot fail to be impressed with the idea that the people living in it are less burdened with non-essentials and trivialities than we who live further south. One nurse who has been in charge of a mine hospital for many years told me that during
one winter on the Gobeic range the ward floors were not scrubbed for days at a time because the hot water froze faster than it could be wiped up, and this in a steam-heated building. The struggle with such conditions leaves little time for fuss and worry over trifles and, in consequence, there is an individuality and strength about these nurses and doctors which is often painfully absent in many otherwise fine hospitals where the mighty strain of living up to certain standards all but wrecks every one concerned.

The work of the visiting nurses among the miners is wonderfully interesting and here, as everywhere, there is being developed a type of nurse who stands out unmistakably among us. The type has not yet been officially described, but visiting nursing makes such demands upon the sympathies of good women that in responding to its appeal there develops a type which is everything a nurse should be, whether the work is among the Finnish miners or the garment workers of the East Side of New York or in the tenements of New Orleans or beyond the Chicago stock yards, the type is there, not numerous but enough to be noticeable.

It is not for the inter-state secretary to estimate the value of this work, but, in looking back over the two years of experience, certain phases stand out clearly from the whole. In spite of the numbers of poor nursing schools and associations, there are everywhere enough good nurses to leaven the lump; and if nothing else has been accomplished, these women have been encouraged to go on and a start has been made toward establishing a public opinion among ourselves. Why should the good schools and nurses not have full credit and the poor ones the discredit of this work?

Whatever work is undertaken, whether it be for the Red Cross or better registration laws, or the Relief Fund or the Educational Fund or for some local need, it is good training for the individual; and even when we grumble about the extra work for which we may never even get thanks, yet in our hearts we cannot help having a sense of satisfaction that we are doing our small part in holding up the structure we may call Efficiency.
This national society of ours represent 20,000 nurses, and
the strength of opinion which may emanate from 20,000 good
women working together for a common good is not to be
despised, and we may even hope that in some quarters it may
be feared. The common good for which we strive can be stated
in six words—better schools, better nurses, better service.
(Applause.)

Miss Samuel. Madam President, I would like to suggest
that the society offer to Miss McIsaac a rising vote of thanks
for the splendid work that she has done within the last two
years.

(The motion was seconded and carried unanimously by a
rising vote.)

Miss McIsaac. That was my official report. Now, I wish
to give my thanks to every nurse in this country. (Applause.)

The President. We will now listen to a paper written by
Miss Giles, "The Principles of Scientific Management as
Applied to Wards and Other Departments of Hospitals."

SCIENTIFIC MANAGEMENT IN HOSPITALS.

In this enlightened day, A. D. 1912, whenever the human
mind is focussed upon a given subject, the question of manage-
ment along scientific lines is the primal thought of those who
are working for the world’s betterment.

No business firm longer ignores the importance of adjusting
all the different factors of an enterprise to the welfare of the
whole concern.

Our great corporations have looked well to detail and sought
out the aid of science in the management of their affairs, and
by so doing have achieved results beyond their own comprehen-
sion in the days of their small beginnings. Our great indus-
tries have created new offices and called in new forces for the
protection and usage of material, which, a decade ago, was con-
sidered a waste product.

Scientific management of the farm is now of the utmost
importance, and we no longer consider an education as thrown
away when given to the farmer lad.
Our churches acknowledge that no lax business methods will bring about the best results in the management of their finances. Our missions have been brought face to face with the severe criticism of their lack of attention to the many details of their work, until an awakening has come to them also.

Our papers and magazines publish many very helpful articles on household economics. Our public institutions have heard the call, and the air is pregnant with reform. Our hospitals, asylums and orphanages are reaching out for better ways and more adequate means for the conservation of health and strength.

In returning to the subject in question — "Scientific Management in Hospitals"— there is a compelling force which takes us all back to the very beginning — the consideration of the structure of the hospital and its equipment, for we cannot ignore the fact that the building itself is of utmost importance.

We are very certain that the familiar quotation, "He builded better than he knew," was not written of the chairman of the building committee of some hospitals, at least, even though the question of structure has been greatly agitated, and much good has been accomplished since a certain nurse had the courage of her convictions, and dared to say that said chairman could and did do wrong. Yet even now we see men copy mistakes and continue to erect ornate buildings, using more money for exterior decorations than seems wise or prudent, while the need of new appliances and modern conveniences still continues. The impossible cupboards, which decorate many a serving room or linen closet, call aloud for removal.

Scientific management can only be accomplished in a building erected on scientific lines, with the proper lighting, heating and ventilating plants, and with such arrangement of its apartments as shall best serve its purpose for the class of cases treated; the building being so constructed as to conserve the time, health, strength and nerve force of those who are engaged in this most interesting, absorbing and splendid work.

The past few years have brought forth some splendid results, simply because there has been more thought given to scientific
construction. There has been great gain in securing more air space and better lighting and heating.

Serving rooms, linen closets, dressing rooms and accident wards are being so arranged as to save the energy of those engaged in this work, and while there is room for much improvement, still we do appreciate every step that has been made in this direction.

Let us hope, however, that the day is at hand when the plans of hospitals in course of construction or repairing will be submitted to those who know the how and the why of hospital construction, instead of to those who have, by virtue of either social, political or financial prominence, been given this position on the hospital board.

Please pardon the digression if I relate an incident in hospital management by way of illustration:

A few years ago a young society woman of prominence was serving on the board of trustees of the hospital in her home town. She was wholly ignorant of the detail of hospital management, but, because of her social standing, was given this honor. After coming to a fuller realization of life and its responsibilities, she decided to enter a Training School for Nurses. After spending three years in an established Training School and graduating with credit, although she did not intend to follow the life of a professional nurse, she returned home with a rich experience and a knowledge of life which particularly fitted her to take up the work of hospital guidance.

She was not asked to serve on the hospital board, and, upon expressing her willingness to undertake the responsibility, was told that they feared her education and knowledge of hospital work would prejudice her in favor of the nursing staff. This young woman, when truly qualified for such honor, was deemed unworthy by those who had been her co-workers in the days of her real ignorance of hospital management.

Let me emphasize the importance of the arrangement of the interior for, unfortunately, not all of the blunders in construction are on the outside. Every part of the building should be
considered with care, and placed in such position as to be most useful.

I recall one hospital where the laundry was more accessible than the accident ward, and, when the ambulance gong sounded, all work in the laundry ceased and heads appeared in the laundry windows, reminding one of the almost instantaneous flash of faces at the portholes of a ship when the cry “Man overboard” is heard.

Even the structure should be an expression of its purpose; a hospital should stand for health, hygiene, strength, rest; a veritable refuge for those who seek its protection, cure and care.

It need not be made to resemble a prison house, but should be plain and unpretentious, with dignity and simplicity of design written in its every line—a sermon in stone, or brick and mortar as you will—but silently telling its own story as it stands, one of the noblest monuments ever raised on this earth.

As for the equipment, it should be complete, and it is only complete when the institution can meet every demand made upon it. There should be everything necessary, in order that its staff of workers may use their skill and knowledge to the best advantage.

For example, if there is a man thoroughly conversant with the Finsen light, then a Finsen light should be installed, but without such knowledge such an outfit would be useless.

If there is one who thoroughly understands hydrotherapeutics, then the equipment for such treatment should be provided. There should always be equipment such as will utilize the knowledge of the staff, and the staff should be chosen with reference to utilizing the most approved equipment.

Gauze, cotton, drugs, clothing, instruments and food should always be supplied in abundance, yet guarded with care, for here is a source of great expenditure and often useless waste.

Here is an opportunity for a great lesson not alone to the nurse, but also to the young physician just starting out in his career. Whenever there is useless extravagance, its practice should be condemned by every person who has the best interests
of the hospital at heart, and its funds committed to his care; it is a trust that should not be betrayed.

The management and training of nurses must ever be the supreme test of the efficiency of the hospital, for if the nurses are a superior class of young women your hospital cannot remain inferior.

The ideal nurse must ever be the ideal woman, for it needs the well rounded character to prove that the ideal nurse is a possible product.

Those of us who labor along these lines oftentimes become discouraged, for human nature is human nature still, and the faults of early training and environment cannot always be overcome even in the best of Training Schools within three years of time. If Dr. Oliver Wendell Holmes could say that the education of a child should begin with its grandparents, I will have the temerity to add that the training of some nurses, at least, should have been begun back in the days of the Norman Conquest.

One very important lesson is to cultivate firmness and decision of character. Always try to be just, thus commanding the love and respect of those committed to your care and guidance.

No part of the personality of the nurse can be neglected; cultivate good morals, good manners, a genial disposition, and, by precept and example, be a leader above reproach.

There should be regular hours for study, class work, recreation, lectures and practical nursing.

An outlined curriculum placed in the hands of paid instructors is the best means of imparting knowledge to the nurse, and the time for the classes should not be when the day's work is finished and the nurse is suffering from fatigue, but in the early part of the day when the brain is more receptive.

A systematically arranged schedule of hours for study is quite as important as the time for recitation itself. We would suggest that two hours per day for study for eight months out of the year and one hour for recitation for the same length would be of vast help to our first year pupils.

The mind of the instructor should be entirely free from
anxiety at the time for recitation, and undivided attention should be given to the imparting of knowledge to those who are seeking an education.

It is but false economy that the inadequate supply of nurses so often interferes with the education of the nurse, the welfare of the patient, and the reputation of the hospital.

Along educational lines much has been done; much has also been left undone.

But our chief danger is not that the nurse may be too highly educated, but that in her ambition to reach the distant goal she may miss the goal near at hand; may fail to see her opportunity, the opportunity of the commonplace, an opportunity both rich and rare; rich because of its unfolding possibilities for uplift in the lives of those who feel her benign influence; rare because it is so close that we look beyond it and never know its nearness.

Teach the nurses —

"Self-reverence, self-knowledge, self-control.

These three alone lead life to sovereign power."

The President. Along this same line, we will listen to another paper, "The Principles of Scientific Management as Applied to the Work of a Nurse from the Standpoint of a Patient," by Mr. Frank B. Gilbreth, Plainville, New Jersey, to be read by Miss Nevins.

THE APPLICATION OF SCIENTIFIC MANAGEMENT TO THE WORK OF THE NURSE.

In any discussion of scientific management it is necessary, at the outset, to discover exactly what the speaker means by scientific management.

Dr. Frederick W. Taylor, whose discovery of time study made management a science, has defined management as follows:

"The art of management has been defined as knowing exactly

what you want men to do and then seeing that they do it in the best and cheapest way."

"The principal object of management should be to secure the maximum prosperity for the employer coupled with the maximum prosperity for each employee."

"Scientific Management has for its very foundation the firm conviction that the true interests of the two are one and the same; that prosperity for the employer cannot exist through a long term of years unless it is accompanied by prosperity for the employee, and vice versa; and that it is possible to give the worker what he most wants — high wages — and the employer what he wants — a low labor cost — for his manufactures."

Mr. H. K. Hathaway, one of the best known and most successful followers of Dr. Taylor, has said:

"For its objects Scientific Management has the saving of energy, materials, and time, or in other words, the elimination of waste, and the increase of the world’s wealth resulting from greater productivity of men and machinery. These it aims to achieve, in each industry to which it is applied, through bringing to bear upon each problem the analytical methods of investigation employed in the sciences; developing an art of science with well-defined and codified laws, in place of uncertain tradition and rule-of-thumb opinion. This is a broad statement of the first principle of scientific management."

In our study of management in hospitals, and of nursing, as an important element of such management, we have invariably met with some such statement as: "You can undoubtedly apply some, and perhaps all, of the principles of scientific management to the trades and the industries, but when you try them in the hospitals you will find conditions entirely different, because here we are dealing with life, human life, and not with inanimate materials, the efficiency of the production of which is measured by a balance sheet of costs."

Now, at the beginning of our work on the hospitals, we might have been discouraged by this unanimous opinion of experienced experts in surgery, nursing and administration of hospitals, and deterred from continuing, had it not been that we learned years ago that the remark quoted is, in substance, one of the first two that everyone makes when considering the possibility of installing scientific management in his work.
The other remark is: "There are so many, many conditions in our work that are different from those in any other kind of work that it would be practically impossible to standardize it."

The answer to these remarks is contained in the two definitions of scientific management that I have quoted to you, i.e.:

1. Scientific management is made possible through co-operation, and is the result of co-operation.

2. Scientific management eliminates waste through applying the results of a scientific investigation of the subject to which it is applied.

Surely, in your work, co-operation is possible and necessary. Surely, also, waste can be cut down in your work by making a scientific investigation of each part of it, and by applying its results.

As for the fact that difficulties will be encountered in the process of installing scientific management in hospitals, this should not delay undertaking it. Difficulties have been encountered in all lines where it has been installed. Moreover, our experience goes to prove that there are many conditions met in installing it in hospitals that make it easier there than in many other organizations. For example, the hospital is located inside of heated buildings under a roof, and the system of management is not interrupted by unexpected variations of weather. The employees are employed regularly and are not continually changing, as are the migrating journeymen and laborers of the building trades.

The entire class of workers — nurses and doctors — is better educated, has greater love for the work, regardless of compensation, and has had more opportunities in life than have the average members in any of the industrial organizations. Also the discipline is better. Therefore, what has been done in the other establishments can surely be done, and better done, in the hospitals.

Now, as a matter of fact, the ease with which such installation can be done in your work should be no special cause for self-congratulation, for our experience in installing scientific management in many trades teaches us that the harder it is to
install any kind of management, the more fertile the field for improvement by operating under scientific management.

If I have not now convinced you that scientific management is possible of installation in your work and easy to install, I can only advise you to read Dr. Taylor's "Shop Management" until you are convinced. You may need to read it ten times only—you may need to read it fifty times—but convinced you will ultimately be if you read it often enough and carefully enough.

The next point is, are you convinced that it is desirable to introduce scientific management into the hospitals?

I can readily convince you at once that it is desirable in every department except your individual own.

Is there any logical excuse for having hospitals laid out and designed by architects and doctors without first considering the requirements for and aids to efficiency of management by designing, to comply with methods of least waste in motion economy?

Is it not possible for standards to be determined and recommended by such societies as those of the nurses for various details of design, construction and equipment of hospitals, that, even though not immediately adopted, would compare favorably with the standards devised and recommended for use on the railroads by the Master Car Builders' Association?

In every industrial establishment there is a condition that is known as the "fashion of work," and this "fashion" extends more or less from the head of the management down to the least important worker of the organization. In hospitals the effects of fashion of work are more noticeable than in any other kind of industrial establishment. Now, because the very nature of the work of the surgeon, physician, and nurse makes them slow and deliberate in performing some of their most important duties, this "fashion" or habit, in most cases, is contracted even by the laborers who sweep the halls, make the repairs and operate the laundry, kitchen and power plants.

Is there any reason why the corridors should not be cleaned
with the best practice and efficiency that obtains in a manufacturing plant?

Should not the lighting, heating and power plant be handled with the accepted methods used in the commercial industries that have to pay dividends to stockholders?

In other words, should not the hospital building itself, the materials that pass through it, and the work that is done in it be restudied, and, from the standpoint of the management engineer and the results of the study, adopted as standard practise? And if "standard practise" is to govern the work of all others in the hospitals, why should it not, ultimately, govern yours?

We say that there are nine measures of management.* All management may be judged by these tests of actual measurement, and as it passes these tests successfully will it rank. You, better than I, can apply these measures to your own work and determine your present and possible efficiency. I will call your attention to one only.

What have you, the nurses, done to standardize your work?

The determination of standards of everything in all departments through scientific methods of measurement is one of the most necessary things in scientific management, and one of the first things that should be done.

The necessity for the creation of standards is well described by Mr. Morris L. Cooke, in his report to the "Carnegie Foundation" for the advancement of teaching. He says:

"A standard under modern scientific management is simply a carefully thought out method of performing a function, or carefully drawn specification covering an implement or some article of stores or of product. The idea of perfection is not involved in standardization. The standard method of doing anything is simply the best method that can be devised at the time the standard is drawn. Improvements in standards are wanted and adopted whenever and wherever they are found. There is absolutely nothing in standardization to preclude inno-

viation. But to protect standards from changes which are not in the nature of improvements, certain safeguards are erected. These safeguards protect standards from change for the sake of change. All that is demanded under modern scientific management is that a proposed change in a standard must be scrutinized as carefully as the standard was scrutinized prior to its adoption; and further that this work be done by experts as competent to do it as were those who originally framed the standard. Standards adopted and protected in this way produce the best that is known at any one time. Standardization practiced in this way is a constant invitation to experimentation and improvement."

Do you know exactly how you best do any one part of your work, and are you willing to submit any one method as a standard?

You may reply, "Yes, we are."

May I, then, ask further, How carefully have you tested and measured this method?

Have you separated it into its elements?

Have you made motion studies of these elements, studying the variables and arriving, ultimately, at the motions most to be desired?

Have you made a time study of your method, determining not the elapsed time, but the unit times, that the ultimate method may be scientifically synthesized?

Have you determined the percentage of rest required for overcoming the resulting fatigue from work, and located the rest periods to run concurrently with the periods of unavoidable delay, and to coincide with periods that will not delay others working in the same dependent sequence of operations.

You need not reply here, for I know that neither have you, nor could you be, expected to do such work. Such study can be made only by an expert in time study and motion study, who would be expected to devote the same length of time to this profession as would be required to become an expert at, say, surgery.

But are you convinced of the necessity for standardization, and are you willing to co-operate with those who can and will
help you to make the preliminary study that makes standard schedules and time tables possible?

There is one objection that you may make. You may feel that standardization, as a result of the much-maligned time study and motion study, is a device to increase speed, and that speed is not a first consideration in the work of a nurse or a surgeon, and, in fact, that too much speed might be the most undesirable condition obtainable. There is no intention of hurrying you in that work that directly affects the patient, and that demands care and deliberation. But, surely, there is work that can be so planned as to become, ultimately, almost automatic, and the time and effort saved by this guided and directed speed will then be available for so much extra care and deliberation where that is needed. Moreover, care and deliberation are as subject to standardization as is speed!

What are the advantages of such standardization?

Saved time and energy. More work with less effort. The ability it gives to plan ahead.

Is there anything about your work that will cause it to suffer if it is planned ahead?

With planning ahead comes one of the greatest causes of efficiency in all lines of work, namely, the separation of the planning from the performing, and the assigning to each worker that work for which he is best fitted.

Better teaching, better knowledge of what should be taught, better methods of teaching it.

Greater happiness, and, after all, is not your work, in its essence, the creation of happiness? I have always thought of a hospital as a happiness factory. Honestly, would not standardization help you to be more efficient in that line?

These are only a few of the advantages of standardizing your particular work, and standardization is only one of the methods of scientific management.

In our work at the hospitals, I have found the nurses ready and willing to be interested in what we were doing, quick to
appreciate its importance, and eager to secure all betterments for their chosen life work.

What I ask of you today, as a body, is simply the continued interest and support that you have given me, and the scientific management movement that I represent here, individually.

_Do you recognize that there can be great elimination of waste in your work?_

Will you co-operate with us in eliminating this waste, and in making your work even more helpful to mankind than it is?

If you will, we will continue together on your work first of all. The entire hospital system must be studied and systematized — and will be in time — but, if you desire it, why should not the nurses lead the way? (Applause.)

_Miss Palmer._ I want to say in regard to the books on the Journal table, that yesterday there were a great many requests to see a new book just out, by Miss Sanders, published by the Saunders Company of Philadelphia. We did not have it yesterday, but there is a copy there today which Miss Robinson has been able to procure from a bookseller here, which you may see if you so desire, and order in the regular way through the _Journal_ book department.

Perhaps there are those here who do not quite understand about this book department of the _Journal_. It is one of the means by which your magazine, of which every one of you is a part owner, is trying to make a little extra money. We do not pretend that we are selling books any cheaper than the other booksellers, but we hope to save you some trouble in placing your order for all the books you may need in the year with us, for us to subdivide and have sent to you. You will have to send only one check, perhaps, instead of half a dozen checks. If you are the owners of this _Journal_, this is one of the ways by which we are trying to have you improve the financial condition of the _Journal_, so that we may do something more with our publication than we have been able to do so far. Every one of you has it in your power to try and add a little to the income of the _Journal_. This work is represented on the table
downstairs by the books, written by nurses, which we have there. You can order books of any kind through the Journal.

The President. Two announcements by Miss Catton.

The Secretary. It is requested that the Committee on Resolutions come to the front of this room at the close of the session; and another one which states that all graduates of the Teachers College course are asked to meet for a few moments after this meeting in the room on the south of this hall.

The President. Please be here promptly at two o'clock.

A Member. May we have the names of the members of the Committee on Resolutions?

The President. The Committee on Resolutions is Miss Parsons, Miss Samuel and Miss Powell.

[Adjourned till 2 p.m.]

TUESDAY AFTERNOON SESSION.

The meeting was called to order at 2 p.m. by the President, Miss Wheeler.

The President. The meeting will please come to order. Miss Delano has something to present concerning the Congress of Hygiene and Demography.

Miss Delano. There is to be held in Washington, the latter part of September, an International Congress of Hygiene and Demography. This is the first time this congress has ever been held outside of Europe. Within the last few weeks a suggestion has been made that the nurses be given some definite part in this congress. They appointed Miss Wald and Miss Nutting a committee to recommend some manner in which the nurses' organizations could co-operate with the Congress of Hygiene and Demography at its meeting in September.

The congress, of course, will represent all the countries of Europe and this country as well, and it is, I think, a very great opportunity for us to show to the world what nurses have done in America. I admit that the time is very short, but I commend it to you for your consideration.
The President. May we hear a few words concerning this from Miss Crandall?

Miss Crandall. Madam President, it seems hardly worth while to take time to add a word, because Miss Delano's presentation has given you a thorough understanding of the matter.

Just one thing may be of considerable interest, and that is the opinion expressed by Dr. Fulton, secretary-general of the congress, and by Dr. Gulick and Dr. Ayers, all of them prominent and representative men of the country, that the work of nurses in Europe does not rank with that in America in its effect upon the public health; and they believe that if the European men who will attend this congress could see such a demonstration of the work of nurses in this country as is proposed, it would doubtless have a very stimulating effect upon European countries in this respect. It is an opportunity that at best will not present itself again to nurses for five years, because the congress only meets once in five years. Furthermore, it is a question of how many years may elapse before this congress may again come to America. To be sure, American nurses, stimulated by this lost opportunity (if it be lost), might prepare a very splendid and dignified exhibit, to be shown in Europe at some later time, and even for permanent use in our own country. Therefore, let us not feel that we can lay the matter down entirely; for when such people as Dr. Walsh of Baltimore and Dr. Jacobi of New York declare themselves as believing that the most unique and distinctive contribution to the cause of public health that America has to offer to the world today is that of the visiting nurse, we surely ought to show what that profession has done in some graphic form.

The President. That matter having been presented to you, what is your pleasure?

Miss Samuel. Madam President, I would like to move that this very important matter be referred to the council for their very careful consideration, together with the American Nurses' Association, and that final action be left to them.

(The motion was seconded, put to a vote, and carried.)
The President. At a session of this society last year, there was a committee appointed to meet a committee from the American Nurses’ Association, in regard to the standardization of the Visiting Nurses’ Association work, and that committee is now ready to report. May we call upon Miss Gardner for this report?

REPORT OF THE JOINT COMMITTEE APPOINTED FOR CONSIDERATION OF THE STANDARDIZATION VISITING NURSING.

In January, 1912, a joint committee was appointed by the American Nurses’ Association and the Society of Superintendents of Training Schools, the members of the committee being: Miss Delano, Miss Kerr and Miss Crandall from the American Nurses’ Association, and Miss Foley, Miss Beard and Miss Gardner from the Society of Superintendents of Training Schools.

It was recommended by the Superintendents’ Society that Miss Wald, of the Henry Street Settlement, be asked to serve as chairman. Miss Wald was accordingly made chairman.

Four meetings of the committee, with one adjourned session, have been held in New York. On February 8th and 9th, and on May 11th, 20th, and 21st, and one meeting in Chicago on June 2.

It was felt by the Committee that there is great need of standardization of visiting nurse work and that the time is ripe for the formation of a National Visiting Nurse Association.

To that end the following letter was sent to 1,092 organizations employing visiting nurses in the United States:

Within the last decade there has been a very marked extension of the work of the visiting nurse both in cities and in rural communities. Because the demand has been so insistent many organizations have been hastily established throughout the country without any conviction or knowledge on the part of the organizers as to certain fundamental requirements. Public spirited men and women, eager for the preservation of health,
and the dissemination of knowledge that would prevent disease and physical disaster, have perceived in the nurses' services the possibility of carrying out their ideals.

Since 1902 similar demands have been made by the state and municipalities who have engaged the nurse for medical inspection in the public schools, for milk clinics, in the tuberculosis campaign, for the inspection of midwives, in the effort for the reduction of blindness, for the control of contagious diseases, and other public health movements.

Large manufacturing and commercial firms have broadened their interests to include health protective measures for their employees. The innovation of nursing their policyholders has been introduced by a large insurance company. The intention of the National Red Cross Society to undertake rural nursing in communities hitherto neglected in this respect, has just been announced. All of these measures have caused nurses with moral enthusiasm for social service and zeal for maintaining the lofty standards of their profession to recognize, from time to time, a potential danger in this eagerness to utilize the nurses' services, inasmuch as all hopes for the ultimate success of all these enterprises can only be realized through the preliminary education of the general public as to certain definite requirements involved, and through the work of well-trained and inspired nurses. Therefore some of the leaders in the nursing profession have been impelled to take steps for the establishment of standards of visiting nursing in the United States. Their conviction of this need has recently been expressed in the appointment of a joint committee, representing the American Society of Superintendents of Training Schools for Nurses, and the American Nurses' Association, with instructions to report at the annual conventions to be held in June, 1912, in Chicago, tentative articles of standardization.

The committee whose names appear below met in conference in New York City February 16th and 17th, and are ready to present to the National bodies the report of their deliberations. They are convinced, however, that the time is ripe for the organization of a National Visiting Nurse Association, and believe it is best to ask each local society in the United States to send an accredited representative to Chicago (the meeting to be held at 9 A.M. at the Auditorium Hotel on Wednesday, June 5th, 1912) that this subject may be more fully discussed and further details of standards developed. The committee further hopes that such an association, if formed, will, as a
corporate body, become a member of the American Nurses' Association, and thereby ally itself with the general interests of all nurses in the United States. The committee believes that such an organization will have the power to render valuable assistance and guidance to public spirited citizens, and to nurses who wish to share in the great campaign for public health.

The committee earnestly hopes that your society will send a representative who is a nurse, with power to participate in the discussion regarding these matters of great importance. If you determine to do so, will you kindly signify to Miss Gardner, Secretary, 55 Eddy street, Providence, R. I., the name of the nurse who will represent you.

LILLIAN D. WALD, Chairman,
EDNA L. FOLEY,
ANNA W. KERR,
JANE A. DELANO,
MARY BEARD,
ELLA PHILLIPS CRANDALL,
MARY S. GARDNER, Secretary.

In sending out this letter every effort was made to reach all organizations of whatever kind employing visiting or public health nurses, but it was realized that so rapid is the growth of such work that any list is incomplete within a few weeks, as new societies and organizations are being started almost daily.

The following list gives the distribution of the letter:

Visiting nurse associations.......................... 205
City and state boards of health and education...... 156
Private clubs and societies........................ 108
Tuberculosis leagues ............................... 107
Hospitals and dispensaries........................ 87
Business concerns .................................. 38
Settlements and day nurseries....................... 35
Churches .......................................... 28
Charity organizations .............................. 27
Other organizations ............................... 19

Seventy-eight additional letters were sent to the different counties in which the Pennsylvania State Board of Health
nurses are working and 204 letters to the nurses independently employed by the Metropolitan Life Insurance Company, making a total of 1,092.

In answer, 80 replies have been received; 69 expressing more or less enthusiastic interest in the movement; 7 had no nurse at present; 3 merely stated their inability to send a nurse. Only one, a small association employing one nurse, expressed the feeling that a National association was unnecessary. Forty-eight agreed to send delegates for the meeting to be held June 5th in Chicago.

Two recommendations are made by the Committee.

First. That a National Visiting Nurse Association be formed which shall as an organization become a member of the American Nurses' Association.

Second. That certain standards be upheld and recommended to all organizations employing visiting nurses.

These standards are as follows:

First. That the nurse shall be 25 years of age. That she shall be a graduate of a recognized general hospital of not less than fifty beds, giving a course of training of not less than two years with obstetrics.

That a nurse applying from a state where state registration pertains shall be a graduate of a hospital acceptable to State Board of Registration.

Second. That newly organized associations or organizations be urged to secure nurses properly trained for visiting nurse work.

Third. That while it is obviously impossible to state a desirable minimum salary for visiting nurses owing to the great difference in the cost of living in different parts of the country, all associations are urged to pay such salaries as will secure and retain nurses of the highest grade.

It is also recommended that such salaries be increased according to length of service and executive ability.

Fourth. That visiting nurse associations be recommended to adopt a suitable form of dress for their nurses.
To the end that a certain amount of time might be saved, should the recommendation of the Committee be carried out and a National Visiting Nurse Association formed, a tentative constitution has been prepared which is herewith presented.

The Committee, after much consideration, feels that on the whole the visiting nurse movement throughout the country would be more materially strengthened and advanced if the new association were composed of a federation of organizations, allowing also for individual membership, rather than that it should be an organization of individual members alone.

CONSTITUTION.

ARTICLE I.

Name. The National Visiting Nurse Association.

ARTICLE II.

Object. To stimulate the general public and the visiting nurse associations to the extension and support of public health nursing service, to facilitate harmonious co-operation among the workers and supporters and to develop a standard of ethics and technique. Also to act as a clearing house for information for those interested in such work.

ARTICLE III.

The Association shall hold an annual meeting at the place and at the time appointed for the meetings of the American Nurses’ Association and the Society of Superintendents of Training Schools. Special meetings of the entire body may be called by a majority vote of the Board of Directors.

ARTICLE IV.

Membership. There shall be three types of membership—namely, corporate members, individual members and associate members.

Corporate Members. Any organization, whether a private society, a church, a business enterprise or city or state board or committee shall be eligible for corporate membership provided that they conform to the minimum requirements for membership as established from time to time by this Association, and shall be entitled to one vote cast by a delegate in attendance who
shall be a nurse and a member of the American Nurses' Association.

**Individual Membership.** Any nurse engaged in active visiting nurse work shall be eligible for individual membership which shall entitle her to the full power of speech and discussion at the meetings, and to the receipt of any literature which may be disseminated. She shall also have the power to vote.

**Associate Membership.** Any individual not a nurse, or any nurse not actively engaged in visiting nurse work, shall be eligible for associate membership, which shall entitle them to the full privileges of speech and discussion at the meetings and to the receipt of any literature which may be disseminated. They shall, however, have no vote.

**Article V.**

**Board of Directors.** The Association shall at its first meeting elect a board of fifteen directors, who shall be individual members, divided into groups of five to serve one, two and three years. At each annual meeting of the Association, five new members shall be elected. The planning of work, the arrangement of meetings and conference and all other matters pertaining to registration and election shall be in the hands of the Board of Directors.

**Article VI.**

The Association shall annually elect a President and Vice-President, who shall be individual members, and who shall be *ex officio* members of the Board of Directors. A Treasurer shall at the same time be elected. Five directors shall constitute a quorum of the Board of Directors.

**Article VII.**

**Executive Committee.** The President, with the approval of the Board of Directors, shall appoint the Executive Committee, which shall consist of five directors with one member to act as chairman.

**Article VIII.**

**Amendment.** The constitution may be amended by a two-thirds vote of the Board of Directors, such action being subsequently ratified by a two-thirds vote of the delegates present at either a regular or a special meeting of the organization.

The matter of by-laws and the relationship of such an organi-
zation to the American Nurses' Association has been left for further consideration should a National Visiting Nurse Association be formed.

Respectfully submitted,

M. S. GARDNER,
Secretary.

The President. You have heard the report of this joint committee. What is your pleasure in regard to this report?
Miss Greenwood. I move that the report be accepted.

The President. The motion is made that the report be accepted. Are there any remarks? This is another vital thing that is coming before us, the beginning of a new organization.
(The motion was carried.)

Miss Riddle. Madam Chairman, if it is in order I would like to make a motion that this committee be retained until that organization is formed.

The President. You have heard the motion. Is there a second?
Miss Greenwood. Madam President, I did not quite hear the motion.

The President. That this committee be retained until that organization is formed.
(The motion was carried.)

The President. We have another report; the Committee on Education, Miss Nutting, chairman, and the report to be read by Miss Stewart.

REPORT OF THE EDUCATION COMMITTEE.

In conformity with the instructions of this Society the Education Committee presented to the Carnegie Foundation a brief report on the present problems of training schools and the request of the Society that the Foundation would make a study of the relation of training schools to hospitals and in fact of the whole question of nursing education. The president of the Foundation, Mr. Pritchett, seemed much interested in the matter, but stated that the Foundation was at the time unable to
take the question up owing to the fact that all of its energies were centered in work in other directions.) The impression left in your chairman's mind was, however, that the matter was not entirely closed but that it might be resumed again at a later date. As Mr. Pritchett has been absent the greater part of the winter, there has been no suitable opportunity for taking up the matter again with him, but during the last two months the matter has been twice referred to the secretary of the Foundation, who has replied each time that Mr. Pritchett is still absent. He further repeats that the Foundation has, for the present, centered its interest in investigations of a matter not in any way connected with hospitals or medicine, and is unlikely, he thinks, to return to that field for the present. At the same time, he repeats his conviction that the matter is of importance and hopes that some day they may see a way to take it up. (Your chairman, therefore, is reluctantly obliged to report that the Carnegie Foundation is unable at present to respond to the request made by the Education Committee for the Society.)

Incidentally, however, a new interest was recently brought into the situation through one of the letters sent out by your chairman to a group of representative physicians asking for a definition of the province of the nurse, a question which Mr. Pritchett had asked in one of his earlier letters. One of the physicians in New York, receiving this letter, did not reply to it directly but arranged instead for an informal meeting of a few physicians, training school workers and others, where the question of educating nurses was frankly discussed and finally referred to a special committee of the Academy of Medicine, of which Dr. Linsley Williams is chairman. Upon this committee two nurses are represented, Miss Goodrich and the chairman of this committee, and the committee has begun a careful review of the situation, which it proposes to take up actively in the autumn, with the view of forwarding, as far as is in its power, a serious and critical study of the education of nurses, and the relation of the training school to the hospital.

(Appause.)

M. A. Nutting, Chairman.
The President. You have heard the report of the Educational Committee and a portion of the report of one of the sub-committees, which we could not finish because it is a little too long and we have so much before us this afternoon. What is your pleasure in regard to the work of the committee, inclusive of the report of the sub-committee?

Miss McKelvie. I move the report be accepted.
(The motion was carried.)

REPORT ON POSSIBILITIES OF CO-OPERATION BETWEEN SCHOOLS OF NURSING AND HIGH SCHOOLS.

At the last meeting of the Superintendents' Society a motion was made by Miss Parsons that the Committee on Education should frame an outline of a preliminary course on the sciences that relate to nursing and send it to the National Education Association. The matter was referred to the Education Committee (of which Miss Nutting is chairman) for discussion and action.

As the Nurses' Alumnae Association of Teachers College had already outlined an inquiry into educational possibilities in other types of institutions, Miss Nutting asked us to focus our attention on the high school in the meantime, and present our report before this meeting.

In the very brief time at our disposal, it was impossible to make a very wide or thorough canvass of the high school situation. Through our alumnae in various parts of the country we have tried to reach a few prominent school principals and educationalists who we felt would represent the general feeling of the state. We have also discussed various aspects of the high school problem with several authorities in the general field of education, and have consulted recent educational reports, and a good deal of the available literature on the subject. The results, therefore, though not presenting an exhaustive study of the situation, may be said to give a fair idea of what conditions and possibilities are.
The problem for us is a very specific one. We are not giving the kind of education that most of us consider essential for the equipment of the modern nurse. Many superintendents feel that the hospital cannot afford to give, and should not be expected to give much of the work that is now included in the preparatory course. We want to know where this work could be given, and we turn first of all to the high school, a state-supported institution which is found in practically every city and town in the country, giving a more or less uniform training, and pledged so far as it can, to meet the needs of the community. What can the high school give us? This depends on what we feel that we need.

Leaving out of consideration for the meantime personal qualifications, such as character, disposition and health, what knowledge and what training should the young woman have as a foundation for her nursing education? Most superintendents will probably agree that the applicant should possess the following general preparation:

A knowledge of
1. English.
3. Sciences dealing with life and its processes — Biology, Physiology, Bacteriology, with their application in Hygiene and Sanitation.
4. Physical Sciences dealing with constitution and changes in the world of matter — Chemistry and Physics.
5. Social Sciences dealing with the history and nature of man, the organization of society and human activities — History, Civics, Elementary Psychology, Economics, Sociology, and Ethics.

1. English — for clear and accurate comprehension and expression.
3. Practical Arts of the household — cooking, sewing, cleaning, laundry work, house planning and furnishing, home management, care of children, home nursing.
Some people add Modern Languages, but we will agree, I think, that, though very desirable, they are not essential. A little Latin is of distinct practical value in enabling a student to understand scientific terminology, but it would not compare with some other things in value. Now this does not seem a great deal to demand. Indeed, one would think that every girl, whether she ever thinks of nursing or not, ought to have at least this preparation to help her to become a useful, healthy and intelligent citizen, as well as a good mother and housekeeper.

Does the average high school furnish this training and this knowledge?

We must consider that three types of high schools now exist: (1) the ordinary academic high school, organized on the college preparatory basis, which aims to give a broad, general cultural training, somewhat specialized to meet the demands of various colleges and professional schools; (2) the old manual training high school, in which most of the instruction is like the ordinary high school, but various courses of hand work are included, not so much for their practical as for their educational value. This type of school is giving place to (3) the new type of vocational or polytechnical high school, specialized to suit the needs of different communities, with commercial, agricultural, industrial, and home economics courses. This type of school aims to prepare pupils for positions in industrial life which require skill and technical knowledge, or simply to give the boy or girl a chance to follow along the groove of his or her interests and talents, laying a good foundation for a future vocation at the same time that they are gaining the necessary general academic training.

Such courses help the student to decide what he is going to be, and supply the dominating interest which keeps him in school till he is ready to go to work. These courses may be running parallel with the general college preparatory work, or they may be sharply separated into academic and vocational schools; these latter again into boys' and girls' vocational, or into agricultural, technical, schools of practical arts, etc.
Examples of such schools are the Technical High Schools of Cleveland and Springfield, Practical Arts (Boston), Washington Irving High School (New York), etc. It is well to remember, however, that these are noteworthy exceptions. The average high school of the country has still the same old college preparatory courses, with very little opportunity for specialization or variation, giving a valuable, though limited type of training. What do these average high schools offer us?

The common academic subjects, English, Mathematics, Modern Languages, Latin, will be found in almost every high school. The life sciences, General Biology or Botany and Animal Biology, Physiology with Hygiene and Sanitation are very irregularly represented, and as a rule there is little attempt to teach them as applied sciences. The teaching of Physiology is usually limited to a little personal hygiene, mainly text book and recitation work, taught much as it is in the elementary grades. In a recent inquiry it is found that out of 193 high schools in various parts of the country, 54 per cent. give this work in physiology in the first year, 18 per cent, in the second year, 11 per cent. in the third year, and 17 per cent. in the fourth year. In very few of these schools would the courses given serve as more than a very simple introduction to anatomy and physiology as it is taught in our good nursing schools, and if this is given (as in the majority of these cases) in the early years of the course, it would be of little definite value for our work.

In recent years, however, a movement has been on foot among science teachers to make this work more vital and practical, and to introduce more laboratory work and real scientific training. The plan recommended by many authorities seems to be to give a course in Elementary Science, Botany and Animal Biology, Chemistry and Physics, in the first year of high school, putting some emphasis on Personal Hygiene and Sanitation, and to follow this with a strong elective course either in General Biology or Physiology in the third or fourth year. A number of schools already provide excellent facilities and well-
trained teachers for the teaching of Anatomy and Physiology to senior pupils, giving four or five hours weekly throughout the year, or about 180 hours, to this subject (probably including Hygiene and Sanitation). Other schools give a half-hour course of 90 hours. With the increased interest which is being aroused through medical inspection and other health movements, there is more demand for good work in physiology, and it is hoped that students who want to prepare for nursing schools will find better high school facilities in a few years.

Bacteriology does not seem to be given as a separate course in the ordinary high school, though it may be given in connection with courses in Agriculture. It may be touched in connection with Botany and Animal Biology in the first year or again in dealing with Hygiene and Sanitation, or sometimes with Domestic Science, but there is little laboratory work, and no attempt to teach the subject as a distinct science. In a recent text-book on Applied Biology by Dr. M. A. Bigelow, of Teachers College, the study of spore-plants, yeasts and molds and bacteria is taken up in connection with general plant and animal life, with experiments showing uses of various kinds of bacteria, methods of growth and principles of disinfection and sterilization. Microscopes are of course necessary, but apart from this expense, there seems no reason why the subject should not be given in any good high school where Biology is taught and laboratory facilities are available.

Hygiene and Sanitation is taught very irregularly, if at all, sometimes in connection with Biology, sometimes with Physiology, sometimes with Household Science, and sometimes alone. In the Technical High School, Cleveland, 72 hours are given to Hygiene and Sanitation, though I believe this is quite exceptional.

Next we come to the physical sciences. Chemistry is probably better taught than any other science in the high school, though that is not saying a great deal. Almost all good high schools have chemical laboratories with more or less complete equipment and trained teachers. Some have put in physical
apparatus as well. Complaint is often made that there is very little attempt made to apply the principles of chemistry and physics to everyday life. Some of the most alive of the science teachers rebel against the old formal, academic courses, but the yoke of the colleges is heavy on them, and college entrance requirements admit only the old, stereotyped courses. In the technical and normal schools there is more freedom, and specialized courses in industrial, agricultural and household chemistry are sometimes given. Even in the ordinary courses of physical science, however, pupils get the great general principles and the habit of careful observation, which are valuable. Little by little, the work is being applied more to the needs of everyday life. It is very doubtful if we could ever expect to get in the ordinary high school a course in chemistry or physics which would be specialized to meet the needs of nurses particularly.

The social sciences would be represented in history, civics, economics, sociology, psychology and ethics. Practically all high schools teach history, ancient and modern, and most of them teach civics, which is a sort of simplified political economy, designed to prepare for intelligent citizenship. The germ of sociology and ethics and economics may be here, but it is usually very embryonic. Some high school principals say that girls of eighteen and nineteen are not old enough to study about social conditions in a community, and should not be confronted with such harrowing problems as child labor, industrial diseases, delinquency and crime, prostitution and drunkenness, and the agencies by which society deals with these conditions. The young nurse will meet these things at the very threshold of the hospital if she never has before and she ought to be ready to look at them sanely in relation to the whole. Many of the most advanced educationalists give it as their unqualified opinion that such teaching in practical sociology not only can be given, but ought to be given to all pupils in every high school. Indeed some work in sociology should be begun far earlier in the elementary grades, with the emphasis rather on the hygiene of the body than on social pathology. Economics could also
be begun much earlier than now considered possible, if a concrete practical method of teaching could be adopted.

Psychology would scarcely be considered a subject for the high school, and yet we find, especially in some of the western states, from one-third to two-thirds of the high schools who attempt to prepare teachers, including this subject in their curriculum. In the East the general feeling seems to be against this practice. Even this psychology of teaching would be a help to the student of nursing, poorly as it is often taught. It would give her a basis for self-direction and self-control, as well as the interpretation and control of other human beings. Many of these will need guidance and understanding as much or more than the normal child. Ethics as a distinct formal subject is rarely taught in any of the high schools. The old didactic kind of ethics which lays out certain definite rules and ideals of conduct, is found to be a very ineffective way of influencing high school girls and boys. The general feeling now is that ethics must be taught incidentally, through the examples of teachers, through the other subjects of the curriculum, every one of which may contribute its valuable quota of training. History, Psychology and Sociology are probably the most effective means of teaching ethical principles.

Lastly, the practical subjects often called the Household Arts, or Household Science, or Home Economics, must be considered. These include a large variety of subjects, designed especially for girls. Sewing, dressmaking, millinery, household decoration and furnishing, textiles, etc., are generally classed as domestic or household arts, while cooking, housewifery, laundry, home nursing and care of children are classed as domestic or household science. In the ordinary high school if these subjects are taught at all they are usually not credited toward college entrance. Unfortunately the impression has gone abroad that they are especially designed for the incorrigibles or incompetents who do not shine in intellectual pursuits, but may still possess wit enough to make a loaf of bread or a shirtwaist. Where the teaching has been good, the practical
subjects are beginning to rank higher in real cultural value. They are winning their way also on the ground of their un-
doubted usefulness. But it must be admitted that these courses are installed in a very small proportion of the regular high
schools, and even of the 150 schools classified in the Educational Report as giving manual or industrial training, only half give
any attention to manual arts at all, and in only a few of these are the courses of distinct practical or educational value. The
domestic subjects are less well developed than the manual and
industrial arts for boys, probably because there has been more
pressure used in the case of the boys' work. Though the tend-
ency is all in that way, we have yet to wait a few years before
the high schools throughout the country will be able to offer a
thorough and practical home science training, such as a girl receives in a well-managed home.

Home nursing is the only subject of these which could be
called vocational in its purpose. You would, perhaps, be sur-
priised to find that in almost all the schools where domestic
science is taught, there is some attempt to teach a little home
nursing and first aid. The teachers are usually domestic
science teachers, often with no special knowledge of the subject
at all, so it is not to be expected that the course in home nursing
will prove any great asset to the student who wishes to enter a
nursing school. Here and there, as in the Boston School of
Practical Arts, a full half year is given to home nursing, with
a nurse or physician as teacher. There seems to be a distinct
place for home nursing and the care of children as subjects for
high school girls, if taught, not as a technical subject, but simply
as applied physiology and hygiene. Unsatisfactory as it is, we
have no right to criticise the present teaching until we can
furnish better from our own ranks. There is no doubt at all
that there is room for special teachers of home nursing and of
allied subjects in both high schools and colleges. Dr. Denbigh,
of the Morris High School in New York, assured me recently
that these subjects could be put into the high schools of New
York with very little urging, if we could only show the benefits
to be gained, and could supply the specially trained teachers for
the work. There is no doubt that a good course in home nursing and first aid taught by an enthusiastic teacher who is herself a nurse, would bring in many recruits to the nursing profession. It would also apply and vitalize the principles which have been learned in the other courses.

This is indicative of the whole training in the high school today. It is being heaved up out of its old rut slowly and painfully, and with quite a little opposition from the conservatives who stand for culture and respectability at any price. Too often these things have stood for stagnation. The old formal system aimed to simply feed the colleges or to train for teaching or some of the professions. Boys and girls who are active and practical in their tendencies very soon sicken of the academic grind and leave school early, most of them going to work. Not being ready for any skilled occupation, they drift into blind-alley jobs, or go to swell the ranks of unskilled labor. Statistics in Massachusetts go to prove that it is not poverty that takes children out of the high school early, but lack of a vital interest and a practical purpose. Seventy-six per cent. of the families (of dropped-out pupils) investigated were quite able to give their children a high school education, and 60 per cent. of those children who dropped out could have attended if they had wanted to. Fifty-five per cent. of those parents sent their children to special trade schools where such were provided, and many paid fairly large fees for courses in commercial schools. There is no doubt that sacrifices would far more often be made to keep pupils in the high school if the parents only felt that it was worth while.

It is rather interesting, in view of our own difficulties in securing girls with high school education, to note that at the same time there probably never was such a demand for educated trained boys and girls to enter the professions and skilled occupations. A recent report on vocational training in Chicago and other cities states that 74.7 per cent. of firms report difficulty in obtaining or training skilled employees, and 93.7 per cent. report that their business could be advanced from 10 per cent.
to 100 per cent. more if skilled and intelligent workers were available. In another report 76 per cent. of the employers of skilled labor in New York State say that the apprenticeship system of training does not meet their needs, and 90 per cent. want the high school to undertake the necessary preparatory training.

These new demands are disconcerting, but they are found to be not incompatible with good mental training and the finest kind of culture. The usefulness of this vocational and practical training and its attractiveness to boys and girls have been demonstrated, and we are bound to see a great extension in the field of vocational specialization and preparation in the high school.

In Europe they are away ahead of us in vocational work. Massachusetts is the pioneer state in this respect, and all the other states, as well as the Canadian provinces, are seriously taking up the subject. The most progressive of the high school principals have shown themselves alive and interested in our inquiries, and anxious to co-operate in any way which seems possible or advisable. Business men and manufacturers and farmers have succeeded in bringing into the high school commercial, industrial and agricultural courses. Teachers have always been prepared largely in the high schools, and we know that the demands of the various professions for special groupings of courses preparatory to their work have been recognized. Why not in nursing?

We have shown that the high school does attempt to give either actually or potentially a great many of the subjects which we consider desirable, if not absolutely necessary as a basis for a nursing education. While neither the subject-matter nor the teaching is all we might desire, we are scarcely in a position to criticise it unduly, when we do the work so poorly ourselves. But what are the possibilities?

In order to have a little better basis for judging, we submitted the following questions to the people interviewed:

1. What is the proportion of girls graduating from high
school who are obliged to enter at once into some wage-earning occupation? For answer we get all the way from 20 per cent. to 100 per cent., depending on the type of community.

2. What is the usual age of graduation? Answer — 17 to 21 years. Most say 18 or 19 years.

3. Estimate of the proportion of your graduates who have entered the nursing profession. Answers — “Not 1 per cent.” “Fair number,” “Very few,” “Small,” “1-1000.”

4. Proportion of present students preparing definitely for the profession. Answers — “2 in 1,000,” “1 out of 150,” “1 in 600,” most say “Not known.”

5. Reasons suggested for this small proportion. Answers— “I think it is due to tradition. The old theory was that the nurse was a menial servant.” “Opportunities not brought to their attention,” “Hardships subjected to,” “Too young when graduating and drift into other work later.”

Miss Parson who received seven replies, says, “Some of them evidently feel that nursing is a very poor vocation, and speak of the girls from the lower grades who go into it.”

One high school principal in New York told me flatly that he would never advise any of his girls to go into nursing because of the hard labor and low educational standards. He was willing, however, to have his girls addressed on the subject, and declared himself half converted when the opportunities of modern nursing were presented. Another principal, who was evidently deeply interested in nursing, said he would be glad to encourage more of his girls to prepare for it, but so far only three had entered a nursing school, and these had dropped out of high school after the first year, and were, he said, such poor stuff that he had tried hard to dissuade them from going into work they were evidently so ill-fitted for. He added that apparently the training schools had differed from him, for they had all three been accepted.

6. What provision is made in your high school for training in special vocational lines. Most of the schools in question had facilities for teaching commercial branches, agriculture,
domestic science, and some industrial sciences. Two others say that they are just building a new high school which will be fully equipped for this kind of work.

7. What provision is made for acquainting girls with the possibilities in nursing as a profession? Answers — “None.” “I think it a great fault that the opportunities of this vocation are not exploited,” “None, so far — contemplated next year,” “Course in home nursing.” Two or three mention the fact that vocational guidance committees are at work, and all the occupations and professions with their various attractions and opportunities will be presented before the pupils both by lecture and circular. When one sees nursing classed among the industrial occupations, in the same group with book-binding, manicuring and cigar-making, it makes one suspect that perhaps the guiders themselves need a little guidance. If we are to save our good name and help to give high school girls an intelligent idea of what our work represents, we have got to get into this vocational guidance movement at once. It is probably the most effective publicity agency we have. In a recent statistical study of this subject it was found that during three months prior to May 1, 1912, 400 newspapers, situated in 26 states, devoted space to the vocational guidance of school children. The movement is being well organized, is spreading rapidly, and is everywhere greedy for information and assistance.

To return to our questions.

8. Would it be possible to arrange in the last two years of the high school a special grouping of courses which would help to prepare for nurse’s training. Answers — “Yes, if there were any demand it would,” “Yes, in technical school,” “Our curriculum unusually well adapted in this school.”

All these seem to agree that it would be perfectly possible to give most of the subjects mentioned. Others object that the curriculum is already overloaded and do not want to bring in more subjects.

9. Would this induce girls to remain longer in high school? Answers — “Possibly,” “Probably.”
10. Would it induce more girls to consider nursing as a vocation. Answers — "Of course if it were before them, they would consider it," "Probably," "Does not seem to."

One principal told me that since domestic science was introduced into his school, several girls had gone to prepare themselves to teach that subject. He felt that courses in Home Nursing and a special grouping of courses looking toward nursing, would help greatly in interesting girls in the subject.

11. What would be the result, where the age of entrance to the nursing school is 21-22 years? Answers — "This age would drive some, if not many, in other directions." "If nursing is to be the vocation, pupils should be able to enter from high school." "It would seem better to pursue a post-graduate course in studies leading to nursing."

Almost all principals and teachers agree that it is a very serious handicap to the nursing profession not to be able to admit students at 19 years. Moreover, they do not look at the matter at all as we do, evidently feeling that if a girl at 19 years is ready to go out to earn her living as a stenographer or teacher, there is no reason why she should not begin her nurse's training at that age.

12. What would be the possibility of providing an additional year in high school for more mature students (not necessarily graduates), the work to consist largely in the sciences of practical arts? Answers — "But little here (in Minneapolis). Four years is all the public will support." "Could be done in very few, if any schools" (North Dakota). "Possible." "Would entail more expense and work as a separate course. Special students are admitted in high school courses where there is room" (Denver, Colorado). "Could be done" (Bangor, Maine). "Schools already overcrowded" (Wisconsin). Massachusetts law does not admit of a fifth year of work.

One principal in New York said that he had 20 or more pupils pursuing special post-graduate work, several of whom were married women, and though it was not generally encouraged, if the students would come regularly (at least half a day)
and show they had a special object in view, the school would do all it could to help them.

Dr. Strayer felt that it was an administrative problem. If the schools were crowded, no school board would feel justified in putting in an additional year, or taking special students. The decision would probably rest with the local board of trustees.

13. What demand would be considered sufficient to enable you to put in such a course? Answers — "We have put in special branches as soon as classes seem guaranteed," "Cannot say," "Any reasonable demand," "6 to 8 students in any one subject," "15 students in class."

14. What facilities have you for the teaching of scientific and practical arts courses in your high school? Laboratories? Equipment? Specially trained teachers? These schools all say that they have everything needed, but of course they do not represent the country generally.

The following letter from Mr. Arthur D. Dean, Chief of the Division of Vocational Schools in New York State, Education Department, seems to summarize the situation very well. It is not necessary to say that Mr. Dean is a recognized authority on this question, not only in the United States but in other countries.

"The high schools will undoubtedly, in a few years, offer a good deal of training in practical household arts, household physics, household chemistry, hygiene, and home sanitation. I see every evidence of such a movement growing and growing rapidly, but the girls will continue to graduate from the high school at eighteen years of age. So long as the better nursing schools do not admit applicants under twenty or twenty-one, there will be no possibility of a girl passing immediately from the high school to the training school for nurses. In brief, I do not see any opportunity for affiliation between the secondary schools of the state.

"We have in the state a State Agricultural College, several higher technical schools, several agricultural schools of a grade lower than that of the college and higher than the average secondary grade. These institutions might be of service in the problem which you have at hand."
"Frankly, I do not believe it is best to ask these schools to organize a regular preliminary course which would prepare students specifically for nursing schools beyond the following qualifications: First, splendid health. Second, a 'sane and safe' disposition. Third, a knowledge of physics, chemistry and household sanitation. Fourth, a knowledge of the care of the body and sex hygiene. Fifth, training in household arts, cooking, sewing, laundering, etc. Such qualifications as I have outlined would be useful to the girl that was to be a home maker, a stenographer, clerk, teacher or a nurse and would not necessitate these schools forming still another special course for some higher institution. You will only complicate the public school proposition by adding some more entrance requirements.

"But I do believe that you ought to interest young women in the nurse's profession by instituting a regular propaganda through leaflets, lectures, vocational guidance bulletins, etc., in order that the girls may know of the opportunities of the profession."

A letter from Mr. Gibson, president of the Mechanics' Institute, Rochester, refers to a conference which he had with the superintendent of two or three of the Training Schools in that city.

"It was suggested at that time that the Mechanics' Institute induce girls to come for training in these subjects and afterwards go to the hospitals for the more technical professional training. As long as the hospitals were admitting them for this training and not charging them any fees, but compensating them, I did not see that the Institute could induce girls to go to the expense of a course in Mechanics' Institute when without the expense they could get the required training in the hospitals.

"We have courses in psychology, sociology, dietetics, general chemistry, chemistry of foods, physiological chemistry, hygiene and sanitation, physics, care of children and emergency nursing, but I do not believe we could profitably offer these courses specifically for those intending to go into the nursing profession, unless the hospitals' training schools required certificates of proficiency in these subjects before admitting them. It would be a simple matter for us to arrange a course of three, six, or nine months at a cost of $36.00 per term of three months."

Miss Parsons writes of an interview which she had with Dr.
Snedden, Commissioner of Education in Massachusetts, on the subject:

"I have had an interesting talk with Dr. Snedden, not especially encouraging, however. In Massachusetts, he says, there is no provision made for a free graduate year of work in the high schools, and, with the exception of the four technical high schools in the state, chances will be very slim for getting a special course in the sciences for nurses in the regular four year curriculum unless a much larger percentage wanted to take up nursing than he thinks is the case.

"He has no sympathy with our elevated age limit, as he says they take high school graduates seventeen years of age, give them two years training, and start them out as teachers at nineteen, and while he says it is not in all cases ideal, he feels that it is necessary, and that we cannot expect pupils to wait too long before beginning their life work. Only with girls it is always a question. It probably is not a life work, and they do not regard it as such."

Miss Bailey mentions that the very day she interviewed Mr. Larrabee, of the Bangor High School, a student had requested an adjustment of her program, so that she might qualify for entrance to the Children’s Hospital, Boston. This, he said, was the first time such a request had been made, but, coming with Miss Bailey’s visit, he regarded it as significant, asking many questions about nursing and appearing deeply interested. One principal wrote that they were putting in the vocational courses next year, and he would like very much to get all the details about nursing work, so that he might consider that possibility.

To summarize briefly the results:

All the high school subjects are directly or indirectly valuable in the training of the prospective nurse, and many apply quite closely to the work of nursing. Very few high schools could or would give a real preparatory course such as we need in the Training School. A few technical schools could give and are willing to give fairly full preparatory courses, but even here there would be little direct application to the work of nursing, and unless the girl is able to enter directly into the nursing school there would be little inducement for her to complete the
work. Where the Training School exacts certain specific requirements, students will try to measure up, even if they have to go back to high school or take night work to do it. Several superintendents have told me that they have been quite successful in persuading applicants to get better preliminary training in the schools outside.

The additional year of high school, where girls may be free to specialize on the scientific and practical subjects, sounds attractive, but is probably not at present a general possibility. Most high schools, however, will endeavor to fill up gaps or give added opportunities wherever they have room and facilities.

Another method that is being suggested, is to offer a premium on full high school preparation of this type by allowing four to eight months off the regular course in the Training School to all who present such credentials. This is done in certain skilled trades which still exact a certain period of apprenticeship. In nursing schools where this was suggested, they are accepting candidates at eighteen and nineteen years. Even with the superior preparation it would seem very inadvisable to curtail the length of training for these very immature and inexperienced girls, and even with such a bait it would be doubtful if many would be induced to take up nursing on that ground alone.

The whole question of age of admission is so mixed up with this problem that I should like to add a word on it. I have stated the opinion of the educationalists. Several of the nurses who were making out these replies, gave as their personal opinion that nineteen years of age was much too young to enter a Training School. One says: "We have raised the age of admission to twenty-two years, and our present class is much superior to former classes, both in mentality and ability to pursue the work." In contrast with this, I believe, very general opinion in the nursing profession, a few superintendents are still in favor of accepting exceptional candidates at nineteen years. One superintendent told me frankly that it was a choice
between the high school girl of eighteen and the domestic servant, and she preferred the former.

Another possibility is suggested, viz.: Classes from the Training School might take certain definite short courses in the high school, either on Saturdays or perhaps at night, thus having the use of the laboratories and the service of trained teachers. The trouble here is that high schools are usually working at their utmost capacity and could not, even if they were willing to, overwork their teachers or increase their payroll for the education of any special class of workers, people, too, who may not belong to that city at all, or even in the state. It may be quite possible to make some special financial arrangement for such courses, but it would depend entirely on the local situation, and cannot be suggested as a generally hopeful proposition.

The night schools in New York (I judge the same in other cities) willingly arrange classes in almost any subject for any group of people who ask for it, and guarantee a certain regular attendance. Already they give courses in English, Mathematics, Literature, Languages, Drawing, Stenography, Physics and Chemistry, Millinery, etc., for anyone who wants to join. The head of this department assured me he would gladly consider any request for any kind of special or general work.

The normal schools present probably far greater possibilities than the high schools for our uses. The better normal teach practically all the subjects which we need; the teaching is generally better, and the students are more mature. Agricultural colleges are also state-endowed institutions, giving a wide variety of subjects, many of them distinctly valuable for preparatory training. I am in receipt of several letters from agricultural colleges in New York state, expressing interest in our problem and suggesting ways in which they could aid. The universities are also opening up their doors to us, and the women’s colleges, such as Simmons, Drexel, Pratt, and now the Practical Arts of Columbia, could easily give the kind of preliminary training we need, and, in some instances, are doing it. These courses are, of course, yet too expensive to be gen-
erally popular, the tuition alone amounting to $100 — $150 per year.

While this committee feels that there is at present very little promise of a satisfactory preparatory course being worked out in the high school, it does feel that we must build on a good high school preparation, and it is most desirable that this should be as strong and as closely related to our work as is possible. It also recommends that nursing schools who do demand high school education for entrance should agree on the minimum requirements, so that there may be some uniformity in our standards. A list of such accredited schools with specific courses required would do much toward helping here. Some work of this nature is being done by the Illinois Nurses’ Educational League. A report has been prepared regarding the accredited high schools and university entrance requirements. An increasing number of nursing schools are requiring the full high school course for entrance. If these schools could get together and agree on a certain minimum which they would accept in each of the required subjects, and send this to high schools throughout the country, it would help greatly in acquainting the high schools with our needs and standards, and would probably help influence them in putting in stronger courses in the subjects we specially ask for. While we might never be able to accept this work in place of our own applied professional courses, it would greatly lessen our labor and give the students some real basis on which to build.

It would be a great mistake to recommend any arrangement of courses which would make it impossible for the student to fulfill college entrance requirements as well, for she may, at any time, wish to pursue work in a college, and ought not to be handicapped. At present only a few colleges accept the household science courses for college entrance credit, and, of course, many demand more work in mathematics and in modern languages than we might feel like recommending for our work. There is a decided tendency, however, in the last few years toward a much more generous interpretation of high school
courses that are not strictly academic in nature, and much greater freedom of election for the student.

The Committee of the Secondary Department of the National Education Association, 1911, in a report on the present high school situation, recommends a total of fifteen units for graduation; one unit meaning that the subject has been pursued from four to five periods a week during one school year. Of these eleven should be required, and four left free for election. They recommend for a major in natural science:

3 units in English.
2 " one foreign language.
2 " mathematics.
1 " social science, including history.
1 " natural science.
2 additional academic units.
4 electives.

15

This, you will note, makes a much smaller demand in languages and mathematics than is made by most colleges.

They further recommend that one of these units in mathematics and one unit in languages might be replaced by two units in any other accepted subject. Admitting household science as an eligible subject for college entrance, we have, I think, a fairly satisfactory arrangement for the girl who is to enter a nursing school:

3 units in English.
1 " German or French.
1 " algebra or geometry.
2 " history and civics, including elementary sociology and economics, if possible.
2 " natural science — Physiology, Chemistry.
2 " Household science or Home Economics.
4 " electives recommended to be taken from the social and natural science groups — Physics is particularly desirable.

15
A very rough arrangement on the basis of four subjects a year, taking about twenty hours a week class work, would be:

First year — English, French or German, History, Elementary Science (Chemistry, Physics, Animal and Plant Biology).

Second year — English, Algebra, French or German (or Latin), Household Science.

Third year — English, Physics, Industrial History, Domestic Art.

Fourth year — Physiology or Applied Biology (including Bacteriology), Chemistry, Civics (elementary Economics and Sociology, Social Ethics), Household Science (including Home Nursing and Care of Children).

Recommendations would have to be specialized to suit the requirements and resources in the different states, but it would seem to be quite feasible to agree on a certain general standard of requirements, and put it before high school principals and educational experts for consideration.

I am assured that if we have any definite proposition to make, it could be presented to the Department of Superintendents of the National Education Association, at their meeting in Philadelphia next February. Dr. Strayer, who is very closely associated with the work of that body, suggests that it would be more effective if it could be presented by a state superintendent or principal who is in sympathy with the scheme, and has done a little actual experimentation with it. It is possible also, through the educational journals, to reach superintendents and principals all over the country.

REPORT OF COMMITTEE ON TEACHING IN TRAINING SCHOOLS.

The committee wishes to bring before the society for discussion the subject of the position of Instructor in Training Schools.

I. The problem as we see it is this:
A new type of position is being created — that of Teacher
or Instructor in Training Schools. This has brought into view a situation which is not as yet clearly defined. Already questions are being raised both by schools and by the instructors regarding the position and duties of this new type of officer. It seems desirable that the work should be made as attractive as possible, otherwise there will be very little inducement for good women to prepare themselves, as they must, in order to meet the demands of the work.

II. Points for discussion.
Those of importance at present seem to us to be four:
1. The hours of duty.
2. Rank in the school.
4. Facilities for work.

1. Hours of Duty.

We consider teaching harder work than supervision; not only harder during the actual time spent in instruction, but also requiring much more preparation.

The subject-matter which is taught is never a dead material. Science is constantly adding new facts, which must be known to the teacher and incorporated in her own attitude toward her subject, even if the facts themselves are not needed by her classes. Nor can the same lesson be presented alike to different individuals and different groups of students.

Illustrations and demonstrations must be planned and prepared for, especially in teaching such subjects as Bacteriology and Chemistry, and laboratory work in Anatomy and Physiology. The simplest experiment requires time or forethought. The experience of those who are doing the work shows that from one hour for the preparation for the simplest of theoretical classes to two and even three hours when preparing for laboratory classes, and practical teaching and demonstrations, is needed. Also, if the classroom work is to be properly correlated with the practical opportunity for knowing, the ward cases must be allowed.

Attendance at lectures, correction of books and examination
papers, consultation with students, and like work, takes also a
great deal of time.

We feel that a comparison of hours of work in similar
branches of teaching, possibly in Training Schools for Teachers,
in technical high schools, and wherever scientific subjects taught
require laboratory work, would be valuable.

2. Rank in the School.

This statement has been made. The woman prepares her-
self by one to two years' extra work and then finds herself as a
teacher occupying a poorer position, both in salary and pres-
tige, than she did as assistant superintendent. If the theoreti-
cal work is to be put on a proper plane, the teacher's position
must be recognized. She should rank as an assistant superin-
tendent.


Extra preparation always should be recognized if the work
done is superior.


(a) Special office. This seems to several who are doing the
work an absolute necessity. Individual conference with stu-
dents must be had; they make the teaching done doubly valu-
able, and such conferences cannot be held in the general office
of the Training School.

(b) Equipment. Proper equipment for any work will facili-
tate and make it more valuable. This seems of special impor-
tance in Training School teaching where much work must, under
the best circumstances, be done in a shorter space of time than
is usual to allot to similar teaching in other types of schools.
And this equipment must include a library. Reference and
required readings are of the greatest possible value, and the
instructor without books and equipment is a workman without
tools.

Miss Palmer. It seems to me that it would be a very suit-
able thing for this body to authorize the Educational Commit-
tee to take up with the high school authorities all over the coun-
try the question of special preparation for nursing. I would like to have that put in proper form.

The President. Do you make that in the form of a motion?

Miss Palmer. Yes; I make that in the form of a motion.

(The motion was carried.)

The President. The motion is carried, therefore the committee is continued.

We have a little more on the matter of by-laws, Miss Goodrich.

Miss Goodrich. "Article III. Fees and Assessments. The initiation fees for both active and associate members shall be two dollars and the annual dues three dollars, payable on January 1 of each year. Any member who shall fail to pay her dues by April 1 shall receive special notice from the Treasurer, and if the dues are not paid within three months from that date she shall have forfeited all privileges of membership, unless such dues shall have been remitted by the council for good and sufficient reasons."

The revision is as follows:

"The annual dues are five dollars, payable at the annual meeting. Any member who shall fail to pay her annual dues at this time, or by January 1, shall receive special notice from the Treasurer, and if the dues are not paid by the next annual meeting she shall have forfeited all privileges of membership, unless such dues shall have been remitted by the council for good and sufficient reasons."

Further suggestion by the committee.

"Article III. Fees and Assessments. The annual dues of individual members shall be five dollars. The annual dues of state organizations having fifty or more members shall be fifteen dollars."

The President. You have heard the article read with the revised by-laws and present suggestion.

A Member. I believe that five dollars is too much. I move that we do not accept that.
Miss Nevins. May we ask why the dues were changed from three to five dollars? I think it is too much.

Miss Goodrich. I will have to acknowledge that I am in ignorance, as that was done last year, and I think we will have to ask Miss Noyes, who was chairman of the committee.

Miss Noyes. At that time we had not expected the amalgamation that we are now proposing, we were greatly in need of funds, and it was suggested that we would try to raise the fee to five dollars. We were not at all certain that the association would accept that favorably, but we put it in.

Miss Palmer. Madam President, I think it is too much.

The President. Some one else?

A Member. I think it is too much, probably, for nurses have a great many organizations that they have to pay dues for.

The President. Miss McIsaac?

Miss McIsaac. I think so, too.

A Member. I think that five dollars will probably keep out members.

A Member. If the society actually needs it, I do not think it is too much.

Miss Nevins. Madam President, does the society need it?

The President. Miss McKechnie, will you please inform us again as to the financial condition of the society?

Miss McKechnie. At the close of last year we had a balance of $124 on hand, as far as I can remember. I think this has been about the extent of the balance each year, but, in addition to the expenses of last year, we have this year additional ones; for instance, the amount voted to the inter-state secretary. We have also membership dues in other societies. The annual report is becoming more expensive every year, because more copies have to be printed for the additional members, and it is growing larger. I think these are the main items of increase. Personally, I agree with Miss Noyes, and I think possibly all the committee have felt that we, as a body of women, have a great many different organizations to which we pay dues. I think Miss Noyes and myself were counting
up exactly how many different organizations we paid into and it amounted to fully ten dollars. It is said — I do not know whether it is just exactly so or not — that in the medical society when a member pays in ten dollars it covers all his dues and his subscription to the magazine. I am not sure, I cannot say with perfect truth, that that is so; but at any rate individual dues, if we take the Journal and belong to our local association and state association and our alumnae association and a few more outside of that, probably ten dollars, with the three dollars that we are now paying the American Society or the National Society of Educational Nursing, would no more than cover it.

Miss Noyes. I think one of the reasons that that suggestion was made of raising the dues to five dollars, was with the hope that we might possibly pay the traveling expenses or part of the traveling expenses of the president and the secretary when they attended council meetings and came on to the national meeting. We had that rather in view. That was one of the reasons. The statement Miss McKechnie made about the American Medical Association is perfectly true; ten dollars admits members to all associations, local and state and national organizations, and also includes the annual subscription to the American Medical Magazine. It is hoped that we may, some day, have something like that.

Miss Goodrich. May I call your attention to the fact that if we have forty-seven state organizations — because we will have that — we will have $470, and then we will all want our individual vote; we will all come in, will each pay three dollars, and that will make a large amount in the treasury.

The President. Something further? Miss McMillan, what was your motion?

Miss McMillan. I move that the annual fee be three dollars instead of five.

Miss McKechnie. I would like to ask Miss McMillan if she includes the initiation fee in this amount.

Miss McMillan. That would be the same as formerly, the
initiation fee of two dollars making five dollars for the first year and then three dollars afterwards.

A Member. What was your motion?

The President. The amendment is that the fee be reduced to three dollars instead of five dollars. Is there a second to Miss McMillan’s motion?

(The motion was seconded, put to a vote and carried.)

The President. Now, in regard to the article as it stands otherwise with the amendment.

Miss McKechnie. In Article 3 as it reads, “The annual dues are five dollars, payable at the annual meeting,” there is no mention about the initiation fee in either of the revisions. It would be necessary to insert this if we mean it to stand.

The President. The only fees are three dollars, according to the amendment. Now, what is your wish in regard to the other matter?

Miss Goodrich. Would you like me to read over the two matters that are really before you for consideration, I mean the two wordings? The original reads, “The initiation fees for both active and associate members shall be two dollars and the annual dues three dollars.” As we understand it, I think first that the annual dues shall be three dollars and the initiation fee shall be two dollars, and then the fees for the state organizations; what do you wish it to read? “The annual dues shall be three dollars,” and no initiation fee mentioned? In other words, whether we shall go back to the former dues, to be worded a little differently, because in the former it applied to associate membership; but we have done away with that. That is why it is a little difficult to read it at this moment; that is, to word it to leave out associate membership.

Miss Nevins. I think the initiation fee should be retained.

The President. Shall we take a vote upon the article retaining the initiation fee at two dollars with the annual fee as amended from five dollars to three dollars, and get it off our hands as quickly as possible in that way? Will you make a motion to that effect?
Miss Giles. I move that we retain the initiation fee of two dollars and annual dues of three dollars.
(The motion was seconded.)

The President. The motion is made and seconded that we retain the initiation fee of two dollars and the annual dues of three dollars, and the wording be made to correspond in our by-laws. Are there any remarks?
(The motion was put to a vote and carried.)
Miss McKechnie. Has there been a vote on the whole amended article?

The President. That was the personal fee, as I understand it, and then there are some other parts to be added.

Miss Delano. Would it be possible, if we need to increase our income, to increase the dues of state associations? It would be more impersonal and not so hard on the individual nurses.

The President. That would come in the subsequent section.

Miss Goodrich. There is a question now concerning the suggestion in regard to annual dues which now reads, "The minimum annual dues of state organizations shall be ten dollars." The suggestion of the committee is that it be fifteen dollars. There is a suggestion from Miss Delano that this be made twenty dollars.

A Member. Wouldn't that simply come out of the pockets of the members, and simply raise it up and make it four or five dollars apiece?

The President. Yes; it would not be so much for each one individually. Do you wish to amend this state fee of fifteen dollars in any way?

Miss Notes. May I say just one word? I think there is a confusion in the minds of a great many about these state associations. We have in existence, very generally, State Nurses' Associations. This state organization which we are discussing, has absolutely nothing to do with those state organizations already in existence. These are supposed to be composed of
individuals who are interested in Training School work, and in
some states they are already organized and in others they are
not. Now we are simply basing our calculation upon organi-
izations which are not in existence, but which we hope to have.
So do not confuse these state organizations with the State
Nurses' organizations which are in existence now, and which
come into the national organization and pay dues now.

Miss Greenwood. The Ohio State Association of Superin-
tendents of Schools for Nurses, of which I happen to be presi-
dent, is affiliated with the Ohio State Association of Graduate
Nurses, and, in my opinion $10 would be quite as much as we
could pay. We have quite a number of associations to which
we must pay dues, and $10 would, in my opinion, be the max-
imum amount for this organization.

Miss Nevins. We must not forget, as Miss Noyes has said,
that we are not talking about great state organizations; we are
talking about the comparatively small state organizations of
superintendents, and when you make these fees large they are
going to stay out.

Miss Samuel. Could those fees not be made per capita, so
much per capita according to the size of the association?

The President. A suggestion comes that those fees be made
per capita.

A Member. I think that is an excellent idea.

A Member. I think ten dollars would be acceptable; I
think it is better than per capita.

Miss Goodrich. There is just one point that I would like
to make, and that is that the committee felt it would be wise
to have as large an individual membership as possible. Organi-
izations becoming affiliated would have to pay some dues; but
our idea was not to have too large an organization due, to
encourage the individual membership. If we make the asso-
ciation dues too large, they would not feel like paying the
individual dues. We thought it would be well to have the indi-
dividual membership with the privilege of a vote.
The President. Is there an amendment to this, or do you wish to accept it as it is?

Miss Greenwood. I move we accept the by-law as read.

(The motion was seconded.)

The President. The motion is that we accept this amendment—ten dollars per membership of fifty. Are there any further remarks?

(The motion was put to a vote and carried.)

The President. Now, we have the whole article as amended, with the personal fees, and with those as we have just voted upon. Do you understand it well enough, or do you wish it to be read once more with the amendment?

Miss Palmer. I would like to have it read.

(Amendment read by Miss Goodrich.)

The President. This is the article as a whole as it has been amended.

Miss Goodrich. Perhaps you would like me to read the rest of the article. It is as follows:

"The annual dues of individual members and state organizations shall be payable on the first day of January of each year, except that for the first year dues shall be paid at the time of admission. Any member or organization failing to pay annual dues by April 1st shall receive special notice from the Treasurer, and if the dues are not paid within three months from that date they shall have forfeited all privileges of membership, unless such dues shall have been remitted by the council for good and sufficient reasons. The fiscal year shall be from January 1st to December 31st."

The President. What is your pleasure with this article as amended?

Miss Nevins. I move that it be accepted.

(The motion was seconded, put to a vote, and carried.)

The President. Article 4.

Miss Goodrich. "Article 4. Withdrawal. Any member of the society may withdraw from it on signifying her desire to
do so in writing to the Secretary, providing that she shall have paid all her dues to the society.

"Any member who shall be declared unfit for membership by a two-thirds vote of the members of the council present, at an annual meeting of that body, shall have her name presented by it for the action of the society from which she shall be dismissed, if it is so voted by two-thirds of the members present at its annual meeting."

The proposed revision, amended by introducing clause at end of first paragraph, to read as follows:

"Any member of the society may withdraw from it on signifying her desire to do so in writing to the Secretary, providing that she shall have paid all her dues to the society. She may be restored upon making the usual application and paying the annual dues. Any member who shall be declared unfit for membership by a two-thirds vote of the members of the council present, at an annual meeting of that body, shall have her name presented by it for the action of the society from which she shall be dismissed, if it is so voted by two-thirds of the members present at its annual meeting."

There is no further suggestion from the committee concerning that article.

The President: What is your wish in regard to Article 4 as proposed?

Miss Palmer: I move it be accepted.

(The motion was seconded, put to a vote, and carried.)

The President: Article 5. Election of Officers.

Miss Goodrich: (Reads) "Article 5. Election of Officers. A nominating committee shall be appointed by the President, before the close of the first session of the annual meeting. This committee shall select one name for each office to be filled, and shall post this list before the first session of the following day. Additional nominations for any officer may be made by any member of the society. Such nomination, if sent to the Nominating Committee with the names of the nominating members, will be posted with the original list before the time of election."
"The President, Secretary and Treasurer are eligible for re-election.

"All councilors shall be elected to serve for three years and one Auditor to serve for two years.

"All officers shall enter upon their duties upon the ending of the present convention. When any vacancies occur in any of the offices of the society, they shall be filled by the council until the next annual meeting."

The proposed revision is as follows:

"A Nominating Committee shall be appointed by the Executive Committee at its midyear meeting. This committee shall select one name for each office to be filled and shall post this list at the afternoon session of the day previous to the election, together with the nominations from the state association for councilors.

"Additional nominations for any officer may be made from the floor.

"The President, Secretary and Treasurer are eligible for re-election, and one Auditor shall be elected to serve two years; state councilors, who must be members of the national society, shall be nominated by the state society. These nominations shall be placed in the hands of the Nominating Committee at the afternoon session of the day previous to the annual election."

Further suggestion from the committee as follows:

"Article 5. Election of Officers. A Nominating Committee shall be appointed by the Executive Committee at its midyear meeting. This committee shall select one name for each office to be filled, and shall post this list at the afternoon session of the day previous to the election, together with the names of the presidents of the state leagues. Additional nominations for any office may be made from the floor. "The President, Secretary and Treasurer are eligible for re-election, and one Auditor shall be elected to serve two years. "These nominations, etc."

There was only one slight difference. I probably had better call your attention to the suggestion this year, and that is that
it provides for the presidents of state leagues instead of for the state councilors.

The President. You have heard this article read. What is your wish?

Miss Crandall. I move it be adopted.

(The motion was seconded, put to a vote, and carried.)

The President. The next article, "Duties of Officers."

Miss Goodrich. It was not revised last year; therefore, I do not suppose you want to take up the time to hear it.

The President. No changes to suggest?

Miss Goodrich. No.


Miss Goodrich. "Article 7. Council. The council is empowered to manage all the affairs of the society, subject to the Constitution and By-Laws; to appoint committees from the membership of the society, and spend money out of its surplus funds for special investigations in matters pertaining to the objects of the society, and to publish reports of such investigations. The council may also engage in the regular publication of reports, papers, transactions, and other matters in an annual volume, or in such manner and at such time as it may determine, with the approval of the society.

"The council shall keep a careful record of its proceedings and make an annual report. All arrangements for the annual meeting shall be made by the council; it shall also determine the order of business for each annual meeting and have the same printed for the use of the members during the sessions."

The proposed revision is as follows:

"The Executive Committee is empowered, with the co-operation of the council, to manage all the affairs of the society, subject to the Constitution and By-Laws; to appoint committees, to publish reports, papers and transactions in such manner as it may determine, and to decide upon all expenditures, subject to the approval of the society. All arrangements for the annual meeting shall be made by the Executive Committee."
There is no further suggestion on the part of the committee this year.

The President. What is your wish in regard to Article 7?
Miss Parsons. I move that it be accepted.
(The motion was seconded, put to a vote, and carried.)

The President. Article 8.

Miss Goodrich. Article 8 formerly concerned a quorum. A new article was inserted last year concerning the council.

"The council shall meet before and immediately following each annual meeting. The duty of the council shall be to keep the association informed of the progress of nursing in the states represented. Its members shall act as the representatives of the society in the states. To encourage and aid in the organization of local branches in the states, and to perform such duties as the council of the national association may require."

There are no further suggestions this year.

The President. What is your wish in regard to Article 8, taking the place of Article 8 in the previous by-laws?
Miss Pinelle. I move that Article 8 be accepted.
(The motion was carried.)

The President. Article 9.

Miss Goodrich. Formerly Article 8. "A Quorum. A quorum of the council shall be formed by five members; and of the society by twenty members."

The proposed revision is as follows:

"Article 9 (formerly Article 8, A Quorum) revised to read as follows:

"A quorum of the Executive Committee shall be formed by three members, of the council two-thirds of the members, and of the society twenty members."

There are no further suggestions this year.

Miss Delano. Madam President, if I have followed the meaning of this article correctly, it would seem to me that is placing the whole control of the society in the hands of three people. It seems to me that three is a very small quorum to control the League of Nursing Education. I would, therefore,
move that this be amended to provide that a quorum shall be made up of five members instead of three.

Miss Noyes. How large is the Executive Committee?

The President. Thirteen members. You have heard Miss Delano's amendment that this number be changed to five instead of three on this committee. What is your wish?

(The motion was seconded, put to a vote, and carried.)

The President. Now, the article as a whole reads, Miss Goodrich?

Miss Goodrich. (Reads) "A quorum of the Executive Committee shall be formed by five members, of the council two-thirds of the members, and of the society twenty members."

The President. What is your wish in regard to this article as amended?

Miss Noyes. Madam Chairman, I cannot find where the Executive Committee is made up of thirteen members.

Miss Goodrich. The Auditor and two councillors.

Miss Noyes. It says here, "The Executive Committee shall be composed of the President, Vice-President, Secretary, Treasurer and two members from the council."

Miss Goodrich. If you will turn to page three you will find that under "Officers" it reads, "The officers of this society shall consist of a President, First Vice-President, Second Vice-President, Secretary, Treasurer and two Auditors. These officers, together with duly elected representatives from each state as specified in the by-laws, shall constitute the council. The Executive Committee shall be composed of the President, Vice-President, Secretary, Treasurer and two members from the council."

Miss Noyes is correct. The auditors have been left out, apparently, from last year's amendment.

Miss Noyes. Well, five out of seven might be possible.

Miss Palmer. Can't we increase the Executive Committee?

The President. We have passed on that. We may have to change our by-laws as we grow. There usually is some little
change that has to come up in accepting something of this kind and then trying to work it out.

A motion is made and seconded that we accept this as it stands now. Are there any further remarks?

(The motion was put to a vote and carried.)

The President. Articles 10 and 11.

Miss Goodrich. (Reads) "Article 10, formerly Article 9, Amendments of By-Laws," was not revised either last year or this year.

The President. Now, we have the original motion that we started with this morning, that the report of this committee be accepted with, of course, the amendments that now have passed through the society. What is your wish now in regard to accepting the report of the entire committee as amended?

Miss Pinckney. I move that the entire report as amended be accepted.

(The motion was seconded, put to a vote, and carried.)

The President. We are now transformed into a league, instead of having the long name.

Miss Noyes. May I interrupt? What should be done about approaching the American Nurses' Association?

The President. Yes, that is a very timely question. What shall be done in regard to approaching the American Nurses' Association, now that we have completed this change? Will someone make a motion that this be attended to in some way?

Miss Riddle. I move that this committee be retained to confer with the Executive Committee of the American Nurses' Association.

The President. Is there a second to Miss Riddle's motion?

(The motion was carried.)

The President. We will now proceed with the program of the day. "What Proportion of Nursing Service Should be Paid for by the Hospital"? by Miss Riddle, who needs no introduction to you. (Applause.)
FOR WHAT PROPORTION OF NURSING SERVICE RENDERED IT SHOULD THE HOSPITAL PAY?

In the physical world, in the every-day world, and in the commercial world, we are told that as we sow we shall reap; that the laborer is worthy of his hire, or that we shall give value received, and we believe these are all good, safe, economic principles. Indeed, to maintain, teach or practice any other leads to strife, contention, disloyalty, strikes, anarchy, disruption, or dismemberment of the body politic.

When the individual sins against his physical body, his reward is physical wreckage; when we sympathize with the underpaid laborer, it is because we believe he has been deprived of his fair hire, and is justified in making a stand and a fight for what belongs to him; in the commercial world the just price is more easily obtained because the transaction is regulated largely by supply and demand — for if A has what B wants the willingness with which the price is paid (other things being equal) is directly proportional to the intensity of B’s desire for A’s article, but pay he must.

The good student has learned that he pays for what he gets; the scientist knows that he pays the price of years in toil and concentrated attention before he classifies a bacterium or puts forth new principles regarding disease and other phenomenon.

Our best and most thoroughly organized Associated Charities are averse to making their dispensations in a way that shall teach the improvident it is possible to get something for nothing. Consequently, if the hospital takes its place as a business, charitable or educational institution, it must fall into line with these precepts; and if I answered the question, For what proportion of the service rendered shall the hospital pay? I should reply, Every bit of it!

That it does pay for nearly all is doubtless true, as may be seen by an analysis of some of the facts.

Its organization is more or less complicated; its workers are many and varied, and their compensations varied also.

Even in those state organizations and in those cities where
graft runs highest, we find the state and municipal hospitals in charge of so-called unpaid boards of trustees, and we at first wonder how they can possibly receive any compensation for their services, but they do! In other communities we find hospitals known as "private corporations for public charity," and we exclaim that here surely we shall find no recompense, but there is! And, if we are a little thoughtful or look just a little beneath the surface of things, we shall find their pay in a better condition of public health, in a more advanced civilization, in the progress of science and, by reason of the example such work furnishes, in a higher moral tone for that community. The work is voluntary and altruistic and the rewards are not infrequently remote, but that trustee is happier, his family and neighbors are happier and safer because of the resultant good of efforts such as his; therefore, he has a reward.

The rewards to the medical and surgical staff are more direct because the hospital, besides giving its attendants prestige, furnishes the means whereby they may test new methods and watch effects of new forms of treatment. Verily, in this way the hospital renders an equivalent, and it should.

If hospitals pay all others engaged in promoting the welfare of its sick, then why not pay and pay well for the nursing service?

There are many ways of doing this and we propose to consider, first, the money compensation, because we believe it is the least important from many points of view. It is unimportant for our study, because it is a matter that is easily adjusted by the employer and employed. If, however, we approach the study of the pay of the pupil nurse we find ourselves upon entirely different ground.

Let the public, hospital boards, and training school managers quickly disabuse their minds of the idea that nurses in training are being paid when they receive an allowance of six, eight or ten dollars per month — they are not and their status in that regard does not enter into this discussion. The nurses know and we know that this is simply an allowance to cover certain
demands made upon them by the hospital or nursing school — whether right or wrong, just or expedient, we do not propose to examine closely, because the discussion of the fine ethical points which are involved, is not strictly in place here.

When we consider the proportion of nursing service in a hospital that should be paid for in current coin of the realm — we may begin with the superintendent of the school and all her immediate assistants, the night supervisor, the head operating room nurse, and the head nurses in those departments where frequent changes might work disaster to the patients or to the instruction of the nurses who serve there. If a place in the superintendent’s immediate force can be kept for a third-year pupil who has distinguished herself by good work along all lines, it will be found to be a tremendous incentive for the pupils and engender sufficient wholesome competition among them to react most favorably upon the routine nursing work and class work, besides being one way of increasing her opportunities. The same is true of the assistant to the night supervisor. We know a paid night supervisor who has an assistant largely for the sake of giving experience to a third-year pupil. Because she can be relieved of some work that would naturally fall to her this night supervisor is able to assume other important duties while supervising through her assistant.

The probationer’s instructor really ought to be a paid officer in the large school, but if the one of limited size has also limited means the work can be quite successfully done by a third-year pupil working closely with the superintendent and her assistants, the more responsible officers delegating to her certain parts of the work and then supervising it carefully.

One might well make a new axiom to read: The hospital should pay money for every part of its nursing service excepting that which increases the opportunities of the pupil without loss to the patient.

Having made this statement with faith in its truth and justice, it would seem that your speaker has answered in her way the question suggested in the title of this paper and that
the subject might now be open for discussion, but she begs to
be allowed to go a few steps farther and reason with you regard-
ing the real pay for the real part of all the nursing service, viz.,
the pay of the pupil in training.

It is always a cause for grief to hear a hospital trustee or
other officer declare that each nurse graduated from his institu-
tion costs the institution twelve hundred or sixteen hundred
or more dollars, according, doubtless, as he charges more or less
of the cost of the hospital’s support, equipment, repairs, etc., to
its output of nurses. We affirm that such statements induce to
sadness because they are woeful wastes of time. To believe
them, one would have to believe that the hospital was in exist-
ence solely for the benefit of the nurse which we know to be
contrary to all facts. As well might the nurse contend that at
the minimum wage of twelve dollars per week, she earned for
that hospital for fifty weeks each year (the other two weeks of
the year making up her munificent vacation) the sum of six
hundred dollars — or eighteen hundred dollars in the three
years.

Reasoning from any of these premises must lead us into
error, because the premises are wrong. The hospital does not
exist for the nurse and the nurse does not exist for the hospital.

The hospital exists primarily for the sick and injured — the
nurse is there to give her services for value received in oppor-
tunities that shall teach her to care for other ill or maimed
bodies, and all, hospital force and nursing force are working
together, not only that their present patients may have adequate
care, but that future generations of patients anywhere and
everywhere shall be well cared for.

Now, then, granting that the nurse has agreed or has con-
tracted with the hospital to spend three years there and receive
for her services certain opportunities — opportunities for
increased manual dexterity, opportunities for observation and
opportunities for instruction, does it not seem that both parties
to the contract should keep it?
As our legal friends would put it, not only the party of the first part, but the party of the second part also.

Increased manual dexterity is a great achievement, but it is not necessarily secured by the nurse who makes butter balls in the hospital kitchen for a part of each day during one or more months of her precious three years.

The principle of teaching the young nurse to make butter balls may be a good one, but it is perverted when, having acquired the art, she is allowed to practice it to the exclusion of the greater one for which she is giving her time, viz., the art of caring for the sick. In those schools where are allowed lapses such as this, one may see enacted over and over again the old, old tragedy of the service of the nurse to the hospital without regard for the detriment to her. Verily, for such work should the hospital pay in gold.

The same arguments might be advanced against many of the practices which obtain in hospitals and are distinctly to the disadvantage of the nurse. All authorities agree that the assignment of the nurse to any duty which robs her of her pay in opportunities to acquire proficiency in her chosen profession is a breach of contract and in the business world would be considered a grave misdemeanor, if not a just cause for legal proceedings. Whereas, if the nurse were the offender, she would be dismissed from the school in a manner that would disqualify her for admission to any other.

Criticisms are made against sending the pupil nurse out to private duty for just this same reason, viz., that when she is so engaged without supervision the chances are that she is losing opportunities, or, if she is learning, she is learning the wrong thing or the wrong method and one is reminded of what a modern writer calls a bromide, "That it is better not to know so many things than to know so many things that are not true."

In every hospital one may find many instances of the nurse being deprived of her just compensation such as spending time in those positions where she simply kills it, or in those that
have long ceased to be advantageous ones to her, but which she occupies by reason, only, of her value to the position.

Opportunities there should always be of the best — for work, for observation, for instruction, and no matter what comes they must be secured to the pupil.

In addition, there is another form of recompense that ought not to be withheld, but for which the average nurse with "unbecoming modesty" never presses — it is the recognition due the professional woman. If it were meted out to her according to her desert, there would doubtless be less of the present cry about shortage of probationers in our schools.

Does it ever occur to you that while the public agrees that it is a great advantage to have in our schools young women of the broadest education and it censures us for not having them — it virtually refuses them any place as nurses? True, registration has done a great deal, but two and two cannot make four to those people who urge the desirability of having educated women for nurses and then ostracize them for becoming such.

Does not this condition have a greater influence upon the shortage of probationers than any excessive educational requirements for admission to the schools.

The average young woman is not altogether afraid of work, neither is she afraid of the long hours, but she is unwilling to place herself under a ban and the schools have consequently been obliged to accept the undesirable ones while the world has cried out against them. One condition has augmented the other.

That superintendent of nurses who has visited women's colleges and presented this work of ours has done well. She has recruited her school and is not mourning a shortage of applicants — proving that a plea to the educated is not wholly in vain.

We think we can see "in the East" the dawn of hope, and it is coming by way of the increased respect for vocational education. Educators of all classes are paying it respectful attention. Women's clubs are asking how they may assist in advancing it. Financiers are lavishing money for its support and we sit
calmly by while they all concentrate their efforts in trying to classify our particular form of vocational education.

The more they study the greater their difficulty becomes, because the subject opens up so many avenues before to them unknown. They work diligently and their respect increases, likewise their difficulties, but with the spirit of true educators they call for assistance from those of experience who have long had these principles very near their hearts. The results justify the efforts — the forms of our vocation are classified and our principles are proclaimed from the high places. _This_ is the entering wedge that must be driven in until the tough old log of prejudice is rent asunder and the nurse shall claim and take her place which is her due and without which she can never be truly compensated. (Applause.)

The President. Discussion upon this excellent paper will be begun by Miss Noyes.

**Discussion by Clara D. Noyes.** There seems little to be said upon this subject after listening to this splendid paper by Miss Riddle. The thought presented by her that all service rendered to a hospital, from the trustee down, is paid for either in actual currency, opportunity, or general uplift, places the question upon the high plane where we like to see and keep it.

We have all, I am sure, felt the satisfaction and pleasure derived from doing an unusually hard or difficult piece of work or overcoming a particularly perplexing problem and thereby reaping a reward that cannot be measured in gold or silver, and she who has not experienced this sensation has certainly missed the "pearl of greatest price."

But the question is an exceedingly practical one and in these days, owing to many causes which I cannot now discuss, we find it difficult and well nigh impossible to maintain our standards and at the same time secure pupils in sufficient numbers to properly staff our wards.

Therefore we are obliged to study every possible resource by which we can supplement the work of the student nurse, and
thereby secure the maximum efficiency with the minimum expenditure.

In studying this question in a very practical way we must consider certain definite points, such as:

1. **Financial resources.**

2. **Size and character of hospital.**

3. **Locality, etc.**

In considering financial resources, such wide variety exists as to size and sources of revenue that it is difficult to prescribe the amount of paid service to any hospital, as we find large endowments, generous state and city appropriations, or an uncertain revenue from gifts, subscriptions, and legacies. It is safe to say, however, that few, if any, have as much as they want. As to the second point, where size and character of hospital is concerned, I can best explain by giving an example. The same rule for paid nursing service which would apply to Bellevue and Allieds or the Cook County Hospital would not apply to The Newton Hospital, of which Miss Riddle has the pleasure, I am sure, of being the superintendent.

Locality plays a much larger part than one would at first think possible. A semi-private hospital located in the better part of a city, receiving a very different class of patients, would not need as much paid nursing service as one situated in the East Side of New York City.

A definite amount of nursing should always be paid for even in the smallest hospital, except in such instances as cited by Miss Riddle, where the advantage to the pupil equals or exceeds that to the Institution.

I am leaving out of this discussion entirely the commercial hospital and private sanitarium, where it goes without saying that all nursing service should be paid for, but which we know in too many cases is not done.

I wish I had time here to point this statement by some concrete illustrations of abuses in this direction that I have discovered in considering applications for affiliation and for post-graduate courses.
The custom of placing pupils in charge of wards in large, richly-endowed, semi-private hospitals suggests a spirit of commercialism which is to be deplored from the educational as well as ethical standpoint. In the large municipal hospital the entire burden of nursing the sick poor should never be placed upon the shoulders of a pupil nurse staff. They should struggle to secure in addition to a generous supervisory force, graduate head nurses and heads of special departments, and on special services such as tuberculosis, alcoholic, and venereal, the entire staff should be a graduate one. Wards for the insane should be largely covered in the same manner.

I am also convinced that such services should be covered by a graduate night staff.

If such a staff is employed proper provision should be made for systematic relief. Rotation is also recommended as a means of preventing discouragement and over-fatigue from continuous night work.

I don’t think we have begun to exhaust our resources for providing supplementary aid to our pupil nurse staff. I should in conclusion like to make a few suggestions along this line, which, if lacking in originality, may yet prove helpful to some.

First. We should pay to the limit for a graduate staff.

Second. By employing a larger number of orderlies, attendants and domestics.

Third. By organizing post-graduate and affiliating courses, and here I want to add a word of warning lest the graduate be used entirely for the benefit of the hospital and mention in connection with this tendency two hospitals of which I have recently heard, doing all their nursing work by means of post-graduates who are placed in wards under a head nursing staff of other post-graduates of equal experience, these same head nurses being changed as often as once a month.

Fourth. By a careful study of efficiency in nursing methods and hospital administration, by the introduction of time and labor-saving devices, by the elimination of archaic methods and hampering traditions.
Fifth. Possibly in a certain type of hospital, such as chronic, the organization of schools for attendants.

Sixth and lastly. By confining the nurse, after careful preliminary instruction and practice in domestic science, to nursing work; for example, relieving her from such work as door tending, answering telephone, clerical work, and the burden of routine domestic service, which is often referred to by those responsible as offering such a "splendid experience," but which we know in our heart of hearts she is kept upon this work because she does it so much better and for so much less than the employees provided by the hospital.

I realize quite fully that the introduction into our wards of so many different classes of workers brings a certain confusion and disorder that is exceedingly disturbing to our order and harmony-loving souls. But, my friends, we must look far beyond this. We must be willing to break down and wipe out, if necessary, some of our most cherished and time-honored traditions and customs. What is true of all constructive work is true of nursing: to build well and solidly we must sometimes tear down our structures, even to the very foundations.

The President. We might have a few moments for discussion if there are some here who would like to present some ideas.

Miss Goodrich. I want to make a suggestion. We are so fond of committees that it occurred to me that it might be advisable to have a committee on efficiency or scientific management. To that committee could be referred all these questions, not only the questions that were touched on in Mr. Gilbreth's paper, but the questions that Miss Riddle and Miss Noyes have submitted of scientific management in the selecting of a night watchman, in construction, etc., right straight through the whole institution. We require a study of these matters and it seems to me that a special committee might be of great value to make a report next year or two years from now. It would be a work that would require many months, I think, of careful investigation.
The President. You have heard the suggestion of Miss Goodrich.

Miss Noyes. Is that made in the form of a motion? If so I would like to second it.

The President. Is that in the form of a motion, Miss Goodrich?

Miss Goodrich. I will make it in the form of a motion. I would move that the Chair be authorized to appoint a Committee on Scientific Management.

The President. A committee composed of how many?

Miss Goodrich. To be appointed by the Chair and a number that may be sufficient. The motion is seconded.

The President. You have heard Miss Goodrich's motion.

Miss Noyes. I think it would be a grand good thing that this committee should not be limited to the work of nurses in the hospital but to the work of nurses in the private home. (Applause.)

Miss Foley. I think it would be a finer thing if the work went beyond the private home to the district nursing of all sorts.

The President. Any further discussion? If not a Committee on Efficiency is to be appointed by the Chair.

(The motion was carried.)

The President. The committee will be appointed later. We will now hear the next paper, "The Night Staff in a Hospital," by Miss Anna C. Jammé, to be read by Miss Baker, of Cedar Rapids, Iowa.

THE NIGHT SERVICE IN A HOSPITAL.

Man's personal comfort enters very largely into the scheme of his daily life — whether he is on the quest for it in his normal state of body and mind, or in the condition of depression of vital physical forces. He seeks, when in health, the surroundings and conditions that work for comfort and ease in his home and abroad (often in the large caravansaries of land and sea, the hotel and the ship).

When illness overtakes, the hospital provides for that comfort
until he can be returned to his normal condition and surroundings.

We see hostleries equipped with every luxury for comfort the facile mind can devise. Efficient service at every turn. The satisfaction of the guest is the aim in view and towards that aim all the force of the building and staff of employees is directed. There is no break in the continuity of the service. It goes on at night as well as day — the shifts occur, the guests do not realize it.

In the present general scheme of living, it becomes a necessity to go to a hospital in time of illness. Adequate service is then expected and demanded. The majority are willing and able to pay for it, and, furthermore, expect service of an intelligent quality, in order to insure comfort and hasten convalescence. The service is continuous — as completely organized and efficient at night as in day.

It is evident that the character of the hospital, its purpose, location, construction, etc., must determine the nature of the service and the number and character of its staff. For various reasons I have been unable to obtain statistics relative to the night staff employed in our representative hospitals, and I can’t say that statistics would be of great value. Conditions governing each hospital must determine what constitute a sufficient staff to carry out successfully the night work. An overworked, incapable staff will never achieve results.

In the personnel of the staff, whether it is large or small, the night superintendent, or night supervisor, as she is frequently called, is the important factor. Her task is heavy, her responsibility great. She is absolutely in charge, answerable to the Superintendent of Nurses. Her command includes the office force, the pupil and graduate special nurses, operating room nurses, ward nurses and orderlies. She is omnipresent, prepared to meet all conditions and emergencies. She is the guide and teacher of the pupil nurses, and she commands the respect and confidence of the patients and the physicians. In small hospitals this important post is often filled by a senior nurse during the last few months of training. The ratio of night
nurses to patients should be sufficient to insure adequate, unhurried and finished service. Medical wards, as a rule, require more than surgical wards; female more than male, the latter having an orderly to assist the nurse.

The overworked night nurse — the nurse who fairly runs from 7 p.m. to 7 a.m., from whom the impossible is demanded, and who appears mentally and physically depleted in the morning to give her report to her head nurse, is no credit to an organization. How often is the superintendent, in her morning rounds, met with the complaint from patients or doctors of inadequate care during the night. On investigation, the patient frequently tries to shield the nurse on the ground that she was "too busy to answer the call." We all know it so well; we have heard it so often — the story of weary waiting for small attentions and finally giving up all hope of receiving them, the patient settles down to the inevitable. It is frequently the custom that patients should have an early morning toilet, made before the day nurses arrive on duty. This must be started very early in order that all the patients are cared for. Furthermore, breakfast may have to be served. The ward must be left in perfect order, nothing misplaced in medicine closets, lavatories, linen closets or diet kitchens. All this to be accomplished by one human nurse.

If special nurses for the night are ordered for very ill patients in the ward or private room, it is a merciful necessity — if it does not deplete the day staff. For the patient of moderate circumstances, who cannot employ a special nurse during the entire period of illness, would derive great benefit by having a graduate special for the first few nights after operation or during a critical period. The twelve-hour duty for student nurses seems as yet quite prevalent, except where the eight-hour system is established.

Bearing in mind that our students usually reach the period of their first night duty early in the course of their training — some before the first six months are passed — they are, in all probability, immature, timid, or physically unable to meet the
situations that arise and the long strain of the night. Where the eight-hour system is not in force a second nurse may be placed on duty in the early part of the night, from seven to nine or ten. She assists in carrying out early evening orders and the multitudinous small wants that always arise during these hours, especially in the female wards.

In the private wards the graduate special nurse is almost wholly in evidence now, the necessity for her having arisen, to a great extent, from inadequate general service, many patients preferring to sacrifice in other ways, in order to have the comfort of getting what they want at the time they want it. When necessity or luxury demand it, two or more nurses are employed. The service, then, should be under the most favorable conditions. When one nurse is on duty she is expected to get what sleep she can in her patient’s room, often on an uncomfortable couch covered with leather. A scheme, which is worked out where a number of special nurses are employed, is to have the nurse leave her patient after preparing her for the night — say at nine o’clock — to the care of a floor nurse, whose only duty is to attend to the patients of the special nurses. This obtains better service for the patient and from a nurse whose duty it is to be awake and dressed, ready to answer immediately any call. It also gives the regular nurse a night of rest in a proper bed, fitting her for better service the following day.

In the maternity ward, with its often fluctuating work, the night service is difficult to adjust. Given a ward of thirty patients, for example — this number usually bespeaks a fairly active service — it could be staffed with three nurses for nursery, ward and delivery room. With this staff, under favorable conditions, mothers and babies should receive sufficient care; private patients and very ill patients having their own special nurses. The emergency operating room nurse or nurses form a part of the personnel of the night staff of a large or moderately large general hospital, or when a hospital is so situated that accident cases are the rule at night. When not busy they make up dressings for the operating room and wards.

I cannot resist taking into account two factors important in
the efficiency of the night service in a hospital of whatever size or in whatever locality, and they are proper food and proper rest for night nurses. Our young students are under great physical strain and should have quiet, airy sleeping rooms, undisturbed by incoming day nurses. Their meals are often thoughtlessly planned; a warmed-over dinner answers the purpose of the evening meal, which should be in the nature of a breakfast and consist of fresh, appetizing food; the morning meal sufficiently abundant to repair the wear and tear of the night. During the night arrangements made for a hot lunch and taken to the nurse. If too busy to eat it, then she is relieved. When night nurses must depend upon what they find in the ward ice boxes for their midnight lunch, they are frequently left without anything, or form habits of eating which result in faulty nutrition and other physical ills.

While we cannot be definite in what constitutes an adequate night service in the varying conditions under which we care for our patients, we can build up from our ideals a service that should be sufficient to insure all necessary care and some comfort for the average patient, and this service should come from nurses who are physically and mentally prepared for giving it. Extravagance need not enter into the general scheme, but intelligence, justice and foresight.

It seems a far cry from "The Lady with the Lamp," making her nightly rounds amongst her thousands of patients in the miserable barracks to our clean, cheerful, comfortable wards of today; yet the problem of the care of the patient is ours now as it was hers then. She labored to get that care for her soldiers as we are laboring for our patients. She fought for the accomplishment of her ideals as we are fighting for ours, and where there is no battle there will be no victory. (Applause.)

The President. There is but one more paper this afternoon, so those who can remain we will be glad to have them. "The Staff Nurse in England," a paper written by Miss Gertrude Cowlin, of Teachers' College, New York, to be read by Miss Krueger, of Harper Hospital, Detroit, Mich.
THE STAFF NURSE IN ENGLAND.

GERTRUDE COWLIN,

Graduate of St. Bartholomew's Hospital Training School, London, England, and Student, Department of Nursing and Health, Teachers' College, Columbia University.

I think my subject will be most easily dealt with, if I sketch the broad lines of administration in one of the London hospitals, which is representative of the large majority of hospitals in England, which are either endowed or maintained by voluntary contributions.

The president or patron of the hospital is invariably a member of the royal family or a personage of rank and wide influence. The governors are elected by the subscribers, who meet either annually or half yearly, and who appoint a sub-committee known as the House Committee, which meets monthly. There is also a weekly board to deal with all minor matters. The medical staff is either represented on the governing board, or forms an Advisory Committee, which is consulted by the governors upon all matters affecting their interests. The chief resident authority, whose title is either clerk, house governor or superintendent, does not necessarily imply a member of the medical profession, and he may be either an army man, lawyer or business man of exceptional experience and capacity. Under him are the heads of the various departments: The matron, head of the nurses and domestic departments, who is responsible to the board for an official weekly or fortnightly report; the steward, head of the department controlling the payment of wages, catering, admission and discharge of patients, and control of porters and male attendants; the clerk of the works, in charge of the structure and repair of the hospital building.

The nursing staff is divided into Sisters at the head of each ward having under their supervision a graduate nurse or staff nurse in her fourth year, a staff probationer in her third year in charge of the ward on night duty, a staff probationer in her second year, and three probationers in their first year, one on night duty and two on day duty. It is, of course, impos-
sible to deal with the subject of the staff nurse in our English hospitals without frequent reference to the Sister at the head of the ward, to whom the staff nurse is an understudy, and by whom she is imbued with that spirit of loyalty to her patients and to her Training School, which has been handed down to the Sisters through succeeding generations. It must be borne in mind that England is, or has been, a nation of philanthropists, and behind all our work is the attitude of our ancestors to those dependent upon them, and it is this spirit, given such ample opportunity to thrive in a conservative country, and emphasized more especially in our profession, which generates an immediate personal interest in the welfare of the whole community, and tends toward a loyal co-operation between the Training School and the hospital.

The Sister in the London hospitals, though corresponding in many ways to the "head nurse" in the American hospital, is not regarded as a practical head nurse, and in those cases in which she is in charge of from thirty to fifty patients her work becomes purely administrative. If the theoretical training of the probationers in the form of lectures and demonstrations is allotted to her, her work amongst the patients, as may readily be seen, is not practical but supervisory. The responsibility of the nursing in a ward rests entirely with the Sister and not with the "office," no appeal with regard to the patients' welfare during the day being made either to the matron or her assistants, and this responsibility is considered, during the Sister's absence, to be too great for an uncertificated nurse to undertake.

In thinking out my short paper on The Staff Nurse, I tried to subtract her from the existent system of hospital administration in England in which she forms such a valuable element, and in no way could I substitute her worth, for either the patients suffered directly by this arrangement or indirectly through the increased duties of our Sisters, and the necessity of thrusting upon the student-nurse responsibilities she is as yet unprepared to receive.

A brief outline of a staff nurse's duties will perhaps more
easily serve to show her relation as a connecting link between the student nurse and the wider field of supervision and control; also the value of her work at this point, not only to herself, but to her patients, the medical man under whom she works and the Sister of her ward.

Rising with the other nurses, the staff nurse is on duty at seven in the morning and receives the report from the night nurse which is to guide her until the Sister comes on duty at eight o’clock. She then directs her junior nurses and gives her attention to those patients most seriously ill. Later a daily investigation of the stock, medicine and store cupboard is made, when she notifies the requirements and submits the list to the Sister for her signature. Before the Sister’s arrival in the ward the staff nurse’s duties have not been entirely confined to the patients and her junior nurses, and she is responsible for seeing that the work of the ward maid and her assistant has been properly carried out.

At 10 a. m., if she is not off duty, her work consists in carrying out the more important treatments and in directing the probationers. Should the Sister be otherwise engaged, the staff nurse will take her place in accompanying the house physician or surgeon on his morning round, this responsibility requiring of her detailed knowledge with regard to each patient. During the dinner hour she is at the Sister’s right hand in serving the dinner and becomes acquainted with the diet and amount served to each patient.

The giving of medicines is the duty of the Sister, but is handed over to the staff nurse, to increase her responsibilities and to prepare her more fully for undertaking the Sister’s duties during her absence. During the afternoon she directs the keeping up of the ward stock, instructing the probationers in cutting dressings and making necessary supplies, and during the visiting surgeon’s or physician’s round, with the other nurses, she accompanies the Sister, and, since the practical carrying out of the prescribed treatment rests with her, she is expected to follow closely the patients’ condition and the medical orders.
Her evening work consists in attention to those requiring the most skillful care, the direction of those under her and the responsibility of the general comfort of the ward before she leaves it at 8 p.m. It is the duty of the staff nurse to see that every nurse has finished her work neatly and conscientiously, and that she is punctual in leaving the ward, which she must do before the staff nurse gives her daily report to the Sister. If the Sister is not on duty, a report is received by the staff nurse from each nurse in the ward, and is given by her both verbally and in writing to the night nurse.

From this brief outline I want you to see that the certificated nurse starts her fourth year as an understudy to the Sister, her usefulness is immediately increased and her influence and authority extended. Our Sisters, as administrators and supervisors, realizing that the best regulated wards are those in which the work is delegated, within reason, to others, take every opportunity to initiate their staff nurses into the greater responsibilities of ward management, and she now feels her actual relationship to the hospital as a whole and its general organization. It is during this fourth year that the nurse begins to try her individual powers of administration, as instructor and supervisor, and begins to determine the extent and limitation of these powers. Every effort is made by the hospital to increase her opportunities for special development during this year, and she is given instruction in massage work in the Nurses’ Home, special work in the institutional kitchen, and the ward Sister’s holiday duty. This work in the hospital during the fourth year is for those nurses who desire to continue hospital work, and those who wish to specialize in private nursing have the option of joining the Private Nurses’ Institute immediately they have obtained their certificate. I hope I have made it clear that in the ward the staff nurse’s position is clearly defined as ranking second in command when the Sister is on duty; but, when off duty, her influence amongst the staff probationers and probationers continues as that of a leader, and, coming more into personal touch with them, than a Sister’s duties permit her to do, she finds manifold opportunities to extend her influence, and con-
tributes both ethically and socially towards the general welfare of the Training School.

It is during the fourth year of a nurse's career that the matron is able to test the judgment and executive ability of the nurse and the possibilities of her development into a future ward Sister, and it gives the nurse herself an opportunity of making a wiser decision with regard to the work she intends to take up in the future.

Upon receiving her certificate, a nurse is entitled to join the League or Hospital Alumnae, which, though instituted originally upon purely social lines, has developed of recent years a larger spirit towards the nursing profession as a whole. It is at this point, therefore, that the staff nurse catches her first glimpse of her Training School as an active unit in a wider field of work, and she realizes more fully, her privileges and responsibilities as a member of a profession, the standards and ideals of which, in relation to the outer world, she is now called upon to uphold and promote. The staff nurse's affiliation with the alumnae is one of the many privileges eagerly looked forward to by the nurses in training, and the duties devolving upon her at the half-yearly meetings serve to unite the present generation with the past, and any uncomfortable feeling of intrusion, often felt in revisiting old haunts, is entirely abolished when meeting upon this mutual basis.

Again, as a member of the league, the staff nurse is valuable in transmitting a direct interest in the broader outlook of the nursing world, into her own Training School, and she is often instrumental in rousing the student nurses from the lethargy into which they so easily lapse from lack of knowledge of and interest in the difficulties and problems of their profession.

I believe that, in this country, the paid and qualified staff nurse as we know her in England does not exist in hospital administration, and although America has a wealth of ideas to offer us in respect to organization, yet I think perhaps it will be ready to acknowledge how valuable in the existent scheme of things in England is the hospital staff nurse. (Applause.)
The President. Miss Catton has a notice from Miss Dock to read.

My Dear Miss Catton: Please invite all the members of the Society of Superintendents to Cologne, with the most cordial greetings of Sister Agnes Karll and all the international officers. We hope to see many of them there, and I am sorry I cannot be in Chicago to give the message in person.

Yours very sincerely,
L. L. Dock.

The Secretary. One more announcement. There will be a business meeting of the Nurses' Alumnae Association of Teachers' College this evening, at seven o'clock, in the hall on the south side of this room. All former students are invited. It is very desirable that everyone should attend, as very important business is to be transacted.

(Miss Ahrens makes announcements.)

The President. If there are no objections, we will stand adjourned until tomorrow morning at nine o'clock. The meeting stands adjourned.

WEDNESDAY MORNING SESSION.

The meeting was called to order at 9:30 a.m. by Miss Wheeler.

The President. The first thing on the program this morning is the report of the Special Committee on Public Health. Miss Van Blarcom has sent her paper by Miss Crandall. We will listen to Miss Crandall.

Miss Crandall. Madam Chairman and Ladies: Miss Van Blarcom has asked me to say for her that, owing to her absence in Europe during the summer, and serious ill health during the remainder of the year, which has kept her either in hospital or sanitarium, her committee has done nothing except to concur most heartily in the work of the Special Committee on Standardization of District Nursing, which was appointed by the councils of the American Nurses' Association and the Superin-
tendents' Society last January, whose report you have heard. She feels that her committee has some share in the activities of the special joint committee because, while its primary concern is that of standardization of district nursing, the ultimate end is public education in health matters, and that is very distinctly the duty of her committee.

The President. You have heard Miss Van Blarcom's report. What is your pleasure.

Miss Palmer. I move that it be accepted.

The President. Miss Maxwell was appointed a delegate to the International Red Cross conference at Washington, D. C., and said she would send her report, but we have not received it. Is there any other person here who was present at that convention, so as to tell us something about it? Miss Delano is not in the room.

The President. While we are waiting for some of these people to come in with their reports, Miss Gladwin has a word to say to us.

Miss Gladwin. Madam President and Ladies: As you probably know, the Red Cross of Japan trains its own nurses. It has hospitals in all the large cities of the empire, and there is at present in this country a delegation from the Red Cross who came for the International Conference in Washington. They are very closely studying hospital conditions in this country; they are most anxious to know what the Superintendents of Nurses provide in the way of moral and ethical instruction for their nurses, and they have asked me to try and discover this for them. I realize very fully that our moral and ethical instruction of nurses comes largely in connection with other things, and I believe we do not devote as much time to it as the Japanese think we do. But I am very desirous of helping them as far as in my power, and if any of you give special moral or ethical instruction, either from text books or anything of that sort, will you kindly write it on a slip of paper and hand it to either the Secretary or to me? These people, you know, are very thorough in everything they do. While they are making a
study of our teaching and training, it is very hard to explain to them just what we do about morals and ethics. They have an idea that we have special departments for that instruction.

The President. May we now have the report of the delegates to the International Association for the Study and Prevention of Infant Mortality?

REPORT OF DELEGATE TO THE INTERNATIONAL ASSOCIATION FOR THE STUDY AND PREVENTION OF INFANT MORTALITY.

The Second Annual Meeting of the American Association for the Study and Prevention of Infant Mortality was held in Chicago, November 16th to 18th, 1911. Paper read by Miss Ahrens.

The first meeting was a session of the Section on Nursing and Social Work, over which Miss Lillian Wald, of New York, presided. About 500 people — physicians, nurses, social workers and others interested in infant welfare — attended the opening session.

The work of the infant welfare or milk stations, as conducted in New York, Cleveland and Chicago, was presented. This was followed by a paper on Infant Mortality from the Point of View of District Nursing, by Miss M. Loane. Miss Loane gave the conclusions from several years' experience in district nursing in England, and discussed the results in infant mortality of illegitimacy, reckless marriages and bad housing.

Co-operation in Nursing and Social Work, by Miss Higgins, Secretary of the Associated Charities of Boston. Miss Higgins showed in a most interesting manner the importance of physician, nurse and social worker working side by side, each being dependent upon the other, if intelligent work or good results were to be obtained.

Miss Carolyn C. Van Blarcom, Executive Secretary of the Committee on Prevention of Blindness of the New York Association for the Blind, gave an interesting account of the trained
midwife in England, and the method of supervision. Through
the laws, which created the Central Midwives' Board, much
improvement has resulted in infant mortality and morbidity.

Among other papers read at this session were, "The Relation
of District Nursing to Infant Mortality," by Miss Amy Hughes;
"Rural Problems in the Prevention of Infant Mortality," by
Miss Ella Phillips Crandall, and a paper on "Maternity Hos-
pitals," by Miss Martha M. Russell and Mrs. Reginald Foster.

All of the papers read at this session presented and empha-
sized the importance of intelligent motherhood, and pointed out
that the education of the mother depended largely upon nurses.
Miss Sloane, in discussing the result in infant mortality of ille-
gitmacy, reckless marriages and bad housing, showed that the
waste of infant life is not entirely due to poverty.

At the evening session, which was really the opening session
of the meeting, the president of the association, Professor Hen-
derson, read his address, "The Interests of Society in the Pro-
tection of the Mother and Child." The time is too short to
give more than the title of this splendid address.

Beside the Section on Nursing and Social Work there were
the following sections: Education, Continuation Schools of
Home-making, Eugenics, Housing, City Milk Supply, and Mid-
wifery. Resolutions summing up the work of each section was
presented at the general conference for action. Perhaps those
that created the most discussion were those that are of vital
importance to us as instructors of nurses, and, therefore, they
are of interest. Following are the resolutions presented by the
Section on Nursing and Social Work:

1st. Resolved, That the education of mothers in the following
subjects be made an integral part of the baby welfare consulta-
tions and other agencies: (a) Prenatal care; (b) Preparation
of clothing; (c) Hygiene of babyhood; (d) Infant feeding.

2d. Resolved, That methods be promoted for giving imme-
diate relief to babies whose parents cannot pay for better grade
milk.
3d. *Resolved*, That the extension of Little Mothers' Leagues is urged.

4th. *Resolved*, That the nursing profession extend its field of usefulness by including the practice of midwifery for normal cases. Further, that a minimum standard of training be required for all who are permitted to practice midwifery, and that all midwives be under state or municipal control.

5th. *Resolved*, That all Training Schools for Nurses be urged to add to their curricula courses by social and civic workers, to awaken their pupils to a fuller understanding of the requirements of social service. That all nurses and other social workers be urged to establish closer relationships with each other, to secure harmonious action in their efforts for community welfare.

6th. *Resolved*, That attention be called to the dearth of care for the sick and the absence of all instruction in hygiene in rural districts; and it urges that the public be stimulated to concern itself in regard to this matter, and suggests that the National Red Cross Society be asked to consider the proposal made to it some time ago to inaugurate visiting nursing in neglected communities.

7th. *Resolved*, That through municipal and state control the permanency of improved milk supply and milk dispensaries be secured.

The section on Midwifery presented the following resolutions:

1st. *Resolved*, That the teaching of obstetrics in the medical schools of the United States is grossly inadequate. That no time should be lost in according to the teaching of obstetrics an importance equal at least to that given to medicine and surgery.

2d. *Resolved*, That the study of local midwifery conditions is urged as a means of collecting facts with which to direct public opinion in regard to this important subject.

3d. *Resolved*, That the extension of outdoor, dispensary and hospital obstetric facilities is advocated as one of the most effi-
cient measures for obviating this source of maternal sickness and death and a high rate of infant mortality.

Both these resolutions, after considerable discussion, were referred to the Executive Committee.

Much is being expected of nurses in the campaign to save the babies, and it was gratifying to see a large representation at the conference. (Applause.)

The President. You have heard the report of your delegate. What is your pleasure?

Miss Giles. I move the report be accepted.

(The motion was carried.)

The President. We find that Miss Maxwell’s report has been sent by Miss Delano. We would like to have that given. I think, however, we will go on with the program, with the paper, “The Central Linen Rooms Versus Ward Linen Rooms,” by Miss Paterson, to be read by Miss Ayers.

CENTRAL LINEN ROOMS VERSUS WARD LINEN ROOMS.

One of the biggest problems we have to face in the general daily routine of administrative work in the hospital is the ever-watchful care of the linen. If we are sufficiently fortunate to have this matter well systematized and the department moving smoothly, our life is made happier; however, if no good provision is made for the care of the same, then life, on the other hand, may be one long, hideous nightmare. Some of the hospitals — that is, those not exceeding 75–125 beds — have solved the problem by a central linen room. Such a system has much in its favor, and the following facts stand out prominently endorsing its use much more frequently than has been the custom. These facts immediately show the advantage of such a method and why it is meeting with success.
The following factors predominate:

1. **System.**
   The gain has been recognized because of —
   (a) A less complex working system is required.
   (b) Allows a more accurate linen inventory.
   (c) Affords a better opportunity to care for the linen by having fewer people handling it.
   (d) Eliminates borrowing from ward to ward.

2. **Economy of Time.**
   (a) Superintendent or matron concentrates her efforts in one place — the central linen room. Less inspection of the linen is required.
   (b) Nurse’s time, in that they are not compelled to keep in order several linen rooms, and the temptation to gossip with associate nurses and house officers is materially reduced.
   (c) Porters’ time, by making fewer trips to the laundry, with less opportunity to visit other employees.
   (d) Laundry employees’ time, because of fewer interruptions for special requisition, which always interferes with the day’s schedule in the department.

3. **Economy of Labor.**
   Fewer people are required to care for the linen, and this means they assume greater responsibility with better co-operation.

4. **Economy of Linen.**
   This is made possible because the person in charge knows the amount of linen in stock; can judge wisely when this amount should be increased or when extravagance is in evidence.

Taking up these facts in the order mentioned and elaborating somewhat upon them, we realize that anything that tends to simplify the work of any department is a material gain for the institution. The central linen room has the advantage, because fewer people are required to take charge of the linen; that is, one person cares for the whole in one place with a slight addition.
of time, doing away with a number caring for the same in different wards.

Linen inventories are more accurate and fewer books are required. There is no further need of complex monthly inventories in the wards, thus gaining much time for the nursing body. Two books only are necessary, one for the new stock supply and one for general use supply. The care of the linen is made easier, due to the fact that the person in charge soon learns to know the stock, can readily trace leakage or extravagance, and, if she is an officer familiar with the patients in the wards, is ready to meet any argument given by the pupil nurse. She can correct the difficulty by advising the nurse before the matter has assumed any huge proportion. She, too, can trace the misuse of articles; per example, when the dusters gradually disappear and the market in this article is cornered, a sudden loss of urinal covers, as well as very dusky looking ones on the shelf, arouses the suspicion that the same are being used for dusters, and a visit through the wards produces evidence that four nurses are found dusting with the covers.

The condition of the linen is well known; stains of different kinds showing carelessness come directly before the officer, and may be corrected.

There is no longer need for borrowing, because the central linen room has the whole stock and the door is locked. A special signed requisition is required to obtain any extra supply, this in turn necessitating an explanation why such a procedure is necessary.

The linen is kept for the special department to which it belongs; the private linen is not used in the general wards. The marking of the linen is facilitated, dividing it into two groups — private and ward linen.

In discussing this subject, we must consider the location of such a room. It must be central to facilitate quick delivery, and situated in such a manner that the person assigned on duty (if need be) can be of service in any adjoining department, and yet be quick to respond to the wants of her own department.
There is no doubt that the administration of the linen room must be in direct charge of the superintendent of the hospital, or the superintendent of nurses. This does not mean she must do every detail of the work, but her knowledge of the department should be such that she can solve the problems as they arise.

A senior nurse may be assigned to the linen room for a certain period of the time; two hours in the morning to care for the stock and two hours in the afternoon, when the linen is returned from the laundry, and is, in turn, issued to the wards. Again, if the hospital employs a faithful seamstress, she can not only issue the linen, but mend and care for it at the same time; in other words, combine this new avenue with her own work. The superintendent or assistant, however, must train such a woman carefully, and then watch the department as any other department has to be cared for. After the work is well established, fifteen minutes a day of the superintendent’s time will prove sufficient to get a general idea of the situation.

A simple system used in one hospital is as follows: The linen is collected in each ward every morning, the head nurse sending to the linen room a slip stating the number of articles sent to the laundry. In the afternoon the linen is returned from the laundry to the linen room, with a similar slip made by the head laundress. The daily amounts are kept on a weekly slip, which is sent to the superintendent’s office on Saturday. This gives her at once a clear idea if too much or too little linen is used.

The head nurse in charge of the ward sends to the linen room her requisition book, stating the number of patients in the ward and the number of articles required, making due allowance for emergencies.

These are issued and taken to the wards, requiring only a few minutes to put them in the closets. For extra linen a special requisition is necessary, and this must be signed by the superintendent of nurses. Here is a good opportunity to judge the executive ability of the head nurse as well as the chance to know her ability as a caretaker. Once a month the linen exchange is made, and here is the big time-saver for the super-
intendent. All the linen is in one place, not any in the ward, only such as is in use. Here she may sort the linen as is her custom, check the lists, issue new linen which, in turn, is marked and put into circulation. The linen to be mended is put in order; but if the seamstress is a co-worker, there is practically no mending.

The linen inventory is more simple, because the only linen in the wards is in use. One or two people may be assigned to go to the wards for this simple count; thereby, the time of the nurse may be economized. As the linen inventory is usually taken Saturday and no linen is in the laundry, it must be found in the linen room and in use in the wards. In tracing shortage, one has to appeal only to the persons who have acted as assistants.

In this paper I have only referred to the ward linen. The linen for the domestic department may be issued from the central linen room, but is much less difficult to manage, as the demands are always limited.

Linen for the Nurses’ Home may be cared for in the same way if deemed advisable.

To recapitulate:

Central linen rooms in small or medium-sized hospitals are advantageous because of the big gain in system and time. Today, the modern tendency in search of efficiency and time-saving is ever toward concentration, and this is the keynote of the central linen room. (Applause.)

Miss Greenwood. Madam President, I should just like to say that I have listened with a great deal of pleasure to this admirable paper which has just been read, and from my personal experience I can endorse everything that is contained in it. We have in the hospital with which I am connected, the Jewish Hospital, of Cincinnati, a central linen room. We have had it four or five years, and I wish to endorse all that is said in the paper. We would, under no circumstances, go back to the old system of supplying each ward with its quota of linen. I have in charge of this linen room a woman whom I call a
linen room woman, who is trained especially for this work. The linen room is in charge of one of the assistants, and the preparatory class have a certain time in the linen room, where they acquire their knowledge of handling linen. I wish to express my thanks for this very admirable paper that has been given us this morning.

The President. Perhaps some other member has had some experience on this line. If there is no further discussion on this paper, we would like to hear Miss Maxwell's report by Miss Delano.

Miss Delano. Before I read this report I should like to explain how we selected the delegates to the Red Cross Conference. There was no time to confer with the whole organization, so I consulted with the presidents of the two societies, the Superintendents' Society and the American Nurses' Society. I thought it would be well to have the presidents of these two societies as representatives, and the president of the federation as a third. The Red Cross wished me to act as the fourth, because I was available to help with the work before the meeting. These delegates were selected; but later Miss Sly and Miss Goodrich were unable to attend, so Miss Maxwell was selected to represent the Society of Superintendents, and Miss McIsaac to act for the American Nurses' Association.

REPORT OF THE NINTH INTERNATIONAL RED CROSS CONFERENCE, WASHINGTON, D. C.

(May 7th–17th, 1912.)

It was an interesting sight to see gathered together at our National Capital the representatives of thirty-three countries; men and women of the highest intelligence, distinguished and representative, all fired by a common desire — the relief of suffering in time of war, calamity and national disaster.

There were representatives from Great Britain, Canada, Cuba, Mexico, South America, the countries of Europe, Japan, and even Persia and far Siam.
The arrangements for the meetings held in the Pan-American Building, a beautiful white marble structure, perfectly adapted to the purpose, were most complete. A luncheon was served to the delegates each day, making it possible for the committee to discuss their questions between sessions and facilitating much friendly intercourse.

There was also time for the examination of the very complete Red Cross exhibition, housed across the way, in an attractive building erected by the government for this purpose. Seventeen countries exhibited. Here were to be seen the subjects for competition for the Marie Feodorovna Prize. Wonderful methods of transportation for the wounded, amongst others the Roentgen apparatus, for permitting the utilization of X-Ray on the battlefield and at First Aid stations. The most complete exhibits were from Germany and Japan.

The First Aid demonstrations were practical and instructive. Washington society came in large numbers to see men rescued from fire, flood and explosion. The apparatus for rescue from mines attracted unusual attention, as the rescue party wear masks supplied with oxygen, as a means of purifying the air they breathe.

Germany and Japan furnished wonderful examples of complete organization. The German Red Cross and Tuberkulosis 213 pages, comprising illustrations and translations, gives a picture of their peace activities, efforts being concentrated upon hygienic measures for the prevention and cure of tuberculosis. The report given by Dr. Werner, Surgeon General and member of the General Committee of the German Red Cross, on “Red Cross Sisters,” was enlightening. The obligations of all nurses’ associations joining the Red Cross are definitely fixed. They are pledged in the event of war, “to place within the first ten days fixed for the mobilization at the disposal of the Central Committee of the Red Cross,” at least one-half of their number of trained nurses, and “to keep the same in readiness for service in the war ambulances of the army as well as in that of the navy.”
The Japanese Red Cross combines the work of relief, both local and international, with the prevention of disease and preparation for war, the latter being undoubtedly the chief object.

The personnel is most carefully marked out upon a very definite system, each department arranged in its own class:
First. Administration of relief corps.
Second. Relief medical officers.
Third. Superintendent of nurses, chief nurse, etc.

The term of engagement for relief medical staff is five years; for chief nurse and all other nurses, fifteen years.

A written oath is taken, binding the members as follows:
"I solemnly promise that, imbued with the principle of paying my debt to my country, through love of its soldiers, I will not only strictly follow the regulations of the society, but will also promptly respond to the calls of the society and devote myself to the work of relief.”  (Signed.)

Special stress is laid upon the training of the nursing staff. The Central Hospital is attached to the Red Cross headquarters, this hospital being especially well equipped for training. Naturally, it is impossible to train hundreds of students at one time in the same hospital, and it has also been found desirable to encourage work in the “local sections.” Hence, the training is distributed, giving each local section the privilege of sending only a limited number of students to the central headquarters for training.

Training in the local section is especially encouraged for the effect in keeping before the eyes and minds of the people the work which is being done. Local interest is naturally increased by seeing the sick and wounded tenderly cared for by the nurses of their own province.

The relief reserve of the Red Cross have to be called out from time to time to ascertain their whereabouts and to give instructions. A similar plan is adopted to that required of soldiers in fulfilling their military obligations. The roll call is divided
into summons in the time of war and summons in time of peace, different regulations governing each.

In taking the oath for fifteen years' service, the Japanese nurse sets before us the highest ideals of devotion and patriotism known in any country.

The Italian Red Cross, in addition to war relief, is interested in an anti-malarial campaign.

The Red Cross of France is established on rather different lines. Their personnel being largely secured from the higher classes of women, willing to give their time for the necessary acquirement of knowledge and preparation for nursing in time of war. Many of these ladies take training for six months, some for two or three years, passing rather rigid examinations, and reporting frequently to headquarters. Most interesting reports of the relief work done during the Morocco disturbances and floods of Paris were distributed.

The nursing service of the military wounded at Morocco was the first occasion in which French women were permitted to serve as nurses in the army, and the following graceful tribute was paid them:

"Under their influence mistrust was disarmed, old prejudices were destroyed, and in centers that until then had been hostile, or at least indifferent, the emblem of the convention of Geneva today is surrounded with affection and respect."

A new feature of Red Cross activities was presented by M. de Dr. Ferriere, in the name of the International Committee, under the heading of, "Assistance to Soldiers in Time of Peace."

The report given by Sir John Furley, representing the Grand Priory of the Hospital of St. John of Jerusalem, in England, was intensely interesting, activities in that country being centered upon the preparation for war.

Canada follows in the footsteps of Great Britain; no peace activities have been introduced. Great credit is due Colonel Guy Carleton Jones, Director General, Medical Services, Department of Militia and Defence, of Canada, in being the first to give military rank to nurses. This was done when the Canadian
contingent went out to serve in the Boer war. The nurses of the military service are entered as commissioned officers, bearing the rank of lieutenant. This plan simplifies the matter of administration, preventing friction, as no question can arise regarding carrying out the orders of a commissioned officer.

The proposition of the Hungarian Committee, made at the London Conference recommending the creation of a Nightingale Medal, to be awarded for distinction in nursing service, was discussed, and a committee was appointed to decide upon the medal (a form of which was shown at the Conference) and to plan for distribution.

Miss Delano speaks: I had the honor to serve on this Nightingale Committee, and I think this will be a favorable time to read a portion of the report.

The Red Cross societies of the world have agreed to raise a fund to be known as the Florence Nightingale Foundation. A special committee was appointed to make recommendations concerning this fund, with Sir John Furley, of the St. John Ambulance Association, as chairman. Miss Boardman and Miss Delano were asked to serve on this committee.

It was agreed that a medal, accompanied by a certificate on vellum, to be called the Florence Nightingale Medal, should be instituted, and that six of such medals, to be increased to the number of twelve in the event of a great war, should be available annually; that they should be granted only to trained nurses who may have especially distinguished themselves by great and exceptional devotion to the sick and wounded in peace or war.

No country may propose more than one candidate for this medal annually. The final award is made by the International Red Cross Committee, at Geneva.

The awarding of these medals to nurses will be akin to the bestowal of the Victoria Cross to British soldiers for "bravery in action," and will be the highest honor which can be paid to any nurse.

A most fitting memorial to one "who rescued from obscurity and shame a noble profession," may this Nightingale Medal prove ever an incentive to a higher standard of duty among us.)
Numberless interesting reports from different countries were presented, but time does not permit their discussion.

The reports of the American Red Cross, showing the work accomplished since its reorganization, in 1905, were read by Miss Boardman, Mr. Robert De Forest and Mr. Bicknell.

The report of the Nursing Service, established in 1910, was presented by Miss Jane A. Delano, Chairman of the National Committee of the Red Cross Nurses’ Service of the American Red Cross, before a large audience of nurses, who came from all parts of the country to attend these meetings.

The official record shows that seventy-three delegates from the American Red Cross were appointed to the International Conference. Eight of these were women, and of these our association had the honor of sending four: Miss Jane A. Delano, Miss Sarah E. Sly, Miss Georgia M. Nevins, Miss Anna C. Maxwell. Our President, Miss Sly, was unable to attend, and Miss Isabel McIsaac represented the American Nurses’ Association.

It has been truthfully stated that American nurses excel in organization work. The secret of this success lies in co-operation — co-operation of the individual, co-operation of the various societies.

Through affiliation with the Red Cross, we have secured the rare privilege of proving our loyalty and unlimited opportunities are opening for devoted services to our country.

Two definite pieces of work remain for us to do as an Association. First, to increase the enrollment of nurses so that this powerful body of women may be adequately represented.

Second, to enlarge membership in the Red Cross Society, if each one of you would get ten members (membership fee only one dollar) the American Red Cross would soon outnumber the Japanese.

Anna C. Maxwell, R.N.,
Delegate to the Ninth International Red Cross Conference.
The President. You have heard this most interesting report. What is your pleasure?

Miss Pindell. I move this report be accepted.

(The motion was carried.)

The President. It seems almost too bad for us to allow this report of the Special Committee on How to Approach Women's Colleges to pass without something said about it. I am quite sure that some of the women have attempted to meet this proposition in some way. Are there not some members in the audience who can tell us of some things that they have done along this line of approaching women's colleges or schools of some kind, in order to get the young women of our country to think favorably of entering our profession? Miss Parsons, can you not say something?

Miss Parsons. I have, during the past two years, spoken before bodies of students in most of our New England colleges and before several of the high schools, particularly the technical schools, and also before the vocational councillors in the schools of Boston. It has been a very simple matter. I have simply written to the deans of the colleges or the principals of the high schools and have asked for the privilege of presenting the opportunity for well educated women as trained nurses before any of their students who might wish to hear what I had to say on that subject. And the deans and the masters have always been most courteous and interested. They have usually apologized beforehand for the probable size of the audience, many times saying that when people came in from the outside to speak on special subjects that it was not possible to get together any very large number; but they were always apparently greatly surprised to find how many came in to hear about the opportunities for trained nurses. I think the smallest audience at a college that I ever had numbered perhaps thirty and in some instances there were one hundred or one hundred and fifty or more people, and usually some of the instructors came in; and after speaking perhaps for half or three-quarters of an hour on not only the opportunities for trained nurses but the methods of approach,
suitable preparation for the work and the life of the nurse in
the training school, the length of the course and then finally the
opportunities, there would be a number of students stop after-
wards for as long as I could stay asking questions. And there
has been a distinct response. I have often been asked questions
about the different training schools in different parts of the
country and I have always tried to direct them as wisely as
possible without prejudice. Of course I knew about a few
schools and a great many I did not know about, and the thing I
tried to do was to tell them what to inquire about and what to
think about in making their applications to the different schools;
tried to tell them they should find a school that had a good corps
of instructors, reasonable hours for work, etc.

I do not know whether there is anything more that I should
say, not having been prepared to speak on the subject. If there
are any questions any of you would like to ask I should be very
glad to answer. I would like to say that I found an amazing
ignorance among those students and among the instructors, even
the deans. As a body they seemed to think of trained nurses
always as the hard-worked, oppressed, private nurses, and they
imagined that in training schools all the nurses had typhoid
fever and were overworked and oppressed in every way. It
always appeared to be a great source of surprise that there were
comfortable, interesting conditions, and that there were such
good opportunities; and I have in every instance been asked by
the dean to emphasize the fact that the women who were valuable
to us when they came in the training school were those who had
in college made the most of their opportunities, and that neces-
sarily because they had been through college they were not bound
to succeed as nurses. In that way they seemed to think that we
could help them out. I think that is all. (Applause.)

Miss Erdmann. Madam President, I am connected with the
University of North Dakota at the present time. I have had
experience the past two years in being sent by the university
through the state to meet the high school alumnæ and college
students. Of course the people in the east have an idea that
North Dakota consists of nothing but sagebrush and Indians,
but it is somewhat different. We have at the present time twenty accredited high schools in the state. We have splendid agricultural colleges and splendid normal schools. I have been amazed at some of the institutions.

The way I go about it is very similar to the manner Miss Parsons has described. I write to the superintendents of schools and arrange a meeting for students and then arrange my time schedules for trains, etc. Last year I had an interesting reply from one of the superintendents; it read this way: "Since the parents of most of our graduates are opposed to nursing, I do not consider it wise to arrange for a meeting. It would be a dangerous procedure." (Laughter.) That was the answer. That was the only one, however, that did not respond favorably. I did address the normal school students in that particular town and before I left the city I called upon this superintendent and had a very interesting conversation with her, and I have every reason to feel that she was converted. This year the response was most generous. In fact, it has been since last year. All the superintendents are very much interested. They themselves do not know anything about nursing, what the nursing profession is, what the training demands and what it means to be a nurse. The confession of most young women is this: that nursing consists of either one or two things, to sit at the bedside of the sick patient or to assist in nursing in the hospital. I tried in my short talk — I had twenty minutes to half an hour; the longest was three-quarters of an hour — to tell those young women what it is at the present time, what it was in the past, and the many positions in which nurses are being placed and the manner of training; and they are all interested and again and again as soon as I came out they have said, "If somebody had told me about this several years ago I never would have been a teacher; I always wanted to be a nurse."

Miss Parsons. I would just like to say in addition that Miss Gill, ex-dean of Barnard College, has been of great assistance in New England and I think other parts of the country in promoting interest in nursing education. She has been spending some time in getting statistics concerning the occupation and
remuneration of college graduates, and she learned that a large majority of college graduates who go into some occupation after leaving college take up teaching; and after working five or six years at that occupation the ordinary salary is not more than $600 a year, out of which they must live; and after ten years' teaching the ordinary salary is $1,000 a year, out of which they must live; and consequently a great many of them who have not private resources find themselves in such straitened circumstances that they cannot even afford to take up a nursing education. She is strongly recommending that those who have an interest in that direction should go directly into it after graduation, because she feels that their opportunities will be better in every way than if they take up teaching.

*Mrs. Westcott.* I am not a superintendent, I am only a mother, so I do not know that I have a right to speak; but there are two questions I would like to ask. One is whether parents have ever been approached. I am sure parents are the ones who need educating. If the parents were talked to they might influence their daughters, or at least give their consent to have their daughters take up the profession. The other question is, would it be advisable to send application blanks to the training schools, to the deans of the schools, that they might know just what is required, to be demanded of the students? I am very much interested in this because I have a daughter who, I hope, will be a trained nurse.

*Miss Powell.* During the past winter President Vincent, of the University of Minnesota, has given in the institution a series of what he calls vocational addresses. I was asked to give the one dealing with nursing as a career for college women. The notice of the address was printed on a weekly calendar, which is posted in all parts of the university. In consequence there was quite a large audience of women students and a few men.

The university is also having prepared, to put into the hands of every student, a bulletin dealing with the vocations of men and women, and articles being prepared by specialists in each field. In these articles are taken up the demands for workers,
the variety of work offered, the remuneration, the qualifications and preparation necessary, and how best that preparation can be gotten. I was asked by the dean of women to prepare the article on nursing.

I have been promised by the principal of one of the high schools that several of the superintendents of training schools in Minneapolis shall have the opportunity of addressing the students during the coming fall. I am also to address the students of the agricultural college, one of the departments of the university.

Miss Kelly. A short time ago I met at a social gathering the president of one of the largest women's colleges in Wisconsin, and when she learned something about the work in which I was engaged she asked me if we would not send some one to talk to her senior class. That was arranged for before I left Wisconsin and probably has been brought up since then.

I talked with the principal of one of the high schools at Milwaukee and he was very enthusiastic over the idea of having some one come and talk to the senior pupils, and he assured me that not only the members of all the high schools there but the superintendent of public instruction of the city would be interested, and that they would take the work up in the new high school which is to be opened within the year and is to include many of the manual arts and domestic arts in its curriculum. I am sorry to say we have not accomplished anything as yet but we are sowing the seed.

Miss McMillan. At present I am connected with a denominational hospital. The different churches of the denomination quite frequently have lunches for the fathers and mothers and a certain percentage of the young people are present. On several occasions I have been invited to attend these luncheons and speak on nursing work in general, and I think that it has been a very good opportunity, as a nice type of girl can be reached in that way. Why could we not request similar invitations from the various denominations?

Miss Riddle. Madam Chairman, I simply want to tell what the Women's Municipal League in Boston has done in the way
of classifying the training schools in the city of Boston and arranging in the form of charts and placing them in the high schools. Through these charts the teachers in the high school call the attention of their young women, recommending or pointing out the difference, the schools being all classified, so many belonging to large general hospitals, so many belonging to smaller hospitals and so on down the line. And this procedure of classification has been good not only for the schools but for the hospitals. The hospital training schools have found that in order to get their names on that list they have to live up to certain requirements, and so you see it works good in both ways; and the young people in the high schools are having their attention directed towards the right places.

Miss Palmer. My contribution to the work of this committee has not been personal in any way, but beginning last year with October I have had sent to all the women's colleges of New England complimentary copies of the Journal and a few large boarding schools that I happened to know about. My plan is to move on a little in another year and drop New England — unless they have specially sent a request that the Journal be continued or subscribed for it — and take the middle states and cover the colleges there and big schools, and gradually go all over the country with our magazine, so that the young women and the authorities of the colleges may know that there is such a Journal and may be brought a little in touch with the ideals of the nursing body. (Applause.)

Miss Samuel. Madam President, I think the women's colleges themselves are beginning to seek other vocations than teaching for their students. I have recently been approached by the women's college in connection with the Western Reserve University of Cleveland and the Oberlin College at Oberlin, Ohio, asking what other vocations were open to those students. Naturally I suggested the nursing profession; and suggested that some one could be sent to address their students on the different openings in the nursing profession if they so desired.

Miss Ayers. There is one avenue to which I wonder if we have ever furnished any literature or taken any interest in it.
Quite recently I was talking with an officer of the Association of Collegiate Alumnae. She had been for a long time on the section devoted to the study of the comparative cost of living, and it came out through a discussion of the nurses' prices for attendance, etc. Now I was perfectly amazed at this women, who has been working all over the country, knowing so little about nursing; and I said, "There is an avenue where we might place some literature, the Association of Collegiate Alumnae; because that comes in contact with the women's colleges all over the country.

Miss Williamson. We had in Los Angeles a series of educational talks, as was given on the other side of the room, and I was asked to speak on the nursing question. I noticed a large number of elderly women in the audience. I think it was quite due to the fact of a general invitation given in the papers. The invitation was generally extended to the mothers of young women who were about to choose a vocation.

Miss Erdmann. Might I suggest, concerning the students that feel that after they have spent four years in the college they cannot spend three more in the hospital, that I am encouraging the students at the university to continue their college work, and there are about a dozen at the present time that are taking the same course required, and the preparatory course is extended throughout the year. Every year during that four years of college work they take something the first semester and second semester, so that in four years they have also covered the course required in this first year of preparatory work, and then are ready to enter the preparatory school. We have about a dozen students doing that at the present time.

The President. May I say just a word about what has been done here in this state? The University of Champaigne asked that a class on home nursing be given. The course consisted of about four lectures and a few demonstrations. Miss Burgess, of the Illinois Training School, and myself undertook that work, and one lecture was given about what was expected from nurses and the required qualifications and the usual results of the nursing course and so on. There were at least thirty in the senior
class that came to these lectures on home nursing and seventy outside of this class. We had an audience of about one hundred women who were interested in the nursing proposition.

Miss McMillan. Lewis Institute of Chicago has been doing much the same thing for several years.

The President. We need all of these avenues open; there is one other thing that perhaps we have not given sufficient attention to, and that is placing the American Journal of Nursing in the various libraries.

Miss Palmer. Madam Chairman, we cannot afford as yet to send complimentary Journals to all the public libraries in the country. They do not pay for any of the journals that are on their reading tables. They are all complimentary. And we never have been able to afford to do that. When we have four or five times the number of subscribers we have to-day we can do all of these things.

The President. It might be a good thing for members to see that copies of the Journal are placed in their libraries.

Miss Ellison. Madam Chairman, may I say that this last year our alumnae association has paid for the Journal for each class, so that each class in training has the Journal; one for the junior, one for the intermediate and one for the senior.

Miss Parsons. We have been using the American Journal of Nursing at the Massachusetts General Hospital as a text-book for our senior classes, and we give much consideration to Red Cross work, district nursing work, etc., and also in the course of the month requiring the reading of the Journal from cover to cover, always taking up the editorials the first thing. And it has been very interesting to the nurses; and while only the seniors have been required to subscribe for the nursing journal as they would a text-book, we find when the clubs are made up, that the pupils, sometimes the probationers, are putting their names down and coming in as subscribers and the nurses are saying, "Of course we want the Journal," because they have learned of it in the training school. I was interested when two cute little girls came from Brookline and applied a year before they had finished the high school and wanted to know what to do to prepare for
nursing and told me that they had been in the Brookline library reading the *Journal of Nursing* and looking over the examination questions to see what the nurses had to know. And I told them about the course in science in Simmons College, and both those girls are going to Simmons College to take that course before coming to the hospital, and they are as full of enthusiasm as they possibly could be.

Miss Delano. Madam Chairman, may I move that the League of Nursing Education make application for membership in the American Nurses' Association and that the details in regard to the resolution adopted yesterday be left to the Council of this Society in connection with the Council of the American Nurses' Association.

(Motion seconded.)

The President. You have heard the motion, that this Society make application to the American Nurses' Association for affiliation and that the details be left with the Council. Are there any remarks?

(Motion prevailed.)

Miss Palmer. I would like to speak of a thing here — I do not know that this is at all possible — I do not know whether the lady is in the room who spoke to me about it — but a member of one of the boards of examiners of a western state asked me if there was any possible way by which the boards of examiners of the different states could come into membership in the National League of Nursing Education, as a body and not by individual representation; that now the examiners are really more anxious to be in touch with the teaching body because in the developing of their work they must know what is being done in the schools, and it would be one very excellent way for them to get very closely in touch with the teaching work of the country.

The President. May I state that there is a special session on Thursday morning between 11:00 and 12:30, on state registration, at which time that question might come up. There is something else in regard to an exhibit of hygiene and demography. There is a package to come from Washington bearing some literature on the matter of hygiene and
demography, and that will be placed downstairs for you to take
the leaflets later on.

Is there something else?

Miss McKechnie. Madam President and Members of the
Association: Nineteen years ago in the city of Chicago in the
month of June a small number of superintendents of hospital
training schools then in Chicago, at the time of the World’s
Fair, met in St. Luke’s Hospital (where we are going this after-
noon to a reception) to talk over the organization of a society of
superintendents of training schools. We have gone a long way
in nineteen years. From those early days we have passed
through the adolescent period of finding ourselves, and are now
reaching maturity. In two years more we shall reach the age
of twenty-one. Each year we are reminded that the early
pioneers, those women who were the first members of this organi-
zation, are gradually dropping out of active work. They were
the war horses of those early days, and many of them have done
noble service. We do not want to lose their names from our roll
of members. Miss Kimber, whom we all wish to honor and
whom we all know so well from her text-book on anatomy and
physiology, is no longer in active work, but has, we are told,
entered a sisterhood in England. Miss Clement also, who was
for a long time in the Mercy Hospital in Pittsfield, Massachu-
setts, is another of our older members. I think we want to keep
the names of these members with us.

The President. What shall be done with this?

Miss McKechnie. I make a motion that Miss Kimber be
made an honorary member of this Association.

(The motion was seconded, put to a vote, and carried.)

The President. What shall we do with the name of Miss
Clement?

Miss Parsons. I move that she be made an honorary member
of this Association.

(The motion was seconded, put to a vote, and carried.)

Miss Riddle. Madam Chairman, would it be possible for us
to have the list of our honorary members read?

The list was read by the President.
The President. May I say that after coming to this meeting and knowing what has been on the program this year, if you could send in something to the Program Committee, which you would like to hear discussed for next year's program, it would be very, very helpful.

Another thing, Miss McKechnie, the Treasurer, would be very glad to receive your dues if they have not already been paid.

In regard to the meeting this evening on State Registration, you will notice that there is a question box. If you have questions will you please write them and send them in early, because the one who is to answer them would like a few moments' preparation, probably, in the matter of getting her ideas together. Please have your questions ready and presented in writing.

Is there any further business of any kind that you would like to have brought up at this time?

Miss Ayers. Madam President, while we are still speaking of the older members, it seems to me it would be a very nice thing to send a telegram of greeting to two of our early officers; two women who have done so much in the field of nursing and who have always been interested in the work of this Society, Miss Richards and Miss Drown.

The President. Will you put that in the form of a motion?

Miss Ayers. I make that in the form of a motion.

The President. You have heard the motion that telegrams of greeting be sent to Miss Linda Richards and Miss Lucy L. Drown.

(The motion was carried.)

Miss Flaws. Madam President, where will we hand in the questions that we wish to ask?

The President. Let Miss Catton take them for the present, and she will see that they get to the right place.

We will have the report of the Nominating Committee, if there is no further business.

Miss Kelly. After mature deliberation and consultation with some of the women who have been doing the official work of this organization the Nominating Committee decided to ask the present officers to continue for another year if they would.
(Applause.) The President, First Vice-President, Secretary and Treasurer have consented to allow their names to go before the Association for nomination for this year. The Second Vice-President not being present, we were not able to consult her. As we are under instructions not to nominate anyone who did not express her willingness to accept the nomination, we did not nominate her for the office of Second Vice-President. I will give you the list of nominations as prepared by the Committee:

President — Miss Wheeler.
First Vice-President — Miss Riddle.
Second Vice-President — Miss Samuel.
Secretary — Miss Catton.
Treasurer — Miss McKechnie.
Auditor — Miss Lawson, of Akron, Ohio.

Councillors — { Mrs. Apted, of Michigan.
{ Miss Darling, of St. Louis.

Miss Pinell. I move that the ticket as presented by the Nominating Committee be accepted.

(Motion was carried.)

Miss Flaws. Madam President, I would like to move that a message be sent to Miss Nutting telling her of our deep regret at her not being present at this meeting. I am sure we all feel very deeply her absence.

(The motion was carried.)

The President. I think it is in order now to have nominations from the floor. The report is accepted and it will be necessary, in order to comply with our constitution, to have some nominations or opportunity for nominations, from the floor.

Miss Giles. I should like to move that the nominations be closed.

Motion was carried.

Miss Nevins. Then I should like to move that by acclamation all the officers be elected.

The President. Does this require a second?

(The motion was seconded, put to a vote and carried.)
The President. I know for my part that I have taken a great deal of pleasure in trying to get acquainted with the work this past year, and I certainly have been very glad to meet all of you this year in Chicago. I am not certain what we can do next year, but I hope that we can further those interests which shall be best for the education of women as nurses.

Is there further business to come before us?

In regard to the announcement of the time and place of the next meeting, we are unable to make that announcement because of our complication with the American Nurses’ Association. After the deliberation of the Councils I think perhaps we will be able to make the announcement in some other way.

May we have the report of the Committee on Resolutions?

REPORT OF THE COMMITTEE ON RESOLUTIONS.

The Committee on Resolutions desire to present the following:

That the members of the American Society of Superintendents of Training Schools for Nurses, in extending their sincere and hearty thanks to the Illinois State Association, to all local associations and their various committees for their unbounded hospitality, desire also to express their very great appreciation of the cordial welcome extended to them and of the untiring and very successful efforts of the Chicago nurses for the comfort and pleasure of the visiting members.

To the Committee on Arrangements in particular they feel most gratefully indebted, realizing that to the very able and satisfactory manner in which these arrangements have been carried out, is largely due the unqualified success of the Convention.

To the Board of Directors of the Illinois Training School for Nurses, the Women’s Auxiliary Board of the Children’s Memorial Hospital, the Board of Managers of St. Luke’s Hospital, this Society desires to express in most cordial terms its great appreciation of the several entertainments and receptions which have assisted in so charming a manner in making the
Convention of 1912 one of which those privileged to attend will long retain a happy and delightful memory.

Whereas, Our Society during the past year has suffered loss through death of three of its valued members, Miss Lucy Ashby Sharp, Mrs. C. Banks Wright, and Miss Cora Overholt, be it resolved, that expression of our common sorrow and sympathy be extended by the Secretary to the bereaved families, and to the Alumnae with which these members were associated; also that a copy of these resolutions be placed upon the minutes of our meeting.

Respectfully submitted,

Sara E. Parsons,
Chairman.

The President. What will you do with the report of this Committee?

Miss Palmer. I move it be accepted.
(The motion was carried.)

The President. The meetings this afternoon and evening will be held in Orchestra Hall.

The President. Is there anything further? If not, a motion for adjournment is in order.

Miss Parsons. I move that we adjourn.
(Motion carried.)

The President. The meeting is adjourned.
PROCEEDINGS OF THE SPECIAL SESSION ON
STATE REGISTRATION.
WEDNESDAY EVENING SESSION.

The meeting was called to order at 8:25 p. m. by the Chairman, Mary M. Riddle.

Miss RIDDLE. The hour has arrived at which we should open our meeting, and the first request we have to make of the members and the assembly is that you all remove your hats.

We are assembled here tonight for the consideration of a subject which is near to the heart of every nurse and which concerns not only her vital interest but the interest of the sick world which is leaning upon her. What better could we do than to look to that state for a leading in this matter that has furnished so many of us, especially in the eastern part of our great country, wise counsel and strict laws which we have felt obliged to follow if we were to be allowed a part in the registration of that great state.

It gives me very great pleasure to introduce to you Miss Goodrich, of New York.

A GENERAL PRESENTATION OF THE STATUTORY
REQUIREMENTS OF THE DIFFERENT STATES.
BY ANNIE W. GOODRICH, R.N.

Miss Goodrich. I think it is wonderful that we have come together in this great hall to-night at the end of only eleven years to discuss the question of legislation concerning the practice of nursing. I know of no feature in our progress that is more encouraging or more inspiring than our legislation. Are our laws, you say at once, so satisfactory? No, certainly not. They are conspicuously weak and inefficient in almost every
state, but what does legislation evidence? It evidences organization, unity of purpose, strength, professional progress, and, above all, the establishment, to the satisfaction of the community, that this profession has a definite service to render to the race. As it is written on the statute books of one of our states—"An act to amend the public health law relative to the practice of nursing."

To go into all the details this evening of these statutory differences would take far too much time that could be more profitably devoted to discussion. Nor is it necessary that we should, for we can now refer those who desire to make a study of these matters to various publications: The bulletin issued this year by the Board of Education in Washington; the Annual Report of the New York State Education Department, together with their pamphlets, such as the syllabus and the handbook containing a summary of the laws, etc.; Miss Louie Croft Boyd's "State Registration for Nurses," published by Saunders & Company and now under revision; and, for immediate study, to the comprehensive and interesting exhibit prepared for the convention by Miss Giles.

But in order that those who are not immediately in touch with our legislation may have a clear understanding of the papers to be presented, I beg to submit certain statistics, together with a brief outline of the statutory requirements and results already obtained.

We had some difficulty in getting information. A questionnaire was sent out. Possibly some of the copies did not go to the right authorities, but I am very grateful to the many who did reply and I naturally feel that I am, perhaps, greatly at fault myself, because in the many phases of work that came up this last winter unexpectedly I was unable to give it the attention of which it was worthy.

There are now laws regulating the practice of nursing on the statute books of thirty-three states, seven of which are compulsory; that is to say, they forbid the practice of any person as a graduate, trained, or registered nurse without a license. The others are permissive only "who may practice as a regis-
tered nurse." They were obtained in the following order: in 1903, four — North Carolina, New Jersey, New York, and Virginia; in 1904, one — Maryland; in 1905, four — Indiana, California, Colorado, and Connecticut; in 1907, seven — New Hampshire, District of Columbia, Iowa, West Virginia, Minnesota, Illinois, and Georgia; in 1909, nine — Wyoming, Washington, Texas, Oklahoma, Nebraska, Delaware, Pennsylvania, Missouri, and Michigan; in 1910, one — Massachusetts; in 1911, five — Tennessee, Idaho, Oregon, Wisconsin, and Vermont.

The information concerning the total number of schools registered as maintaining standards meeting the requirements of the law, is too incomplete to be of value. In a number of states the schools have not as yet been standardized. The total number reported as registered in the different states is 508, representing 14 states. The total number of nurses reported as registered, 32,972, representing 20 states. This is unquestionably an underestimate of the number. The largest number registered in any state is in New York, 8,960 having registered with 128 registered schools.

The population of New York was reported as 9,113,614 in 1910. The daily average of patients reported last year in registered hospitals was 31,434, making the proportion of hospital beds to inhabitants approximately 1 to 290. (This includes the nine registered state hospitals for the insane, whose total number of beds is something over 18,000.)

That report applies to hospitals for the insane, though this is an item that will interest you. Nearly 50 per cent. of the beds that we report in the registered hospitals are in the nine state hospitals for the insane. That statistic is appalling to me.

The second state is Massachusetts, which reports 6,000 registered; their total number of beds, 6,505, exclusive of beds in hospitals for the insane, the latter numbering 10,764. The population of Massachusetts in 1910 was 3,306,416 — one hospital bed to about 515 patients, exclusive of beds in hospitals for the insane.

I remember, a few years ago, reading an article in an archi-
tectural magazine calling attention to the need of architects conversant with hospital construction and saying that the proportion of beds in the hospitals of Massachusetts at that time to the inhabitants was one to one thousand, and at the present rate of increase it would soon be about one to one hundred.

There appear to be four distinct lines of legal requirements — preliminary education, professional training, licensing tests, and registry.

Preliminary Education. — In nineteen states there is no regulation concerning the educational qualification required; six require high school training or its equivalent; four one year of high, or its equivalent; three require completion of the grammar school.

Evidence of Educational Qualifications. — Where institutions are registered, the diploma is a certification that the requirements of educational qualifications are met. In some states a statement of the educational qualification is required on the educational blank. In one state, only, evidence of the educational qualification is required to be filed and approved by the Registering Board before the admission of the pupil to the school of nursing. This is a recently made requirement and has caused much agitation in the state where it was issued.

Professional Education. — Twenty-one states require a two-year course; nine require three years; two make no requirement, and the requirement of two is not known. Twenty require the experience to be obtained in a general hospital, six in a hospital or sanitarium, two do not specify where the experience shall be obtained, two specify that the experience shall be in medical, surgical, and obstetrical nursing in a public or private hospital, one requires medical and surgical nursing.

Licensing Test. — All the laws require an examination, but provide waivers, generally to include all those practising nursing at the time of the passage of the act. Seventeen laws have a reciprocity clause providing for the registration without examination of nurses registered in other states whose laws have equal requirements. All laws require a fee from applicants for
registration. In five states the fee is $10; in the remainder, $5.

All those items are rather important. About the question of
the fee I do not dare to talk very much, because I feel that I
shall take somebody else's time. But if a fee of ten dollars can
possibly be required that, of course, gives a fund in the treasury
for the carrying on of the inspections and other expenses, which
will be of infinite value in standardizing the schools. The fee
of five dollars in a small state brings in so little money that it is
impossible to do very much work.

Boards of Examiners. — The Board of Examiners in twenty-
nine states, including New Jersey, whose law has just been
amended, is composed wholly of nurses. Nine boards have
nurses and physicians, two states have no board of examiners, in
one state the board is composed entirely of physicians. I am
sorry to have to say so, but I am going to say it, that it is much
easier to get information where boards are composed of nurses
than otherwise, because we are interested in our own profession
and members of other professions have something else to do. In
eleven states the nomination of the members of the board is
made by the State Nurses' Association, in twelve by the Gov-
ernor, in four by the Board of Health. In seventeen states the
board is appointed by the Governor, in six by the Medical State
Board, in one by regents.

Regulations are made covering the salary of the secretary,
the amount appropriated ranging from $50 to $500. The
amount paid to the examiners is $4, $5, and $10 daily, when
occupied. There are also regulations governing meetings, dates
of examination, etc.

Inspection. — There appear to be two definitely appointed
inspectors, one in Illinois, and one in New York. The law in
one state, Idaho, provides that the president of the board shall
inspect the schools; in Iowa, that a member of the board shall
do so. Three states report inspection of a somewhat similar
character — Virginia, New Hampshire, and Washington. A
not inconsiderable number report informal inspections.

At least ten states have issued a syllabus, prepared generally
by the Board of Examiners for the state by the State Nurses' Association. In one, Virginia, the syllabus issued by the National Hospital Conference has been adopted.

I will quote from two of many letters I received:

"The direct results of our registration requirements have been in the change from a two-year to a three-year course in all schools, and the discontinuance of the former universal practice of sending out pupils for private work. Indirectly, we are getting results through the enlightenment the Act has brought to pupils themselves as to what should be required of them and by them, and through the supervision all schools are being made to feel they are under, by both the State Association Executive Board and the State Board.

"Conditions are still deplorable in even our best schools—both through indifference and lack of funds—but we know them to be appreciably better than they were five years ago, when our legislation was secured.

"Registration in our state has made improvement in most of the training schools, one poor school has gone out of existence. I don't feel there is one school that we could call indifferent. One member of the board visits the schools in the state as it seems necessary. We visited each school the first year the law was in effect, and many the second. The schools seem anxious and willing to do what is expected of them and are friendly to the board."

In almost every communication we have received, while the inefficiency of the law has been deplored, it has been asserted that, nevertheless, such laws have had a beneficial result in raising the standard of the schools and leading to greater uniformity in curricula. I would like to make one recommendation concerning the work which could be done and should be done, I think, by state associations. We believe that very valuable knowledge could be obtained, and far-reaching work be done, if, in every state, reports could be made to the State Nurses' Association of the institutions in that state, their number, their nature, and other important details—in the states where inspection obtains, by the inspectors, in others, by the Board of Examiners, who could so divide the state as to minimize the work of each member. In states without legislation some method of obtaining this information could be determined by
the State Association. These reports to be submitted by the State Associations to the American Nurses' Association, who could then prepare a report for the Board of Education in Washington.

A comparison of the statistical report of the Bulletin of Education with the reports received from the Board of Examiners shows great discrepancies in statistics. These reports come directly from the institution to the Department. Undoubtedly many hospitals do not report, nor has there ever been any attempt to classify properly the institutions; and it seems to me that the above suggestion might aid such a classification.

I beg to state here that while this statistical report is included with Miss Nutting's monograph, she was in no wise responsible for the preparation of the statistics.

My study of the various laws, which has been extremely superficial, I must admit, together with the knowledge I have gained during the past eighteen months, lead me to believe that in the New York State law we have more nearly approached the ideal than in any other. Our strength is threefold. We come under the Public Health Law and are, therefore, admitted to have a definite part in the health of the community. By the placing of the schools under the Regents, we have become part of a world-renowned and almost unique educational system. The regulations governing the education of the nurse are, therefore, in the hands of educational experts, and such regulations must accord with the regulations governing all the other professions. We have the assistance, and this is no small item, of machinery already well established, as the divisions of the Department exemplify. We do not have there a department of law, of medicine, of public schools, etc., but we have the statistical division, the examinations division, the inspections division. And our third and greatest strength lies in our law's requirement of co-operation on the part of the Department of Education with our State Nurses' Association. Our Board of Nurse Examiners is, it is true, appointed by the Department, but the nominations of the members are made by the State Association. I only wish
that our Advisory Council and the Inspector were nominated by the Association also.

The New York state law has, however, a great weakness — a weakness that retards our progress and handicaps the Education Department beyond words. Our law is permissive only, though in the face of the splendid and ever-increasing response on the part of the graduates of our registered schools — the number coming up for examination increasing every year — we cannot fear for the future; and the history of our state is but the history in a greater or lesser degree of every other. Nevertheless, I want to make one earnest plea for compulsory legislation — not who may practise as a registered nurse, or who shall practise as a graduate, trained, or registered nurse, but who shall practise as a nurse. Surely, if we can call ourselves the American Nurses' Association we can go on the statute books in the same way. I make a plea for such registration, not for the protection of the nurse, but of the community. We are, in truth, public servants, and the knowledge that we should bring to our service is too great, and our responsibility too wide, for us longer to allow the individual institution for the sick to determine what our professional preparation shall be. Such legislation would necessitate a compliance with the educational requirements on the part of every school of nursing. The short-course school, a greater menace to the public safety than is generally realized, would be obliged to change its name, and such legislation would turn back into the attendant class many young women who, while personally qualified, are not educationally equipped for the scientific preparation so evidently needed for the wider fields of nursing activities of today.

I have said our laws are weak and inefficient, and so they are. That our educational system is defective none can dispute; but as we listened to that superb report of our Interstate Secretary yesterday, it seemed, despite the shadow of patient, lonely struggle in the waste places, an extraordinary picture of organized progress, and the more extraordinary because of the demanding nature of our work. Whatever her field, I think we must unanimously admit that the nurse is more entirely
excluded from outside interests — social, civic, educational — than the members of almost any other profession, and we cannot but ask wherein lies her power, to what is due this ability to organize so forcefully, progressively, and harmoniously.

The nature of our calling developing, as it does, all the highest attributes in human nature, unquestionably plays the greatest part; but I am inclined to think that two very potent factors in this development have been certain features of our institutional preparation, features that we are at present striving to modify, if not abolish — the militarism, that splendid drilling in the subordination of self to the machine, and the over-demand in work and responsibility which is so wonderful a developer of resourcefulness, executive ability, and indomitable courage.

Do not understand me as depreciating the modification of either of these features. I am the ardent advocate of such modification; but a building whose foundation-walls project beyond a certain elevation would not be structurally correct, and we have gone beyond our foundation-wall. I am only paying a passing tribute to a system to which I believe we are deeply indebted.

We have been in existence as a profession not more than fifty years, and our first society was organized here barely twenty years ago, but we are meeting this week in this metropolis of the Middle West, a great organization, representing over twenty thousand members and thirty-eight state associations, together with two national bodies representing special activities — one of an equal number of years’ standing, and the other in formation.

Can we not boastfully say we have our patriots, our educators, and our statesmen — with what a record of professional work! Consider the remarkable development in the Red Cross nursing service in two years only, for which we are indebted to the great organizing ability of one of our members.

We read with pride the letter of transmittal accompanying a monograph on the educational status of nursing, the work of another, a letter which, I believe, has a sufficiently important
bearing upon the subject we are presenting tonight to permit of my reading:

DEPARTMENT OF THE INTERIOR
BUREAU OF EDUCATION

WASHINGTON, D. C., February 23, 1912.

Sir: Within comparatively recent years the trained nurse has become an important and constant helper of the physician, not only in public and private hospitals, but also in the home, taking the place of untrained watchers who, however willing, can render only an ineffective service. This work of nursing has rapidly advanced to the position of a profession requiring careful preparation for admission. Thirty states of the Union have enacted laws for its regulation, and all the other states will probably do the same within the next few years. In several of the larger cities, nurses are employed by the boards of education to visit the public schools, to look after the minor ailments of the pupils, and to assist in caring for their health. For the education and training of nurses, schools have been established and are maintained in most of the states. There are at present more than 1,100 such schools, with an attendance of approximately 30,000 students. For this reason the education of nurses and the educational status of nursing have become questions of general importance and public interest on which the Bureau of Education, in pursuance of the purpose for which it was established, should give information. I recommend that the manuscript be published as a bulletin of the Bureau of Education.

Respectfully submitted,

P. P. CLAXTON,
Commissioner.

The Secretary of the Interior.

Could we ask for more definite approval, or by a higher authority, of the work of one of our educators?

And to obtain legislation in not thirty, as the commissioner said, but in thirty-three states, must we not in each state have had some leading spirits following the footsteps of the women who played so important a part in our first legislation only ten years ago, one of whom is to give the history of legislation tomorrow, one whose part has been great indeed, not only in her work in the state, but in the legislation of all the states through the pages of our American Journal of Nursing? Have
we not here evidence of statesmanship? Despite our defects, unsolved problems, even failures, as the steady tread of this triumphing army sounds in our ears, we dare to say they have, indeed, built better than they knew.

Miss Riddle. I am very sure that while listening to this very splendid exposition of the subject many questions must have occurred to you of difficulties in your own states in the administration of your own laws, or what not, and we would therefore be very glad for a free discussion of this paper. We would also ask you to present any questions you may have, to please put them in writing and pass them up to the platform. They will then receive, some time during the session, their necessary response. Please also, in discussing any of these subjects, come to the front and take your place upon the platform, that you may be heard in the more remote parts of the hall. The subject is now open for discussion or for questions. We shall assume, if you have no discussion, that your wants along this line have all been satisfied, as I think they might well have been if you gave the attention which indications seem to point that you did.

Miss Duncan (Pennsylvania). Madam President, I have a question to ask which I have not had the time to write yet. Miss Goodrich, in her report, said that she hoped the day would come when it would be compulsory for every nurse to be registered before she commenced nursing. The question I would like to ask, Madam President, is this: What will we do with the experienced nurses, the nurses who are not graduates, if it comes to compulsory registration? I know and all nurses know, that not every patient can pay $25 a week. I would like to know if anyone has thought of the nursing care of these people, and what we are going to do with the experienced nurse. Can we register her or can we not?

Miss Riddle. I take it you are not thinking so much about taking care of the experienced nurse as you are taking care of the patients that she attends.

Miss Duncan. Exactly, Miss Riddle; the people who cannot afford to pay $25 a week.
Miss Riddle. I will ask Miss Goodrich. I have no doubt she has thought of some plan.

A Member. May we have the question repeated?

Miss Riddle. The question is this: Should compulsory registration come to pass, what would become of the so-called experienced nurse, not so much what becomes of her as what shall become of her patients.

Miss Goodrich. I feel like Mrs. Pankhurst, only you see I am not Mrs. Pankhurst and I cannot answer questions right off-hand the way she does, very satisfactorily to the audience. Let us begin this way: If we had compulsory legislation no hardship could be worked to those who are already in the nursing field. We would consider at once that a very broad waiver would have to be allowed, which would include all women who gave evidence of practising in good faith nursing at the present time. But inasmuch as in those states — and I can speak positively for New York state — a public accountant cannot act in that capacity, a pharmacist cannot act in his capacity, a dentist, a lawyer or a doctor, without giving evidence of meeting the state requirements for his profession, I cannot see why a nurse should not give evidence of meeting such requirements which fit her to take care of the sick. (Applause.)

I would like to say just one word more. If there is any other class of nurses needed, that class will come forward; but I think the community should know who is the nurse and who is not the nurse. They can have, as I have tried to say before, whom they will, and they can pay what they will, but we owe it to them to make it definitely understood who is the nurse and prepared to take care of their sick and who is not fully qualified. (Applause.)

Miss Riddle. Are there other questions, or is there further discussion?

Miss Dennis. Madam Chairman, I would like to ask a question how to interest the state board of education in the matter of the registration of nurses. And I will explain why I am asking that question. Since our amendment in New Jersey was
approved, which happened only about six weeks ago, many of the nurses, hearing that there was a provision for registration, have sent letters of inquiry and some applications for registration blanks to the state board of education of New Jersey. There have been quite a good many of these letters sent in to the state board of education. They have been forwarded to the board of examiners. Then, later, followed a personal letter from the state commissioner of education asking for information concerning registration in the state of New Jersey, for a list of registered nurses, and for any literature that we might have on the subject. Now, it seems to me that this indicates an interest in our work in the head of the state board. Now, my question is, How best to encourage such interest?

Miss RIDDLE. Will some one in the audience, who has had experience, please reply to this question?

A MEMBER. What is the question, the state board of examiners or the state board of education?

Miss DENNIS. The state board of education.

Miss RIDDLE. I might answer that by saying that in Massachusetts, when we failed to interest and succeed one year, we tried it for another year; and when we failed that year we did it the third and the fourth and the fifth and so on, really until we had been eight years. So if you fail the first year, I should keep at it.

Miss DENNIS. But, Madam President, we already have the interest. I want to know how to proceed to keep up the interest on the part of that body.

Miss RIDDLE. Give them something to do. Give them some definite work, perhaps. People are always most interested when they work hardest. I would ask, however, if anyone present has anything to offer in reply to this question other than has been given.

Miss Goodrich. I would like to suggest that to that board you send the bulletin from the Bureau of Education in Washington. Let them read that study of work on the educational interest of the nurses. I think it would be certainly interesting
to them. And Professor Winslow's report read last year in Boston. I think if they would receive the literature that they would understand the work that was being done, the effort that was being made, and, before very long, I am sure we shall be approaching the boards of education throughout the country asking them to establish colleges. That seems very far off, but it is not as far off as it sounds; and wherever we have approached them they have shown just the interest that you speak of.

Miss Eyre. I should like to say in reply to that question that in Colorado a school has been started for social service in connection with the state university for social service, which embraces a preliminary course of education for nurses for all sorts of social and helpful work; and it seems to me that the member from New Jersey might suggest to that board of education that they start some movement of that sort in one of their institutions of learning, whether it should be a university or school or some one particular thing; try it out in one place, and teach people. Give them a preparatory course that may be of use to pupils expecting to enter Training Schools. It seems to me that the time is coming when the work can be minimized to a great extent for hospital Training Schools, if the pupils could have some idea in connection with their ordinary A, B, C education. If there were a department in the high schools where candidates might specialize in some way, then they could come in and be better equipped for training.

Miss Riddle. Is there anything further upon this topic?

Miss McNamee. May I ask what standing the practical nurse has; that is, a nurse who has had many years’ experience under the very best doctors in Chicago, taking care of sick children, babies and even women? What standing has she?

Miss Riddle. You mean in her community?

Miss McNamee. She is considered a good nurse, of many years’ experience. I would like to know what standing she would have?

Miss Riddle. The question is, what standing has the practi-
cal nurse of very many years' experience, successful experience, in nursing work? Will someone offer a reply to this question? Will someone from the platform answer the question?

Miss Goodrich. I should dislike to let a question go unanswered. You mean, if we had a compulsory law, what standing would she have?

Miss McNamee. Yes; what it would be now.

Miss Goodrich. The woman of whom you speak, who is today in the field, would come in under the waiver; but the girl of the future would not make the mistake of being an excellent nurse without the proper professional preparation.

Miss Palmer. In the early days of the administration of the law in New York there was a provision in the law which required us to register under the waiver experienced practical nurses, who were willing to submit to a test in practical nursing. We had a special examination for such women. They came before the members of the board in the different cities where examinations were held, and were required to give a simple practical demonstration in such things as giving a bath, taking the temperature, making and changing the bed, and all those simple fundamental nursing procedures. We asked a few questions. We did not go into anything that required textbook knowledge, but judged those women by the endorsement of responsible people, and by their ability to use their hands properly and answer intelligently the simple, practical nursing questions. Now, it seems to me when we make state registration compulsory over the length and breadth of the country, that we shall have to provide for these practical, capable women, who are doing good work and supporting themselves and taking care of people of moderate means; just such a simple practical test as that, to demonstrate their fitness to be recognized and to be registered under a waiver. It is the simplest thing in the world to do, and I know from the experience that I had that those who did come forward and take such an examination did not feel it to be a great hardship.

Miss Riddle. Are there any further questions, or is there further discussion?
Miss Stanley. I would like to know if any of the states or schools furnish equipment along the line of nursing, aside from the education received in the grammar grades or in the high schools?

Miss Eyre. I do not know of its having been done in our experience in the West, in the graded schools or high schools; but the state university has recently instituted a course for that and has called it the school of social service, and they teach elementary nursing and elementary physiology and the three R's of our profession, so that the young woman who expects to be a nurse will be equipped. It has only been done in the state university and has not yet been thoroughly tried out, but we very much hope it is going to work. I cannot see why it should not be done equally well as an elective branch in the high schools.

Miss Stanley. I wished distinctly to know, because I know of a state that is thinking of employing a person for that kind of social work with the girls in the school, and not in the high school but in the grammar grades.

Miss Riddle. If there is no further discussion we will proceed to the next topic upon the program, "The Enforcement of the Law," by Miss Mary B. Eyre, Secretary of the State Board of Nurse Examiners, of Colorado.

THE ENFORCEMENT OF THE LAW.

In looking back over five years of experience in enforcing the law requiring any nurse who practices as trained or graduate, in Colorado, to hold a license, I am conscious most of all of a feeling of surprise in realizing that that is what has actually been done, and the law kept!

Probably that is one of the chief assets of such a convention as this — namely, that we are all led to take stock of our different departments of work, in order that we may see where we stand and summarize what has been accomplished. I am going to tell you as simply as I can just how we have set about enforcing our nursing law in Colorado.
Our problem differs a little from that of boards who do not have obligatory registration. In the six states where it is required we meet greater harassments, but, I venture to think, greater results, than where nurses do not have to hold a license in order to practice their profession.

The first thing is to get into touch with every nurse who comes into the state; next, to find out if she intends to nurse "as a trained or graduate nurse," because the Colorado law does not bother the practical nurses; then to notify her of the law, send her application blanks, and find out if she is eligible with or without examination. This entails finding out her date of graduation, whether her training school is standard, or whether she is registered in another state with which Colorado has reciprocity. A brisk correspondence usually ensues, unless a personal interview is possible, in order to ascertain these facts. Her name is recorded in a memorandum-book with address and such appropriate data, and the date entered on which application blanks and copy of the law were given her.

Follows a pause. The stranger is from East or West, North or South in the United States; sometimes from England, Holland, Germany or Australia, and that means a reasonable delay in having her application papers filled out by vouchers who have known her, and by her superintendent of nurses. Should this delay be too prolonged, however, a notice is sent somewhat to this effect (the phrase runs very glibly from my pen from constant use):

Dear Madam: Application blanks and copy of the law, requiring all who practice as trained or graduate nurses in Colorado to be registered, were sent you on (such and such a date), since which time nothing has been heard from you. Kindly file your application without delay, or cease from practising as a trained or graduate nurse until you comply with the law. An answer to this letter is requested, stating your intentions.

(Signed) Secretary.

If there is no reply to this missive, another still more peremptory is sent by registered mail. This threatens prosecution,
and is generally met with one of three attitudes on the part of the nurse addressed. First, receipt of the tardy application; second, excuse and reasons for not applying; thirdly, indignation and aggrieved surprise, somewhat as follows: "As I have left Colorado, I did not think it worth while to bother with registration," or "If you had taken the trouble to inquire before writing such a mean letter you would have found that I've been in Salt Lake City three weeks." They often run: "You are mistaken; I am not a trained nurse, nor do I claim to be. I am a practical nurse, and will refer you to anybody in this town, etc., etc."

A great part of the secretary's work is trying to "tag after" the bird-of-passage nurses, the only clue to whom is the address, often temporary, given on arrival. I append a part of the secretary's last annual report:

(The term "delinquent" signifies those to whom more than one notice to register has been sent.) "Letters to delinquents from April, 1911, to April, 1912 — 117.

<table>
<thead>
<tr>
<th>Category</th>
<th>Number</th>
</tr>
</thead>
<tbody>
<tr>
<td>Of these applications have been received</td>
<td>39</td>
</tr>
<tr>
<td>Of these have left Colorado</td>
<td>37</td>
</tr>
<tr>
<td>Pupils who have given up training or not yet graduated</td>
<td>19</td>
</tr>
<tr>
<td>Practical nurses</td>
<td>10</td>
</tr>
<tr>
<td>Not nursing</td>
<td>6</td>
</tr>
<tr>
<td>Letters returned, not heard from</td>
<td>6</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>117</strong></td>
</tr>
</tbody>
</table>

A number of interviews have been conducted of a similar import."

The question arises in many people's minds as to how the board hears of all the nurses who come into the state. That is less of a problem than might be supposed. There are 1,244 nurses registered in Colorado. A large percentage of them remains in the state. Be it said to the honor of many of these nurses that their loyalty to the nursing standards leads them to help to enforce the law by telling strange nurses about the law, and by telling the board about the strange nurses!
Others are influenced by the very human motive of wishing to see others undergo the same discipline that they themselves have had to submit to, and will report delinquents and law-breakers. There is a universal desire among nurses for fair play, in having the law enforced; and often the worst procrastinator, when once she is obliged to register, will become a zealous convert in gathering others into the registration fold.

For a time the attitude of most of the medical profession was one of rather amused indifference, but each year there is an increasing number of doctors who will refer nurses to the board on learning that the aforesaid nurses are not yet licensed to practice.

Hospital superintendents have been urgently requested by the board to take as graduate nurses for special duty only such as are registered or whose applications are pending. Registrars of local directories do not admit nurses until they become state registered, and are most helpful in sending names of all strange nurses promptly to the board. Reference lists of registered nurses are furnished to all hospitals, sanitaria, nursing associations and registrars throughout the state. Training School pupils are kept track of, and are sent application papers on graduation. Nurses who advertise for work in the daily newspapers are hunted up and notified. The decrease in such advertisements is noticeable since the import of the law has become generally understood.

In despite of all these precautionary measures there is still, even in the city of Denver, under the very nose of the board, a small sprinkling of nurses who slip by all outposts — evade all vigilant upholders of the law, and "get a case" without the board's being any the wiser — for a time. We know there are such instances, because sooner or later every one of those nurses is brought to light by some one of the means aforesaid, and is eventually registered or eliminated by departure from the state. Because such instances are found, we can never be safe in saying that all nurses are registered in Colorado. We have reason to believe that those who dodge the law are few in number, and are becoming fewer each year. The little towns are the anxious
problems for the board. Nurses slip in and slip out; distances are great for the board to make inspection, and only by visits can the situation be kept in hand.

I wish I had time to tell you of the hard work and the amusing instances encountered on such a trip. It means getting a list of the principal doctors in the town, going to the chief drug stores, and hunting up any graduate nurses who may be relied upon for information. These are all points of focus and are visited, together with the local hospital. City directories or local telephone directories are diligently con ned, and every nurse listed therein, practical and graduate alike, is hunted up and interviewed. This has sometimes meant a ride of miles into the country, and more than one tired nurse has been roused from sleep during her "relief" to be told that she must apply for a license if she wishes to practice as a trained nurse in Colorado! Hard hearted? We have our law to keep. When confronted on a case there is seldom difficulty with an offender. Usually the plea for having neglected registration is ignorance. Many do not understand that the word "trained" is synonymous with "graduate," and often practical nurses who have had some training call themselves trained nurses innocently. In these cases an explanation and warning is usually enough.

When the Colorado board was first organized, it employed its own lawyer, as advice was constantly needed, and many letters threatening prosecution had to be written to those who were indifferent or defiant, which were more effective when delivered by the arm of the law. Later, the board was required to give up its private attorney and to have the state attorney-general as legal counsel. As there was by this time less threatening to be done, owing to the law's having become pretty firmly established, the board did not have to consult the attorney-general so frequently, and always got the necessary help and backing from that office.

There have been several instances where nurses, who were refused registration in Colorado, have tried to force the board to issue them licenses by bringing to bear influence, medical, legal and political. Doctors, lawyers, state senators, even the
governor himself, have remonstrated. The board, after weighing the evidence and feeling that a right decision had been reached, has stuck to its refusal in each case so far and has never been forced to give way. The reply to all pressure of the sort has been to this effect: "Our board believes that it has a duty to perform to the public, as well as to the individual; in refusing to grant the license in question, we believe that the public is being protected."

The board has never actually had a lawsuit, either as defendant or plaintiff. It has more than once felt itself on the brink of one; and, indeed, we have long looked forward to a good lawsuit as a tonic measure and a definite advantage! A suit well won would advance the authority of the Registration Act to a marked degree, and would lessen by half the board's work of prodding up delinquents. But they all come in — even at the eleventh hour, or nurse as practical nurses only — when the pressure is brought to bear strongly enough.

The difficulty of pushing a prosecution would be with the district attorneys. Evidence has several times been collected which seemed to the board sufficient to start prosecution; when referred to district attorneys they have thought that the evidence would not ensure conviction if given to a jury; and in each instance the district attorney has sent letters to the nurses in question, which have brought about their compliance with the law and dispensed with trial by jury. The board has been cautioned against undertaking to punish by prosecution, unless the evidence would warrant a conviction. The evidence must prove that the offender practiced as a trained nurse, and not merely that she was designated as one.

As the object of the board was to educate the public and to ensure the keeping of the law, rather than to punish merely, the end has been attained so far in every case without the prosecution and infliction of the penalty which the statute provides.

I should be stealing someone's else thunder were I to elaborate on the advantages gained by registration in general; but I cannot end my share in this symposium without dwelling for a moment on the remarkable results which I have seen from the
registration law in Colorado. First, in exposing many so-called “trained” nurses and forcing them to sail under their true colors as practical nurses. Of these, many have been dismissed from Training Schools in other states, and, until our registration law was in effect, nothing prevented their coming to Colorado, putting on cap and white uniform, and passing themselves off as graduates. I personally knew of several such cases who, when they had to be investigated in order to get licenses to practice, could not face the music and left Colorado. Hardly a month passes that someone does not appear in the board office claiming to be a graduate nurse, who, when pressed for details, is found to be a graduate of some correspondence school. One of these mushroom growths (correspondence schools) flourished at one time in Colorado, but has now gone out of existence. Four, at least, of the small hospitals which used to claim to train nurses, have given up their inadequate Training Schools, while every Training School in the state has been obliged to improve its standard and to give its nurses more and better teaching. Four of our large Training Schools in Denver installed instructors of nurses, of which three schools maintain instructors at present. In two instances of smaller Training Schools where nurses had not been sufficiently taught, and whose pupils had failed in state board examinations, there was dissatisfaction, and a change made in the management in order to improve the teaching and enable the pupils to pass the board examination. Where a pupil fails to pass and get her license, and cannot therefore practice her profession, it naturally reflects discredit upon that pupil’s Training School, and this no Training School can afford. Let alone pride, it is cheaper for the hospital to improve its Training School than to have to go begging for applicants and to employ graduate nurses, as would be the case, were its pupil nurses not able to pass state board; therefore, the law raises the standard as an economic measure. The personal and professional standing of every nurse in the state is looked up and kept on record. The standing of the hospital of which she is a graduate, and likewise the personal and professional standing of each of the two nurses who act as vouchers on her application
(and only graduate nurses who have known her well are accepted) are all investigated and the records kept on file. This data is presented with the application, and each applicant is voted on individually at the board meeting.

And here I wish to acknowledge with many thanks the letters received from the secretaries of other boards, and from superintendents of nurses, regarding these matters. I have a lively appreciation of the bother the letters must be for busy superintendents and secretaries to answer, and I am grateful for your co-operation.

Thanking you all for the courtesy of your attention, I will bid you good night and Godspeed.

MARY BROOKS EYRE, R. N.,
Secretary Colorado State Board of Nurse Examiners.

Miss RIDDLE. Are there any questions to present regarding this paper?

Miss GILES. Madam President, I should like to ask what can be done towards equalizing the standard among the states? Would it be wise to appoint a committee before this week's session is over for the purpose of establishing uniform standards?

Miss WHEELER. May I suggest that we have a state registration meeting tomorrow, a section, at which time this answer might perhaps come before us or this question?

Miss RIDDLE. A very good suggestion. This is something for you to consider and bring with you to the meeting tomorrow.

The next paper on the program is, "Relation of State Boards to State Associations," by Mrs. Reba Thelin-Foster, President of the Maryland State Nurses' Association. As Mrs. Foster is absent, and as the time is passing, this paper is read only by title. You will receive it all in your annual report, and we will pass on to the next paper, "Duties of Boards of Examiners," by Miss Charlotte B. Forrester, member of the State Board of Nurse Examiners of Missouri. (Applause.)

Miss FORESTER. I feel that probably you would be interested in knowing some of the peculiar duties that have arisen in connection with the Missouri State Board of Nurse Examiners.
The board of nurse examiners is still working under the waiver; will continue to do so until December of this year. Our first examination will be held probably in June, 1913, and for the benefit of anyone here who is interested in the introduction of a bill at the next session of their state legislature, I wish to recommend that you be very careful in the wording of your waiver. Make it as short as possible. The different states are now familiar enough with the different laws existing in other states and their enforcement not to require the length of waiver that we have in Missouri, three years.

Also for the benefit of the states who are anticipating the introduction of a bill, I want to tell you of an experience that we had in connection with our clause for the protection of the practical nurse. A great many women of the state of Missouri had been nursing for a number of years, were doing good work, and the public demanded that these women be protected and be allowed to register under the waiver or pass an examination. When our bill went into the committee of the House, I think we had three members in that committee, and they considered it their duty to pick the bill to pieces and change it wherever possible; not that they thought the change would probably be of advantage to the bill, but it was their duty as members to introduce some of their own thoughts into the nurses' bill. One doctor took the clause that related to the practical nurse, and this clause read that the nurse must have at least five years' experience in nursing and be nursing at the passage of the act. Immediately following this clause was another clause which was introduced for the benefit of the nurses who had had one year's experience in hospitals prior to 1895. We had a few hospitals in Missouri that, prior to 1895, had given a one year's training, and the women who had graduated under this one year's training were considered eligible under this waiver. So to protect these women who had not had an opportunity to take more than this amount of training this clause was introduced. This member recommended that the word "graduate" be eliminated. That was passed by the committee. He also recommended that the word "is" be struck out. That was passed by the com-
mittee. He then concluded that he had protected the graduate nurse. I sat in the committee room and listened to this amendment to our clause. I read the clause over after he had made this proposed amendment, and it flashed upon me that here was a doctor in the committee room who was doing work for us that we had not been able to do for ourselves. He amended the clause barring the practical nurse from any kind of an examination or a chance for registration under the waiver.

Now, it has been our duty as a state board to enforce this law. It has been our duty to point out to the practical nurse that she could not register under the Missouri law. A great many of them have been disappointed. So be very careful in your work in the committee room to observe. Do not say very much.

We feel that one of our greatest duties is a work that we are trying to do for the superintendents of Training Schools. We try to come as closely in contact with the superintendents of Training Schools as possible. There is no provision in our law for an inspector of Training Schools. However, we have provided that ourselves by the appointment of a committee in our body, the chairman of the committee, to visit hospitals and Training Schools. The object of this committee and these visits is to establish more harmonious relations between the board and Training Schools. We do not call our committee an inspection committee. We find that this works very well. We also find that we have no difficulty in having our expenses paid in connection with this work. While our bill plainly states that all funds shall be applied to the work of the board and other expenses in connection with their meetings, we make it our business at the time of our meetings in the different cities to do our inspection work. It sometimes takes a day or two more than the regular time required for the meeting of the board, but in this way we make a very satisfactory inspection of our schools and see just what they are doing. We learn their curriculum and method of class work and the examinations required of their pupils, the number of pupils, the number of beds, and the general condition of the hospital.
In preparing for this work of presenting the duties of state boards, Miss Goodrich has told you in her paper that she found difficulty in communicating with the different secretaries. I found that of the thirty-seven communications I sent out to state secretaries I had seventeen replies. I want to thank the secretaries for the help that they gave me in this work.

It is very interesting to go over all the state laws and read the rules governing the board and the different forms of examination. I want to speak of the clause in the law in regard to the outline for the branches for examination. In some state laws the different branches are incorporated in the law; and, after the experience of our bill, we rather feel that we have the advantage over the state where this outline is made in the law.

When we passed our law we had no idea that Missouri would try to establish Training Schools in our state hospitals or the hospitals for the insane. Within the last few months that has been accomplished. We now have a superintendent who is doing the pioneer work of establishing Training Schools in our state hospitals. This will take a number of years on account of the conditions existing in the different hospitals. But the entering wedge is there, and we hope to accomplish a great deal by the work that is now being done. In the state of Missouri we have a very fine sanatorium for the care of tuberculosis, and through the state officers of the board of this sanatorium we are to be invited to affiliate with the sanatorium for the training of nurses in the care of patients having tuberculosis. That is another branch that has come up since our bill was presented. These two branches have been added since we first planned for our bill and no doubt that the bill, in connection with the social workers, will also come up as a department of hospital service. We have a great many hospitals in the state of Missouri, especially in St. Louis, that are now introducing the social service worker, who will follow the cases from the hospitals to the homes. The nurse often accompanies the social worker in her work. It will gradually become a part of her training, and, of course, that will have to be taken up by the state board. As you know, in Missouri, the motto is with some people, "Show
me." We must demonstrate to our state authorities that the nurses of Missouri are interested in other things besides their individual work as a nursing profession.

Through the courtesy of the State Board of Charities and Correction of Missouri we have been able to have a member of our Missouri State Nurses' Association, a member of the state board of examiners, appointed to the position of state inspector of jails and almshouses. (Applause.) The Missouri State Nurses' Association is bearing the expense of this work. It will cost anywhere from $1,500 to $2,000. When the question came up to the State Nurses' Association last fall, "What shall we do this coming year"? they decided that they would take up the inspection of almshouses. Then the next point was, "How shall we accomplish that thoroughly? How can we do it so that we can get all the information necessary"? The Missouri State Nurses' Association being affiliated with the State Conference of Charities and Corrections, the president was requested to appoint a committee to hold a conference with the state secretary of the Conference of Charities and Corrections and form a plan for doing this work more satisfactorily. We learned that the State Board of Charities and Corrections had the power to appoint an inspector, but had no funds to pay for one on account of the small appropriation that was made at the last session of the legislature. The office of the State Board of Charities and Corrections is located at Columbia, and the secretary of that board is an assistant professor of sociology in the university, therefore the nurses' work is there being exploited. In Jefferson City, our capital, through the efforts of the State Board of Charities and Corrections and the Tuberculosis Society of Missouri, a graduate nurse has just been established as a visiting nurse in the care of tuberculous patients. That was done in order to get the work located in Jefferson City; to bring it as near the seat of government as possible; to show the work that the nurses were willing to do and what they wanted to do aside from the fact that they were supposed to earn $25 a week. I think we have eradicated from the minds of a great many people, especially the state authorities, that the
sole object of the nursing profession in Missouri is not to raise
the price but to raise the standard of the nurses in every
capacity. As you know, a great deal of the work of the state
board is located in Jefferson City; so that when we bring before
the legislature at its next session an amendment to our bill, as
we hope to do — possibly we may ask to have our state board
put under the government of the State Board of Regents of the
University — it is going to be much better understood than when
we came to them previously.

We are very fortunate in having as secretary of the State
Board of Nurse Examiners a most excellent teacher. She has
been a superintendent of nurses in hospitals for the last fifteen
or sixteen years. She goes to, I think, between seven and eight
of the different hospitals in Kansas City and takes up part of
the class work. She does not relieve the superintendents
entirely of their duties in the class room, but she takes up the
work that is really least interesting to them. They still have
the bedside work, a great deal of the practical work and some
of the theoretical work; but Miss Smith has, during the last
year and a half, established a uniform curriculum in Kansas
City.

In St. Louis and Kansas City the superintendents of the dif-
f erent hospitals have formed superintendents' societies. And
I know that St. Joseph and Springfield are getting ready to
join these superintendents in their work. So we hope very
shortly to have established a uniform curriculum, regardless of
the fact that we have no outline in our bill for a curriculum of
any kind. At the next session of the legislature this will prob-
ably be introduced. (Applause.)

We have in Missouri the only school for nursing connected
with an osteopathic hospital in the world. We have had before
us during the last year and a half applicants from this school.
We have been able to hold it off pending investigation, which
has been made. We visited this hospital. We found a hos-
pital of forty-five beds, and they propose to build an addition
that will make it over a hundred beds. They have met every
requirement of the law in regard to the educational standard.
They have a good curriculum, they give their nurses good training, they turn out good nurses. They have a materia medica course in theory, also part of it in practice. I am going to ask the American Nurses' Association to help the Missouri State Board of Examiners, or rather give us some ideas of what we should do, how we are to handle this subject that is to come up for final decision within three weeks. I thank you. (Applause.)

Miss Riddle. The hour is growing late, and inasmuch as we have a session devoted to this subject tomorrow we will omit discussion upon this last paper and pass on to the next: "Training School Inspection," by Miss Wheeler, Secretary of the Illinois State Board of Examiners of Registered Nurses.

TRAINING SCHOOL INSPECTION.

The aim of all of our work and thought is well recognized by this body here assembled, viz., to develop the women in our schools, so as to make better nurses, or as the exhibit slogan puts it, "The American Nurse Surpassed by None."

In order to do this efficiently, it would seem necessary to find out definitely the quantity and quality of the schools for nurses each state is supporting. After that, to formulate and extend such aid as to secure the end. This work is primarily the work of the various state boards relating to nurses and providing for their registration.

The need of a person to devote all of their time to the study of the conditions and the ability to provide for such a person depends upon the conditions laid down in the various laws regulating registration. It would seem necessary, however, no matter how few schools were located in a state, to secure certain data concerning them. First, to compile a list of hospitals having in connection with them schools for nurses throughout the state, giving location, year of establishment of each, with the names of the superintendent of the hospital and superintendent of the school. As the work grows, it is also convenient and satisfactory to have on file a list of all hospitals in the state.
This last list, however, may be already compiled and this, if correct, is a valuable reference. In some instances the state board of health, or some such body, would have this already attended to. Training Schools may be established in connection with any one of these hospitals at any time, and a full view of the hospital situation is advisable.

Hospital management may be readily divided into three heads: Erection of building, the equipment of the same; the operation of the same. The general floor plan of the hospital does not come in touch with the nursing service, except in the matter of wasted human effort on the part of the nurses; there may be a gross lack of mechanical equipment, or such a plan of structure as will cause much duplication of effort. Both of these conditions waste labor, time and material. The result is that the pupil nurse may be overworked, may become ill, or it may require many more nurses in proportion to the number of patients than would be required were a proper workshop and tools provided.

In order to place on file intelligent data concerning the individual school, besides the points already referred to, of name, location, date of establishment, and names of officers, the number of beds in the hospital, with the number of days’ treatment given in the last fiscal year, should be added. A convenient classification of hospitals as regards size is to place all institutions of 100-bed capacity or more in Class A; those of from 50 to 100-bed capacity in Class B; and those of a bed capacity of 50 and less in Class C. Then should follow the number of pupil nurses enrolled in each of the classes, the length of the training course, and the length of the probationary period. A study of the individual applicant is of value; this shows the age, educational qualification, previous employment, and references of health and of moral character; whether or not she has been in some other school for nurses, and if she has been in some other school, her reason for leaving the same, and whether she has been allowed full credit or part credit for her time in the previous institution, and what effort had been made to get information about her activities from the authorities of the
last school. Then, in regard to the kind and the amount of the preliminary instruction: what plan is followed in the theoretical and practical work, which fills in the remaining portion of the time; what theoretical work, both in class and lectures, has been given during the school year, and by whom it was presented; whether by the doctors, superintendent, assistants, or outsiders; whether or not there is a library containing nursing literature, and what text-books are used; the time allowed as the minimum in the various departments; the hours on and off duty, both day and night; and what provision is made in cases of sickness; also what is customary in regard to the matter of discipline and credits. The records of the theoretical and practical work should be simply and accurately kept; a knowledge of graduates employed, and in what capacities; the number of affiliated nurses, if any, including the number sent out and where, and for how long, and for what instruction; the number received from other schools, with the time and services of each; what allowances are paid, or any other financial arrangements; who provides the uniforms and text-books; the total number of women who have graduated from the school, and a record of graduates from year to year. From these records may be compiled the total number of graduates in the state. A knowledge of the living conditions is essential; the kind and condition of a nurses' home provided.

In Illinois we have graded the nurses' homes into three classes: (A) Buildings which have been erected for the purpose of housing the nurses in the schools; (B) buildings which have been adapted for that purpose; (C) where the nurses are housed in the hospital building. In a study of 86 nurses' homes, the records show that the majority of the homes are of the B class (44), followed closely by the C class (27), and with but a few in the A class (13), and 2 in B and C. The ordinary nurses' home should permit of single bedrooms or of at least not more than two in each room, avoiding dormitories and arranged for a living-room, class- and demonstration-room. If a library, recreation-room, outdoor sleeping-rooms, and gymnasium can be provided, they are very desirable.
After securing all of this data from the superintendent then "make rounds" through the building. There you see the nurses at work; you note their physical condition; their dress and actions; their mental attitude toward the superintendent or doctors, toward each other, and toward strangers; whether they are happy, or discouraged and unhappy. The reflection of their work is shown by the comfort and neatness of the patient and her surroundings. One gets an idea of the equipment and, in some instances where the equipment amounts to but little, the right "atmosphere" of thinking for the physically unfit is plainly seen. This is a beautiful contrast to the freely equipped institution with no nursing care. Then a knowledge of the educators back of the superintendent is important; whether they are interested in the school as a school, or are such as never think of the school except as the work is done, and the hospital accounts show the result of special duty nurses' earnings.

The Illinois Board asks for a curriculum of each recognized school from year to year as it is planned for the beginning of the school year. From these lists the secretary is able to refer to the dates for lectures and classes as are to be held on the various days.

In many instances she has been able to attend these and has also been given an opportunity of speaking to the pupil-nurses regarding registration and answering their questions in regard to the same.

An opinion of the work of the institution by a few outsiders is somewhat of a guide as to the standing of the same in the community, and should be considered in the final summing up of the school.

Schools may be classified as (1) those which surpass minimum requirements; (2) those which meet minimum requirements; (3) those which may be credited with one or two years, known as special schools; and (4) those which fail to meet the minimum requirements.

I beg to state that it has taken the Illinois Board more than a year to compile the data alluded to relating to its 99 nurses' schools. The work is slow but it is encouraging to find that
schools which have had no more theoretical work than the outsides of the text-books are asking for teachers; that the question of hours on duty is being considered; the Superintendent of Nurses feels that some person or persons are interested in the achievements of the school; that the class and lecture work are being confined more nearly to nursing topics, and leaving out many medical topics; that the number of Class A homes are increasing; and that the pupil-nurses are asking questions, showing that they have an aim in their training. Although improvement seems to come slowly, yet many improvements have been made, and we continue to seek for co-operation.

The requirements to be met, or used as a standard, will necessarily depend upon the law of each state and the opportunity allowed the various boards to interpret the law. It would seem a good thing, if it were a possible thing to do, to make the requirements equivalent, or nearly equivalent in each state, so that reciprocity could be used to advantage.

Miss Riddle. We again regret that we cannot call for discussion upon this paper, owing to the lateness of the hour; and I want also to add that I have in my hand a number of questions which have been handed me and which we will be unable to have answered tonight, but I promise you that I will find some one to answer these questions for you in the conference tomorrow.

THE RELATION OF STATE BOARDS TO STATE ASSOCIATIONS.

By Reba Thelin Foster, R.N.

When one reads over the various bills of registration in the different states, one can readily credit the statement made recently at one of our meetings by a prominent nurse that "never were nursing affairs in such a chaotic state."

The many avenues constantly opening for nurses have increased the demand to such an extent that our hope of having only the fittest selected is apt to be dashed by the necessity of
finding one who will undertake the work, whether she is qualified for it or not.

An examination into the different methods employed in the appointment of nurses' examining boards reveals "confusion worse confounded."

Out of twenty-two bills examined, only six recognize the Nurses' Association as being the proper body from which the nominations and appointments should be made. These are New York, Maryland, Virginia, Wyoming, Georgia, and the District of Columbia. North Carolina has three nurses elected by the State Association, and two physicians elected by the Medical Society, and Delaware allows the State Association to nominate ten of its members and four regularly licensed physicians, from which the Governor appoints three nurses and two physicians.

Undoubtedly the highest ideal is reached when the Nurses' Association holds nursing affairs entirely in its own hands, but when physicians are appointed, it is at least fair that the nurses may send the nominations for them.

The Governor makes the final appointments for all of these states except North Carolina.

Passing to other bills which require no doctors on their Boards, we find that Connecticut requires five members composed of "practical nurses"; Illinois, five nurses engaged in active work; Texas, five nurses of two years' training; Washington, the same; Indiana, not less than five years' experience exclusive of their training; and, in Missouri, the Governor appoints a majority of five from those actually engaged in nursing the sick, and who have graduated from reputable training schools giving not less than two years' course of training, who have had at least five years' experience in nursing and caring for the sick and afflicted, including one year's teaching in a training school for nurses. A high requirement for the nurses, but the bill carries a possibility of having two members on the Board who are not nurses at all.

The other Examining Boards have physicians represented on them, as follows: Pennsylvania, three physicians connected
with training schools, and two nurses of five years' experience; Minnesota, five members, one a regularly licensed physician, and four nurses having a three years' course; Massachusetts, three nurses, each from a different training school, each giving a two years' course, one physician from a hospital having a training school for nurses, and the secretary of the Board of Registration in Medicine; Michigan, four residents of the state, three of whom shall be graduate nurses and one a registered physician of the state; and West Virginia, five members, two of whom may be women.

These appointments also are made by the Governor.

In Iowa, the State Board of Health selects two physicians and two registered nurses actually engaged in the practice of nursing. The required nursing course is three years, but the senior class is allowed to do outside nursing for a period not exceeding three months.

South Carolina, I am sorry to state, turns over its examinations of nurses entirely to the State Board of Medical Examiners.

This information is doubtless not new to you and may, indeed, have been brought out by previous speakers, but I wish to call your attention to it to prove my statement (if proof were needed) as to the present chaotic state of nursing affairs.

If we are to practice reciprocity with other states (and surely it is the only fair thing to do) we must set some standard for all, and press on toward it.

As the admirable booklet issued by the Education Department of the State of New York shows, the requirements as to training vary from a two to three years' course, and, as to preliminary education, from no requirement whatever to a high school education or its equivalent. These differences we may leave to our Boards of Examiners and superintendents' Societies to standardize, but it seems to me that the question of the methods of appointing the members of the Boards should rest entirely with the State Associations.

That nursing affairs should be directly controlled by nurses will be disputed by no one here, I am sure. We understand our