Property of the Society
PROCEEDINGS
OF THE
TWENTIETH ANNUAL CONVENTION
OF THE
NATIONAL LEAGUE OF NURSING EDUCATION
HELD AT
ST. LOUIS, MO.
APRIL 23 TO APRIL 29, 1914

Baltimore
Williams & Wilkins Company
1914
OFFICERS OF THE SOCIETY

President
CLARA D. NOYES, R.N.
Bellevue Hospital, New York City, New York

First Vice-President
MISS LILA PICKARDT, R.N.
Pasadena Hospital, Pasadena, California

Second Vice-President
ELLEN STEWART, R.N.
Bishop Clarkson Memorial Hospital, Omaha, Nebraska.

Secretary
SARA E. PARSONS, R.N.
Massachusetts General Hospital, Boston, Massachusetts

Treasurer
MARY W. MCKECHNIE, R.N.
420 West 118th St., New York City, New York

Auditors
A. LAUDER SUTHERLAND, R.N.
Hartford Hospital, Hartford, Connecticut
KATHERINE BROWN, R.N.
Protestant Episcopal Hospital, Philadelphia, Pennsylvania

Councillors
Third year.—MRS. SUSAN FISHER APTEED, R.N.
40 Ransom Street, Grand Rapids, Michigan
Third year.—LOTTIE A. DARLING, R.N.
R. HELEN CLELAND, R.N.
Butler Hospital, Providence, Rhode Island
MARY A. SAMUEL, R.N.
Lakeside Hospital, Cleveland, Ohio
MRS. FRANCES D. CAMPBELL, R.N.
City and County Hospital, St. Paul, Minnesota
HARRIET FULMER, R.N.
5329 Lake Avenue, Chicago, Illinois
AMY M. HILLIARD, R.N.
State Department of Education, Albany, New York
TWENTIETH ANNUAL CONVENTION

EVELYN M. WILSON, R.N.
Stamford Hospital, Stamford, Connecticut

EMMA M. NICHOLS, R.N.
Boston City Hospital, Boston, Massachusetts

MRS. LENAH HIGBEE, R.N.
The Rochambeau, Washington, D. C.

MRS. ETHEL P. CLARK, R.N.
University Hospital, Baltimore, Maryland

MISS BELLE McKNIGHT, R.N.
Davis Hospital, Pine Bluff, Arkansas

GENEVIEVE COOK, ex-officio
1143 Leavenworth Street, San Francisco, California
COMMITTEES

Committee on Program
MISS ISABEL M. STEWART, Chairman
Teachers College, New York City, N. Y.

Committee on Finance
MISS GEORGIA M. NEVINS, Chairman MISS AMY M. HILLIARD,
Garfield Memorial Hospital, Wash- State Department of Education,
hington, D. C. Albany, N. Y.
MISS MARTHA M. RUSSELL
Sloane Maternity Hospital,
New York City, New York

Committee on Department of Nursing and Health
MISS ANNA C. MAXWELL, Chairman
Presbyterian Hospital, New York City, N. Y.
MISS GEORGIA M. NEVINS
Garfield Memorial Hospital, Washington, D. C.
MISS HELENA McMillan
Presbyterian Hospital, Chicago, Ill.
MISS MARY C. WHEELER
Illinois Training School, Chicago, Ill.
MISS LOUISE M. POWELL
University Hospital, Minneapolis, Minn.
MISS EMMA M. NICHOLS
Boston, City Hospital,
Boston, Mass.
MISS M. ADELAIDE NUTTING
Teachers College, Columbia University, New York City, N. Y.
MISS MARY M. RIDDLE
Newton Hospital, Newton Lower Falls, Mass.
MISS SARA E. PARSONS
Massachusetts General Hospital,
Boston, Mass.
MISS JULIA C. STIMSON
St. Louis Children’s Hospital,
St. Louis, Mo.
MISS G. E. ALLISON
Polyclinic Hospital, New York City, N. Y.

Committee on Membership
MISS MARY M. RIDDLE, Chairman
Newton Hospital, Newton Lower Falls, Mass.
MISS HELENA McMillan
Presbyterian Hospital, Chicago, Ill.
MISS CAROLINE O. MILNE
Presbyterian Hospital, Philadelphi Pa.
MISS JESSE E. CAYTON
Springfield Hospital, Springfield, Mass.
TWENTIETH ANNUAL CONVENTION

Committee on Isabel Hampton Robb Educational Fund

MISS ANNA C. MAXWELL, Chairman
Presbyterian Hospital, New York City, N. Y.

MISS ANNIE W. GOODRICH
Teachers College, Columbia University, New York City

MISS M. ADELAIDE NUTTING
Teachers College, Columbia University, New York City, N. Y.

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

MISS S. LILLIAN CLAYTON
509 Honore St., Chicago, Ill.

Committee on Publication

MISS CARRIE M. HALL, Chairman
Peter Bent Brigham Hospital, Boston, Mass.

MISS MARY W. MCKECHNIE
420 West 118th St., New York City, N. Y.

MISS JESSIE E. CATTON
Springfield Hospital, Springfield, Mass.

Collegiate Committee

MISS FLORENCE JOHNSON, Chairman
Harlem Hospital, New York City, N. Y.

MISS SUSAN WATSON
Peter Bent Brigham Hospital, Boston, Mass.

MISS ELIZABETH G. FOX
Visiting Nurses Assoc., 127 S. Ludlow St., Dayton, Ohio

MISS EDNA C. FOLEY
830 Monroe Building, Chicago, Ill.

MISS ADDA ELDREDGE

MISS ALICE FITZGERALD
Indiana University School of Medicine, Indianapolis, Ind.

Committee on Education

MISS M. ADELAIDE NUTTING
Chairman
Teachers College, New York City

MISS MARY A. SAMUEL
Lakeside Hospital, Cleveland, Ohio

MISS ELLA PHILLIPS CHANDALL
54 E. 34th Street, New York City

MISS ISABEL M. STEWART
Teachers College, New York City, N. Y.

MISS MARY S. GARDNER
Providence District Nursing Assoc., Providence, R. I.

MISS ANNIE W. GOODRICH
Teachers College, Columbia University, New York City.

MISS MARY C. WHEELER
Illinois Training School, Chicago, Ill.

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

MISS ELISIE M. LAWLER
Johns Hopkins Hospital, Baltimore, Md.

MISS MARY BEARD
PROCEEDINGS

Miss Louise M. Powell
University Hospital, Minneapolis, Minn.

Miss Edna C. Foley
830 Munroe Bldg., Chicago, Ill.

Miss Elizabeth Burgess
Michael Reese Hospital, Chicago, Ill.

Miss Mary W. McKeechnie
420 West 118th St., New York City, N. Y.

Miss Susan E. Tracy
818 Centre St., Jamaica Plain, Mass.

Committee on Vocational Guidance

Miss Isabel M. Stewart
Teachers College, Columbia University, New York City, N. Y.

Miss S. Lillian Clayton
Chicago, Ill.

Miss Helen Wood
Children's Hospital, Boston, Mass.

Miss Carolyn Van Blarcom
269 Fourth Ave., New York City, N. Y.

Miss Elizabeth G. Fox
127 S. Ludlow St., Dayton, Ohio

Publicity Committee

Miss Sara E. Parsons, Chairman

Committee on Hospital Administration

Miss Mary M. Riddle, Chairman
Newton Hospital, Newton Lower Falls, Mass.

Miss Ellen Stewart
Bishop Clarkson Memorial Hospital, Omaha, Nebraska

Committee for Revision of Constitution and By-Laws

Mrs. Frances D. Campbell, Chairman
City and County Hospital, St. Paul, Minn.

Miss M. H. Greenwood
Jewish Hospital, Cincinnati, Ohio.

Miss Annie W. Goodrich
Teachers College, Columbia University, New York City
# TABLE OF CONTENTS

<table>
<thead>
<tr>
<th>Section</th>
<th>Page</th>
</tr>
</thead>
<tbody>
<tr>
<td>Program</td>
<td>13</td>
</tr>
<tr>
<td>President's Address</td>
<td>17</td>
</tr>
<tr>
<td>Report of Secretarial Work</td>
<td>22</td>
</tr>
<tr>
<td>Report of Treasurer</td>
<td>22</td>
</tr>
<tr>
<td>Report of Council</td>
<td>24</td>
</tr>
<tr>
<td>Report of Membership Committee</td>
<td>24</td>
</tr>
<tr>
<td>Report of Isabel Hampton Robb Memorial Fund</td>
<td>29</td>
</tr>
<tr>
<td>Report of Nominating Committee</td>
<td>31</td>
</tr>
<tr>
<td>Report of Nursing and Health Committee</td>
<td>32</td>
</tr>
<tr>
<td>Report of Educational Committee</td>
<td>35</td>
</tr>
<tr>
<td>Address, &quot;How to Interest High School Girls in Nursing.&quot; Dr. George</td>
<td>37</td>
</tr>
<tr>
<td>Payne</td>
<td></td>
</tr>
<tr>
<td>Report of Educational Committee, cont.</td>
<td>48</td>
</tr>
<tr>
<td><strong>Paper:</strong> &quot;Demand and Supply as related to Nurses and Nursing.&quot; Dr.</td>
<td>67</td>
</tr>
<tr>
<td>Fred S. Murphy</td>
<td></td>
</tr>
<tr>
<td><strong>Paper:</strong> &quot;Essentials of Professional Education.&quot; Dr. George Dock</td>
<td>75</td>
</tr>
<tr>
<td><strong>Paper:</strong> &quot;Hospital Trustees and the Training School.&quot; M. Adelaide</td>
<td>85</td>
</tr>
<tr>
<td>Nutting</td>
<td></td>
</tr>
<tr>
<td><strong>Paper:</strong> &quot;Progress of the Past year in Nursing Legislation and Some</td>
<td>93</td>
</tr>
<tr>
<td>Lines of Future Effort.&quot; Adda Eldredge</td>
<td></td>
</tr>
<tr>
<td><strong>Paper:</strong> &quot;The Eight Hour Law as Applied to Student Nurses.&quot; Lila</td>
<td>106</td>
</tr>
<tr>
<td>Pickhardt</td>
<td></td>
</tr>
<tr>
<td>Address, &quot;Preparation of Bills and Publicity Methods.&quot; Mr. Roger</td>
<td>112</td>
</tr>
<tr>
<td>Baldwin</td>
<td></td>
</tr>
<tr>
<td><strong>Paper:</strong> &quot;The Organization of Nurses for a Legislative Campaign.&quot;</td>
<td>113</td>
</tr>
<tr>
<td>Mrs. Charles G. Stevenson</td>
<td></td>
</tr>
<tr>
<td>Report of the Collegiate Committee</td>
<td>129</td>
</tr>
<tr>
<td><strong>Report:</strong> &quot;Standards of Entrance to Schools of Nursing.&quot; Elizabeth</td>
<td>141</td>
</tr>
<tr>
<td>Burgess</td>
<td></td>
</tr>
<tr>
<td>Discussion—&quot;Educational Standards.&quot; Miss Alice Fitzgerald</td>
<td>146</td>
</tr>
<tr>
<td>Discussion—&quot;Basis of Admission for College Women.&quot; Miss Edna Foley,</td>
<td>149</td>
</tr>
<tr>
<td>Miss Elizabeth Fox</td>
<td></td>
</tr>
<tr>
<td>Discussion—&quot;Age Standards.&quot; Sara E. Parsons</td>
<td>161</td>
</tr>
<tr>
<td><strong>Paper:</strong> &quot;Fundamental Requirements in the Training of the Public</td>
<td>166</td>
</tr>
<tr>
<td>Health Nurse.&quot; Edna Foley</td>
<td></td>
</tr>
<tr>
<td>Discussion—&quot;Infant Welfare Work.&quot; Harriet S. Leet</td>
<td>172</td>
</tr>
<tr>
<td>Discussion—&quot;Hospital Social Service.&quot; Florence Johnson</td>
<td>175</td>
</tr>
<tr>
<td><strong>Paper:</strong> &quot;Has the Training School any Responsibility for the Education</td>
<td>177</td>
</tr>
<tr>
<td>of the Public Health Nurse.&quot; Lillian Clayton</td>
<td></td>
</tr>
<tr>
<td>Discussion—&quot;Visiting Nursing.&quot; Miss Samuel</td>
<td>184</td>
</tr>
<tr>
<td>Discussion—&quot;Mental Hygiene.&quot; Effie Taylor</td>
<td>187</td>
</tr>
<tr>
<td>Paper:</td>
<td>&quot;Hospital Social Service.&quot; Sara Parsons</td>
</tr>
<tr>
<td>--------</td>
<td>------------------------------------------</td>
</tr>
<tr>
<td></td>
<td>Summarized Discussion of Public Health Education. Miss Van Blarcom</td>
</tr>
<tr>
<td></td>
<td>Report on Proposed Course of Study, cont.</td>
</tr>
<tr>
<td></td>
<td>Discussion—Laura Logan, Louise Powell, Sally Johnson, Miss Shouse and Helen Scott Hay</td>
</tr>
<tr>
<td></td>
<td>Resolution on &quot;Grading of Nurses&quot;</td>
</tr>
<tr>
<td></td>
<td>Amendment to Constitution</td>
</tr>
<tr>
<td>Paper:</td>
<td>&quot;Some Problems of the Small Hospital.&quot; Ellen Stewart</td>
</tr>
<tr>
<td>Paper:</td>
<td>&quot;Hospital Clothing.&quot; Alice Lake</td>
</tr>
<tr>
<td>Paper:</td>
<td>&quot;A Possible Basis for Organization of Nursing Education in a Large Municipal System.&quot; Harriet Hunter Barnes</td>
</tr>
<tr>
<td>Paper:</td>
<td>&quot;The Visiting Teacher.&quot; Eva Mack</td>
</tr>
<tr>
<td>Paper:</td>
<td>&quot;The Teaching of Practical Nursing.&quot; Annabella McCrae</td>
</tr>
<tr>
<td>Paper:</td>
<td>&quot;Equipment for Teaching in Schools of Nursing.&quot; Helen Bridges</td>
</tr>
<tr>
<td>Paper:</td>
<td>&quot;The Use of the Laboratory Method in the Training of Nurses.&quot; Martha Eakins</td>
</tr>
<tr>
<td></td>
<td>Report on Resolutions</td>
</tr>
<tr>
<td></td>
<td>List of Members</td>
</tr>
</tbody>
</table>
AMERICAN SOCIETY OF SUPERINTENDENTS OF TRAINING SCHOOLS FOR NURSES

The American Society of Superintendents of Training Schools for Nurses was organized in Chicago, June, 1893. Officers of the preliminary organization were:

MISS ALSTON, President, 
MISS DARCHÉ, Secretary, 
MISS DROWN, Treasurer.

Officers for years following have been:

1894 New York, January 10–11. 
President, Miss Alston; Secretary, Miss Darché; Treasurer, Miss Drown.

1895 Boston, February 13–14. 
President, Miss Richards; Secretary, Miss Darché; Treasurer, Miss Drown.

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

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

1898 Toronto, February 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.
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.

1910 New York, May 16-17.
   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.

1913 Atlantic City, N. J. June 23, 24, 25.
   President, Miss Wheeler; Secretary, Miss Catton; Treasurer, Miss McKechnie.

1914 St. Louis, Mo. April 23 to April 29.
   President, Miss Noyes; Secretary, Miss Parsons; Treasurer, Miss McKechnie.

*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.
PROGRAM

THURSDAY, APRIL 23

9 a.m.—Registration of Members.
2:30 a.m.—Meetings of Special Committees.
10:30 a.m.—Council Meeting. Planters Hotel.
8:00 p.m.—Joint opening meeting with A.N.A. and N.O.P.H.N.

FRIDAY, APRIL 24

10 a.m. Planters Hotel

Call to order.
Reports of Officers.
Election of New Members.
Report of Standing Committees.
Report of Special Committees.
Reports of Delegates.
Unfinished Business.
New Business.
Address—How to interest High School Girls in Nursing—Dr. George Payne, Harris Teachers College, St. Louis, Mo.

3:30 p.m. Planters Hotel

Conference—"What Constitutes an approved School of Nursing?"
Chairman, Miss Mary Wheeler, Illinois Training School, Chicago, Ill.
Presentation of Report, Miss Anne W. Goodrich, Dept. of Nursing and Health, Teachers College.

DISCUSSION:
Form of Government of School, Miss Greenwood, Jewish Hospital, Cincinnati, O.
Type and Size of Hospital, Amy Hilliard, State Dept. of Education, Albany, N. Y.
Faculty, Miss Agnes D. Randolph, Virginia Hospital, Richmond, Va.
Teaching Equipment, Class rooms, etc., Miss Emily McLaughlin, Harper Hospital, Detroit, Mich.; Miss McCrae, Mass. General Hospital, Boston, Mass.
Living and Working Conditions, Miss Riddle, Newton Hospital, Newton Lower Falls, Mass.
TWENTIETH ANNUAL CONVENTION

8 p.m. *Third Baptist Church*

Open Meeting—The Standardization of Nursing Education.
Chairman, Mrs. Robert McKittrick Jones, St. Louis, Mo.
Address—"Demand and Supply as related to Nurses and Nursing." Dr. Fred S. Murphy, Washington University Medical School, St. Louis, Mo.
Address—"Essentials of Professional Education." Dr. George Dock, Washington University Medical School, St. Louis, Mo.
Paper—Hospital Trustees and the Training School. M. Adelaide Nutting, Department of Nursing and Health, Teachers College, Columbia University.

SATURDAY, APRIL 25

10.30 a.m. *Planters Hotel*

Joint meeting with A.N.A. Legislation.
Chairman, Miss Clara D. Noyes.
"The Progress of the Past Year in Nursing Legislation and some Lines of Future Effort." Miss Adda Eldridge, St. Luke's Hospital, Chicago, Ill.
"The Eight-hour Law, as applied to Student Nurses." Miss Lila Pickhardt, Pasadena Hospital Association, Pasadena, Cal.
"The Preparation of Bills, and Publicity Methods." Mr. Roger Baldwin, Secretary, St. Louis Civic League.
"The Organization of Nurses for a Legislative Campaign." Mrs. Charles G. Stevenson, President, New York State Nurses Association.

3 p.m. Conference. Standards of Entrance to Schools of Nursing

Chairman, Miss Louise Powell, University Hospital, Minneapolis, Minn.
Presentation of Report, Miss Elizabeth Burgess, Michael Reese Hospital, Chicago, Ill.

DISCUSSION.

Age Standards—Miss Sara Parsons, Massachusetts General Hospital, Boston, Mass.
Educational Standards—Miss Alice Fitzgerald, Rober. W. Long Hospital, Indianapolis, Indiana.
Basis of Admission for College Women—Miss Edna Foley, Visiting Nurse Association, Chicago, Illinois; Miss Elizabeth Fox, V. N. Association, Dayton, Ohio.
Health and Personal Qualifications.—Miss Helen Kelly, Chicago, Illinois.

SUNDAY, APRIL 26

3 p.m. Odeon

Joint Meeting with A.N.A. and N.O.P.H.N.
Joint Meeting with N.O.P.H.N.—The Education of the Public Health Nurse.

Chairman, Miss Clara D. Noyes.


Brief Discussions by representatives of the special branches of Public Health Nursing.

School Nursing—Miss Anna Kerr, Board of Health, New York City.

Infant Welfare Work—Miss Harriet S. Leet, Babies' Dispensary and Hospital, Cleveland, Ohio.

Tuberculosis—Miss Curry D. Breckinridge, Michigan Association for Prevention and Relief of Tuberculosis.

Mental Hygiene—Miss Elnora Thompson, Illinois Society for Mental Hygiene, Chicago, Illinois.

Hospital Social Service—Miss Florence Johnson, Social Service Dept., Harlem Hospital, New York City.


Brief Discussion by representatives from Training Schools showing what is being done in preparing for;

Visiting Nursing—Miss Samuel, Lakeside Hospital, Cleveland, Ohio.

Work with Infants and Children—Miss Dunlop, Pennsylvania Hospital, Philadelphia, Pennsylvania.

Mental Hygiene—Miss Effie Taylor, Johns Hopkins Hospital, Baltimore, Maryland.

Hospital Social Service—Miss Sara Parsons, Mass. General Hospital, Boston, Massachusetts.

Discussion Summarized by Miss Carolyn C. Van Blarcom, Secretary, Committee for Prevention of Blindness, New York City.

Conference—The Proposed Course of Study.

Chairman, Miss Anne W. Goodrich, Teachers College, New York City.

Presentation of Report—Miss Isabel M. Stewart, Teachers College, New York City.

Discussion.

Amount of time assigned to theory and general division of time—Miss Laura Logan, Fort Wayne, Indiana.

Subjects represented and proportion of time given to each—Miss Louise Powell, University Hospital, Minneapolis, Minnesota; Effie Taylor, Johns Hopkins Hospital, Baltimore, Maryland.
Arrangement of Subjects in 1st, 2nd and 3rd years—Miss Johnson, Peter B. Brigham Hospital, Boston, Massachusetts; Miss Shouse, Parker Memorial Hospital, Columbus, Missouri; Helen Scott Hay, Oak Park, Illinois.

TUESDAY, APRIL 28

10 a.m.  Planners Hotel

Problems of Administration in Training Schools and Hospitals.
Chairman, Miss Noyes.
Paper—Some Problems of the Small Hospital—Miss Ellen Stewart, Bishop Clarkson Memorial Hospital, Omaha, Nebraska.
Hospital Clothing—Miss Alice Lake, State Asylum, Worcester, Massachusetts.
A Possible Basis for Organization of Nursing Education in a large Municipal Hospital System—Mrs. Harriet Hunter Barnes, New York City Hospital.
Affiliation of Hospital Training Schools and other Educational Institutions—Miss Adelaide M. Walsh, Mercy Hospital, Chicago, Illinois.

3 p.m.  Planners Hotel

Conference—Methods of Teaching in Training Schools for Nurses.
Chairman, Miss Clayton, Illinois Training School, Chicago, Illinois.
The Teaching of Practical Nursing—Miss Annabella McCrea, Instructor Massachusetts General Hospital, Boston, Massachusetts.
The Use of the Laboratory Method in the Training of Nurses—Miss Martha Eakins, Instructor Michael Reese Hospital, Chicago, Illinois.
The Visiting Teacher—Miss Eva Mack, Chicago, Illinois.

WEDNESDAY, APRIL 29

10 a.m.  Planners Hotel

Summary of discussions at Conferences.
Final discussion of the proposed curriculum.
Unfinished Business.
Election of Officers.
TWENTIETH ANNUAL CONVENTION
OF THE
NATIONAL LEAGUE OF NURSING
EDUCATION
ST. LOUIS, MO.
April 23 to April 29, 1914

Address of Miss Clara D. Noyes, President of the National League of Nursing Education. Read at the Joint Opening Meeting with the American Nurses Association and the National Organization of Public Health Nursing. Thursday, April 23rd, at 8 p.m., Third Baptist Church.

We meet this year as the National League of Nursing Education, in conjunction with and as a definite part of the American Nurses' Association for the second time, but as a body of workers responsible for the education of women for the profession of nursing, we meet for our twentieth annual Convention. We are fast approaching our majority and is it not fitting that we should celebrate this important event next year in San Francisco, in conjunction with the International Congress of Nurses and the Pan American Exposition?

At the risk of being wearisome, but for the information of the newer members, I desire once more to emphasize the importance of the coalition of the three Societies. At no time since the branch of this Society, which I represent, came into existence, and the League represents the parent stock, has there been greater need of this form of organization or greater need for unanimity and oneness of purpose.

We are constantly called upon to safeguard and protect our schools and educational standards from those who cannot or will not see the importance of such. As the pupil is the unit in our profession and as all forms of nursing work are looking anxiously
for the best prepared and ablest nurse, so it becomes the duty of our organizations to stand shoulder to shoulder in our efforts to maintain our standards and work for higher ones, and thus preserve our solidarity.

If that which I say to you today seems to lack originality, and be merely a repetition of that which has been much better said upon previous occasions, I implore your patience, for have we not still with us “like the poor” all of our old worries and perplexing problems, in addition to a few new ones which each succeeding year brings.

The constant broadening out of the nurses’ field of usefulness and activity, particularly in the more recent forms of Public Health, and Social Service Nursing, has brought new responsibilities to us and the schools we serve and which we do not seem to be able to adequately meet. We appear to need a new type of nurse with peculiar gifts and special knowledge and preparation. Does it mean that our entire system of nurse education must undergo a complete re-adjustment to meet these new and interesting demands? As all other systems of education appear to be under the search light of criticism and investigation, so may we expect our system, which has been characterized by well known educators as really no system at all, to be subjected to the same attack. During our deliberations of the next few days, we expect to have many of these questions presented by those who are in a position to discuss them with full understanding and authority. We must bear in mind, however, that as long as our schools are dependent upon the wards of hospitals for use as our special laboratories for our student nurses, then the vital problem of the care of the sick and injured becomes for us a very grave responsibility. The relation of the pupil to the hospital and the duty of the hospital to the same? To what extent should the medical staff use the pupil in scientific work, and the relation of the members of the medical staff to the school and pupils, are all delicate questions, calling for a nice adjustment of our daily relations with such bodies and which are bringing many additional wrinkles to the brows of the busy women at the head of schools of nursing. Let us not lose sight of these very practical difficulties, even though filled with enthusiasm in contemplation of the more dramatic forms of nursing and public service.
The various funds for which we have made ourselves responsible still claim our interests and our contributions. We now have a new and peculiarly interesting obligation laid upon us—The Florence Nightingale Memorial Fund, one in which all nurses should count it a privilege to share. It is proposed that we shall present our offerings at the San Francisco meeting next year, with appropriate and significant ceremonial. Those who have had the pleasure of reading, during the past months, the Life of Florence Nightingale by Sir Edward Cook, have a quickened interest in and keener appreciation of the fact that in the vision and commanding genius of this remarkable woman, all forms of nursing and social work seem to have emanated.

We still hear much about the provision of skilled nursing for the family with the moderate income. Nursing organizations and all thinking women of the profession have given this subject much thought for many years. As it is a question which concerns all members of society, as well as the nurse, is it quite fair to expect the nurse to bear the entire burden of its solution? Looking at it from the economic side entirely, does it seem quite logical to expect one class of wage earner to contribute time which has a definite cash value to another group of individuals of perhaps the same wage earning capacity? Have hospitals done as much as they should in this direction? Is it not true that the very poor find ample provision made for them in the open ward, and the very rich have no trouble in securing a private room at prices ranging from $4 to $10 per day and even higher? Have many institutions made provisions for comfort and privacy for the individual of small or moderate income—one who can afford from $12 to $18 or $20 per week? Would not a system of nursing insurance or the "sliding scale" of prices, or the provision of a less highly trained group of workers be factors worthy of study and thought in the solution of this important and perplexing question?

Since our last meeting our Journal which Miss McIsaac last year characterized "As the greatest problem which our Associations must face," and of which Board I am the unhappy President, and therefore, I beg your indulgence while I speak of it—is now printed and published by the American Nurses’ Association. It had long been the dream of many members of its succeeding Board of Managers that not only should the American Nurses’ Association
own the Journal, but that it should assume its business management as well. This change has finally been consummated with what success you shall hear in my report later.

Since our last meeting, a new magazine "The Modern Hospital" has made its bow to the hospital and nursing world, edited by some of our ablest hospital superintendents, and containing a department of nursing under the Editorship of Miss Riddle. It cannot fail to be a most timely acquisition to our professional literature.

For two years, a Committee from the American Hospital Association has been working upon a plan for "grading" nurses. As far as can be determined, it is an effort to classify the enormous body of women calling themselves nurses; trained and otherwise, and put them into definite groups. Those who have struggled with the effort to amend the Nurse Practice Act in New York, for the past two years are convinced that the best way and only way to clear up the existing confusion, is to restrict the use of the word "nurse" to those properly prepared, putting all others into a class of workers called by some other name for whom due provision for preparation and subsequent protection shall be made.

We shall hear, at these meetings, something about the practical results obtained after a year's trial in California of the famous "forty-eight hour" law which affected the student nurse. While many of us are filled with very deep regret that the long working hours, which have very generally prevailed in hospitals, made it necessary for an outside body to "deliver the pupil from bondage," yet we are sufficiently honest and courageous to publicly acknowledge that a radical action of this kind was unquestionably required to arouse those in authority in hospitals and training school boards and even the superintendents of such themselves to the fact that some attention must be paid to this burning question of long hours.

The department of Nursing and Health continues to increase in importance and efficiency, and hospitals and training schools are looking anxiously toward it for competent and well prepared administrative heads and instructors. Each year, we have more and more borne in upon us the sagacity of those wise women who had the vision to see the necessity for such an institution. For, after all is said and done in the way of legislation, is it not the educated, cultured and well prepared woman placed at the head of a school
who makes a good school, and ultimately sends out well taught and
carefully prepared nurses? Is it not too often true that a pupil is
no better than she is, because the head of her school is no better?
And, is it not also true that the character of the faculty of a school
determines its efficiency and standing? Therefore, we must count
the support of the Department of Nursing and Health as our most
sacred responsibility.

In facing the changed conditions in all nursing activities in
teaching methods and in social and industrial conditions which seem
to be making new and unexpected demands upon the members of
our profession, we must also bear in mind that the character of our
organizations has also changed. The phenomenal growth of such
in interests and numbers has created conditions that in the early
days were almost undreamed of. There must be machinery, and
this must be at work throughout the year. The work of the various
committees, especially the Program Committee, is becoming a
ponderous piece of work. In some instances, salaries are paid;
this is quite right and proper, for our work must be done, but in
this lies a danger, remote as it may seem, I speak of the danger of
political preferment, which is inevitable whenever salaries are paid.
The importance of our organizations brings also the danger of
self seeking for the gratification of personal ambitions. Our so-
cieties have always been singularly free from nursing politics in the
past, and if we would maintain our solidarity, we must promptly
prune out such unhealthy growths should they show a tendency to
sprout.

It is well for us at this time to give pause to recall the spirit of
self sacrifice and devotion which has always characterized that
group of gallant women who have, from the very first meeting,
until the present one, been the "bone and sinew" of our societies.
They have counted not the cost either in time or strength or money.
They have brought to each succeeding meeting added experience
and knowledge that we less experienced workers draw upon for
inspiration and counsel. Let us then, without hesitation, bring
our problems to these meetings, not solely for the purpose of se-
curing help, but with the intention of giving such. Let it be a
season of mutual exchange of experiences and may we, at the con-
clusion, return to our daily tasks stimulated and refreshed and with
a deepened sense of our responsibilities, not only to our pupils but
to all members of society whom it is our privilege to serve.
The National League of Nursing Education met in the Planters Hotel, St. Louis, Mo., April 24, 1914, at 10 a.m. The first general meeting was opened by the President, Miss Clara D. Noyes. As the Secretary’s report was embodied in the Annual Report already published and sent to each member, the Secretary simply read a report of the secretarial work that was done during the year.

REPORT OF SECRETARIAL WORK

About 450 letters have been written in connection with the ordinary business of the League. Circular letters were sent to each member of the league asking for addresses of possible candidates for membership. Four hundred and fifty letters with application blanks were sent to nurses eligible for membership in the League.

SARA E. PARSONS, 
Secretary.

The report was accepted without discussion.

The Treasurer’s report was next read and accepted.

REPORT OF THE TREASURER FOR THE FISCAL YEAR ENDING DECEMBER 31, 1913

Receipts
Annual dues (individual members) ........................................... $1,137.00
Initiation fees (individual members) ....................................... 54.00
Annual dues (State Leagues) .................................................. 50.00
Sale of Annual Reports ....................................................... 4.00
Payments on foreign checks .................................................. .50
Donation (for use of Committee on Education) ......................... 200.00
Total .................................................................................... $1,445.50

Disbursements
General Expenses:
Printing and stationery ......................................................... 21.75
Postage ................................................................................... 42.15
Car fare, telegrams, telephone calls, express charges, bank charges .................................................. 9.25
Clerical assistance ................................................................. 50.80
Refund to Endowment Fund (account overdrawn) .................. 42.12

Convention Expenses:
Expenses of Arrangement Committee. Badges, programs, announcement cards .................................................. 67.30
Reporting Convention Proceedings ........................................ 60.00
PROCEEDINGS

Miscellaneous Expenses:
Membership dues (affiliation in other Societies)............. 22.00
Travelling expenses of officers.................................. 163.60
Printing 18th Annual Report (balance due on account)......... 323.00
Expenses of Committee on Education............................. 21.82

Cash balance to credit of National League of Nursing Education, December 31, 1913...... $621.71
Brought Forward...................................................... $627.71

ENDOWMENT FUND

To balance January 1, 1913.......................................... $651.35

Receipts
Refund from National League of Nursing Education... 42.12
Cash balance to credit of Endowment Fund, December 31, 1913........ 693.45
Balance in Bank December 31, 1913......................... $1,315.16

Summary
To balance in Corn Exchange Bank, January 1, 1913......... 651.33

Receipts
National League of Nursing Education....................... 1,445.50
Endowment Fund.................................................. 42.12
Total.............................................................. $2,138.95

Disbursements
National League of Nursing Education....................... $823.79
Endowment Fund..................................................
Total.............................................................. 823.79
Bank Balance December 31, 1913............................. $1,315.16

Audited and found correct
RYE MORLEY, [signed] MARY W. MCKECHNIE,
ADELINE HENDERSON, Treasurer,
Auditors.
REPORT OF THE COUNCIL FOR 1913–1914

Since the last annual meeting, the Council has held three regular meetings—one in Atlantic City, one in New York, and one in St. Louis.

Feeling that all nurse educators should belong to the League in order that our work may develop symmetrically and steadily, a special effort was made to bring into the League those who by the nature of their work ought to belong to it. A circular letter and about 450 application blanks were sent out to different individuals. There was not the response there ought to have been, emphasizing more than ever what work there is for the State Leagues to do.

The Membership Committee has sixty-six applications to present for membership, which are endorsed by the Executive Committee—and also five Leagues, two with conditions.

During the past year, we regret to report the loss of one of our members by death—Miss Edith Seymour, of the Broad St. Hospital, Oneida, N. Y.—and six members have resigned—Miss Margaret Farquhar, Sister Amy, Miss Sarah F. Martin, Miss Annie I. Fletcher, Miss Victoria Anderson and Miss Anna L. Alline.

It was voted by the Executive Committee that Miss Alline should be recommended to the League for Life Membership, in acknowledgment of her very valuable services to the cause of Nursing Education.

The President appointed a Committee, by vote of the Council, to consider the revision of the Constitution, composed of Miss Greenwood, Chairman, and Misses Hay and Goodrich.

Respectfully submitted,

SARA E. PARSONS,
Secretary.

The report of the Council was read and accepted.

Miss Mary M. Riddle, the Chairman of the Membership Committee, not being present, her report was read by the Secretary on request of the President. The following names of individual applicants and of leagues were voted into membership during the convention.
MEMBERS ACCEPTED AT THE 1914 CONVENTION—
ST. LOUIS, MO.

HELEN BRIDGE.......................... Instructor, St. Luke's Hospital, New York City.

MAUDE W. MILLER...................... Instructor, Independence Sanatorium, St. Luke's, Kansas City, Mo.

MARGARET A. CROWL ..................... Superintendent, Training School, St. Luke's Hospital, St. Paul, Minn.

FRANCES SHOUSE ....................... Principal, Missouri State University School of Nursing, Columbia, Mo.

JANET B. CHRISTIE ..................... Assistant Superintendent, School of Nursing, Presbyterian Hospital, New York City.

FRANCES CRABTREE .................... Superintendent, Hospital and School, M. A. Montgomery Memorial Sanatorium, Charleston, Ill.

NELLE BURLINGAME ..................... Assistant Superintendent Nurses, Washington University Hospital, St. Louis, Mo.

LOUISE E. SCHWARTING .................. Supervisor, Michael Reese Hospital, Chicago, Ill.

MARY FLORENCE DEAVER ............... Supervisor Nurses, The Christ Hospital, Mt. Auburn, Cincinnati, Ohio.

MAY KENNEDY .................. Superintendent Nurses, State Hospital, Kankakee, Ill.

Minnie McKillop ....................... Directress of Nurses, Youngstown Hospital, Youngstown, Ohio.

Clara M. Burke ....................... Assistant to Pathologist, St. Joseph's Hospital, Chicago, Ill.

Mrs. Elizabeth Kidd .................. Superintendent Nurses, Johnson Sanatorium, Springfield, Mo.

Sarah C. Barry ....................... Superintendent of Nurses and Matron, Providence City Hospital, Providence, R. I.

Eva Simonton ......................... Superintendent, St. Timothy's Hospital and House of Mercy, Ridge and Jamestown Avenues, Roxborough, Philadelphia, Pa.

Anna L. Gibson ....................... Assistant Matron Superintendent, Collis P. Huntington Memorial Hospital, Harvard Medical School, Boston, Mass.

Sara Burns .................. Superintendent, New York Skin and Cancer Hospital, New York City.

Marian Rottman ....................... Robert W. Long Hospital, Indianapolis, Ind.

Mildred Clark ......................... St. Luke's Hospital, Boise, Idaho.
LAURA LAING MITCHELL ..........Superintendent Santa Barbara Cottage Hospital, Santa Barbara, Calif.
JULIA SOPHIA CHUBBUCK ..........Assistant Superintendent, Rockford Hospital, Rockford, Ill.
MRS. JENNIE M. FONTAINE ..........Principal, Training School, Ohio Valley General Hospital, Wheeling, West Va.
JESSIE E. GRANT ..............Superintendent, Anna Jaques Hospital, Newburyport, Mass.
JESSIE E. MIDGELEY ..........Assistant Superintendent Nurses, Training School, Battle Creek Sanatorium, Battle Creek, Mich.
EVA A. MACK .................Instructor, Highland Park, Ill.
CHRISTINA MACKINTOSH DICK ..........Superintendent, Hospital and Training School, Grace Hospital, New Haven, Conn.
MARY C. LEDWIDGE ..........Superintendent Nurses, St. Mary's Hospital, Rochester, Minn.
ETHEL M. DOHERTY ..........Superintendent Nurses, Holyoke City Hospital, Holyoke, Mass.
ELIZABETH P. LINDHEIMER ..........Superintendent Training School, German Hospital, 112 E. 77th St., New York City.
MRS. FRANCES D. CAMPBELL ..........Superintendent Nurses, City and County Hospital, St. Paul, Minn.
VASHTI R. BARTLETT ..........Superintendent Nurses, Watts Hospital, West Durham, N. C.
KATHLEEN A. DOWD ..........Matron and Superintendent Nurses, W.W. Backus Hospital, Norwich, Conn.
ANNA K. BINDEMANN ..........Night Supervisor, Louisville Public Hospital, Louisville, Ky.
HELEN S. HARTLEY ..........Head Supervising Nurse and Assistant Superintendent, Ottawa Tuberculosis Colony, Ottawa, Ill.
MABEL L. MORGAN ..........Directress of Nurses, Evanston Hospital, Evanston, Ill.
ANNE A. AMBRIDGE ..........Assistant Superintendent, Clarkson Hospital, Omaha, Neb.
MARGARET R. PARKER ..........Superintendent, Epworth Hospital, South Bend, Ind.
LILLIAN RICE ..........Superintendent Nurses, Waverley Hill Sanatorium and Hospital, Valley Station, Ky.
JOSEPHINE HUGHES .................. Assistant Superintendent Nurses, New York Post Graduate Hospital, 303 East 20th St., N. Y.

JESSIE M. MURDOCK .................. Superintendent, Margaret Johnston Training School, New York Post Graduate Hospital, 303 East 20th St., New York City.

NINA E. WOOTTON .................. Superintendent Women's Hospital, Nashville, Tenn.

ADELE POSTON .................. Superintendent Nurses, Bloomingdale Hospital, White Plains, N. J.


GRACE E. CRAWFORD .................. Northwestern Hospital, Moorehead, Minn.

FREDERIKA K. GAISER .................. City Hospital, Scranton Road, Cleveland, Ohio.

MELISSA J. COOK .................. Superintendent Melrose Hospital, Melrose, Mass.

ISABEL LAWRENCE STRONG .................. Superintendent, Instructive Visiting Nurse Society, 2506 K St., Washington, D. C.

LESTER MARY GONZAGA PHENDERGAST .................. Superintendent, Mercy Hospital, Hamilton, Ohio.

FLORENCE L. WILLIAMS .................. Superintendent Nurses, McKeesport Hospital, McKeesport, Pa.

MAUDE E. RETALLICK .................. Superintendent Training School, General Public Hospital, St. John, N. B., Canada.

SALLY JOHNSON .................. Assistant Superintendent Nurses, Peter Bent Brigham Hospital, 667 Huntington Ave., Boston, Mass.

ANNIE HATHAWAY SMITH .................. Assistant Superintendent Nurses, Massachusetts General Hospital, Boston, Mass.

MARY E. MILVILLE .................. Superintendent Training School, Flushing Hospital, Flushing, N. Y.

MARY FRANCES HENDERSON .................. Superintendent Nurses, Allegheny General Hospital, Pittsburgh, Pa.

JEAN TAYLOR .................. Assistant Superintendent Nurses, Boston State Hospital, Dorchester Center, Mass.

MRS. HARRIET HUNTER BARNES .................. Instructor, City Hospital Training School, Blackwell's Island, N. Y.

ANNIE M. KEAVER .................. Assistant Superintendent, New York City Hospital Training School for Nurses, City Hospital, Blackwell's Island, N. Y.
TWENTIETH ANNUAL CONVENTION

FANNY F. CLEMENT .................. Superintendent, Red Cross Rural Nurses, 713 Union Trust Bldg, Washington, D. C.

ETTA L. ROBBINS .................. Superintendent, Meridian Sanatorium, Meridian, Miss.

ANNA R. WORRELL ................. West Jersey Homeopathic Hospital and Dispensary Association, Camden, N. J.

JESSIE KENDALL .................. Illinois Training School, Chicago, Ill.

MARGARET ELLIOTT ................ Second Assistant Superintendent Nurses, Church Home and Infirmary, Baltimore, Md.

EDITH M. BROWN .................. Superintendent Nurses, St. John’s Hospital, Brooklyn, N. Y.

ANNABEL B. HAYS .................. Assistant Superintendent Nurses, Minneapolis City Hospital, Minneapolis, Minn.

MABEL FLETCHER .................. Superintendent Nurses, Training School for Nurses, New Haven Hospital, New Haven, Conn.

AMY PHILLIPS MILLER .............. Instructor, Theory, Massachusetts General Hospital, Boston, Mass.

HARRIET MARY PHALEN ............. Assistant Superintendent Ohio Valley Hospital, Wheeling, W. Va.

HELEN T. HALLIDAY ................ Superintendent Nurses, Texas Baptist Memorial Sanatorium, Dallas, Texas.


MARY B. MILLER .................. Superintendent Nurses, Wilkes-Barre Hospital, Wilkes-Barre, Pa.

MARION L. VANNIER ................. Superintendent Children’s Hospital, Sunset Blvd. and Vermont Ave., Los Angeles, Calif.

LULA JANE JUSTIS ................. Superintendent Training School, Brokaw Hospital, Normal, Ill.

FLORENCE MERIAM JOHNSON ......... Head of Social Service Dept., Harlem Hospital, New York City.

LIZZIE LOUISA GOEPINGER .......... Assistant to Principal, Hartford Hospital, Hartford, Conn.

ANNA L. TITTMAN .................. Secretary and Treasurer, Illinois State Board of Nurse Examiners, Capitol Bldg., Springfield, Ill.

EMMA H. BECHTEL .................. Superintendent, Ellen A. Burge Deaconess Hospital, Springfield, Mo.
LEAGUES

Arkansas League of Nursing Education.
District of Columbia League of Nursing Education.
Massachusetts State League of Nursing Education.
Maryland State League of Nursing Education.

The individual applications for membership and of State leagues were accepted and admitted to membership. As these were admitted later, the complete list has been given above.

The resignations of Miss Margaret Farquhar, Sister Amy, Miss Sarah F. Martin, Miss Annie I. Fletcher, Miss Victoria Anderson and Miss Anna L. Alline were read, after which the resignations were accepted with regret, excepting that of Miss Alline. Acting on the recommendation of the Executive Committee, Miss Goodrich moved that Miss Alline be transferred to a life membership. The motion was adopted unanimously.

The Reports of the Standing Committees were next called for.

REPORT OF ISABEL HAMPTON ROBB MEMORIAL INVESTMENT FUND

STATEMENT

Isabel Hampton Robb Memorial Fund. For Year Ending April 9, 1914.

Treasurer's Report

April 1, 1913  Had been collected ........................................... $13,093.12
Collected during year ........................................... 1,125.80
April 9, 1914  Total amount collected ........................................... $14,218.92
Cost of investments at par value of $7,000.00 .................... $7,168.55
April 1, 1913  Amount not invested ........................................... $5,677.97
April 9, 1914  Collected and deposited ........................................... 1,125.80
Total ................................................................. $6,803.77
Expense of the Education Committee for year ...................... $28.76
Scholarships .......................................................... 600.00  628.75
Remaining ............................................................. $6,175.01
Interest accounted for ............................................. 512.50
April 9, 1914  Total in bank not invested ................................. $6,687.51

Note. The bank's statement April 1st is $6,307.51 plus $3.00 (omitted by error) or $6,409.51, to which add $287.00 deposited since and it equals $6,687.51.

Mary M. Riddle,
Treasurer.
To the Chairman, Isabel Hampton Robb Memorial Fund Committee:

Dear Madam: Your sub-committee on Scholarships begs to report as follows:

Thirty-seven requests from nurses for information have been received during the year, and fifteen of these have become candidates for scholarships. The requests came from seventeen different states, of which eight were Western, five Eastern and four Southern; five letters from New York, five from New Jersey, four from Massachusetts show however, that the Eastern States are well represented.

Out of the fifteen applicants eleven had full high school and four had college work, four had been teachers before entering Training Schools. In professional training, fourteen different Training Schools are represented, one by two candidates. The majority of those applying were mature women, well over thirty years of age, and in all instances they presented evidences of experience. This was frequently varied in nature and considerable in extent, and the range was from two to twelve or more years.

The candidates were roughly divided into three groups (a) those preparing for administration of training schools; (b) for teaching in training schools; and (c) for public health nursing in some of its various forms. Twelve of the candidates wished to enter Teacher’s College, three to enter the Schools of Civics or social work in Chicago or Boston. Your Committee was impressed not only with the marked increase in the number of candidates, but with the improvement in the qualifications they brought, and the task of deciding where so many were eminently eligible was difficult. The Committee could have appropriately awarded a far greater number of scholarships than is available.

The awards were finally made to Miss Mary L. Wakefield, a graduate of the Newton Hospital, Mass., with sound preliminary education, an excellent record and successful experience, for preparation for training school administration; Miss Mary L. Beatty, a graduate of the Presbyterian Hospital, Philadelphia, with excellent preliminary education and experience in teaching as well as in training school work, for preparation to teach in training schools for nurses; Miss R. E. Babcock, a graduate of Minnesota University, of St. Barnabas Training School, Minneapolis, with
subsequent institutional experience, to prepare for public health nursing (preferably in an industry) in the School for Social Workers in Boston, Mass.

The large number of candidates who could not be aided by scholarships and the high character of the women applying seem to show clearly that the Scholarship Fund is greatly needed, that it is destined to play an increasingly valuable part in the advancement of nurses’ education, and that our efforts to enlarge it and to extend its benefits must be unceasing.

M. A. Nutting,  
Chairman.

The President suggested that the interest in this Fund must not become lukewarm, as there is an immense demand for properly trained women and the building up of the Fund must be considered one of our responsibilities.

REPORT OF THE NOMINATING COMMITTEE

The Nominating Committee beg to submit the following report for the election of officers for the coming year, and have much pleasure in reporting that the President, Secretary and Treasurer have consented to serve if elected, another year. The ticket is as follows:

Ticket of Nominating Committee of the National League of Nursing Education

President—Miss Noyes.  
First Vice-President—Miss Lila Pickhardt (Grad. of Illinois Training School), Superintendent Pasadena Hospital, Cal.  
Second Vice-President—Miss Ellen Stewart (Grad. of St. Luke’s, Chicago), Superintendent Bishop Clarkson Hospital, Omaha, Neb.  
Secretary—Miss Parsons.  
Treasurer—Miss McKechnie.  
Auditor—(for two years) Miss Katherine Brown (Grad. of Presbyterian Hospital, Philadelphia), Superintendent Nurses, Protestant Episcopal Hospital, Philadelphia, Pa.
As members of the Executive Committee:
Miss R. Helen Cleland (Butler Hospital, Providence, R. I.),
President Rhode Island League of Nursing Education.
Miss Amy M. Hilliard (Inspector of Training Schools), Pres-
ident New York State League of Nursing Education.

GEORGIA M. NEVINS,
JESSIE F. CATTON,
MARY A. SAMUEL, Chairman,
Committee.

The President urged that nominations should be made from the
floor after the Report had been accepted, but there was no response.
Miss Sally Johnson and Miss H. L. P. Friend were appointed
tellers.

REPORT OF THE COMMITTEE ON NURSING
AND HEALTH

The Department shows steady progress throughout the year
and marked advances in certain particulars. The enrollment of
students is the largest in our history and shows that over fifty
students have registered during the academic year. Adding to
these, the number (19) admitted to the Summer Session brings the
total enrollment for 1913–14 up to about seventy. The increase
in numbers, important as it is in the way of indicating the general
growth of interest, is not more important than the increase in educa-
tional requirements of those applying. Three of those registering
this year bring college degrees; five others have done some college
work, twenty-seven full high school work, and five normal or other
equivalent preparation.

The permanent staff has been greatly strengthened, first, by
the appointment of Miss Anne Goodrich, late Inspector of Train-
ing Schools for the State of New York, as Assistant Professor;
of Dr. C. E. A. Winslow (formerly Lecturer), now as Associate in
Public Health, and of Miss Anne Hervey Strong as Instructor in
Public Health Nursing.

Miss Goodrich will give part of the regular courses in Training
School Administration, and will also give an entirely new course on
the Relation of the State to Nurses' Education, which should be of special interest and value to advanced students. She will further give particular attention to the group preparing for Hospital Administration.

Miss Strong is a graduate of Bryn Mawr College and of the Albany Hospital Training School where she remained after graduation as Assistant and Instructor, and she has also spent some little time at the Henry Street Nurses' Settlement. For the coming year Miss Strong will be with us for half-time, entering fully upon her duties in September, 1915.

The appointment of Dr. Winslow as Associate in Public Health brings him more closely into our work than hitherto, and enables him to give much more time to our students. He offers also an entirely new course on Public Health Administration. The Department announces these noteworthy appointments with great satisfaction, and a full realization of their importance in the proper development of its work.

A carefully planned scheme of instruction is provided for each of the four large divisions:

a. Training School Administration.
b. Teaching in Training Schools.
c. Hospital Administration.
d. Public Health Nursing.

(Several subdivisions must eventually be made here, and the first, School Nursing is already being planned.)

The demands for workers in all of these fields is insistent, and it is a matter of constant regret that our best response falls so far short of the need. One hundred and twenty-five requests were received during the year which may be roughly classified as follows:

In Training School Work:
Some of the requests were for:

Superintendents and Principals ........................................ 25
Assistants ........................................................................... 9
Instructors ........................................................................... 22
Hospital Superintendents (usually small hospitals) .............. 13
Public Health Work—altogether about ................................ 50

Some of the requests were for:

Head-Workers .................................................................... 13
School Nurses ....................................................................... 8
Educational Work ................................................................. 7
Social Service ....................................................................... 8
The second series of lectures\(^1\) on the Isabel Hampton Robb Foundation were given by Dr. Haven Emerson (who by the way has just been appointed Deputy Commissioner of Health for New York City) on the "Applications of Preventive Medicine in Nursing." The course was attended regularly by all the Supervising Nurses of the Health Department and others invited.

A short course of five lectures on "Sanitary Inspection" was given by Miss Emily Dinwiddie, Inspector for Trinity Corporation, and an evening course in "Invalid Occupations" is given by Miss Evelyn Collins who has had many years of experience in such work.

The Nurses' Club has shown much energy during the year. It has had regular meetings, discussions and addresses, among them one of exceptional interest from Mary Antin. The Club has also established a small Loan Fund, has held social gatherings and has, in fact, become a genuine factor in the life of our student body.

The Alumnae which has grown into a vigorous Association is pursuing a definite policy of publicity, and education in nursing matters. Its small pamphlet on "Opportunities in the Field of Nursing" has gone into several editions and is now in the sixth thousand. It now proposes to publish information properly arranged and classified for general use on the subject of "Post Graduate Instruction for Nurses." The Alumnae has also established a Loan Fund of several hundred dollars, $500 being raised by the Nursing and Health Branch itself to which the Dean added an equal sum, for the use of senior students.

Such Loan Funds are needed, and more scholarships are needed as the special report of the Isabel Hampton Robb Memorial Fund clearly shows. There were fifteen regular applications for three scholarships and since then two more formal applications bring the number up to seventeen, while thirty-seven letters in all were received. We are constantly being asked if we cannot suggest or find some part time work for our students to help defray expenses. We have to answer that such work is hard to find and hard to carry on without interfering with the College work, which is one's first interest. It often seems as if the real economy is to borrow,

\(^1\) The course of lectures on this Foundation given last year by Mrs. Florence Kelly on "Modern Industry" is now being published by Longman's in small convenient form. They should be found in every Training School library.
if necessary, in order that one may receive the full value of the instruction and give it one's whole mind and time. The Department feels that Hospitals which should benefit ultimately very greatly by the improved work and teaching which our students hope to carry back to them, might easily offer an occasional scholarship within their own schools, or within their Nursing Staff or Alumnae to some promising nurse anxious to go farther and higher in her work. The Johns Hopkins has offered such a scholarship for years, and other institutions have helped individual students. The furthering of this idea as far as practicable is the suggestion for the coming year which the Committee would like to leave with members of the League whose interest in our work has been a source of constant help and support.

Anna C. Maxwell, R.N., Chairman.
Committee on Department Nursing and Health.
March 31, 1914.

REPORT OF THE EDUCATIONAL COMMITTEE
Read by Miss Goodrich

ROUGH DRAFT OF A PRELIMINARY AND PARTIAL REPORT ON A STANDARD CURRICULUM FOR SCHOOLS OF NURSING

I. Introductory Note. At the request of the Council of the National League of Nursing Education, the Committee on Education has undertaken to prepare a Standard Curriculum for the use of Schools of Nursing. Several sub-committees have been at work during the past year and the results of their studies are here presented in a preliminary and partial report embodying what appears to be agreed upon as the main essentials in a sound and comprehensive scheme of education and training in Nursing. In this Report no attempt is made to deal with details either of the courses of study, of methods of practical training or of administrative procedure. These will be handled later by several special committees and attention for the present is centered upon the general plan and vital points. Matters of administrative policy are included only where they affect so directly
and vitally the education of the nurse that they could not possibly be omitted in any adequate scheme of training.

The committee does not submit this as an ideal curriculum, since some schools already offer more than is here presented. It is set forth rather with the idea that it may serve as a useful working model showing what might be done in a school of average facilities. It is not expected that in all instances this can be used exactly as stands, but it is hoped that it may be helpful to schools struggling to establish good standards, and that it will be improved upon wherever possible. These schools which are able to advance more than these standards will lead the way to the more ideal curriculum which will come as our educational ideals are strengthened, our professional standards improved, and as greater freedom is accorded Training Schools for that growth and development which nursing work requires and which public opinion is beginning to urge.

II. In the following suggestive outline, the object has been:

1. To help in overcoming the great inequality in standards and methods of nursing education throughout all parts of this country by agreeing on some desirable and practicable standard by which we may measure the work we are doing.

2. To determine what conditions and facilities are necessary in order that a hospital training school may be qualified to offer proper training in nursing.

3. To decide what standards of fitness should be established in admitting pupils for training.

4. To agree upon the general amount and character of theoretical and practical training needed to fit the pupils in our schools for the work they will be called upon to do on the completion of their training and to decide how to arrange this work and how to teach it so that the pupils will get the greatest possible benefits from their training.

5. To bring the curriculum of the training school more in line with that of other educational institutions by using so far as possible the general plan adopted by other professional and technical schools in their announcements.

The rest of the Report is given in the afternoon session.

The reports were accepted.

On account of a Red Cross meeting, the business part of the
program was deferred. After a short recess, Dr. George Payne, of the Harris Teachers' College of St. Louis, was introduced and gave an address as follows:

HOW TO INTEREST HIGH SCHOOL GIRLS IN NURSING

Madam President, and Members of the Association: It is with a good deal of trepidation that I come before a body of nursing teachers to speak to you on a subject related to your own profession, and it was with a great deal of hesitancy when I was asked to speak to you that I accepted. I finally justified my action on the ground of my intimate relation with a new national organization that we are now forming, which is known as the "National Vocational Guidance Association" and also for one other reason, that this would lead me to examine more closely another vocation to which people are yet to be guided.

I have been justified since I began to look into the subject for discussion this morning, in feeling that this problem is really a part of the great problem that we are trying to solve in this country at the present time—a general problem of vocational guidance, particularly because of the fact that certain vocations are really overcrowded, while certain other vocations are in need of trained and efficient workmen, which they do not have.

Particularly in our high schools at the present time when we are beginning to offer short period courses, vocational courses in certain lines of activity, there is a tendency for too many to flock to those courses without very much prospect of being fitted for anything, or of being able to procure employment after they have completed the course.

In the examination that I have had an opportunity of making we have discovered that in the placing of commercial short period courses in the high schools, a large percentage of girls and very many of the boys who desire a specific vocation in life, are disposed to enter those courses with the expectation of entering clerical work in offices afterwards, and when they have completed the course we know very well that they will hardly be fitted for that kind of work, and that there will not be positions for them, even if they are very well qualified for the work, because the field for that work is now very much overcrowded.
I think that this problem that we are discussing this morning is really a part of this larger problem of trying to get every person into a place in life where they can do the best service; and for which they can best fit themselves, and also to prevent the overcrowding certain vocations on the one hand, and on the other hand fitting them for vocations which are not overcrowded.

The reason why this subject of vocational guidance has become so important in the past few years, and is occupying so much of the attention of the educator of all minds is the fact of our growing complexity of life in general.

The industrial life of the community is so complex that a boy when he has completed his school career in the ordinary grade and high school knows very little of the industrial and the commercial life of the community into which he enters.

All of this has grown out of our very great complexity of life, and labor of all kinds, and perhaps one of the newest vocations and one of the least understood by the present generation is the nursing avocation, and it has arisen especially in its present aspect because of the growth of knowledge of physiology, or psychological and sociological problems, and also the knowledge of medicine which has made such great advance in recent years.

It is only a few years ago when the average mother thought that she knew by nature all that there was to know about rearing children, and many of them feel that way at the present time, in spite of the fact that through special training in nursing we have been able to save thousands of infant lives, because we have brought into it both the special training and the judgment and discretion which can only come from the training of nurses for that work. As yet the science is so recent that we could not expect that it would percolate through and get down to the great mass of the people, and that they should appreciate the possibilities and need for especial training in nursing.

This complexity has made this a problem, and as we come in contact with the public school men we find that they are considering the problem of vocational guidance today, and they are considering it from various points of view, and from the various aspects that present themselves as we advance in the examination of the question.
There are two views that are held particularly; one of which is that there should be no definite vocational guidance, that there should be no direction on the part of the school itself as to any vocation, with the present competition between the industrial and the commercial vocations, unless we want to get students in to fit themselves for the higher vocations of life, but with the rest we should allow the boy or girl to be the judges for themselves of what they want to do, and that it would be a great mistake for the school to attempt to guide the school children into any vocation.

On the other hand, we have a condition before us at the present time where the children in the elementary school course are required to pass examination on certain questions, and are asked certain questions of the community, and not allowed to graduate until they can answer those questions.

Also in the high school the young lady or gentleman graduating from the high school must know something about the vocation that they are to enter, and the qualifications necessary to fit them to enter that vocation.

There are a great many school people who believe that this is no school problem at all, but that it is rather a problem of civil education, and there are a number of persons, I find, who believe that if there is sufficient ability in a person that ability will make itself felt sufficiently strong to get the right start.

We recognize immediately, without further discussion on this point that that is a wholly inadequate view. That is the view of a former generation, and is merely a survival of the old view, formerly held in this country, where it was thought possible for every child to become president of the United States, and that we ought not to interfere with him, but ought to give him general training and let him do anything that he can.

On the other side there are other considerations. We recognize that it must be a school problem, and whether it is a problem of instruction or a problem that should be in the hands of specialists, perhaps a specialist in physiology, or a specialist in psychology, or a specialist in sociology; in such view we should organize in connection with our public schools in our cities, probably under a superintendent or under a committee, for the solution of this whole problem, that they should employ certain specialists, persons with special training, particularly training in sociology, who would have
the duty of acquainting the child with the problems of the community, with the principles of the various vocations and with the special fitness of the children for these various kinds of activity.

That seems to me to be hardly practicable for the solution of the problem as a whole, and it does seem to me that it is not the best solution for the problem as a whole.

It seems to me that this is particularly a school problem and part of the problem of education.

It has two purposes. One is to discover the fitness of the child, and to train him in the best possible way, trying to educate him on that line, and it seems to me as I study the question more and more that it is impossible to train any child most effectively unless we know something of the special fitness of the child, and it will not only bring to the teacher a better opportunity for the solution of her problem as a teacher, but will also bring her mind closely in contact with the whole community life, and will benefit the profession as a whole enormously for the teacher to have this responsibility.

They may not be able to do it under our present method of teaching; that is a question that has to be solved by those who are solving problems, but it does seem to me that it is a problem of teaching to be solved by the teachers. It is not merely to impart subject matter, but to impart subject matter in relation to the fitness of the child for him to exercise those energies and activities after they have been developed.

This has been a problem in certain other countries, particularly in Germany, where the child is educated for his specific vocation, and the teacher has that more or less for a question. But the problem is a less difficult one there than in this country, because of the fact of the social stratification there, where it is practically impossible for a person to go into vocations in which he is not to a certain degree born, you might say. There are certain classes that follow one vocation, and certain classes that follow certain other vocations, and it simplifies the problem a great deal.

But here where every person wants to go into everything that he possibly can it makes the problem more difficult.

But the really important thing is for the child to know what facilities are offered for him to do these things, and until he knows that, he is in no position to select a vocation at all. That is a problem of the imparting of knowledge; that is a teaching problem.
I mentioned in the beginning of my remarks the fact of the growing complexity of our whole life, particularly the industrial life. We do not need to have that called to our attention; we know that even a generation ago the industrial and commercial activities were not nearly so complex as at present. The growth of all our activities has brought about such condition of things that the boy doesn’t know what his father is doing, but merely the name of the business in which he is engaged. I am often met with a problem of this kind, in our own state within the memory of living men, in 1826 on the 4th of July, when Jefferson and Adams died it was 24 days before we received news of it here in St. Louis, and that was the quickest possible time that it could get from Washington to this city.

Of course St. Louis was a community that supported but very few people at that time, and every person knew the business of every other person, and the activities in which they were engaged, (sometimes very much to our dissatisfaction, to be sure), but the life of the community was an open book that our children knew from their earliest youth. But in these days the fact that we have attempted to learn so much of the industrial pursuits has compelled some to close their industries to the outside world, because of our tendency to inspect them so much, and that has made it impossible for the child to know the life of the community, as he did in former years. He sees the outside, but he doesn’t see into the inside any more, and after his high school career he goes out into the world with nothing particularly in view.

The same is true of the girl, except possibly the vocation of teaching, and that fact in a marked degree is brought to the attention of the girls. We do have a great many girls here in St. Louis who desire a vocation, and must enter work. That is brought to our attention in a very sad way at the teachers’ college at times, where we have to deny applicants for the profession of teaching simply because it is absolutely impossible to train them for the teaching that is necessary for the profession. We meet that all the time in St. Louis. And then other people come to me and ask what they can do, and it is a problem that I can’t solve and they can’t solve. We might tell them to go into social work, and so on, but the fact that we are now asking in our various cities about the possibilities of training nurses in connection with our public schools will no
doubt accentuate the possibilities of nursing as a vocation, and also call attention, it may be, to the possibilities in the profession for the young girls graduating from our high schools.

And at present, as we have here in St. Louis, for instance, begun to use nurses in connection with the schools we have found the value of them, and the tendency will be to increase very rapidly the number employed by the Board of Education. Now that seems to be the problem as it is at the present time.

The problem is a part of the larger problem of education. To be sure there are certain special features in connection with the whole problem of vocational guidance. The nursing profession is a part of the other problem that can be solved by the specialist, and I would not want to leave the impression that we do not have need of the specialist to determine the fitness of the child for certain vocations.

For instance, there are certain characteristics that you know we all need to have that are specially suitable for a person who is going to enter a vocation, such as the vocation of nursing. There are certain traits of character and disposition that are absolutely necessary for success, and it would be fatal to the success of certain girls to enter into that vocation unless they possessed those characteristics. It would be most unfortunate, not only for the vocation itself, but for the girl, the same as it is with the vocation of teaching, and we very often have to impress this fact over and over again, when we discover the lack of these important qualities in applicants, and have to refuse a girl who has spent maybe one or two years in preparation for her vocation, where after she has completed her professional training and started out in the profession she finds to her mortification that she is a failure and cannot succeed.

There are certain dispositional qualities that the teacher ought to try to discover in these cases, and I dare say the high school people scarcely know what those requisites are, and what conditions are best, or what characteristics would be best for the person who is entering the vocation of nursing. I am frank to say that I do not know myself, and I would not feel myself competent at present to advise on that subject, and I should say that ninety-nine out of a hundred teachers in the high school would feel exactly the same way, because we don't know enough about the characteristics of the high school girls themselves, and know very much less about the vocation in which they are intending to enter.
I would say that the very essential and important thing is that there should be some way of discovering and bringing these two things together. Probably it would be best done by a more thorough knowledge on the part of the high school teacher in that vocation, and also a knowledge of the temperament and disposition of the pupil.

Then there are certain other qualities, when we speak of vocational guidance as a whole. We see oftentimes a mother who is determined to make out of her daughter a musician. That is not an unusual thing in my experience, as I am somewhat interested in music myself, and I often find mothers insisting that their daughters must be musicians, when an examination of their qualifications in that respect might determine that it would be impossible; that the ear probably could never be trained to distinguish sufficiently to appreciate music or to produce it, and physiological tests such as we have in our psycho-clinics at the present time would determine that it was utterly useless for the child to attempt to enter into the profession of music.

The value of the psycho-physical tests for the necessary qualities of those entering vocations has been demonstrated at Harvard University, through such an examination of street railway motormen, by which they have been able to decrease about one-half of the number of accidents on railways in the east, by a proper selection of employees, after a psycho-physical examination.

That is a matter of vocational guidance that can only be carried out by a person who is trained in that special kind of examination. Whether there is anything of that kind that might be done for the vocation of nursing, I am not able to determine, and again I have to plead ignorance. But I want to bring to you that problem in connection with the whole problem of vocational guidance, and particularly the problems that we are considering this morning. I want to make it clear that this is really a school problem. It is fundamentally a problem of teaching.

In concluding what I have to say this morning I wish to say a few words in reference to devices that may be used in interesting the high school girls in the vocation of nursing.

We are at present, as I have mentioned earlier, forming a national association for vocational guidance, and the problem to be determined is what particular function this association shall fill, and I assure you that it is a very difficult problem. It seems to me that
the great task that this association can perform—an association that is growing so rapidly and becoming one of the most important national associations is, that it can bring to the attention of the school people the possibilities of which I have spoken this morning, and I think a great deal of its work in the next few years will be to publish material connected with the vocations, and send it out to school people.

Recently our own assistant superintendent, Mr. Knox, went before the national association, and Mr. Knox is also a member of the board of directors of this new organization—he went before the national association and tried to bring to the superintendents there the fact that this was really a superintendents’ problem, and not a problem of a set of specialists, that it was a problem of education, and I think that will be one of the fundamental conclusions of this organization, and they will try to bring that fact to the attention of the school people, and get them more interested in trying to educate and train the child with reference to his special fitness in a certain direction, and I believe that your association will be interested in this movement, and any cooperation that may be brought about between you and the national association will be very beneficial not only to the National Guidance Association, but I hope will also be helpful to you.

That will be the first thing that I will suggest.

Another thing is that the high school people at the present time are deeply interested in this question, and the high school principals particularly. I know this, because I have been serving on a committee of high school teachers who have been trying to solve the problem in their own schools, and I have found that they see the difficulties, and appreciate the seriousness of the problem, particularly since the introduction of these short term courses, of which I have spoken, which are attracting too many of both the high school girls and boys, for we know that those young people will be disappointed when they go out from the school after having gone through three or four years of education, to find that they have no way of using those things that they have learned in the vocational branch.

Any knowledge that you might bring in the form of publications, that you might put into the hands of the teachers, and particularly the English teachers in the high schools in America will not only be welcome, but will be used to advantage in acquainting the pupils
of the high schools with the nature of the vocation that you represent. It is just the very kind of material that they would like to have, and in most of the schools we find that material of this kind is being used largely as a basis of their composition work, anything relating to the different vocations, as it gives the pupils something vital to write about, and the knowledge once gained is knowledge that they can make use of in the future.

I have recently read with intense interest a book published by the Department of Nursing and Health of Columbia University. I am satisfied that it would be a valuable pamphlet to have in the hands of all the people of the country. I read it, not because I was particularly interested in the subject, but because of the interest that I found in the material itself, which is of vital interest to any one, and I read it with a great deal of pleasure and interest merely as a matter of information that I felt that I ought to have about the community life and the possibilities that might grow out of this vocation in the future. It seems to me that it is bound to affect the high school people very much as it has affected me, because of the intensely interesting material that it contains.

These are some of the devices that may be used to acquaint the child with the vocation of nursing, and it seems to me after all that it is the basis that they ought to have, and the best way in which to interest the high school girls, by reason of the fact that any interest that they may have in these matters will have to come from an intimate knowledge of the vocation itself.

As to how this is to be brought about, I think you may coöperate here with the National Vocational Guidance Association. I think there are opportunities for coöperation, and I hope that all of these associations who are interested in this problem which has been neglected so long in our public schools and also in our private education in this country may find at the present time a general movement to get together everybody who is interested, and try to work together in the direction of a movement which will result in the best vocational guidance of the individual. I thank you.

*The President:* We have all been exceedingly interested in this question that has been opened up to us this morning, and it seems as if we might do something practical. We are very much indebted to Dr. Payne for his remarks.
The President appointed Miss Fulmer as Chairman of the Resolution Committee with power to select her own associates. Miss Greenwood was appointed Chairman of a committee on Revision of the Constitution and By-Laws, with Miss Hay and Miss Goodrich as associates. A report was asked for Monday morning.

After some announcements of only temporary importance, the meeting was adjourned.

AFTERNOON SESSION

April 24, 1914

The President, Miss Clara D. Noyes: The meeting will please come to order. We have come together this afternoon to consider what seems to us who are particularly interested in the education of the nurse quite the most important subject on our program, and that is, What constitutes an Approved School of Nursing? We have given this matter over into the hands of a committee, who have given it very careful study, and Miss Wheeler, the former President of the Association, will take the chair for this afternoon. I resign in favor of Miss Wheeler.

Miss Mary C. Wheeler: In speaking about any school for nurses, or any school, leaving out the school for nurses, there are distinctly three things that we must consider. First, we must have an aim. There must be some definite line of work to impart, whether that line of work is cultural or professional or simply commercial. Any school must have that definite object. There must be a workshop of some kind, and in our professional school for nurses our workshop is the hospital. If we take away the workshop from this general scheme, then we have what is known as a correspondence school. The second thing that we must have in any school is a group of people who want that particular knowledge, and if we remove the students from the school, then we practically have no school, and when a school asks the State Board of Examiners to come and inspect the school, and they are asked how many pupils they have in the school, and they say that they have none, but they want to start it, then it means that your basis of work is particularly easy, because they have no pupils, therefor they have no school. The third point is in the matter of teachers. If we have the workshop, and we have the group of people wanting that particular knowledge,
then we must have groups of people to transfer that knowledge in an accessible way to the pupils, and when we take away the teachers, then we have a problem of inefficiency as far as the training of the women is concerned, and therefore a direct detriment to the public, and that is one of the problems that we have been facing constantly; the lack of teachers and the quality of teachers. We are unable, of course, to take all of this matter up in one day, and you will notice by the program that these various departments have been extended for several discussions. We are thinking along the line of training school control, and also the standards of entrance to the schools for nurses, and then the required courses of study. We know from our past experience that all these points are very important, and until we come to some mutual understanding as to the minimum requirements on all of these points it will be very difficult for us to go on with our idea of reciprocity as we wish to extend it, and it is right that we do so. In order to take up these points logically, we will ask for the report to be given by Miss Goodrich, of the special committee that was appointed to bring out these points and to make a study of them. As you hear this report I wish you would make note of the facts that you wish to have discussed, and although no action may be taken this afternoon as to what we are going to do, or not going to do, it will give us a chance for discussion and perhaps later on we can compile from this discussion something which will be a guide to our work in the future.

Miss Anna W. Goodrich: At the request of the Council of the National League of Nursing Education, the Committee on Education has undertaken to prepare a standard curriculum for the use of the Schools of Nursing. As Miss Wheeler has said, several members have been working on it and they have now a rough draft and a partial report on the standard curriculum, and in following the suggested outline the object has been to endeavor to overcome the great inequality in the standards and methods of nursing education throughout all parts of this country, so that we may arrive at a standard by which we may measure the work we are doing, in order that the hospital training school may be qualified to offer proper training of nurses. I would now like to read through completely this report, and then we will go back and take it up section by section, and then it will be discussed by certain members, and we hope by the members at large.
III. TRAINING SCHOOL AND RESOURCES

Continuation of Report by Miss Goodrich

*Form of Control:*

a. By a separate board, or

b. By a committee appointed from the trustees. This might be composed of two trustees, a member of the Medical Board, Medical Superintendent of Hospital, the Superintendent of the Training School, and some educational authority such as the superintendent of a school system or the dean of a college or normal or technical school.

*Functions of Committee:*

a. To study the needs of the school as an educational institution.

b. To establish and maintain proper educational standards, and a qualified staff of instructors, together with suitable teaching equipment.

c. To secure adequate financial appropriation for the support of the Training School, and to provide for all financial relationships with the students such as tuition fees, loan funds, and scholarships.

d. To foster the growth and development of the school and to protect its interests.

*Hospital Facilities and Types:*

a. General hospitals, with bed capacity of 200 patients and daily average of about 150 patients should provide complete teaching field (most advantageous when connected with Universities).

b. General Hospitals, private-endowed or municipal with bed capacity of 50 and daily average of 30 patients, providing for efficient services through suitable affiliations, are able to give adequate experience.

c. Hospitals and sanitaria under private ownership cannot be commended as providing suitable fields for training.

*The Teaching Field:*

A proper teaching field provides in properly equipped departments under an adequate teaching staff, practical instruction in nursing.
a. Medical Diseases (including communicable and nervous and mental if possible).

b. Surgical Diseases (including gynecology, orthopedics and operating room work).

c. Obstetrics.

d. Infants and children's diseases. Services should be active.

Private Patients:
Ratio of private to ward patients should not exceed 1:4.

Dispensary:
A dispensary or outdoor service is desirable. If, to the usual clinics is added a social service bureau, it offers one of the best teaching fields for public service.

Faculty:
Since a school presupposes constant supervision and instruction the ratio of graduates to pupils should not be less than 1:6.

a. Superintendent or Principal of Training School.

b. Assistant.

c. Night Superintendent.

d. Instructor.

e. Dietitian.

f. Graduate Heads of Departments, such as medical, surgical, children's, maternity, dispensary, operating room, etc.

There should also be a paid staff of medical and other required lecturers.

Teaching equipment should include:

a. Lecture and class room provided with essential equipment for teaching, such as blackboard, microscopes, models, charts, etc.

b. Laboratories, such as may be found in colleges, normal schools, and many high schools, equipped for instruction in bacteriology, chemistry, dietetics and other subjects.

c. Libraries, general and reference—preferably owned by school. If not, might be provided through municipal or state travelling libraries. A reference library containing 100 volumes would seem reasonably adequate.

Students:
The minimum ratio of students to patients should be—ward service, day 1:6; night 1:15; private patients, day 1:3; night 1:5. This should not include special services such as children's,
nor operating rooms. The latter would be determined by the daily average of operations.

Hours of Duty:
To insure for the students adequate time for rest, recreation and study, the hours on duty weekly should not exceed fifty-six day or night. This does not refer to the preparatory term, in which the maximum time on duty should not exceed four hours daily.

Students’ Dormitories:
a. These should provide single rooms if at all possible, and double rooms only when absolutely unavoidable. There should be suitable reception and sitting rooms.
b. The lavatories should provide not less than one bath to five or six students.
c. The dietary should be specially adapted to students engaged in an arduous and exacting physical effort.
d. The service should be such as is required to maintain an orderly and attractive household.

Night Work:
Suitable quarters should be provided for students on night work, and protection from noises and disturbance.

Infirmary:
In a municipal or other hospital where there are no private ward patients a small infirmary for sick students should be provided.

IV. STANDARDS OF ENTRANCE TO SCHOOLS OF NURSING

A. Education:
1. Full High School recommended as a desirable standard, presenting approved courses in English, languages, mathematics, history, physiology, chemistry, home economics and civics or social science.
2. Where this is impossible two years high school suggested as a minimum—presenting approved courses in English, mathematics history and elementary science.
3. Deficiencies—students who are personally qualified, but who do not meet this requirement, may prepare themselves by returning to high school, attending night school or special tutoring before or after entering the Training School.
4. Advance Standing—students who present educational qualifications in advance of high school graduation may be given credit for
   a. Theoretical work—according to the quality and amount of previous training in subjects represented in the Training School curriculum, such as physiology, bacteriology, chemistry, hygiene, dietetics, etc.
   b. Time—For 4 years' course in an approved college with credit in the above subjects—8 months.

   For less than 4 years with credit in a college, school of domestic science or normal school of approved standards, or for a special preparatory course in such a school, reduction in time according to the required subjects covered.
   c. Credit for previous work in other training schools should be granted, the time allowed depending upon standing of the school, nature of services and character of instruction. Students should not generally be required to repeat work already covered in theory or practice.

   B. Age:
   1. Minimum—20 years (possible exception in favor of young women of unusual capability and maturity).
   2. Maximum—35 years—(rare exceptions in favor of persons of unusual vigor and adaptability).

   C. Health:
   1. Certificate of health from physician, at or near date of application. Recent vaccination. Certificate by school physician before acceptance into the school.
   2. Certificate from dentist.

   D. Character and Experience:
   1. Certificates of uncertain value, but important in view of the nature and responsibilities of nurses' work.
   2. Interview desirable and investigation where questions arise.

   We will now return to the first paragraph or section and take up the form of control, and I would like to call your attention to the fact—and I think I am correct in so stating—that the first training schools were under a separate board; that the first training school in London, St. Thomas', was made possible by an endowment. As you will remember, Florence Nightingale requested that the recognition by the British nation should be in the form of an endow-
ment for a training school for nurses. Now, it will be perfectly clear if you look over schools of various kinds that in every case a school has been created and carried on by an endowment and a separate board prepared to carry on the interests of that school as a school, therefore we have to conclude that an endowed school under a separate board provides the most satisfactory form of government. But it would be also quite possible to consider that a special committee formed of the Board of Trustees and other members appointed as we have outlined here might also consider the interests of the training school, but we cannot conceive that so important a matter, so great a responsibility to the public, can be carried out by a general board whose first interest is the hospital and who are not closely in touch with the training school as a school preparing women not only to do the work in the hospital, in fact not preparing the women primarily to do the work in the hospital, but to go out and nurse the public as long as they remain in their profession. We said in the beginning that we desired to bring our school in line with other professional schools, and then we have emphasized the functions of this committee to study the needs of the school as a financial institution, to study and maintain a proper standard of education and to secure adequate financial appropriation for the support of the training school and to foster the growth and development of the school and to protect its interests.

The Chairman: In order to open this discussion, I will call on Miss Greenwood, of the Jewish Hospital, Cincinnati.

Miss Greenwood: I think we have all listened to this extraordinary report by Miss Goodrich with a very great deal of pleasure, and in fact it should give us the greatest possible incentive in our training school work. The special form of discussion which I would ask to open is the form of control and the committee which might be appointed from the Board of Trustees in connection with some person directly interested in educational work. It would seem to me that such a committee as outlined in this report would be of the very greatest possible importance. A Board of Trustees without some special committee with regard to training schools could not and does not follow out the interests of the school as it should. If we had some such committee as outlined—two members of the Board of Trustees, a member of the medical staff, superintendent of the
training school for nurses and some member of an educational body, it would seem that we had a fairly comprehensive committee which might deal with the educational feature of the training school for nurses. Such a committee, it seems to me, would be very well rounded out and could advance in every way the interest of the school. The advantages of a separate board I think are very great. I think the plan suggested is excellent in every particular and would meet the requirements of the training school and enable the superintendent of nurses to bring her school up to the very highest possible standard. [Applause.]

The Chairman: There is another point which we might consider, and that is the board of control in connection with the hospital or training school; in connection with the university. Will Miss Powell please speak on that point.

Miss Powell: I am very glad to have the opportunity to say just a few words about a recent development in our training school situation in Minnesota which came up just a few days before I came to the meeting. This is my fourth year in charge of the school. Up to this time our training school applications have come entirely through a training school committee, which is now composed of myself as superintendent of the school, the superintendent of the hospital and the chairman of the training school committee, Dr. A. O. Beard. The work of the students in the preliminary course has been the only record for our work. That has been a part of the university records kept in the registrar's office. I have not approached the registrar's office, only to ask that a complete record should be kept there. The other day I had a letter from the dean of the medical school suggesting that he keep in his office complete records; that the registrar's office should also make an educational examination into the credentials of our training school candidates, and in talking it over with him we worked out the plan that when I got an application from a student I should write that student to send her credentials. They do not accept diplomas, but must have the credentials of the high school work, to be sent direct to the registrar of the university. The registrar would examine those, if it were high school work, or if it was the equivalent to high school work. That notice would then be sent to me, not to the student, for fear that if it were sent back to the student she would think it had been accepted. That brings into
the registrar’s office a complete record. At the end of each semester—at the end of each school year a record of the number of hours of work in the different subjects, and of the grading of those students would be turned in, just as they are from our towns in the country to the registrar and a permanent file kept in the registrar’s office of this work. All this, of course, is one more recognition of the training school as a university department.

The Chairman: I think it is undoubtedly true that the smaller hospital has a large number of problems of its own; that the school is a part of the hospital proposition, and that seldom a training school of nurses stands as a separate institution from the hospital, therefore it solves a great many of its problems. Whether that school is controlled by a separate board or by a committee of the general board of trustees I think needs careful attention, and I would like to ask those of you who have charge of hospitals whether you have a separate training school board. All those who have a separate training board for the conduct of your school please raise your right hand. Those who have a committee appointed from the Board of Trustees to look after the school in connection with the hospital please raise your hands. There is something like 25 against 9. Those who have a separate board for their training school are smaller in number than those who have a committee from the Board of Trustees. Of course, perhaps all of you did not raise your hands, but it goes to show that it is an intimate part of the hospital which you have to consider in taking up all these questions.

Miss Greenwood: I should just like to say that the hospital with which I am connected has a training school committee from the board of three members, and this committee has been in constant cooperation with me in my work in our hospital, and their appreciation of the work that has been done has been very great, and I feel that the success of the school, whatever success it may have attained, is probably due to the cordial and friendly relations which have existed between that training school committee of the board and the superintendent of the hospital and training school, and in the last analysis the word of the training school superintendent has generally decided any particular case.

The Chairman: It is suggested that Miss Noyes might give us some information.
Miss Noyes: I should like to say that the school with which I am intimately connected as superintendent has a separate board of control. It is made up entirely of women, with ex-officio members, President of the Board of Trustees, the Commissioner of Charity, and the Commissioner of Health. They very rarely come to the meetings. That is largely due to the fact that only a few years ago the training school was a separate institution from the hospital, and when it came under the control of the city government and the Board of Trustees the women's board was retained. I have very decided views in regard to the training school committees. I believe in them absolutely. I have been connected with four institutions, three of which have had special committees and special boards. I was superintendent of a hospital for nearly ten years, as well as of a training school, and I always felt that the training school committees, even when I was superintendent, was a very admirable thing, if for no other purpose than to keep a check upon me as a superintendent, from thinking of my school from a commercial standpoint, rather than educational. I know that there are a great many people who do not care for training school committees or separate boards, but I think they are of tremendous value. I can see, of course, where a training school committee or separate board of control might perhaps be very troublesome in certain directions, but of course a board has to be selected with almost as great care as a pupil, and we sometimes have the privilege of educating those boards. It is rather slow work, but I think it is well worth while, even if we do have difficulties along that particular line. The hospital with which I am connected is rather unique, because of the fact that it was a separate school for many, many years. The board has entire control of all matters pertaining to the training school subject, of course, with the approval of the board of trustees. We recognize the superintendent of the hospital as the head of the hospital. We recognize him in every way. We defer to him. He signs the nurses' diplomas and we look upon him as the nominal head of the institution and all matters of importance are referred to him, but the details of the management of the training school are in the hands of its committee or its board of managers. Now, when it comes to the duties of the board of managers, I think we are going to hear a lot about that to-night and am sure we will have a particularly fine paper, there-
fore I am not going to enlarge upon that; but I’ll say just this much, that the board of managers of a training school committee is an advisory body, it is not there for the purpose of taking up the detail of administration of the training school. That should be entrusted to its head and it should not be necessary to teach that board, but it frequently is, that it is an advisory board, and is not there for the express purpose of managing the details of the education or the training of a nurse. That I think is one of the stumbling blocks in the way of most training school committees and most boards of managers; you find them assuming entire control if the superintendent is not a very strong person and is able to direct them in the right direction. I think one of the reasons why so many people object to the training school committee or the separate board of control is that they interfere too much with the detail management; but, on the other hand, I think that lies entirely with the superintendent of the training school, as to how far she is going to let them do that, and at the same time let them feel that they are really doing a very noble and splendid piece of work, and they are so valuable as a support under difficult circumstances, and especially in municipal institutions. My position would not be really possible to endure, I do not think, if I did not have that magnificent board back of me. You can easily see in a municipal institution where political forces might dictate to you your appointments, even the personnel of your body of pupils, how valuable the board is. You have your board always to fall back upon. You simply say “Well, I refer this matter to my board,” and that is a perfectly splendid thing to be able to say, because it carries a great deal of weight. I personally would not be for one moment without a training school committee or a separate board of control in any hospital with which I connected myself. [Applause.]

The Chairman: As Miss Riddle always says, time is passing, so I think we will have to go on to our next topic. Miss Noyes has summed up the matter for us in a very interesting way. Miss Goodrich, will take up the next point.

Miss Goodrich: We will now go back to the section on hospital facilities and types. Except we have a large hospital, with a large daily average of patients, we cannot hope to find all of the fields which we now deem essential for practical work under one roof.
Therefore if we desire to say that we would prefer to find it all in one hospital, we must put a sufficient number of beds to allow a sufficient ward service in each particular department, because I think we should consider the difference between private rooms and the hospital ward. In the ward we see the patients in all stages of disease. One nurse sees 10 patients with typhoid fever. She sees the patient that has just come in, the patient that is convalescing, and she sees all the intermediate stages, and it is also particularly true of the orthopedic cases of long duration that a nurse may see one orthopedic case in a hospital, but unless she stays a long time in that one ward she knows very little about orthopedics, consequently we must have a department where such cases are observable in their different complications and in their different stages. We must give her the cases in such quantities that in a few months she will have had the experience which now some little hospitals require three years for.

The Chairman: The discussion of this point was to have been taken up by Miss Hilliard, who I think is not present. Miss Burgess, superintendent of nurses in the Michael Reese Hospital, of Chicago, I think is here, and we would like to hear from her.

Miss Burgess: I would like to advocate in Part B of this portion the necessity of small institutions making affiliations. Those of us in the larger institutions who have offered post graduate service probably know that a very large proportion of those who come or desire post graduate service are making up deficiencies. They want service with children, they want obstetrics, they want medical work. Not so many are requiring or desiring surgical experience, which I believe tends to show that the majority of the hospitals of fifty or under one hundred beds give a very much vaster experience in surgical nursing than they do in any other field. Many of those nurses that come to us for post graduate work say that their experience has been in private or partially private wards where medical and surgical cases are taken care of together, and their experience with medical patients has been very little. Their experience with children practically comes down to four or five children in a ward of adults, and it seems as if such a hospital to give adequate experience should certainly make affiliations.

In the third or C section of this portion an incident comes to mind of a few days ago when a young woman came to me to enter
the training school. She said "I have known a great deal about
the hospital in my own town," which was of this type of a private
institution. She said "I thought it was a very large institution
until I saw this hospital." I asked her how many patients it accom-
modated and she said six. That, of course, is an exaggerated case,
but there are very many institutions of that type that are trying
to educate nurses. [Applause.]

The Chairman: If there is no one to speak further, will Miss
Goodrich please take up the next point.

Miss Goodrich: I would like to make one suggestion, though they
tell me time is passing. I think that a small school has a distinct
and definite value. [Applause.] Their methods with the private
cases are exceedingly good and in the small hospital every patient
is a private patient. I think the small hospital has a great value;
but we must also consider what is the need of the community,
what forms of disease must a nurse be prepared to take care of.
Therefore it would seem to me that we should be ready as a body of
superintendents of training schools to stand for some arrangement
whereby these small schools could serve this purpose, that the nurse
when she finished should have the all around training, and there
are two ways in which this can be done: it can be done either by
affiliation or it can be done by the small school carrying a two
years' course, and then the pupil going to a large city hospital and
being given credit for one year's work there in the large hospital
having a two years' course; in other words, the pupil's training
being three year's but not a three years' course in a hospital of 25
beds and a daily average of six or seven patients. [Applause.]
It seems to me that if we as a National League determine what con-
stitutes the proper teaching staff, and what constitutes the neces-
sary service, and if we as a body stand for that, every woman who
takes the small hospital will see to it that she has a proper board of
control, that she has a proper faculty, that she has a proper affilia-
tion, and then she can send her nurses to any hospital in the United
States in the larger cities and be sure that they will be welcome,
for their foundation training will give them the entree and the hos-
pital will be glad enough to have women who have had the proper
preliminary training and the kind of training that they will be glad
to support.

Miss Coleman: I'd like to ask Miss Goodrich which course she
would advise—the two years’ course and then post graduate work, or affiliation with the small hospital?

Miss Goodrich: That is a difficult question to answer. If I may speak directly from experience in the state hospitals for the insane, they would prefer an affiliation, because the pupil returns to them and gives them the benefit of her experience that she brings back, nursing methods in a general hospital to the special hospital, and from that standpoint it is an advantage. It is much less of a burden to the hospital if they do not have to provide the affiliation; in other words, they give their pupil her diploma and she may get credit for that work in other hospitals. That relieves them of the arrangement of affiliation, which provides that a certain definite number of pupils shall be sent on a certain definite date, which is sometimes very difficult. That is something which we have got to work out very carefully. The post-graduate course, or the additional course, is a little different matter. I believe myself that the pupil might better have the two years and then go to a large hospital and get her diploma. I believe the benefit to the pupil and to the community is the greatest in that way. As a matter of fact, in New York City, a post-graduate pupil is an accredited pupil, or at least we have a certain number of schools that are accredited for one year, those schools giving a three years’ course. But that is not a fair proposition. Those schools could give a two years’ course and then if that school is accredited she may go to another registered school and say “I have come from an accredited school.” That school is privileged to give her one year. Our state law calls for two years, not for three. If the school demands three years—and they do demand it—then the unfortunate pupil has been obliged to spend four years in getting what another woman has got in another hospital in three years. That is the injustice of it. The school benefits by it.

The next question which we will take up is The Teaching Field. A proper teaching field provides in properly equipped departments under an adequate teaching staff practical instruction in nursing. Medical diseases (including communicable and nervous and mental if possible); surgical diseases (including gynecology, orthopedics and operating room work); obstetrics, infants’ and children’s diseases. It is the purpose I think to discuss particularly what we would consider a proper teaching field, the number of beds, and
also what we would consider the essential conditions in which a
nurse must have a definite experience to receive a diploma as
nurse. I will discuss that a little later. It seems to me that it is
most important for us to discuss for a few moments what we con-
sider the essential branches in which the nurse should have ex-
perience. If the proportion of sane to insane is 1 to 200 in New
York state—I beg your pardon—we are saner than that. One of
us is insane to every 200 sane; and if the child is not found in the
hospital, I would like to ask if the sickness amongst children is so
small that it is not in the community. The proportion of the death
rate, the infant mortality, is so great that it seems to me as if we
needed a very definite knowledge of the care of the child and that
we should determine whether it is essential, and then if it is, the
proper instruction should be provided. I do not care how good the
private patient service is in a hospital, it does not give one a knowl-
dge of the child. I think you will all agree with me that two
weeks in an obstetrical department with a perfectly normal baby
does not of course follow that baby through all the conditions and
diseases and stages of childhood, and yet I have heard nurses say
that that training gave a splendid and perfectly intimate knowledge
of children. Considering our large infant mortality, and also the
tuberculosis scourge that has been sweeping over our land—and
we take it our war death rate doesn’t compare to our tuberculosis
death rate—with those conditions existing ought not these women
be trained in the most thorough manner?

The Chairman: Miss Hay, would you kindly tell us some of the
services that you think would be essential in this field of training?

Miss Hay: I do not think I have any new ideas at all to present.
It seems to me from some experience in the past two years that a
good grounding in medicine and surgery is necessary, because
nurses in so many fields are required to have a knowledge of med-
ical diseases and of surgical technique, which they must follow in
tuberculosis work and in so many phases of nursing work, whatever
it may be, public welfare or whatnot. I certainly do think that
nurses need to know about children. They need the experience of
some months or weeks at least, I should say two months, in a good
children’s department, and if the institution in which they are being
trained cannot give it, then it should be supplemented, this branch
of nursing should be given them in the larger places. To my mind
instruction in the care of nervous and mental disorders is important, in order that nurses may avoid the mistakes that I have known them to make. All of us can recall experiences where perhaps a shocking accident was the result of some indifference on the part of the nurse through the sudden whim or vagary of an insane person, and I know I have myself come in contact with women who were criminally careless and where only a kind providence prevented their having some awful accident to their charge, simply because they had not had one word of training or instruction or advice during their time of training in the school. It seems to me that we must include this. I am not prepared to discuss the possibilities of departing from these things that we regard as so important. The medical and the surgical and the children, it seems to me, we must have, and of course the things that go with them, some knowledge about orthopedics and contagion and all of that. I know that one of the things that many doctors seriously object to is that so many nurses are permitted to go out without much, if any, knowledge of contagion, or with perhaps an exaggerated fear of many of the types of contagious diseases, and in the doctor's time of great need the nurse is not willing to serve him and he loses patients and feels that the nurse is seriously failing just where she ought to be the doctor's first help and aid. [Applause.]

The Chairman: May we hear briefly some other point that you might consider in this field of nursing before we go on with the Faculty?

Miss Haupt: I was associated with a small hospital and the first year I was there our obstetrical cases numbered fifteen for the entire year and we had to coax the doctors to give obstetrics. Some of the doctors insisted that one or two lectures on obstetrics were all the nurses needed. Our lectures on surgery amounted to probably six or eight, and were strung out over the entire year from early in the fall until late in the spring, or until practically into the hot weather, and the nurses were practically without any obstetrical experience from the time the doctor lectured until the time came around for him to give the next lecture.

Miss Noyes: I know time is passing, and I dislike to take any more, but I wish to say just a word along that line. I find the nurse going less and less into private work. She goes into public health work, and if she goes into private work she must necessarily know
something about children’s diseases and obstetrics, because sur-
gical work crowds into the hospitals and if they are not well ground-
ed in the care of children, medicine and obstetrics, then there is
very little work left for the private nurses. As I said before, we
find the nurses going less and less into private work. In my own
school last year out of a small class of 28 graduated 19 remained
in the hospital and several went into public health work. The
year before 25 stayed in the institution for institutional positions.
In New York City at the present time there is a great demand for
public health workers. Many of those who are working in milk
stations have never known how to put up a bottle of milk, and
they have had to be given special lectures in infant feeding and the
care of infants and children and the diseases of children. It is
perfectly pitiful I think if our schools are not going to send nurses
out at least well grounded in the care of children and in obstetrics
and medicine, those three subjects particularly because if they
do private nursing they must have it, if they do public health work
they must have it. Certainly if they stay in the institution they
must know something about it. We are affiliated at Bellevue
with thirty-two schools, and I could give you pages and pages of
instances in which nurses come to me for post-graduate work who
have seen perhaps in one whole year of work four patients who
have had special service and who have earned for their institu-
tions thousands of dollars while they were pupil nurses. It
seems to me that in the education of nurses we must stand for
a well rounded out curriculum, and if we cannot get it in a
small hospital there is nothing to do but to affiliate; we must
stand for that one point. [Applause.]

The Chairman: We will next take up the subject of the Faculty.

Miss Goodrich: It may astonish you some to discuss the ratio of
graduates to pupil-nurses as one to six, but it is not as astounding
as it sounds, and I would like to say that such a ratio has been deter-
mined for a number of years in New Zealand. That is some dis-
tance away, but it is a fact that they do have a definite ratio as
between graduate nurses and pupil-nurses, and I remember reading
a report in which they apologized for their very large ratio of
graduates to pupils. They explained it on the ground that they had
a large number of typhoid cases, and it did not seem proper to have
such a large number of typhoid cases within their walls under
pupil-nurses. The proportion, however, when you actually compute it is not as great as it seems when you consider a small school of ten or fifteen pupils.

Miss Randolph: The Faculty question is a very important one in training school work. I do not know of anything that so terrifies me as to preside at one of our Faculty meetings when we have nothing at all except generalization. We become so self-conscious and so awkward that the whole thing is just an experiment. But give us a concrete fact for discussion, give us something definite with regard to the school, and the Faculty meeting becomes a joy, and very soon we have found in our own particular school that this concrete fact has been made into a coherent whole. Questions have been brought up and discussed, every phase of the training school, from the problem of the individual pupil straight on through to the curriculum and the method of giving that curriculum by the Faculty, and it has done more, it seems to me, to inspire the teachers with ambition than any other thing that I have ever seen. Just as soon as you get that Faculty discussion and these things are thoroughly brought out you can watch and see their individual ambitions grow and develop and sense of responsibility toward the pupils increase. In addition to that, it seems to me it has the happy faculty of bringing out all phases of the curriculum for discussion. We still hear down in our part of the country of the over education of nurses, but I have discovered that the expression is dying out in our particular faculty. Nowadays it is the under education of the nurse rather than the over education.

Now, with regard to this question of one to six, we are still hampered in many places in the country. I asked two or three Virginia people today if there was a single school in the state today of one to six. It certainly is the ideal ratio. In our own school we have a superintendent of nurses, an assistant and a dietitian, an operating room nurse and a night supervisor, but it is not one to six, and when I first read over this paper and realized—which by the way was only day before yesterday—that we had to discuss a training school in which one to six was to be established the ratio I was very much impressed.

The Chairman: The next section deals with Teaching Equipment.
Miss Goodrich: (Reading) Teaching equipment should include lecture and class-room provided with essential equipment for teaching, such as blackboards, microscopes, models, charts, etc. Laboratories, such as may be found in colleges, normal schools and many high schools, equipped for instruction in bacteriology, chemistry, dietetics, and other subjects.

That was put in to call attention to the fact that in normal schools and in colleges are the most perfect laboratories for teaching purposes, and I assure you it makes one's heart bleed to go into a place like the Teacher's College in New York and find a splendid and perfect equipment in laundry machinery, and to go up and find a perfectly wonderful equipment for dietetics, and to find a specially equipped room for teaching home nursing that would put to shame almost any class room that we have in a hospital training school. We should have such equipment as that which is required to prepare teachers to go out and teach, and we should present the matter to our training school committee and show them what the community is doing for other teachers and for other citizens, and which they are not doing for this public health service.

(Reading): Libraries, general and reference, preferably owned by school. If not, might be provided through municipal or state traveling libraries. A reference library containing 100 volumes would seem reasonably adequate.

The Chairman: May we hear from Miss Parsons?

Miss Parsons: We appreciate having a very well equipped room for practical instruction. We have a good diet kitchen and laboratory for teaching, but we want one about twice as large. Miss Miller gets along very well with her class in bacteriology by using her school microscopes with those from the hospital laboratory, and of course the hospital laboratory is convenient for getting culture media and other things which she needs in her class room. We feel that it would be exceedingly desirable to have plenty of well equipped laboratories for the use of the pupil-nurses, because the school is growing so fast, but we get along very well as we are and are not complaining.

The Chairman: Will Miss Clayton describe the teaching in the Teacher's Hospital at Minneapolis?

Miss Clayton: Within the last year at the City Hospital at Minne-
apolis, Minnesota, a very fine nurses home has been built and equipped by the city. The top floor of that nurses home, which is the eighth floor, has been given up entirely for the teaching of nurses. It consists first of all of a large lecture room with a seating capacity of a hundred and fifty to a hundred and seventy-five students. Then we have a small class room for smaller classes with a seating capacity of fifty students. This is equipped with the various charts that are necessary for demonstration. We have a demonstration room which is furnished in every respect and a six bed ward, and in that room we have a large supply of closets containing absolutely everything needed for the teaching of medical or surgical nursing; that is, from the standpoint of fractures and orthopaedic work and such things as that. Then we have a reference library, and I would like to say one word in regard to the reference library for those who find it hard to get such things. In the beginning we hadn't any reference books for our nurses, and nurses were interested in reading and the suggestion was made to the presidents of the different classes that each student instead of spending so much money for candy would give us five cents a month for a reference book for her own reference room. The result was that at the end of one year we had twenty-five books to start our library. This statement was made to the Board of Control of the hospital, and I think they were a little bit ashamed, and so they presented it to the Board of Tax Levy, and at the end of two years we had a library consisting of two hundred and fifty volumes of the best reference books. But I think the nurses could do a great deal along that line themselves if given an opportunity, and they become very much more interested in reading, because if they buy the books they are perfectly willing to take care of them. These books are selected by the class presidents and in that way they learn to discuss books also. On this same floor we have a bath room, in which we demonstrate the different kinds of hydrotherapy. A dietary is also provided which accommodates twenty students, with the individual equipment. There is a dietitian for the teaching of that. We did not have room there for the teaching of bacteriology and that we did in the laboratory. We did not have room there for the teaching of each individual student, and so each day the bacteriologist would send word how many nurses he could teach and the superintendent of nurses would send up the
number of nurses that he required for individual instruction in microscopical work.

Miss Stewart: There are some suggestions in the exhibit in the hall across the way as to some of the models, charts and other things. We might with the expenditure of a small amount of money add very greatly I think to the efficiency of the teaching in the hospital.

The Chairman: Our last topic is Living and Working Conditions.

Miss Goodrich: It seems a pity that our time should be so limited when we have so much interesting material for discussion. (Reading portion of report covering Students' Dormitories.)

The Chairman: Miss Hitchcock, can you help us in this matter?

Miss Hitchcock: The ideal is a single room, but we are unfortunately situated in our hospital. We have one bed on a sleeping porch and the other bed in a general room, and so they change about, one nurse occupies her own room and the other nurse occupies the sleeping porch. Between the breakfast hour and the noon hour we have a lunch served at 10 o'clock consisting of cocoa or butter-milk or broth, with bread and butter, costing the hospital about $40 a month, and the nurses who are not on duty early in the morning are privileged to remain in their bed rooms until they go on duty and then they come over at 10 o'clock and have their lunch, and then after dinner in the afternoon they have a cup of tea, between dinner and supper.

Miss McLaughlin: Do the night nurses have separate rooms from the day nurses?

The Chairman: Can anyone answer Miss McLaughlin's question in regard to night nurses?

Mrs. Campbell: In St. Paul we have entirely separate quarters for the night nurses. They are on the top floor of the service department. The night supervisor also is there. I might say that we have also a diet kitchen for the night nurses.

Miss Parsons: Our nurses appreciate so much the kitchenette that has been given them in their new home that I thought it worth speaking about. There is a kitchenette with a four-burner gas range connected with a pleasant recreation room in the basement, and when the nurses are off duty in the morning or at any other time they are at liberty to use that for supper or breakfast or whatever they like, and the room is large enough to accommodate several
persons. They also have a sewing room with a good machine and
platform and a dress form, mirror, electric iron, and so forth; so
that if they wish to do a little dress-making they can do it; also a
small laundry for their own personal use in doing trifles that
couldn’t very well be sent to the regular hospital laundry. Plenty
of pianos also are very much appreciated. It is very nice to have
one piano in some room where a nurse can actually practice with-
out disturbing other people. All these things help in keeping the
nurses happy and loyal.

The Chairman: May I ask if Miss Goodrich has anything to say
at the close of the speaking?

Miss Goodrich: I have very little of course to say. We cannot
make any summary at this time. All of this will come back to the
committee for consideration, with the hope that it will be put in
definite shape and be ready for the 1915 convention. I should say
that the chairman of the committee would be very glad to receive
any information concerning this plan or any suggestion which any
of you may think of, and I am sure she would heartily welcome any
criticism which could be made. The chairman is Miss Nutting, of
the Teachers College. I am sure we have every reason to be
encouraged at the progress we have made so far.

Thereupon the meeting adjourned.

OPEN MEETING, FRIDAY EVENING

April 24, 8 o’clock

THE STANDARDIZATION OF NURSING EDUCATION

Chairman, Mrs. Robert McKitterick Jones, St. Louis, Mo.

Address, Demand and Supply as Related to Nurses and Nursing,
Dr. Fred. T. Murphy, Washington University, Medical School,
St. Louis, Mo.

DEMAND AND SUPPLY AS RELATED TO NURSES AND
NURSING

In order to consider this problem of the education of nurses in-
telligently, we must analyze two factors—first, the demands made
upon the nursing profession, and second, the means of meeting
these demands. Under the latter heading, we shall have to con-
sider educational as well as physical means, or it might be put, method and material.

The great demand of today is, as in ages past and as it always will be, the demand of service. We are prone to consider nursing as beginning at Kaiserwerth with good Pastor Fliedner in 1836. That was only the beginning of our conception of the modern trained nurse. Fabiola and Flacilla, fine Roman matrons of the fourth century A.D., and numberless devoted Sisters, had served, in so far as they were able, the sick; and doubtless Deborah, Rebecca's nurse, who "died and was buried beneath Bethel under an oak," attended her mistress with care and tenderness.

We do well to emphasize this demand of service. It has been with the profession of nursing as with the medical profession, perhaps the greatest factor in preserving the highest ideals, for to render service to the sick is the first essential of both professions. Service, however, is too often interpreted to mean only manual care and sacrifice of self. Both are necessary, to be sure, but we must remember that the development of science has altered materially the possibilities of service. War and religion, the earlier compelling forces, offered and required primarily a manual type of service. Science demands in addition, mental training. Walter Reed served humanity in a much more effective manner by his experiments with yellow fever than dear old Dr. MacLaran in his care of the Highland folk; yet Reed sat by no bedside in the attitude of Watts' physician with whom many of you are familiar.

So it is with nurses, and their possibilities. The requirements of their service can no longer be considered as simply manual. It is far from my intention to decry the need for kindly and sympathetic manual service; in fact, you will remember that service—to serve the sick—was given as the first essential of nursing; but I would emphasize that there are other ways of helping the sick; that modern development has built upon the great fundamental principle and has opened up new avenues of activity for the nurse, no less essential than personal care. Not long since, to become a nurse meant actual bedside care in private or individual work, or the rare teaching or administrative position. Today, while the demand for actual nursing service is perhaps greater than ever before, the possibility of work in other fields had developed in a most remarkable way. As representing these new possibilities, in fact they are demands made upon the nurse by an insistent public, may
be mentioned specialized work in the administration of institutions; work in the technical supervision of laboratories; work as assistants and supervisors in operating rooms; work as anaesthetists; work as administrators of milk stations and public charities; school nursing; house visiting; Social Service work in general; and so I might go on almost indefinitely.

In short, besides requiring of the nurse a high degree of technical skill and intelligence in the actual care of patients and as assistants of the doctor, she is being asked to give material and efficient assistance in every health and social problem. This does not mean that every nurse would be qualified or equipped to undertake the special work, any more than it can be assumed that every medical student will become a specialist. To most of you, as to most of us, general work will be more attractive, and with nurses as with doctors, general practice, if I may use the term, will and should be the goal than which there is none other more noble or more essential. But to hold that the demands made upon the nurse of today contemplate only manual training, or if combined with mental training, mental training of a very superficial character, is to fail to appreciate what nurses are doing, and what the public and doctors are asking them to do.

To follow our general scheme, let us now consider the means of meeting these demands. First, the physical means. Hanley, in those wonderful verses in which he paints hospital life in the old Edinburgh Infirmary, gives us the picture of the staff nurse, old style,

"With her broad Scots tongue that flatters, scolds, defies;
The thick Scots wit that fells you like a mace."

but hastens to add

"Patients and students hold her very dear;
They say the chief himself is half afraid of her."

and in contrast paints the staff nurse, new style, as one

"Kindly and calm, patrician to the last,
Who knows that she has exceedingly pretty hands
And speaks Latin with a right accentuation."

—different types distinctly, but both essentially fine; both women who have labored long that they might better be able to render
service to the sick. So today we see the widest possible variations, influenced by community or sectional feeling, by the demands and possibilities of service, representatives from every self-respecting, hard-working stratum of society—a physical material which has perhaps been lessened by inherent weaknesses in the method of training, by limitations in the possibilities of service, but so long as there be women, there must always be a large number who will feel more than any other call, this call to nurse. It is an inherent feminine trait. To repress it is possible; to obliterate it, impossible.

The physical supply, then, may be said to depend upon not only the demand but the possibility of service and the method of training.

Remarkable as has been the development of systematic trained nursing since the pioneer work at Kaiserwerth and that immediately following in England under your patron saint, Florence Nightingale, we are agreed, I think, that the conditions controlling the education of a nurse have not been and are not uniformly ideal. With certain exceptions, of which none is more striking than the school at Waltham, training schools for nurses have been developed as an integral part of the service of great hospitals, even though many of the older schools were in the beginning governed by a separate board of managers and distinct from the hospitals. Grafted onto the purely commercial side of hospital life, the training of the nurse assumed of necessity a commercial aspect. She has been, and is too frequently looked upon as an asset of the hospital rather than an intelligent student serving in the work of the hospital in order to further the hospital’s development as well as her own. Don’t take it that I would imply that the sole idea in the minds of the governing boards of most of our institutions has been to take service and give nothing in return; for I believe that this idea is unjustly overemphasized today. The hospital had to give that which is essential in the training of the nurse—that is, patients and facilities—and if they tended too much to take what they could get in service and give too little in return by way of actual training with other than practical work, it should be looked upon as a whole as an error in method rather than a selfish desire to get something for nothing.

Be that as it may, however, the training of the nurse has been, and still is, in my opinion, in too many quarters, looked upon as distinctly manual, and the training school as a part of the hospital
service rather than a department interested primarily in the education—technical though it may be—of its pupils. The mental development, if considered at all, has occupied a secondary position. Now neither extreme can be looked upon, perhaps, as desirable. A nurse with an extensive theoretical training without practical experience and tact, compares unfavorably with her co-worker who has had this experience and has tact. In the best hospitals, the tendency to balance better these elements of training is evidenced by the increasing number of schools which are really giving sound preliminary and theoretical training, or have affiliated with some educational institution which is prepared to give this work, and also by the addition to training school staffs of paid instructors; but too generally still, the nurse is trained because she can give the hospital something and not because the hospital has something which it wants to give the nurse.

This idea might be further developed by referring to the abuses which have sprung up in the small specialized hospitals quite unable to offer clinical advantages which are adequate as well as failing wholly in offering theoretical training, where requirements of admission—in fact, requirements of service, except manual detail—were quite overlooked. If these defects have existed in the past, if they are preventing today too generally the preparation of the nurse to meet the demands of the profession, what solution may be offered? It is always easier to offer destructive criticisms than to offer a simple and practical way out. In considering a solution, we must, I believe, draw the line sharply between that which is possible and that which is ideal. Local conditions may prevent absolutely any attempt to develop what seems to me to be the ideal condition. Consider first that which is possible—the readjustment of existing opportunities. In order to do this, the scope of the demands upon the nurse must be appreciated and the existing, well established schools so modify their curricula and practical training as to meet these demands. Just such meetings as these are necessary to crystallize in the minds of the nurses themselves, the needs for these changes—to educate the nursing body to appreciate the full possibility of today, and while emphasizing these possibilities, to emphasize again, as always, that theoretical training, valuable as it may be, can never take the place of capable, tactful service in which self is subjugated and the needs of the patient or of the situ-
ation made the sole consideration, for trained nursing has been done many a grievous wrong by a failure to place service above self.

A demonstration of the needs and the formulation of a solution may be considered to be the first step, the step to be taken by the nurses themselves. The next step is to further educate boards of control so that they will feel a responsibility as to what they give in return for indispensible service; to educate men to appreciate the fact that the demands of today require a manual and theoretical training quite comparable, except in degree, to that of the doctor. To consider next what I would term the ideal development. I know that I am here treading upon delicate ground. Tradition and precedent are not to be pushed aside lightly, for experience is a grand teacher. As I see the essentials for this development, they are, so far as the form of organization is concerned, an entity for the training school independent of direct hospital control; direction by an existing educational institution or by individuals in sympathy with and able to provide facilities for the education of the nurse as well as for purely technical training; opportunities for hospital service under conditions that will assume the broadest and most exacting and practical training; opportunities for training outside of the hospital in the fields of public health, home visiting, and social service.

Educators are agreed that the successful development of any scheme of organization is dependent in large measure upon the abilities of the teachers; so with the plan proposed. There must needs be combined administrative and technical ability of the highest type as well as ideals and visions which consider not only the needs of today and tomorrow, but of the future. You know, I am sure, of the development of the training school in certain of our western institutions, than which none is more interesting than that at the University of Minnesota, but it would be more vital, perhaps, if I tell you of the way we have attempted to solve this problem for ourselves here in Washington University, rather than to view and discuss developments elsewhere.

As isolated units, suitable for use in the education of the nurse, we have the Medical School, Hospitals and Dispensaries, the University, the Training School, and the Social Service Department—rather an unusual equipment, to be sure. If we fail to make use of it, the fault will be ours and yours for the material is moldable to
any degree by intelligent and insistent effort. I include you as a party in responsibility, because we must look to you, as representatives of the profession, for advice and support.

As the first step towards this new organization, we have placed the immediate control of the Training School for Nurses and the Social Service Department under the Hospital Committee, which is composed of the heads of the clinical departments, the Professor of Pathology representing the laboratory subjects, and the Hospital Superintendent. This Hospital Committee is answerable to the Executive Faculty of the Medical School, which, as any other University unit, is under the direction of the Trustees of the University; that is, we have made the Training School and the Social Service Department independent units under University control, thus assuring protection from a too intensive consideration of service regardless of the return and direction by an institution primarily interested in education.

By this arrangement, we have been able to supply adequate instruction by trained men and women, and laboratory work in the preparatory course which is given in the laboratories of the Medical School by the staffs of the various departments. The instruction in the Nurses' Home and in the Hospital is given by trained nurse instructors. The Department of English of the University has given various general lectures, and will, beginning with the fall term of this year, give two hours a week of systematic class work.

Two scholarships for post graduate work have been made available, beginning with the present June class. A curriculum has been inaugurated which provides on an eight hour a day basis for a six months' preparatory period devoted to instruction in the fundamental subjects; a year of elementary ward work and instruction; a year in advanced hospital work and instruction; and a six months' period for special elective training in hospital administration, special technical training, or Social Service work.

Our own Hospital provides clinical training in medicine, surgery, and obstetrics, and the Saint Louis Children's Hospital affords opportunities for nursing in all types of children's and infants' diseases. This Hospital pays the University for service rendered. On moving to our new buildings, the Barnes Hospital replaces the present University Hospital. This may require certain internal adjustments, but we believe that the fundamental ideals of control and development will in no way be altered.
Until recently, our departments of Training School for Nurses and Social Service have been separate units under the immediate direction of individual heads, though both were under the direction of the same committee. On April 15, Miss Stimson was made head of the Department of Nursing and Social Service. We believe that the combination of these two departments, each to be administered by a distinct and adequate staff, will increase the efficiency of each, and make possible a development which is limited only by the opportunities of our community and our ability to meet these opportunities. Let me make it quite clear that we are not trying to combine the technical training of the nurse and the Social Service worker. We recognize fully that the demands of each service may require a wholly different preparation, but we are convinced that a certain amount of Social Service work may require elements of nursing, and that much of the nursing work might be better done if to the technical training were added the elements of the Social Service work. We want to supplement the one with the other wherever that may be desirable, without in any way subordinating either. We recognize that, owing to physical difficulties incident to our present location, it has not been possible to carry out in every detail all that we might have wished. For these omissions we can only express regret.

Now as to the hopes for the future. If the fundamental idea is accepted that the training of the nurse is as essentially a mental as a manual problem, then this training, just as training in any other educational line, can be best furthered as a department of a University. This we definitely plan to accomplish. Up to the present, limitation in the number of applicants with a sufficiently extensive preliminary training to admit them on the same educational level as the University students, has prevented this. The University, however, stands ready to establish a Department of Health and Nursing just as soon as we can conscientiously advise them that the work is here to do. With the organization of such a department, a diploma from this department, whether it represents the intensive instruction in the specialized training of the nurse or along the lines of Social Service, will carry with it the same distinction as a University degree given in other departments.

On such a basis, the training of the nurse immediately becomes a profession. Such a training is not alone applicable and desirable
for those who expect to do this as life's work, but it should offer, beyond the mere technical side, a training equal to that of the university or college as a preparation for that greatest of all duties and pleasures—homemaking.

I believe that we have in no sense seen a glorified vision of the possibilities of this development in the training of women. The demands of the day require it, the available material, we believe, will justify it. Surely, satisfying this fundamental principle of supply and demand, the result cannot but be an advance.

Address, Essentials of Professional Education, Dr. George Dock, Washington University, Medical School, St. Louis, Mo.

ESSENTIALS OF PROFESSIONAL EDUCATION

I have been asked to say something about nursing from the standpoint of certain problems and struggles in the study and teaching of medicine. These problems and struggles are concerned chiefly with the effort to improve both the study and practice of medicine and, I suppose, it is hoped that our experience in medicine may be useful to you as a light or guide in your own struggles. I take great pleasure in trying to meet your wishes, encouraged by the very general suggestions made me, but I realize at the same time, that in some respects at least, I may seem to rush in where angels fear to tread.

Medical education in America has many interesting features. Its history cannot be said to be the kind described as philosophy teaching by example. Often of philosophy there has been none. Opportunism has been the key to many changes—even some advances. Many other advances can best be ascribed to huddling, a method that often seems our chief resort in America, but one that a great poet has assured us will save us in the end. We have now, happily, reached a point where clear vision and broad aims are open to us, and in our advance, no doubt, there are many things that may benefit nursing, not I think by blindly following, but by noting the drawbacks and benefits that have followed one or the other course of action.

No matter how objectionable the thought may be to some, medicine and nursing have much in common. Doctors in all ages have often carried out all the details of nursing. Nurses, i.e.,
wives, mothers, great queens like Theodora, and a goddess, Hygeia, have done some of the things doctors do—gathered medicines and prepared them, dressed wounds and dislocations and ministered to pain. I can remember when nurses were taught their art by men physicians—not only anatomy, bacteriology, chemistry and materia medica, but bed-making, changing clothing, brushing hair and other details of the toilet.

But medicine has in that same time become more complex than before. It is a commonplace, wherever medicine is celebrated, to hear of its advances, even of its perfection. The advances have indeed been extraordinary. The change from ox-cart or pack animal to motor car or aeroplane is trifling compared with it, and yet those who are most deeply interested believe that progress in medicine has barely begun. These changes could not be, without affecting the details of nursing and the study of nursing, but nursing has other phases. Being one of the fundamental feminine activities, it is inextricably associated with many other details of that great social and economic manifestation that for want of a better name has been called the feminist movement. The nurse is no longer a mere maker of beds, administrator of medicine and soother of pain, just as the doctor is no longer a maker of pills and potions. She has become the eyes and the hands of the doctor in dozens of details besides the elementary features of pulse counting, temperature taking and medicine giving. The more learned and expert the doctor, the more can he and the patient profit from the accomplished nurse. The nurse cannot do her duty without also taking part in the essential features of the doctor’s work, the prevention of disease, the conservation of health, not merely in the abstract, but in every patient cared for. Then, just as the doctor is often obliged to specialize, the nurse, too, often finds it proper or necessary to limit herself to certain lines, to perfect herself in certain details. But she cannot avoid going on to still other lines of work. From her training she becomes now a chef, a housekeeper, or manager of an asylum, sanatorium or other great institution, a school nurse, a department store nurse, fresh air camp nurse, or excursion nurse, a health inspector, factory or sweat shop inspector, milk station manager or assistant; insurance nurse, specialist in anaesthesia, an X-ray or Finsen light operator, a social service expert, a
charity aid or organizer, the organizer of complex and extensive movements in times of war, floods and other calamities.

It may be worth while to linger on one or two of these points. Women, especially trained women, have often demonstrated a peculiar ability in all services requiring the highest form of order and neatness—that form of asepsis that is as essential in a store-room, kitchen or dining room, a back yard or stable, as it is in a surgical operating room. This faculty, with the training of a modern nurse, would admirably fit women for much needed positions as health inspectors in town or country. Such work will soon be demanded. Medical schools are making almost no effort for training either physicians or others in the fundamental sciences that may fit one as sanitary inspector. There is much likelihood that engineering schools, that have in general a keen appreciation of coming demands for expert service, will prepare men for some of these positions, but they cannot train enough for an enlightened demand, that must take the place of our casual work as shown in yard cleaning, fly swatting or anti-mosquito work.

A considerable amount of work is done by many doctors in making their own biological preparations—especially serums and vaccines. These cannot be made by the men who formerly made pills; the physician cannot resort to the large manufacturing pharmacist in many cases; the trained nurse, essential for other services, should attend to these—with a suitable addition to her salary. In a way there is a loss of energy in this movement. No doubt, in time it will be possible to direct the educations of many of the women who now go out from training schools into diverse pursuits so as to save time. But it is not easy to make the necessary modifications, any more than it is easy in medicine to enable an ophthalmologist, for example, to follow a different route for six or seven years from that followed by the general practitioner or the obstetrician. In dentistry, early specialization is carried out, and it is generally recognized, I think, by those on the inside, that this has caused a serious loss and one difficult to repair. It may be asked why should the nurse be bothered with so much erudition as is included in the preparation for the careers suggested. One does not in truth need be a trained nurse to carry on some of the simple functions of nursing and I think it would be a mistake to try to prevent some non-professional work, just as I think it is a
mistake to try to prevent persons who have not studied medicine from giving simple treatment to the sick.

Of course, I must hasten to point out that in each case it must be clear the functions are imperfect, rudimentary or partial, and unless experts are utilized when necessary, serious damage will follow.

If we accept these views of the present status of nursing, what shall we say about the proper training for nurses? Here the word standardization has been suggested to me. I would not reflect upon the tenacity or determination of nurses by suggesting that high standards are difficult to achieve, but I think I can without hurting anyone’s feelings point out that standards may be sought without real gain. We must ask what sort of standards we aim at. I think it cannot be denied that in medical education many have arrived at a standard of curriculum—on paper—thought to be ideal, and strong in the faith that this had been accomplished more important standards were overlooked. For example: standards of previous education—not on paper—but in fact; standards of fitness, physical and mental, perhaps even more important in nursing than in medicine; standards of facilities for teaching—physical facilities as well as trained teachers, enthusiastic teachers, teachers of the living words of science and not dispensers of the canned words of learning, standards that aim at ability to criticise and analyze and not merely memorize. Again, of standards of personal development of power to think for one’s self. Standards that use the living patient, through the eyes of the student, rather than the embalmed “case,” as seen through many eyes in turn all more or less astigmatic or myopic if not cataractous.

It must be admitted that in medical study a tendency to adopt cut and dried plans, a Chinoiserie, has been more marked than a vital method of teaching and study. Those who wish to obtain an accurate view of the present status of nursing education, and wise suggestions on various phases of it, should read the pamphlet issued by the United States Bureau of Education (Bulletin, 1912, No. 7). It would seem worthy of some great philanthropist to make a foundation under which all hospital boards and training school committees should be required to pass an examination upon this work. In the following remarks I may seem to have borrowed
much from it, and indeed that is unavoidable, though I have, so far as possible, spoken from convictions growing out of a rather long experience.

One of the first problems I take to be the nature and amount of education required of the candidate for the training school. It is obvious this must depend upon what is required of the nurse. From what I have said of the field of the trained nurse it is clear the requirements are by no means low or simple. At the least, the nurse is the aid of the physician. The latter has taken a large part of biology as his study and the nurse cannot cooperate with him unless she has at least some little understanding of the language of modern natural science, nor could she have the necessary knowledge of the processes in the sick man. Today we are doing all we can to increase the knowledge of disease processes among the public in general. The beginning is the golden time in the treatment of disease, and some of the greatest advances in medicine have come from letting people know the importance of paying attention to early signs. From this our knowledge of appendicitis has enabled thousands to escape dying of "inflammation of the bowels;" it has saved the early tuberculous from dying of consumption and has done something and will do much more for cancer, to take only a few examples. Evidently the nurse must know more than in the past.

If we ask what previous preparation is necessary for nurses, it is certain that less than a high school course of the highest grade is insufficient. It should be possible to begin the essential training of the nurse at this point. In medicine it has been found easier to require a larger knowledge in order to save time in the medical school, but the results of this requirement are causing much difficulty and it would seem well in nursing, if you could insist on a lower attainment, well and honestly carried out and build your professional education upon this. This will put a serious responsibility upon authorities of training schools. Just as in medicine, greater knowledge of natural sciences, of languages, or of other useful or cultural subjects will fit the candidate for more advanced work, for greater diversity of choice and for larger responsibilities, and it would be well for the profession, if women with either full college courses, or with well planned partial courses could be attracted to training schools. Such people should not demand that the training school
make any allowance except for identical courses. Inward satisfaction and the certainty of larger opportunity should be sufficient reward for the greater amount of time spent.

There is an important detail touching standards; the age of admission. The high school graduate will be about 19 years of age. Few will be mature enough in mind and body to get the best results of the training at that time, and still fewer can safely run the physical risks of the training as now arranged. Broken arches, weak backs and more serious diseases will be the consequences. In the case of those who wait some time after the high school course to enter the training school, investigation as to the occupation followed in the interim would be useful. The idle, the frivolous, the disappointed will be undesirable, but those who have successfully followed any definite career should make better pupils, fitted for higher service.

The matter of a standard curriculum is another difficulty, partly so because, just as was the case in medicine, there is no definite authority to enforce standards. Volunteer organizations can promote many good aims, but solidarity and pity will make regulations lax. In medical education one of the most salutary factors was the intercession of the Carnegie Foundation, chiefly, I think, because it had no personal interests or prejudices, and it would be most beneficial for nursing, if it could have some such general and non-partisan guide and critic. The standard curriculum, I think, should be a minimum one, not only for the benefit of the weakest schools admitted, but in order to provide elasticity and the best arrangement for individual work. Moreover, anything else will lead to dishonesty and to ultimate disappointment on account of inevitable administrative difficulties.

For a long time there must be many grades of training schools, from those in strong universities, with well managed hospitals and good teaching corps, down to some that need not be described. In medicine, schools of many grades are admitted to standard rank, particularly so before boards of examiners, and I imagine nursing schools will have the same experience as state licensure becomes more widely adopted.

One thing that long retarded the elevation of medical teaching was the multiplication of schools. The situation in nursing is now the same, and much more is concerned here than the difficulty of
raising standards. In many training schools I believe a method of teaching is followed that has long been abandoned in medical schools. I refer to the custom of taking the practical or clinical training first or from the first and the scientific or theoretical part—that is the study of principles—later, often incidentally. It is probably not necessary, certainly not profitable, to refer to the fact that many training schools are managed chiefly for the benefit of the hospital, a feature that makes impossible a close comparison with medical schools. The difference has not always been so clear. Many training schools began, as many medical schools began, because there was a demand for teaching. As the States made no effort to provide medical schools, as the universities either wholly neglected the medical departments they had, or even cut them off, the organizers of proprietary medical schools cannot be censured as harshly as has been the custom in recent years. In training schools a similar condition developed. Hospitals needed nurses, authorities would not furnish the means of education, and, as Doctor Worcester has well said, "it was not at first recognized that the art of nursing, like every other art, can really be taught only by a master of the art, and that masters themselves must have had thorough training."

In the improvement of teaching, it seems to me this feature should be worked at from the earliest possible time. For the practical work, multiplication of schools is not undesirable. On the contrary, the teaching must be either individual, or applied to small groups. For the more scientific branches, even if teaching may be necessary in small groups, it will be difficult to find many suitable teachers. Some training schools, those connected with universities, can get them more readily than others, and it seems to me that the same teachers could with advantage teach the nurses from several hospitals. Such cooperative teaching could be applied even to the practical work, so that special hospitals could not longer be able to turn out nurses with the same kind of a diploma given to those of broader training. Here, I think, must be one of the chief objects of standardization in the near future and thoughtful organization is certain to produce notable improvements.

From the admirable work of Miss Nutting, to which I have already referred, it is plain that much has yet to be accomplished in revising working schedules. There is a remarkable contrast to
medicine in this respect. For several years we have been cutting down hours of work so that instead of spending twelve or thirteen hours a day in the medical school, an average of less than six hours a day has been reached. This, of course, presupposes some work outside of the school, but by no means as much as formerly. The reason for this change is to be found partly in the desire on the part of medical teachers to have medical students do independent work and independent thinking. Part of it, perhaps, reflects a wide-spread change in methods of teaching in general, a change that is associated with the disuse of the rod in the earlier classes, and that has been attributed to a different phase of the feminist movement, spoken of as the effeminization of the schools.

I have sometimes thought that one reason for the superiority nurses in training exhibit to, or with difficulty conceal from medical students, depends on the fact that the former work from ten to twelve hours a day at distinctly arduous tasks, and then have to attend a class.

On the subject of long hours, Miss Nutting again should be carefully read.

In many medical schools the change from didactic to practical methods of teaching has been made without taking into account the need of many more teachers in order to instruct beginners in technics. Faulty methods can often be observed as a result. In nursing, also, I imagine the beginner often has to blunder along, without the advantage of seeing how an expert does various things. More trained workers, not necessarily class teachers, are desirable from this standpoint.

One of the finest things in nursing, in one way, one of the most questionable in another, is the manner in which pupils have gone on for months or years repeating a routine no longer educative. Many have felt this, though perhaps few could have expressed it as well as Kipling’s heroine: “She had not expected the path she had set before her to bloom with ease; but at the end of her first month she could have laughed bitterly at the difference between her consecrating dream and the fact. The dream looked to her vocation; the fact took no account of it. She had hoped to befriend misery, to bring help and healing to pain from the first day of her apprenticeship. What she was actually set to do was to scald babies’ nursing bottles.”
Medical students in hospitals, when learning by doing, often feel that they are set to doing too many menial things. They often fail to see the need of converting the conscious into the unconscious in the performance of a manipulation, or the wide educational value of repetition. Here, and I dare say in nursing, repetition and monotony of occupation can be carried too far, and they should be guarded against in training schools by a sufficient number of pupils, a sufficiently rapid change of duty and a broader outlook on the reasons for doing things. I imagine that to the uninstructed mind the taking and charting of temperatures is almost as monotonous as sewing buttonholes at so much a hundred. To the initiated it should be each time as interesting as the unfolding of a rose.

In the need of greater space for patients and for laboratories, training schools have rarely kept pace with the needs of the time. I do not advocate elaborate homes. In fact, I think that as the training school takes the place of the nunnery of former times, monastic simplicity should be the guiding spirit, with no effort at the curio-shop effect in private rooms so dear to the college student. But at a time when factories and department stores find it profitable to have rest rooms, reading rooms, tea rooms, swimming pools and in- and out-door gymnasiums for their employees, it would seem worth while for training schools to take the hint. Greater efficiency in both study and nursing would certainly follow; the improvement in health would pay the institution during the nurse's pupilage and add immensely to her value in after years.

I have been asked to say something also about registration and reciprocity, regarding both of which subjects, in medicine, many books might be written. Instead of trying to speak at length, however, I shall limit myself to a brief review of some salient features.

Perhaps no one would attempt to argue against the propriety of testing the fitness of those who wish to practice any calling involving the responsibility of lives and property. Incidental to such a test, a formal register recording the data would seem equally desirable. Nevertheless, it is remarkable how long it has taken to obtain acceptance of the theory and we still lack a rational carrying out of details. The reasons for this are not far to seek. They apply not only to medicine and nursing, but to many other important matters, such as divorce laws, contract and child labor laws, testa-
mentary provision, pure food traffic, age of consent, woman suffrage, transportation and other public utilities. This state of affairs is due to a fundamental peculiarity of our institutions, one that could not be imagined when the constitution was adopted, when New York and St. Louis were further apart than St. Louis and South Africa now. Of course, it has no object at present except the preservation of the belief in States' Rights, that is as useless now as a powdered wig. No doubt in time some way will be found to do away with this archaic state of affairs, but registration for nurses cannot wait until that time.

It is not likely that laws for the registration of nurses will encounter even a fraction of the opposition met by those who worked for registration of medical practitioners. In the beginning, no matter how reasonable the proposed laws, violent or insidious opposition developed, and the laws as passed represented compromises. In some cases the compromises were so dangerous that it would have been better for the community and the medical profession if the effort to pass the law had failed completely. The laws were unduly lax, allowed too wide a range of admission, or had other vital defects. I do not suppose that in the case of laws for the registration of nurses the opposition will be so active or so manifold, but doubtless there will be some opposition. Two particular features may be expected. One, the opposition of certain "interests," the other the wolf-cry of "trades-unionism." The latter, I imagine, you will have to meet more than the former, which in the case of medical laws included all the forces that profit by a low state of medical practice and a lax administration of sanitary laws—the great mass of purely mercenary practitioners, the "patent medicine" makers and the beneficiaries of these groups.

One of the greatest difficulties has not yet been overcome, even in states in which enlightened public opinion has improved the laws in other respects. While medicine has become more exact and medical schools have reached a point where the teaching is largely practical and technical, examinations for licensure, with few exceptions, adhere to medieval methods that have been abandoned, even in China, the last stronghold of formalism.

As regards reciprocity, unforeseen results grew out of our laws, so that it is difficult for men of standing in one state to acquire the right to practice in another. Curiously enough, the most exclusive
states are sometimes those most plagued by unqualified practitioners of every kind, so that the general population suffers as well as the individual physician, who, for excellent reasons may wish to move. I can see how a parallel state of affairs in nursing may be even more unfortunate than in medicine. Migration is desirable in order to raise the level of distant or isolated training schools; not only superintendents, but subordinate nurses will often be desired in the very states in which the trouble and expense of re-registration will be prohibitory. It is to be hoped that with the abundant experience of the allied profession you will escape the more awkward features of some of our registration laws and secure the passage of laws that will benefit everyone and work hardship to no one.

Paper, Hospital Trustees and the Training School, M. Adelaide Nutting, Department of Nursing and Health, Teachers College, Columbia University. (Read by Miss Crandall.)

HOSPITAL TRUSTEES AND THE TRAINING SCHOOL

When President Wilson said the other day, in one of his most delightful speeches that in writing a paper, he not only uses all the brains he has, but borrows all he can collect, he must, I imagine, have given a moment’s satisfaction to a large number of people. I, for one, find it a genuine comfort to follow at a great distance his illustrious example and say at the beginning of this brief paper that I have used all the brains I have and borrowed all I could lay hold of in the endeavor to say something worth your hearing on the subject of Hospital Trustees and the Training School. On this particular subject, however, it has not been possible to borrow much, because, beyond Dr. Howland’s interesting paper on The Obligations of Hospitals and the Public to Training Schools for Nurses, little has been written, dealing with the Training School as a special problem in hospital administration, requiring in a very special sense the thought and care of the hospital trustees.

The best available material is that dealing with university trustees and it has been interesting and helpful to find out what is thought by men who have been closely studying the government of educational institutions. The late President of Harvard
University in his work on *University Administration*, Mr. Pritchett in the Reports of the Carnegie Foundation, several eminent authorities in Professor Cattell's recent book on *University Control* all deal in various ways with the province, responsibilities and powers of trustees. There is not much difference of opinion as to the kind of men who should fill this office and the composite picture of a good trustee is of an educated man of affairs, representing the soundest element in the community, of good judgment, of deep interest in public welfare and of such unquestioned integrity that he will not profit personally by his trust.

There also emerge a few pictures of other types of trustees who obviously should not hold this high office. These arrive through political favor or personal ambition and use their trust to pay political debts or forward personal interests, or they are men of means whose gifts must be their sole contribution, or purely business men, who would apply rigid business methods to every aspect of life and work. Most boards appear to be made up of a combination of these types, and educational institutions do not seem to be much more free from these weaker elements than do the charitable institutions with which we shall particularly deal.

Of any such institution the trustees are the heads and the true source of power. They establish the policy, hold and manage the funds, appoint the officers and enact the rules and statutes; the final word and authority rest with them. They must start the machinery, study it and safeguard it in its workings, constantly examine its results, and answer to the community for its failures. And there does not appear to be any straight way of evading or shifting this responsibility once it is assumed. It may be divided, usually it must be, but it is not thereby dissipated; each member is as responsible as the other for the whole. It may be delegated, it must be, in the control of greater institutions, but the law will hold that the act of the agent is the act of the principal.

This view of the powers and responsibilities of trustees should be clearly understood by all heads of training schools, and those who anywhere are struggling with peculiar difficulties in handling the complex problems of training school work should not be under any misapprehension as to where the ultimate responsibility for the training school lies. The superintendent of nurses is an agent of the trustees, the policy of the training school is the policy of the
trustees, and squarely upon their shoulders rests the final responsibility for its success or failure. This fact does not in any sense lessen the direct responsibility of the superintendent of nurses for the adequate fulfilment of the duties she has undertaken for doing the very best she can with the materials at her command, but it does make it necessary that the trustees should have a correct understanding of what is actually happening in the school. It should be due to no lack of moral courage on her part, to no weak and silent acceptance of wrong conditions, when the trustees remain ignorant of matters concerning the training school, about which they should be informed. The difficulty in the situation appears to be that in most schools there is no regular direct means of communication between the trustees and the school. Such a committee of the board as is commonly provided in most educational and charitable institutions for all large and important divisions of work, is omitted so far as the training school is concerned in the organization of most hospital boards. Yet it is probably safe to assume that few boards of trustees act today upon anything except business of a routine nature, which does not come to it through one of its committees, standing or special.

Now I have watched for years able and devoted men who, as trustees, have given generously their best in time and thought to the problems of our great hospitals, but I have long felt that this large and important division of hospital work, the training school of nurses, has been singularly overlooked by them. Toward it, on the whole, they have not as yet fully met their responsibilities. I would go even farther and say that in many instances, they hardly seem to be conscious of having any special responsibilities. The absence of training school committees, or any other bodies charged with special responsibility for the school, the absence of any definite financial appropriation for the needs of a school, the absence of proper provision for the most common, well recognized school equipment, such, for instance, as suitable class and lecture rooms, adequate libraries and teaching material, properly equipped teachers, the entire subordination of the work and life of the students to the needs of the hospital, the indifference to desirable educational standards and ideals in nursing, which it should be the school's first function to develop and cherish, these conditions do, I think, when carefully surveyed, lead one to this conclusion. If the same
trustees were acting on boards of schools, not connected with hospitals, they would take it for granted that such fundamental needs for school work must be provided, and would find ways and means of securing them. Instances are in fact known of trustees holding office simultaneously on boards of universities and of hospitals. As university trustees, they forward whole-heartedly every educational measure and advance. As hospital trustees, they ignore almost completely the fact that there is in the training school under their jurisdiction, a definite educational problem involving definite obligations and responsibilities of no uncertain nature.

The hospital has taken over the education of nurses as its function and its right. In its educational capacity it controls virtually the whole system through which over 30,000 women are today being prepared for a profession of growing importance to society. To fail to understand this is not really intelligent, and certainly few men would expect to succeed in the conduct of their business if they did not look farther into the future than do the trustees who permit the training school to be looked upon merely as a “maid of all work” to the hospital. Such a policy is not merely shortsighted and unstatesmanlike—it is suicidal. For in the long run it is practically certain to destroy the spirit and the ideals of the women working in it, and to keep from it, or drive from it the kind of women who are most needed. The strength of our hospitals does not depend upon imposing buildings or elaborate equipment, it depends upon the spirit and the ideals of the men and women who do its work, as well as upon their ability and skill. To fail to appreciate the importance of the training school, to fail to foster its educational work and progress, is unworthy of the men who in other relations of life show conspicuous acumen and generous public spirit. Trustees cannot afford to have graduates who go out of our best training schools and advise their sisters and friends against nursing as a profession, because they are dissatisfied with the conditions under which they have been trained. They cannot afford to have said, as was said to me by a man well-known and influential in philanthropic work in New York, “I would not allow my daughter just leaving college to enter any training school, because I have such contempt for their educational methods.”

Now there are ideas afloat, and rather prevalent they are too, that clear thinking on this particular subject is difficult, because the
training school on its present basis is of such considerable financial value to the hospital. It always saves expense, it often, in addition, is made to produce revenue. To free it, to place it where it belongs would mean expense. It would mean at the very outset the provision of paid service for a certain, in some hospitals, a considerable proportion of the miscellaneous routine work now done by pupil nurses and miscalled education in nursing. There can be no question that the proper conduct of a training school means expense, precisely as does the conduct of other good schools. The students should, of course, help meet this, but not necessarily always by substituting labor for tuition and fees. But frankly, I find it difficult to accept the idea that the whole question is one of money. There are other things bound up with it—tradition, custom, habit. I am inclined to believe that our trustees have become accustomed to looking upon the school purely as the nursing department of the hospital, and its usefulness and convenience in that capacity inhibits, as it were, any larger vision of its usefulness. Its needs, above and beyond those with which the hospital is immediately concerned, stand far in the background and are obscured by the urgent needs of the hospital for much service.

Viewed as the nursing department only, the school along with the other hospital departments falls quite naturally and wholly under jurisdiction of the superintendent of the hospital. He is the authorized and frequently the only channel of communication between these departments of the hospital and the trustees. What he thinks, they are apt to think; what he advises, they usually try to do; his policy becomes theirs. This was made very clear to me several years ago by one of the trustees of an important hospital. "We turn," he said, "to the superintendent for advice. We expect him to tell us what to do, and then we try as far as possible to do it."

Now it is not my intention to venture even a little way into this complicated matter of hospital administration, save to say that anyone familiar with administrative work must lean sympathetically toward a system, which provides a clear-cut organization of departments and centralizes authority over them. But from this point of view the more perfectly the school serves the hospital, the more valuable it is as a measure of administrative economy; the more essential as a part of a smooth-running and efficient machine
which is the delight of the efficient executive. This attitude toward the school has come to seem to me natural and almost inevitable. For I have noticed that nurses who become hospital superintendents are (with a few exceptions) as apt as men in that position to become more interested in the management of the hospital than in the education of their pupils. Special concern or solicitude on behalf of the training school is lost in the effort to manage hospital affairs efficiently and economically.

Now if the superintendent of the hospital does not see the training school in its true dimensions, he can hardly be expected to deal adequately with its problems; still less is he likely to be able to present them for solution to the trustees. And if the superintendent of nurses has no regular, open, authorized means of presenting these problems herself, to the trustees, in what an irrational untenable situation is she placed. Quite recently the superintendent of a training school said that she believed nearly all of her troubles would cease if she could have direct open access to her board of trustees, as direct as that enjoyed by the superintendent of the hospital, and without the necessity of having the needs of her school translated either through the superintendent or the medical staff, and lost occasionally in the translation.

Without being quite so confidently optimistic, I am yet convinced that a direct relationship between the trustees and the training school through its own head is necessary for a sound governmental policy. The best practicable way of providing this seems to be through a standing committee with rather special functions and powers. It is true that some schools which are provided with such committees (and there are a few) do not appear to derive marked benefit from them, but that would be offset by the number which do derive benefit, and would not affect the principle, which is correct. It is equally true that some well-known schools seem to be getting on pretty well without such a committee, but that may be due to the liberality and intelligence of the existing administration, which at any moment may be replaced by one of an entirely different caliber, in which the school becomes helpless to maintain proper standards.

It is clearly the responsibility of the trustees to have a policy for the training school, to define it and to maintain it, materially and financially, as well as in a moral and ethical sense. And I know of
no better way than the formation of a good strong committee of the trustees as the first step. Through such a committee many of the problems with which discouraged and disheartened heads of training schools are now struggling, might be studied and in some measure solved. At least they would have the satisfaction of knowing that these problems were known. The problem of lack of suitable applicants, for instance, is clearly a question for the trustees, but they should not be permitted to attack it, without such a serious and careful study of the whole situation as will enable them to understand what they are about. For lack of applicants is a symptom, and the causes may not be easy to discover; they may lie partly in and partly outside the hospital, and the serious study of this one crucial problem may help in solving others, and pave the way to much needed reforms.

The trustees acting through an alert and interested committee, could study the needs of the school on its merits, as an educational institution with important work to do, quite apart from the requirements of the hospital for service. I question very much if either hospital superintendent or training school superintendent could make such a study. Certainly not while engaged in "active service;" they could not see through the smoke. Such a committee, could, after appropriate study plainly lay down a budget for training school expenditures, and either secure from the trustees adequate financial appropriations for obviously necessary work, or seek them in suitable endowments from friends of nursing and believers in education, outside the hospital. Every training school should have at its disposal such funds as it needs for its work, and the spectacle of its superintendent pleading for a few necessary books or for a teacher for her students, should become so rare as to fade even from our memories.

Such a committee could find ways perhaps of upholding the superintendent of nurses in her efforts to maintain suitable standards of education for admission. I am no advocate at present of high educational standards for admission to training schools. College education is absurdly out of the whole question, though our schools should be so conducted that women with college training will more and more desire to enter them. Not even a definite high school requirement should be made as yet, because in our present state of education throughout the country that is plainly impossible.
Nevertheless, the bulk of our students should have had full high school work or an acceptable equivalent for it, and we should be steadily working in that direction. We should not any of us be willing to admit to our serious profession women whose school life has ceased at thirteen or fourteen years of age.

Finally the trustees through such a committee should watch the tendencies of the day; they should know what the graduates of the school are doing, and what new fields of nursing are developing under the influences of medical thought and sanitary science, which call upon the school for changes in its methods or enlargement in its work. There are new and imperative demands made upon the nurse of today, and her work in the hospital is usually her only preparation for them. No sensible person would wish to change suddenly or radically a system which has been the growth of years. It was probably the best that could be done under the conditions and at the time, but it may not be the best that can be done at a later day, and under markedly changed conditions.

I see before me the vision of a school working out its educational ideals with complete freedom, adjusting its measures in response to the carefully ascertained needs of the community, and offering a quality of education and training which commands its entire respect. I see the training school possessing complete autonomy as a school, and yet carrying on a very large portion of its work in the hospital. Its body of students are working devotedly in the hospital, eager to secure the rich opportunities for knowledge and training there given. The whole system is carried out with the most frank and cordial relationships and in the finest spirit of cooperation, each benefiting by what the other has to give, each dealing justly and honorably with the other. And it seems to me possible that a better understanding by our trustees of training school problems and ideals may bring this vision nearer.

The meeting was adjourned.
Saturday Morning, April 25, 10.30 a.m.

JOINT MEETING ON LEGISLATION, A. N. A. AND N. L. N. E.

Chairman, Miss Clara D. Noyes

The Progress of the Past Year in Nursing Legislation and Some Lines of Future Effort, Miss Adda Eldridge, St. Luke’s Hospital, Chicago.

THE PROGRESS OF THE PAST YEAR IN NURSING LEGISLATION AND SOME LINES OF FUTURE EFFORT

Probably to the “nursing world” there is no subject of more vital interest than the progress of registration; therefore, I hope that this paper though so largely statistical may be of interest. In the effort to obtain information for its compilation, letters were sent to the secretaries of the boards of examiners of the different states already having laws and to the secretaries of the state associations where no laws had been passed—using the Journal Directory as a guide.

The response to these letters has been, in the main, prompt and to the point and the amount of information received with papers, blanks, courses of study, etc., invaluable.

I have confined myself strictly to the subject The Progress of Registration and the time has prevented my even examining, much less analyzing all the pamphlets received. This paper is necessarily a compilation and hence, somewhat disconnected. The states have been taken alphabetically, with the exception of grouping at the end those from whom no replies were received.

From Ohio and Maryland I give the replies exactly as received, feeling that nothing could be omitted or added to them. One exception has been made to the alphabetical list in placing New York at the end, that any new information may be added.

New or revised laws have been obtained in California, Mississippi, Florida, Kansas, Montana, Oklahoma, Oregon, and Kentucky, the last bill having been signed since this paper was commenced.

Arkansas: Registration in the state of Arkansas was secured January 1913. Registration is compulsory and nearly five hun-
dred (500) nurses have been registered since the passage of the law; the majority without examination, a few of these by reciprocity. Examinations are held bi-annually. At the last meeting of the Arkansas State Graduate Nurses' Association, a legislative committee was appointed with a view to amending the bill in the near future.

*California* is in its early struggles and is still operating under the waiver which is in force until July 1914. The bill was approved June 12, 1913. The board is called The Bureau of Registration of Nurses of the California State Board of Health. Operations were begun October 4, 1913, and up to April 1, 1165 nurses had been registered. Inspection of training schools is being made. Accrediting will be done immediately after July 1, 1914. Lists of accredited schools in other states are being filed for reference. *Colorado* has gotten out a curriculum and is talking of an amendment.

*Connecticut*: No radical progress or change in the law of this state. The law, while not as efficient as wished for, has worked well. There has been a very marked improvement in many of the training schools. A large per cent of the nurses who are graduated register. There are now 1100 nurses registered in the state.

*Delaware*: The Secretary of the Delaware board of examiners being ill in the hospital was unable to send any data.

*District of Columbia*: During the past year the District of Columbia Nurses Examining Board has changed the standard of requirements for registered training schools. Formerly the graduates of twenty-five bed hospitals were registered. Now it is required that they have a fifty bed capacity, daily average for the year of thirty patients. Formerly educational standards for admission to registered training schools was a grammar school education, that is, having finished the eighth grade of public school. It is now required that registered training schools must command one year of high school, and after January 1, 1915, two years of high school for those entering for training. We have arranged after studying carefully the requirements and standards of the different state boards, to register without examination nurses registered in five states whose standards of accepted training schools seem to be substantially the same as our own, i.e., New York, Oregon, Mary-
land, Tennessee and California (under our so-called reciprocity cause, Section 9 of the Act of February 9, 1907). We have organized a system of inspection and a system of reporting conditions and curriculum in the training schools and hospitals of the District of Columbia. Our bill provides no regular training school inspector, but authorizes the Nurses’ Examining Board to determine whether the training schools “maintain proper educational standards.” Suit has lately been brought in the local court against a nurse registered in New York as a test case to determine two points, as follows:

“Is the use of the R.N. followed by the qualification in some other state or territory in parenthesis a violation of the law in the District of Columbia?”

**Florida:** Florida has had registration just one year. The examining board was appointed by the Governor August, 1913. The board has held two meetings, has had fifty applicants for registration. Certificates have been issued to thirty. The board has asked the state association to appoint a training school inspector.

Educational standards are low in Florida, as there is no compulsory educational law, therefore educational standards are low in training schools. Rules for training schools have been drawn up, making a twenty-five bed hospital the lowest accepted. The rules are not yet complete. As yet there have been no applications for examination.

**Georgia** reports the defeat of an amendment to their law, introduced by trustees of the State Hospital, allowing graduates of that hospital to register without examination. This was voted upon favorably in the House but by vigorous effort of the legislative committee of the State Association was prevented from reaching the Senate.

**Idaho** has published a *Suggested Course of Instruction for Training Schools*. The secretary reports that they are striving to raise the standards of hospitals and have in most cases succeeded.

**Illinois:** The bill was passed just before the last meeting of the A.N.A. after a strenuous fight. It was threatened with the governor’s veto but was safely guided past that misfortune. The governor appointed three members of the board who organized under his instruction. The fourth member has been appointed since the January examinations—a member from the opposition to the law.
Under the new law 721 candidates have presented themselves for examination. Of these 275 have not yet had their grades acted upon; 426 out of 445 were successful and have received certificates which entitle them to the use and privileges of the R. N. These 721 candidates were accommodated in three examinations. Another examination is being planned to be held in Springfield, July 14 and 15. It is the plan to have at least three definite examinations per year—two in Chicago and at least one down state. Two will be held down state if found expedient. These candidates could probably be equally divided into three classes, as follows: graduates of a two-year school, having taken advantage of the waiver; pupil nurses within three months of completion of course; and graduates of an accredited three-year course. So far we have very few "two-year women with one year additional work in subjects not adequately taught in their own school."

Recently the board has combined the subject of Hygiene with that of Bacteriology, and has added the subject of Nervous and Mental Nursing, which subject is a requirement of the accredited course of training. Also, upon the gold seal of the certificate have been added the words "By Examination" in large black letters, or "By Reciprocity."

In regard to the accrediting of training schools there is now a list of 68. Inspections have been made in the southern part of the state and in a portion of the northern part. It has been found that there are many small schools springing up throughout the state, many of which find it very difficult to maintain their training schools at all, yet they are desirous of becoming accredited. They are encouraged in their efforts, but are accredited only upon facts and not good intentions. It is the policy of the present board to accredit a school even though it ranks as grade "three" upon the accredited list, being persuaded that the school will sooner get into class "one" if accredited, while it would probably not make a further effort to have a good training school if it were immediately rejected. We have the application of many schools upon which we are deferring action, until recommendations made by the board have been fulfilled. There has been but one school in Illinois that has advertised itself as an accredited school under false pretenses. It is the opinion of the attorney-general that our law should be amended to involve a penalty for such schools.
Reciprocity has been established with Indiana, and will be established with Wisconsin after September 1, 1914, when their three-year accredited requirement becomes in force and effect. We have definitely decided against reciprocity with New York, Nebraska, Colorado, Kansas, Wyoming, Montana, and Missouri. Many of the states have not yet been considered.

The fact that the board has moved its offices to the State Capitol has been a decided advantage, and it would be well worth the while of other boards which are not in such close touch with other departments of state government to consider this as a step towards greater efficiency.

It will probably be of interest to know that the board is self-sustaining; in fact, more than self-sustaining. The receipts turned over to the state treasurer under the present law are $7214.01; our appropriation for one year is $5130. Since the existence of registration in Illinois $44,000 has been turned over to the state, besides which the former board managed its own expenditures for a period of several years before the present law came into effect.

Indiana has arranged with different boards and committees of education for the placing of literature on nursing in the high schools of the state. Indianapolis City Hospital has granted affiliation to training schools of the smaller hospitals of the state under terms acceptable to the examining board. The State University has promised to open a course for nurses next fall. More nurses registered in 1913 than in any year since expiration of the waiver.

Kansas: The law was passed early in 1913. Six hundred and ninety-three nurses have been registered. One examination has been held. An inspector of training schools has been appointed from its members. It is expected to amend the law at the next session.

Kentucky: The campaign for registration was very interesting. Two nurses campaigned the state, seeing most of the 100 members and 35 senators in their own homes. The corresponding secretary of the state association, Miss Robertson, covered 1800 miles at an expense of $104, visiting 52 eastern counties by train in a month. Another nurse made a similar trip covering the western part of the state. The assembly convened January 6. One or two nurses stayed in Frankfort until the bill was passed, which was in January, by a vote of 77 to 3. It passed the Senate March 10, by a vote of 33 to 3 and was signed March 13 by Governor McCrrel.
Louisiana has done wonderful work in sending letters through the state to the medical profession, the laity and the nurses, calling attention to the value of the R.N. Also it has issued forms, certificates, etc., showing exactly the standing of registration. Mr. Rahn, its secretary, has prepared a fine paper which sets forth what Louisiana has done, which paper is, I believe, to be published in the American Medical Journal.

Maine reports a state association has been formed and is in working order. Next year it is expected to take definite steps to present a bill in the assembly. A more general interest among nurses in registration is apparent.

Maryland: "We have done no legislative work this year, but we have an amendment of our law in view for the next session of the legislature, 1916, and we are studying in this connection all matters connected with registration with especial interest. We have already decided to raise our registration fee, which is now $5.

"The three matters in which we have been engaged are (1) better enforcement of the educational clause of the law (in Maryland the high school equivalent). We have in mind one or more as yet undeveloped plans in regard to an educational test for candidates. Pending these, in order to give some insistence upon educational requirements, we have included in the examinations a separate paper upon Dosage and Solutions. By means of a separate paper candidates failing such tests, and thus proving deficient in the very rudiments of a common school education, will fail for registration (at least until they can make good). If such questions are given as parts of another paper, such as Materia Medica or Surgical Nursing, the paper as a whole might be passed and the candidate carried through.

(2) "We have made a fine revision of our application blank which we find after trial at two examinations to be exceptionally satisfactory. The candidates are permitted examination three months, if necessary, before completion of full course. This is desirable for nurses from a great distance.

Our forms include every safeguard, cover the innumerable necessary contingencies briefly, and obviate the need of personal inspection of candidates' diplomas by including a special certificate from the superintendent of nurses which becomes a record of permanent value. We extol our success in this particular because of
many wearisome efforts which preceded its attainment. We should be glad for others to use the same draft if they care to do so; we have made some enquiry and our plan is superior to others we have seen.

(3) "Taking of the text, a paragraph in Sanders' Modern Nursing, page 49, in regard to examinations, a new method of conducting our practical and oral examinations has been devised; these tests have all been planned in advance that they may be of uniform grade and may be such as are approved by the whole board. A weary and worn examiner at the close of a hard day's work is enabled by the memorandum card (given to her by the secretary as the candidate is introduced) to give a well thought out practical and oral test, planned by the whole board and covering if necessary especial needs of each school. All tests are exactly an equal grade, but if a school is new to us, or if it has given evidence at any time of weakness in especial lines of teaching, especial tests may be necessary since our ultimate object is to elevate the general standing of teaching.

"And in this last respect we find that the state league of nursing education gives an exceptional opportunity for the superintendents, instructors and representatives of the board of examiners to discuss many helpful points informally. At a recent meeting of the league the president of the board read a paper in which was summarized for discussion a list of subjects in which in the examinations candidates have proved often to be weak. Some of these were not of sufficient seriousness to cause failure for registration, but all indicated points requiring, it was decided, some greater emphasis in teaching."

Missouri: During the year there have been 102 applicants for registration. Of this number six were under the waiver, and for various reasons for which applicants were in no ways responsible, no certificates were granted them. In June and September 92 took the examination. The June examination was the first examination to be held in Missouri. Previous to 1913, 1660 have been registered under the waiver.

Michigan: The board has recently revised the curriculum and text books to be used in the state. They will be ready for distribution in thirty days (April 9). Miss Annie M. Coleman has been appointed inspector at a salary of $1500 a year.
Massachusetts: The Massachusetts state nurses association introduced a bill amending the existing law of 1910 by specifying the character of a training school and the qualification of the applicant for registration, and conferring upon the board of examiners the authority to investigate and determine the efficiency of the training school from which the applicant was graduated. The opposition was strong, and the public health committee who had the matter under consideration reported unfavorably, but the feeling expressed by Miss Riddle shows the temper of the nurses of Massachusetts. "This in a material sense places us in the same condition as before our bill was presented. We say in a material sense because we can never go backward and give up the experience we have gained and we believe the members of the public health committee can not altogether forget the information imparted by the nurses and others who spoke in favor of the measure."

Minnesota has made no change since passage of the act, but feels that during the last year much has been accomplished, as many training schools are asking for assistance in qualifying their students for registration. They feel the necessity for an inspector of training schools, and that before long they must ask the legislature for one. There are 14 accredited schools, three with affiliation. In all there are 1011 registered nurses, 835 of whom are graduates of Minnesota schools.

Mississippi has a bill pending. It was passed by the house after trouble, and is at the time of writing in the hands of the senate health committee. Politics will probably prevent its consideration.

Montana has a compulsory law, has registered 350 nurses who have complied in every way with the requirements of the board. Arrangements are being made for reciprocity agreements with states who "know where they stand in this matter."

New Hampshire has held its usual semi-annual examination, has an inspector of training schools, and has registered approved schools.

North Carolina is looking forward to securing compulsory registration but has done nothing as yet.

New Jersey: From April 1, 1913, to April 1, 1914, there have been 1490 applications received and 989 certificates granted. Two schools have by lengthening the course or by affiliation made their pupils eligible for registration. Three hospitals have built new
obstetrical wards. Two have added a children's service. One has arranged for a course in dietetics. State hospitals are asking that their graduates may be made eligible for registration instead of claiming that they are. The press, by editorials and in giving prominence to articles urging higher standards, shows a growing public interest in nursing affairs and the majority of legislators no longer have to be told what a nurses registration bill means. The senator who introduced the Smalley Bill, which would have been detrimental to nursing interests, was not only convinced of its unfairness and persuaded to keep it in committee, but told your president he was going back to bring up the institution he was interested in to a standard that would make it possible for its graduates to register. This bill, known as the Smalley Bill, was introduced directly into the senate and had two hearings before nurses were aware of its object. It was later withdrawn from the files.

The amendment to the nurse practice act was passed by the assembly but failed to get to the senate in time to be acted upon.

The Peoples Legislative Bureau formed in January proved of great service to us during the legislative session. The state association of several affiliated societies made contributions toward its support, and the agent in Trenton kept the association informed as to the progress of bills it was interested in. He was also most helpful in advising members at the Capitol whom to see in Trenton, and securing introductions to legislators.

We are hoping that the law has now been in operation long enough for the board to avail itself of the offer of the state department of education to pass upon academic qualifications of applicants. This would not only be of great assistance to the board but place decision as to educational values where it obviously belongs.

North Dakota has a bill drafted to present to the state association at its annual meeting in April.

Nebraska has raised its fee from $5 to $10. Have hopes for next year.

Oklahoma: An amendment was passed March 1, 1913, making the law compulsory. The attorney-general has construed the law as protecting the word nurse. There has been no case as yet. The names of registered nurses are published in the state medical journal. Members of the state medical association have been asked to help by the employment of registered nurses only—this and
also to report misrepresentations. This has in many instances been complied with. Two examinations were held in 1913, 53 taking the examinations; 3 failed. Fifteen schools have been registered. There are 191 registered nurses in the state, 49 by examination, 38 by reciprocity.

Ohio: "The Constitution of Ohio says that no one may hold office in this state unless he possesses the qualifications of an elector. Regardless of this fact, a number of women were appointed to various positions on state boards. Our bill, calling for a board of nurse examiners, was read in the House in the spring of 1913, referred to the Committee on Public Health who received it enthusiastically and referred it back to the house for passage. Just before it came up for a final reading, the Supreme Court decided that a woman could not, under our constitution, be superintendent of the Girls' Industrial Home. The bill was amended making the board of examiners to consist of men only and sent to the senate. Those of us who were responsible for the appearance of the bill were all on floor duty. One of the Columbus nurses, hearing what had happened, hurried to the State House and succeeded in making our friends understand that as amended we considered it worthless. Thereupon, the bill was allowed to die in the senate.

"In November, 1913, the voters of Ohio amended Article XX of the Constitution to read: 'No person shall be elected or appointed to any office in this state unless possessed of the qualifications of an elector; provided that women who are citizens may be appointed as members of boards of or to positions in, those departments and institutions established by the state or any political subdivision thereof involving the interests of women or children or both.'

"The attorney-general was at once asked whether the amendment would allow women nurses to be appointed as nurse examiners. He ruled that 'Women are not eligible for appointment as members of such a board' because it is not such a 'board as involves the interests and care of women or children or both.'

"We changed the wording of our bill making it the duty of the state medical board to employ five nurses to examine the nurses. We brought strong pressure to bear upon the Governor of Ohio asking him to send the new bill to the special session in January, 1914. He refused on the ground that it was not an emergency measure."
"We mean to secure a bill next year. Three things may happen—the opinion of the attorney-general may be set aside, we may obtain suffrage, or we may resort to some such expedient as embodied in the enclosed bill, which is far from perfect as it was drawn up overnight."

Oregon: In Oregon, the work of the registration board has been registration of nurses under the waiver. Since April, 1913, 330 have registered, making a total of 492. As yet no examinations have been held but it is expected to hold them in July. Eleven training schools have been accredited this year. It is expected to decrease the number after the annual inspection as some private institutions are not meeting the requirements, but, on the whole, there is a decided improvement in the principal schools, especially as to class work. Registration has been an inspiration. A society of Superintendents of Registered Schools and two county associations, with movements for another, have been organized. There has been discussion of affiliation but nothing definite.

Pennsylvania reports that progress is being made in a strenuous effort towards a uniform curriculum.

Rhode Island has ceased to register under waiver since January 1, 1913. Has held two examinations during the past year.

Tennessee has made strides since 1911 when but three schools had any standard, and now in 1913 sixteen schools comply with requirements. Twelve practical nurses are registered but certificate is not the same as for graduates. The waiver was open only for three months. The president of the board says registration has done everything for nursing in Tennessee.

Texas held two examinations in 1913. In May, 47 took the examination; 19 passed in all branches; 42 registered without examination. In November, 18 were examined; 15 passed in all branches; 68 registered without examination. There are 786 registered nurses in Texas.

Vermont had thirty applicants for examination in November. Another examination is to be held in May. The board is working on reciprocity; they are revising their book of rules and regulations and hope to do some inspection of schools.

Virginia: The bill for registration of nurses was signed in May, 1903, and was the first mandatory act in the United States. "It has never been attacked or weakened." We strive constantly to raise the educational standards of training schools.
To date we have registered more than 1000 (can't give exact number as records are at home).

West Virginia: Law was passed in 1907. Has nothing new to report but states that wonders have been accomplished in uplifting nursing standards. Looking for suffrage to place nurses on board.

Wisconsin has published a list of its registered nurses. Has recommended a course of study for training schools. The board has registered 630 nurses—four by examination, and there has been one failure. The committee, which is under the state board of health, is planning to recommend to the high schools of the state a preliminary nursing course. At the next session of the legislature it is hoped to secure the passage of an amendment which will give greater opportunity to carry out the present statute, and provide a more definite outline for the training schools.

Wyoming has revised the rules governing its board of examination. Has adopted a course of study and requirement for training schools which is printed under one cover with the state law and other matters of interest to the board. The schools in the state are isolated and, heretofore, there has been no schedule for guidance, so this curriculum is a great step.

New York: The New York State Nurses Association on February 5 with indomitable courage and determination, once more introduced into the assembly a bill intending to amend the law of 1909, by establishing so far as training and equipment are concerned a definite meaning for the word nurse.

The same bill was on February 25 introduced into the senate. The attitude of the New York State Nurses Association in again introducing a bill of this kind, while admitting defeat as almost certain, can truly be counted as progress of the most lasting kind. The opposition, as of last year, was from commercial schools, correspondence schools, and the Hospital Conference of the City of New York. The progress from last year was shown by the fact that the Presbyterian Hospital had withdrawn its opposition and supported the nursing bill, the Department of Charities with its large municipal hospital taking no action against it, and the trustees of Bellevue and allied hospitals being neutral. Support was given by the State Department of Health, the Cornell Medical School and the Department of Education, as well as many of the medical profession and of influential citizens.
States from which no replies have been received are Iowa and South Carolina.

Perhaps the above information as to registration and the progress in obtaining and administrating by laws which has been made by the various states during the past year, is the best foreword to give for the future work. A few practical suggestions can be drawn from the foregoing as a general guide to the work of this next year; in fact, for all the years to come. First is unity—united effort on the part of every graduate nurse. Second is uniformity—to try as much as possible to have the laws asked for contain the same provisions, the same educational qualifications, the same age limit, the same length of training, the same rules as to reciprocity, the same qualifications in the individual. Now this cannot all be obtained at once, but let the same ultimate aim guide each state. The third, and to me perhaps the most important point in obtaining laws, is education—education of the public, the legislators, the medical profession, the nurse herself (both graduate and pupil), that all may realize that laws controlling who may or may not care for the sick protect last of all the nurse, that instead of raising the cost of the nurse for the poor it raises the value of the efficiency of the care given the poor, that instead of reducing the number of women who will enter the profession of nursing it will induce those of better education and higher ability to enter the profession.

The time has gone by, if indeed it ever existed, when it was wise to try and pass a bill with as little talk as possible. Publicity and Education! Make the public demand laws to protect themselves, Unite the nurses under the banner of the state association to be educated in the education of others. Interest the Press. Education first and last!

With a quotation from Miss Jamme, Director of the Bureau of Registration of California, I will close. Miss Jamme says:

I hope the foreword of registration may be unity, a closer intercommunication between the examining boards, a spirit of fraternal helpfulness; a strong esprit de corps which will band us together in a common purpose—efficient progress.

The Eight Hour Law as Applied to Student Nurses, Miss Lila Pickhardt, Pasadena Hospital Association, Pasadena:
RECENT LEGISLATION GOVERNING HOURS OF DUTY OF PUPIL NURSES IN HOSPITALS

Before discussing the 8-hour law as applied to student nurses, I wish to review briefly the recent movement toward regulation of hours of labor for women in other lines of work.

Labor legislation for women is no new subject. In 1847 Massachusetts led the way by the first 10-hour law for women. Time will not permit to review laws enacted in the various states; however, California, Colorado and Washington prohibit more than eight hours work in factories, laundries, etc., including department stores whereas in 20 states of the Union the 10-hour law governing factories, etc., governs employment in department stores as well. I am not prepared to state how the laws have affected the industries, however, in a communication received from the Industrial Welfare Commission of the State of California, I am informed that the industries have not been injured, that the employers themselves realize that the shorter day has not hurt them, and further that if the law were now repealed it is likely that only isolated and small establishments would go back to a week longer than 48 hours. In the canneries in the State of California which are exempt from the operation of the 8-hour law, the best regulated have come voluntarily to a 9-hour day, as a result of their own experience in efficiency. Recently in discussing this question with the owner of a large public laundry I was told emphatically that for no consideration would he choose to accept the former method for the present one, and summed up the whole situation by saying that the law had made for efficiency and that he was wholly satisfied.

In questioning women who worked under both the former method and the 8-hour law, the impression was gained that they were infinitely happier under the present arrangement though “speeding-up” and working at a disadvantage on piecework were spoken of.

In sustaining the famous Oregon 10-hour law, Mr. Justice Brewer delivered the opinion of the Supreme Court. He stated that constitutional questions are not settled by even a consensus of present public opinion, for it is the peculiar value of a written constitution that it places in unchanging form limitations upon legislative action, and thus gives a permanence and stability to popular government which otherwise would be lacking. At the same time when a
question of fact is debated or debatable and the extent to which a special constitutional limitation goes is affected by the truth in respect to that fact, a wide-spread and long belief concerning it is worthy of consideration. And again he states: It is undoubtedly true as more than once declared by this court that the general right to contract in relation to one's business is part of the liberty of the individual, protected by the Fourteenth Amendment to the Federal Constitution; yet it is equally well settled that this liberty is not absolute and extending to all contracts and that a state may without conflicting with the provisions of the Fourteenth Amendment restrict in many respects the individual's power of contract.

In the brief filed by Mr. Louis D. Brandeis for the defendant in error in the Oregon case, Miss Goldmark's overwhelming array of facts backed up Mr. Brandeis' statements and marked the turning-point in the matter of regulation of the hours of women. Previously such laws had been declared unconstitutional but such legislation for the protection of the women of the nation was held a proper exercise of the police power of the States.

In January, 1913, Miss Josephine Goldmark prepared at the request of the Committee on Public Health Education of the Medical Society of the county of New York and read under its auspices at a public meeting at the New York Academy of Science a remarkably comprehensive review of the work of women in department stores, in which she states the discrimination against women employed in department stores is the more unreasonable because the strain of their work is being more and more clearly recognized. Many girls complain of broken arches, varicose veins and further she states there is also a great strain in being always on one's good behavior and of an even temper suiting the tastes and whims of customers. She needs the protection of the law as urgently as the factory worker to safeguard her health. It will be both interesting and helpful to remember Miss Goldmark's observation relative to health when the justice of shorter hours for nurses will be considered.

In the Survey of March 7 we are told that the La Follette-Peters Bill was enacted into law by Congress. For the first time in its history Congress has legislated to shorten the work day of women in industry. The Bill provides an 8-hour day for women in the Dis-
trict of Columbia, employed in manufacturing and mercantile establishments, in laundries, hotels and restaurants, in telegraph or telephone exchanges or by any express or transportation company. It prohibits the employment of girls under 18 years at night in these places of employment, a protection already afforded in varying degree by 12 states. Stenographers and office employees were not included, the California State Law, however, has made this provision. We know how Congress feels about an 8-hour day. Both the Senate and the House decided by a unanimous vote and the President signed the bill. How the Supreme Court of the United States feels about the 8-hour day we shall know before many months, for the California 8-hour law for women is being appealed. George Creel in the March Century writes in “What have women done with the vote,” that an 8-hour day for the working woman is a boon possessed by equal suffrage states alone. The writer of this exhaustive article also refers to the amendment of the 8-hour law in California which was extended to include nurses in training.

It is all too long a story to take up adequately in brief report why students in schools for nurses in the state of California are included in the 8-hour law for working women. Considering nurses in the school as employees of the hospital, permitting them to pay for their tuition by accepting their services and as a compensation giving a little desultory teaching, offering housing accommodations wholly unsanitary, supplying food poorly cooked and indifferently served, and demanding unreasonably long service on special cases, are a few of the many reasons why nurses themselves revolted against the injustice shown them. The lack of intelligent sympathy for the nurse of whom almost superhuman endurance was demanded and to whom was denied the opportunity of developing into a woman with a profession of whom it might be said—“that ye walk worthy of the vocation wherewith ye are called,” suffices as cause for interference.

There was opposition throughout the state, open and active opposition from almost every hospital in the state, the one with which I am connected included. In the latter, the 54-hour week had been successfully operated for about a year. On August 10, 1913, three months after the bill was signed by the governor it became a law and since then all females employed by a hospital
except graduate nurses have a 48-hour week. In some schools
the nurses are on duty seven hours daily and six hours on
Sunday, whereas in others they are on duty eight hours daily and
are relieved for one whole day weekly.

The bill reads as follows:

It is too early to present data at this time on the success or fail-
ure of the law. It is quite impossible to state whether the nurse
has gained anything but shorter hours, in fact little more than side-
lights and hints as to the effects are gained through casual criticisms
of hospital heads and unhappy experiences of pupil nurses. In
some instances the arrangement of the hours is made very dis-
tasteful to the nurse and she finds to her great inconvenience that
she is required to report for one or possibly two hours duty at 6
o’clock in the morning after having been on duty late the night
before, no particular consideration given the individual nurse in
arranging the time. It has been evident that frequently, although
the law has been obeyed to the very letter, it has not added to the
material happiness of the nurse and we find her complaining of
neglected classwork, poor housing and even undesirable associates.
In some instances it is evident that instead of directing every energy
towards improving the schools, great energy has been exercised in
dissipating the good that should come with leisure. Some super-
intendents have unfortunately complained of demoralized disci-
pline. When this question is raised Dr. Montessori may be quoted
by stating that “Discipline must come through liberty” and again
she says “We call an individual disciplined when he is master
of himself and can therefore regulate his own conduct when it
shall be necessary to follow some rule of life.” Inability to place
responsibility has been complained of and with good cause.

In some instances it appears that by condemning the law the
superintendents have been condemning themselves as unwilling
to demonstrate that an 8-hour schedule voluntarily arranged is
the only just arrangement and that the alleged necessity for over
time duty and consequent irregularity is not an inherent necessity.
A regulation to be effective must be done intelligently and with deep
interest. How much publicity this law has been given is difficult
to know. Before the bill was passed newspapers commented
very freely upon it and hospitals and nurses were much in the lime-
light. We are told that it has increased hospital rates, that it
has or may jeopardize lives on the operating table, that patients
have been rebuffed with allusions to the law, making the patient
feel responsible for permitting an absurd measure to be passed, that
doctors are displeased with the service, all of which might be equally
true if the method with which the work is planned were applied
to any other reasonable system.

A disposition to make the law appear vicious, and detrimental
to the good of all concerned, rather than to conform with it, or
at least live up to the spirit of the law, and make good and hope
for leniency at the next legislature, has been noticeable. The
greatest loss to the hospitals no doubt was the income from pupil
nurses on special duty. Just how great this revenue was may be
estimated when we have reason to believe that in some institutions
40 per cent of the nurses were on special cases. Frequently
probationers were assigned to special duty and some nurses have
estimated that two-thirds of the time, while enrolled as student
nurses, was given to special duty.

The inconvenience of the law must be evident in every hospital.
It is impossible to take care of the sick, assist in the operating
rooms and delivery rooms with constant regard for the time.

The best nurses disregard the law most frequently. Who wishes
to remember the time when the most interesting event of the day
comes to pass, when the very thing the patient needs or wants can
be done best by the nurse the patient desires, when infected
material must be disposed of by the nurse who has touched them,
and so instances too many to enumerate come to one’s mind which
push the hands of the clock aside and only the things to be done are
uppermost in one’s mind.

Whether or not pupil nurses repeatedly work longer than the
laundry help and the housemaids I know how to answer from per-
sonal observation. The time need not average up more at the end
of the week, and with the present provision made by the law,
probably does not. All the extra time, classwork, etc., must be
planned with intelligent sympathy for the nurse, and it may be
emphasized here that the inconvenience of the whole situation
does not fall to the lot of the patient nor doctor but to the superint-
tendent and her assistants.

The law does not make executive work attractive to young nurses
who might otherwise wish to qualify for positions of responsibility.
Great injustice is done charity patients who under a flexible 8-hour schedule could receive gratuitous special nursing for a few days especially in operative cases. Pupil nurses when critically sick are either without a special nurse or depend upon the hospital for the extra expense for a graduate nurse.

Nurses are deprived of special duty which is a decided loss, however in institutions where this loss to the nurse is appreciated, early opportunities are made for the nurse after leaving the school, and the young graduate is assigned to special cases in the hospital and with some extra supervision and the nurse’s anxiety to do her best, this difficulty is overcome. Of course when one wishes to discriminate against a nurse there is room for fault finding and criticism.

In private hospitals the sickest patients are frequently assigned to graduate nurses much to the discontent of ambitious pupil nurses. It is impossible to have the supply of nurses always meet the demand, especially the demands of patients who through a very liberal number of nurses to a department have naturally accepted every little extra attention as their due and at once when the nurses are called to care for a few more patients the latter have occasion to deplore the lack of attention. The nurses, too, are quite unprepared to adjust themselves and cannot plan their work so that each patient receives an equal share of her time in proportion to the urgency of the cases.

The situation in the hospitals throughout the state of California is a difficult one and the arranging of the daily time and vacations is most perplexing.

Why not solve this problem of hours of duty for pupil nurses by voluntarily arranging and enforcing a reasonable schedule?

And in conclusion the question arises—Shall nurses in the future refuse to be legislated for by labor commissions, and if so, how can superintendents best educate hospital boards to obviate the necessity for a law?

The Preparation of Bills, and Publicity Methods, Mr. Roger Baldwin, Secretary, St. Louis Civic League:
THE PREPARATION OF BILLS, AND PUBLICITY METHODS

First. The first point in the drafting of proposed laws is to begin early enough to do the work thoroughly. Plans should be carefully laid months before the legislature meets. The committee having the matter in charge should correspond with other organizations which have had experience in the same line of legislation in order to get the benefit of all previous experience throughout the country.

Second. With the practical draft of the bill in hand, a number of good lawyers should be consulted as to the form and legality of the proposed law. It is not enough to consult one lawyer. The consensus of opinion of several is necessary.

Third. The bill should be simply drawn, in the clearest possible language, omitting all unnecessary detail. One of the great errors in drafting bills is to include provisions which might just as well be left to the discretion of boards or enforcing officers.

Fourth. In preparing the campaign to get the backing of public opinion for the bill, it is first desirable to get a clear, brief statement of the main issue involved. Plain statements and simple language, well supported with facts and with an argument based upon actual illustrations told in the form of stories, challenge attention and carry conviction. The help of an advertising expert should be consulted in the preparation of publicity material. They know how to reach the average person. Many of them will gladly help a good cause.

Fifth. The last point and one of the most important is that we should know who our opponents are, and what their arguments are likely to be. We should then meet those arguments in our own way. Our literature should state their objections and dispose of them. Many a good cause has suffered by waiting for the opposition to organize and declare itself before answering.

In getting publicity for social legislation, we can count more and more on the growing public sentiment for the advancement of human life as opposed to the protection of property interests. We must remember to keep our issue single and clear and to state and restate the one point which is the chief object of the proposed law.

The newspapers are always the best means of publicity in a legis-
lative campaign, supplemented, of course, by good campaign
circulars and brief personal letters to persons whose active support
must be secured.

Many good bills have been defeated because the organization
backing them was not itself thoroughly organized for work. There
must be one executive brain to do the work and one only. A small
steering committee, meeting frequently, and active coöperation with
all possible supporters of a proposed law throughout the state are,
of course, necessary.

The Organization of Nurses for a Legislative Campaign, Mrs.
Charles G. Stevenson, President, New York State Nurses Asso-
ciation:

ORGANIZATION OF NURSES FOR A LEGISLATIVE
CAMPAIGN

The main object of all nursing organizations is the advancement
of educational standards of nursing and the furtherance of the
efficient care of the sick. To these ends we undertake to secure
nursing legislation and such legislation invariably means great
reform concerning the care of the sick or injured. Every student
of history knows that great reforms are not accomplished at the
first effort and that it is only after long agitation and after stormy
seasons of persistent endeavors that the end striven for is reached.
Therefore before starting such a campaign it is advisable to face this
fact that it may mean many years of increasing effort before we
arrive at the desired goal. Moreover success will not be won by
relying solely on the merits of our cause. We must have a strong,
united and far reaching organization of the nurses throughout
the state conducting a vigorous educational campaign, showing
the public why the reform is needed and how it will benefit the
people at large.

At the same time that we are endeavoring to educate and en-
lighten public opinion on behalf of our work, we must also recog-
nize the fact that the majority of people today are not inclined to
interest themselves in a purely theoretical or academic problem.
We must make it a live issue by bringing it to their notice as a
question of practical politics—that is to say that having seen the
need of nursing reform and believing that the remedy lies in a change, modification, or addition to the state law, we should therefore have a bill drafted embodying our ideas and present it to the legislature.

This is what we did in New York State in 1913. We saw that we might go through the state year in and year out, proclaiming that all nurses should be licensed by registration, that all nurses should have a minimum professional preparation and that there should be state supervision of all schools holding themselves as prepared to give such preparation or training. Yet women who had not been so prepared, would continue to hold themselves out as nurses and pseudo-schools of nursing, most of them rankly commercial in character, would continue to flourish undisturbed in our midst unless such things were prohibited by law. So we went to the legislature and asked for an amendment to our Nurse Practice Act which would standardize nursing education by placing all schools of nursing under the supervision of the State Department of Education, and which would standardize the word nurse by limiting its use to the graduates of these schools who pass a licensing examination. Instantly the whole state was aroused on the nurse question. Some of the most cherished traditions of the public loudly proclaimed themselves outraged. Prejudice and sentiment ran riot among the rock-ribbed conservatives and victory seemed to hover over the camps of the commercial quacks. But through it all, the upholders of educational standards for nurses stood their ground, ready to rally their forces again and again until their cause was won. Our campaign before the legislature of 1914 was also unsuccessful, but let me say here that we hope to bring a similar bill before the legislature of 1915.

Assuming that there is a State Nurses Association, and that it has agreed on the substance of a bill and voted to present it to the legislature, the next step is to appoint a State Committee on Legislation and place the entire responsibility for conducting the campaign in the hands of this committee and the executive officers of the State Association.

Opinions may differ as to the size of the state committee. Personally I believe that it should be small so that it can be easily and quickly called together. Once the bill is before the legislature a crisis may arise at any moment and the chairman should be able to
turn to her committee for consultation and advice. Each member of
the state committee should have charge of a definite district or
section of the state and the state committee should appoint large
district sub-committees with at least one member for every sena-
torial district and the members of the sub-committee should also
reach the assemblymen in the various districts. Every nursing
organization which is a member of the state association should
appoint a committee on legislation and the chairmen of these
committees should be members of the state sub-committee. If
necessary, additional members at large should be designated by the
state committee so that every part of the state is taken care of.
In other words, the organization of the state legislative committee
and sub-committees should be along political lines and each member
of the legislature should be reached in his home district through his
own constituents and if possible pledged by them to support the bill.
Of course many legislators will claim that they wish to hear both
sides and keep an open mind, in which case they may agree to state
the opposition arguments, and give the friends of the bill an oppor-
tunity to refute them before coming to a final decision in the mat-
ter. It is important that the members of the sub-committee keep
the chairman informed as to the attitude of the legislators in their
districts to the bill. In our New York campaign we issued a cir-
cular of instructions for local or sub-committees which was freely
distributed among the nurses of the state and which gave in detail
the duties of the sub-committee members.

WHAT TO DO AND HOW TO DO IT
INSTRUCTIONS FOR LOCAL COMMITTEES

First. Let your committee at first be small, have one or two meetings
to instruct them, going carefully over the provisions and purpose of the bill,
preparing them for the objections that will be raised and outlining the cam-
paign. Let these members form sub-committees and instruct them.

Second. Ascertain the names of nurses, graduate or otherwise, in any
given locality and obtain pledges of assistance from as many as possible.
(That is to say, ask them to interest their friends.) Be sure that non-grad-
uates understand the waiver.

Third. Try to obtain the endorsement of the bill by the medical societies
through the president or some influential member. Obtain the endorsement of
as many medical men as possible.

Fourth. Ask the privilege of presenting the question before the clubs
and other organizations, obtaining if possible their endorsement. If not
prepared to present the subject as you would wish, write the Chairman of your district, (Miss ), to obtain a speaker for you. If you have been able to interest some club member and some physician, who speak well and with conviction, get them to speak for you also. It will carry weight. At all public meetings have the laity and the medical profession represented on the platform.

Fifth. Ascertainedates of alumnae meetings (nurses) and ask the privilege of addressing them, never failing to obtain if possible, their endorsement as a body and pledge to send a telegram if occasion arises.

Sixth. Ascertained the names of the senators and assemblymen of your district and try to reach them through their friends and influential citizens.

Seventh. Reach the newspapers through the editors and get them to pledge their assistance when the bill is in the Legislature by editorials.

Eighth. Obtain promises of letters and telegrams to the senators and assemblymen when needed; and letters to the newspapers.

Ninth. If any good editorials appear or letters in favor of the bill, have someone prepared to send them, if not to all the members of the Legislature, at least to the senator and assemblyman from that district and to the introducers of the bill.

Tenth. Make careful note of all pledges of assistance that you may avail yourself of them at the shortest possible notice should the occasion arise. Notify the Chairman of your district of all letters, telegrams, etc., in behalf of the bill.

Eleventh. When the bill is introduced, it is assigned a number. This number will be telegraphed to each member of the State Committee, who will inform the Chairman of each sub-committee not only of the number of the original bill but of each subsequent number; in order that the wrong bill may not be endorsed. (It is said that other bills will be introduced this year.)

Twelfth. If you need campaign material such as copies of the bill, the synopsis, the Resolution or the booklet, write the Chairman of your district.

The State has been apportioned in districts as follows:

Mrs. Walters, 18 Clinton St., Brooklyn, N. Y.

Nassau
Suffolk
Kings
Queens, etc.

It is difficult to know just how to reach the individual legislators. One man will emphatically state that he is guided entirely by the wishes of his constituents, and that he is there merely as their representative. It is quite likely that the next man we meet will say with equal emphasis that he is not controlled or dictated to by any one and that he uses his own judgment and forms his own opinions. One thing however is very sure, all legislators are largely influenced by the attitude of the newspapers circulated in their district. The public press is a great power, and favorable news-
paper comment especially if it appears in the editorial columns is much to be desired. When a favorable editorial appears it is a good plan to have it reprinted or else have a copy of the paper itself sent to all the members of the legislature. For instance, I have here a reprint of an editorial which we issued in this way to the legislature (Troy editorial) and in many other instances we sent the paper itself.

Every kind of endorsement will help, but care should be taken that they are promptly presented to the men with whom they are likely to have most weight. This is work which can and should be done by every nurse in the State. Each one can speak of the bill to her friends and ex-patients and should try to secure endorsements from them and from the doctors she knows. All letters approving the bill should be addressed direct to the legislators and if sent to nurses should be forwarded by them to the introducers of the bill.

Since it is impossible to reach every one, it is wise to concentrate our efforts on the people most likely to influence the vote of our senators and assemblymen. The endorsement of the political district leaders is invaluable in this respect, but it is seldom that the leaders concern themselves with a matter such as nursing legislation unless there are prominent constituents in the district who have a special interest for or against the measure. For instance we have found that a rich hospital corporation with influential public men on its governing board can be a powerful friend or a formidable adversary. Letters on business or official letter-heads signed by prominent business men and citizens, by members of hospital boards of managers and trustees and medical staffs, by individual members of the medical profession, lawyers and clergy, in favor of the bill are all effective endorsements. A good way to interest such people in the bill is to send a circular letter to them stating the object of the bill and asking them to send letters or telegrams approving it, to (1) the introducers of the bill, (2) the chairmen of the committees to which the bill has been assigned, and (3) any members they may be personally acquainted with.

In regard to introducing the bill—all bills introduced are referred to some committee. It is desirable that the introducer of the bill should be a member of the majority and if possible the chairman or at least a member of the committee to which the bill will be referred. This will probably insure its being reported out of committee.
A public hearing is always held when opposition develops to any bill. The widest possible publicity should be given to the date of this hearing and all its friends should be urged to attend. Both sides are permitted to speak and the strength of the supporters of the bill as well as the opposition is fully developed on this occasion.

It has been well said that "we never fully grasp the import of any true statement until we have a clear notion of what the opposite untrue statement would be. The error is needed to set off the truth much as the dark background is required for exhibiting the brightness of a picture." Therefore very close attention should be given to the arguments set forth against the bill and if any question is raised which has not been already fully answered by the defenders of the bill, an additional brief should be filed with the committee and generally distributed throughout the legislature.

For instance—the New York State Nurses’ Association at the beginning of our campaign issued a pamphlet giving reasons for amending the Nurse Practice Act. At the public hearing the opposition raised the question of the constitutionality of the bill, a question we had not considered in our pamphlet. Accordingly we had prepared and generally distributed a legal brief answering this particular objection and we also distributed reprints of a letter from the New York Times together with a letter from Mr. Persons of the Charity Organization Society on the use of the word nurse.

Next year we are planning to issue in pamphlet form a memorandum setting forth the need of the legislation we ask for, and showing how the bill will remedy existing conditions. Such a brief should consider the criticisms that may be brought against any attempts to regulate nursing by state law and generally speaking it should cover questions on the following points:

1. On the standard of restrictions proposed.
2. On constitutionality.
3. On administration.

This will be used to further our educational campaign for nursing standards.

In the course of such a campaign the State Committee will be called upon to supply speakers for meetings and it will be an economy of time and energy and money, if several speakers are available in different sections of the State, who can be called upon for this work. The meetings which are apt to be most helpful
are curiously enough not always those specially planned as a part of the educational propaganda but meetings of clubs or societies at which a speaker is allowed to present the bill and give the arguments in favor of it. The chairman of such a meeting should be liberally supplied with literature on the bill for distribution and the speaker should go armed with a petition or resolution which she should be ready to present if possible through the chairman for signatures and endorsements which should then be forwarded to the legislature.

The senators and assemblymen are seemingly very indifferent to the contents of their daily mail, but the observing lobbyist can soon learn to feel its effect, for or against the bill in the very atmosphere of the legislative halls. The lobbyist is a strategic necessity at the Capitol although the real work as has already been said should be done by the members of the sub-committee at home. The lobbyist must be constantly on duty at the Capitol keeping a finger as it were on the pulse of the legislature, watching incessantly that the bill is not amended in some undesirable particular either in committee or on the floor of the House. She is there as a constant reminder of the bill to its friends, keeping the bill and its merits in the foreground of their minds, ready to meet every objection raised against the bill with an argument in its favor and a challenge to its enemies that sooner or later the right will triumph. The lobbyist must needs be an optimist for the brunt of the opposition and all the direct attack on the bill comes to her, and even the effects of some of its would-be friends are often a severe trial. There is always some one ready to advocate "getting together with the opposition" on the grounds that "all legislation is a matter of compromise." They may even suggest some perfectly hopeless proposition urging that if we will only accept such amendment we will be able to pass the bill. Over and over again in our New York campaign we had occasion to repeat "we have not come here just to pass a bill. The object of this legislation is to standardize the word nurse and to limit its use to the woman who qualifies for her work and who can measure up to a certain definite standard. If you do not pass our bill this year we will bring it back next year, but in any case, we want this bill, just as it stands or nothing."

Speaking of our plans for next year brings me back to our starting point, that great reforms are not accomplished with the first
effort, but with the years of agitation, there will come increased understanding in the management of the cause. The motives which lie back of the desired reform, as well as the motives which actuate the opposition will be revealed by the searchlight of publicity and in time this will lead to such a crystallization of public sentiment in favor of the reform, that it becomes too formidable to combat. So having the bill before us, with a definite end in view, we must plan—not just for the moment but if need be for the years that are to come, and go steadily forward—never admitting failure, never acknowledging defeat until at last the fight is won.

Beatrice Van H. Stevenson.
President N. Y. State Nurses Association.

NOTE ON PAPER ENTITLED "THE ORGANIZATION OF NURSES FOR LEGISLATIVE CAMPAIGN"

I have not referred to the question of finances because doubtless each State can settle that problem for itself.

In New York State we sent the following letter and resolution to our members prior to sending the regular notice of our annual meeting. The contributions to the campaign were purely voluntary and ranged from fifteen to fifty cents per capita from organizations and from one to ten dollars from individuals. The amount received covered all expenditures including printing, postage, telephones and telegrams concerning the legislative work. No salaries were paid and no fees for legal services but the travelling expenses and hotel bills, etc., for speakers and maintenance of a nurse in Albany to watch the bill were met from the campaign fund.

Addresses on the bill were made in Manhattan, Brooklyn, Long Island City, Newburg, Albany, Troy, Schenectady, Utica, Syracuse, Canandaigua, Rochester and Buffalo.

B. Van H. Stevenson.

TO THE MEMBERS THE NEW YORK STATE NURSES' ASSOCIATION

The Executive Committee of the New York State Nurses' Association begs to submit the enclosed resolution for your endorsement should it meet with your approval, asking that you return it not later than October 1,
1913, to the Secretary together with any suggestions or criticisms that might present themselves.

As a campaign fund will be necessary should any legislative work be undertaken by the State Association this year the Committee also begs that the Alumnae Associations will either send their delegates to the annual meeting prepared to pledge a per capita contribution or specify the amount they desire to contribute, when returning the resolution.

Very truly yours,

Secretary.

RESOLUTION

WHEREAS, the objects of the New York State Nurses' Association are the advancement of the educational standards of nursing; the furtherance of the efficient care of the sick and the maintenance of the honor and character of the nursing profession.

WHEREAS, the Public Health Law, ch. 45 of the consolidated laws, article 12, par. 250, authorizes the Regents of the University of the State of New York to determine what shall be proper standards for nurse training schools.

WHEREAS, par. 251 of said law provides for the appointment by the Regents of a Board of Nurse Examiners who shall be members of and nominated by the New York State Nurses' Association.

WHEREAS, the amendment to the Public Health Law introduced at the last session of the Legislature and known as Senate Bill 1934 which was the original form of the Seeley Nurses' Bill would have advanced the objects for which the New York State Nurses' Association was organized by limiting the use of the word nurse to women who believe that education is a prerequisite to intelligent and efficient nursing and who therefore graduate from a school for nurses approved by the Regents before beginning to practice nursing.

Therefore be it resolved, that

endorse the work of the Committee on Legislation of the New York State Nurses' Association during the 1913 session of the Legislature which adjourned May 3, 1913.

Be it further resolved, that we recommend that a similar amendment to the Public Health Law defining who may practice as a nurse and retaining the control of the educational standards of the schools of nursing by the Regents of the University of the State of New York and the present method of appointing the Board of Nurse Examiners be presented to the Legislature of 1914 by the New York State Nurses' Association.

Signed,

President.

Secretary.

Chairman, Committee on Legislation.
If not endorsed, please state objections or reasons for not approving this measure.

FEBRUARY 14, 1914.

HON. JOHN SEELEY,
Senate Chamber, The Capitol, Albany, N. Y.

DEAR SIR: The word "lawyer" or the word "doctor" means that the person so designated has at least a minimum professional training and equipment. It is recognized that the public must be safe-guarded to this extent when engaging professional service of these kinds. It is even more important, it would seem to me, that, in the extremity of sickness a person should be protected in the same way when engaging the services of the attendant to whom his health and his personal welfare are even more fully entrusted.

To establish by law, so far as training and equipment are concerned, a definite meaning for the word "nurse" can work harm to no one who is not sailing under false colors and would be a valuable protection to the general public.

I earnestly hope that your Committee will give favorable consideration to the Senate Bill (Int. No. 207–Prt. No. 207) introduced by you on January 28, 1914.

Sincerely yours,

W. FRANK PERSONS,
Director.

RESOLUTION

WHEREAS, "Education is a prerequisite to intelligent and efficient nursing" and

WHEREAS, the number of women in this State who are engaged in nursing compared with the number who graduate annually from properly qualified schools, shows that a very large proportion must have undertaken this work without proper training; and

WHEREAS, compulsory registration would be an inducement to many women to enter properly qualified schools and graduate from them before engaging in the work of caring for the sick; and

WHEREAS, the welfare of the sick and all standards of nursing would be advanced by having the State definitely determine who may be licensed to practice as a nurse,

Resolved, that we the undersigned hereby endorse the amendment of the Public Health Law, Chapter 45 of the consolidated law known as the Nurse Practice Act, proposed by the New York State Nurses' Association which will standardize nursing education by placing all schools of nursing under the control of the regents of the University of the State of New York, and which will restrict the use of the term nurse for care of the sick or injured, to the graduates of registered schools who are licensed by the State as nurses.

Brief in support of the Amendment of the Public Health Law regulating the Practice of Nursing, Senate Bill No. 207, Assembly Bill, Introductory No. 463, Printed No. 467.
POINTS

I

It has been claimed that the bill is unconstitutional in that by restricting the word Nurse to the duly qualified and registered person it deprives someone of his or her rights under the fourteenth amendment of the Constitution of the United States.

A statute regulating the right to practice medicine, but leaving the field open to all who possess the prescribed qualifications does not abridge the privileges or immunities of citizens.

Dent vs. West Virginia, 129 U. S. 124;
Harding vs. People, 10 Colo. 357.
People vs. Phillen, 14 West Rep. 247, 70 Mich. 6;
State vs. Green, 11 West Rep. 852, 112 Ind. 462.
State vs. Randolph, 23 Ore. 74;
People vs. Fulda, 52 Hun. 67.

The same rule applies to dentists.

Wilkins vs. State, 13 West Rep. 354, 113 Ind. 514;
Gosnell vs. State, 52 Ark. 228;
State vs. Creditor, 44 Kan. 565.

In the case of People vs. Fulda, supra, decided in New York County, the court in refusing a certificate to a physician who had not complied with the requirements of the statute although he had been in practice thirty years before the decision, said that such a statute "was part of the police regulation of the state. It was thought necessary for the protection of the people that these safeguards should be thrown around them in reference to those who assumed to practice medicine in the community. The state has a right to determine upon what conditions and under what circumstances its citizens should be entitled to pursue any vocation. It is in no way interfering with any vested rights, nor is it a usurpation of authority which is not possessed."

We submit that the legislature has the same right to restrict the meaning of the word Nurse when used in connection of the care of the sick as in this amendment, that it has to restrict the meaning of the word Physician when used in a like manner. This has already been done in the State of New York by the Public Health Law, which in subdivision 8 of Section 160 defines the word as follows: "Physician' means a practitioner of medicine."

In the case of State vs. Randolph, 23 Oregon, 74, decisions are cited in fourteen or fifteen states, including New York, and also in the Supreme Court of the United States, sustaining the validity of such legislation and recognizing the right and power of the state to restrain and regulate persons engaged in any business or pursuit when the public welfare demands it. It will only be necessary, therefore, to cite two cases in the highest court, to wit:

Dent. vs. West Virginia, 129 U. S. 144;

In the first Mr. Justice Field wrote the opinion of the court. It was an action involving the validity of a statute of West Virginia requiring every
physician practicing in it to obtain a certificate from the State Board of Health that he was a graduate of a reputable medical college in the school of medicine to which he belonged, or that he had practiced in the state for ten years, or had been found qualified after examination by the Board. In upholding the statute the distinguished Justice said:

"It is undoubtedly the right of every citizen of the United States to follow any lawful calling, business or profession he may choose, subject only to such restrictions as are imposed upon all persons of like age, sex and condition." . . . "Here all vocations are open to every one on like conditions. The interest, or as it is sometimes termed, the estate acquired in them, that is, the right to continue their prosecution, is often of great value to the possessors, and cannot be arbitrarily taken from them any more than their real or personal property can thus be taken. But there is no arbitrary deprivation of such right where its exercise is not permitted because of a failure to comply with conditions imposed by the state for the protection of society. The power of the state to provide for the general welfare of its people authorizes it to prescribe all such regulations as, in its judgment, will secure or tend to secure them against the consequences of ignorances and incapacity as well as deception and fraud. As a means to this end it has been the practice of different states, from time immemorial, to exact in many pursuits a certain degree of skill and learning upon which the community may confidently rely, their possession being generally ascertained upon an examination of parties by competent persons, or inferred from a certificate to them in the form of a diploma for license from an institution established for instruction on the subjects, scientific and otherwise, with which such pursuits have to deal. The nature and extent of the qualifications required must depend primarily upon the judgment of the state as to their necessity. If they are appropriate to the calling or profession, and attainable by reasonable study or application, no objection to their validity can be raised because of their stringency or difficulty. It is only when they have no relation to such calling or profession, or are unattainable by such reasonable study and application that they can operate to deprive one of his right to pursue his lawful vocation."

. . . . "Legislation must necessarily vary with the different objects upon which it is designed to operate. It is not open to the charge of depriving one of his rights without due process of law, if it be general in its operation upon the subjects to which it relates, and is enforceable in the usual modes established in the administration of government with respect to kindred matters; that is, by process or proceedings adapted to the nature of the case. The great purpose of the requirement is to exclude everything that is arbitrary and capricious in legislation affecting the rights of the citizen." . . . "There is nothing of an arbitrary character in the provisions of the statute in question. It applies to all physicians, except those who may be called for a special case from another state; it imposes no conditions which cannot be readily met; and it is enforceable in the mode usual in kindred matters, that is, by regular proceedings adapted to the case." . . . "The law of West Virginia was intended to secure such skill
and learning in the profession of medicine that the community might trust with confidence those receiving a license under authority of the state.'"

The judgement was unanimously affirmed.

In the action of Hawker vs. New York, supra, which was an action in which the Public Health Law of this State was construed by the Supreme Court of the United States, Mr. Justice Brewer, in delivering the opinion of the court said: "No precise limits have been placed upon the police power of a state and yet it is clear that legislation which simply defines the qualifications of one who attempts to practice medicine is a proper exercise of that power. Care for the public health is something confessedly belonging to the domain of that power. . . . "It cannot be doubted that the legislature has the authority, in the exercise of its general police power, to make such reasonable requirements as may be calculated to bar from admission to this profession dishonorable men, whose principles or practices are such as to render them unfit to be entrusted with the discharge of its duties." . . . "It is, no one can doubt, of high importance to the community that health, limb, and life should not be left to the treatment of ignorant pretenders and charlatans. It is within the power of the legislature to enact such laws as will protect the people from ignorant pretenders and secure them the services of reputable, skilled and learned men."

All of the foregoing might have been as appropriately said of the amendment to the Public Health Law regulating the practice of Nursing now before you, and it seems useless to attempt to add anything to these decisions of the highest court in the land; but, as has already been shown, the same question has arisen in numerous other states and the law has been upheld. There is no question, therefore, of the right of the legislature to restrict the use of the word Nurse.

II.

Upon the question of advisability and necessity of restricting the use of the word Nurse, as proposed in this bill, as a measure of protection to the public against ignorance and fraud, we have another parallel in the manner in which the use of the word Physician has been restricted.

Formerly the word Physician had a wide signification and in states in which the word as used in a special sense has not been defined by statute it still has this broad meaning, as where it has been judicially decided that a dentist is a physician. In the case of In re Hunter, 60 N. C. 447, the chief justice discussed the origin of the word Physician and after taking testimony as to the course of mental instruction necessary to obtain a diploma from a Dental College, decided that a dentist was a Physician and entitled to certain exemptions granted Physicians under an act of Congress. This is only one case selected from many which show the wider meaning of the word Physician before its meaning was restricted by statute; but under the Public Health Law of this state, Article 9, Section 190, relating to Dentists, the members of that profession are no longer allowed to call themselves physicians; for that section expressly declares that "the terms 'university,'
'regents' and 'physicians' have respectively the meanings defined in article eight of this chapter.' As stated before, this definition is as follows: "Article 8, Section 160, Subdivision 8. 'Physician' means a practitioner of medicine." In like manner, druggists have been prohibited from using the word 'physician' by the Pharmacy Law, Section 230, Public Health Law, where the word physician was again defined by an amendment as late as the year 1910 as follows: "'Physician' means a practitioner of medicine as defined by article eight of this chapter." Thus we find that the word "physician," which at one time had a wide significance, has been restricted by statute in its meaning to "a practitioner of medicine," and it is now denied in this state to pharmacists who are compounders and dealers in medicine. We submit that the time has arrived when the law should be amended in the interest of the public, of the hospitals and the nurse by restricting in like manner the use of the word "nurse" to the duly qualified person.

III.

It has been objected to the waiver clause of this amendment that it is too broad and will admit to practice as nurses and registered nurses a great number of people who are now in practice who are not properly qualified; but the clause in this amendment relating to this subject is not nearly as broad as the waiver granted by the first legislation of this state regulating and defining who could practice as physicians and surgeons.

In the case of Corsi vs. Maretzek, 4 Smith N. Y., at page 8, the late Judge Daly, of the New York Court of Common Pleas, said: "The qualifications of physicians have occasionally been made a matter of statute regulation."

... "Such laws formerly existed in this state, but the legislature, whether wisely or not, thought fit to repeal them by the act of 1844 (laws 1844, page 406).

"And since the passage of that act, any person may practice physic in this state, and maintain an action for services, subject to being punished for a misdemeanor if convicted of gross ignorance, malpractice or immoral conduct, and with a liability to an action for damages in the event of malpractice. If the plaintiff desired a particular kind of physician, he should have stipulated for him; but having left the selection entirely to the director, the director had the right to appoint a homeopathic physician or to appoint any individual who made it his regular business to practice physic."

It thus appears that after the act of 1844 there was no law in this state determining who might practice as a physician and any individual could do so, subject to being punished for a misdemeanor if proven incompetent, vicious or immoral.

By chapter 436, Laws of 1874, "every practitioner of medicine or surgery in this state, except licentiates or graduates or some medical society or chartered school, was required to obtain a certificate from the censors of some one of the several medical societies of this state, either from the county, district, or state society; which certificate shall set forth that said censors have found the person to whom it was issued qualified to practice all the branches of the medical art mentioned in it."
Could anything be broader than the waiver implied by this act? It provided for no examination and required none. The whole matter of licensing a practitioner who was not a medical school graduate was left not to a state board, as in the case of the Nurses Bill, but was left to the discretion of the censors of the medical societies. Undoubtedly this discretion was in good hands and not subject to much abuse. Since then the statutes of the state have hedged the admission to practice with requirements of increasing strictness, but each act has contained a waiver clause providing for the registering of those in practice who could not come up to the new requirements.

In the year 1880 the legislature passed an act (Chapter 513, Laws 1880), regulating the licensing of physicians and surgeons and this act required every person then lawfully engaged in the practice of physic and surgery within the state to register with the county clerk of the county where he was practicing before the first day of October, 1880, and file a statement of his authority for so practicing physic and surgery and make an affidavit containing such facts and whether such authority was by diploma or license.

The law was again amended by Chapter 647, Laws of 1887; Chapter 509, Laws of 1890; Chapter 661, Laws of 1893; Chapter 344, Laws of 1907, and the present Public Health Law, Art. 8, Chapter 49, Laws of 1909, each time with increasing strictness as to the requirements for practice and each time providing for a waiver for the benefit of those who were previously licensed.

The act relating to the qualifications of nurses went into effect in 1903, and has never been amended. The framers of this amendment have merely followed precedent in granting a broad waiver, so as to work no hardship upon the many good women now in the field who possibly could not qualify under the new requirements.

Dated New York, February 19, 1914.
Respectfully submitted,

JOHN P. FARRELL,
Counsel.

The meeting was adjourned.

St. Louis, Saturday, April 25, 1914, 3 p.m.

CONFERENCE—Standards of Entrance to Schools of Nursing.
Chairman, Miss Louise Powell, University Hospital, Minneapolis, Minn.

The President: We will come to order for a few minutes to finish the business that we were not able to complete yesterday morning, but before we go on with that, in view of the fact that there has been so much objection to some of the press notices, and especially the one that referred to Miss Nutting's splendid paper last night, Miss Van Blarcom is going to say a word or two on that subject.

Miss Van Blarcom: I really have no responsibility about any
of the notices that appeared in the papers; I simply acceded to a request to see as many of the newspaper men as possible when they presented themselves for information about the conferences. I have given up going to practically all the meetings in order to see the reporters and the press men, and have made a point of censoring everything that was written about the meetings, with the hope that we really would get satisfactory press notices and that the inaccuracies that have appeared would be obviated.

The meeting of last night, of course, we all looked forward to as really the one at which the dominant note in all of these League meetings would be and was sounded by Miss Nutting’s paper, and I spent the entire afternoon with two press men preparing press notices for the morning’s papers, which would adequately report upon Miss Nutting’s admirable paper and present to the St. Louis public the ideals on educational questions, for which she and the League stands. The notice in the Globe was such a discourtesy to Miss Nutting’s paper that although I had not heard that Miss Noyes had received a message from the League, I made use of some personal connections and went this morning to the editor of the Globe and told him what a grievous error had been made, what a wrong it was to this dignified body, and he has given me his word as a southern gentleman that he will himself write this matter up in tomorrow’s paper.

However, although there are many inaccuracies of which we are conscious and the public is not conscious, there has been every day in every one of the five main papers of St. Louis something about this meeting of nurses, so the result is that the people of this city, if they can read English (or German) at least know that there is a big national gathering of nurses here for the purpose of promoting the interest of nursing, and that is nearly all we can hope to accomplish.

*The President:* We will now come to order to finish the business as I have previously stated. We will first have the report from the Collegiate Committee, which was omitted yesterday morning, and which will be given by Miss Stewart.
REPORT OF THE COLLEGIATE COMMITTEE

The work of this committee during the past year has been largely individual. Several talks have been given before groups of college women, and a good deal of literature has been sent out.

Wherever college women are approached on the subject of Nursing, the question arises as to whether any special recognition will be given by the training school to the college graduate. Several of the women who have been addressing audiences of college women assure us that there is no difficulty in interesting them in Nursing, but when they come to ask the length of time required for training their interest is apt to collapse. Almost invariably they say that if the time were not so long, if they could get credit for some of the work they have done in college, they would think very seriously of entering.

In order to discover just what the consensus of opinion would be among nurses who are themselves college women, a questionnaire was sent out to graduates of a large variety of colleges and training schools and some rather interesting points were brought out in the replies.

For instance, some claim that a college woman requires more practical training than the non-college woman, while others state emphatically that she adjusts herself more quickly to new conditions and makes much better use of her experiences than the woman with less education.

Again we find a number claiming that a reduction should be made on the ground of superior mental training, while the majority hold that she should present evidence of having studied certain subjects which will be a distinct asset to her in her nursing work.

The significant thing is that out of about 39 replies all but about three would give some credit for college work, ranging from three months to twelve. On the basis of this questionnaire and their own observation and experience, the members of this committee make the following recommendations:

1. That in view of the great demand in Nursing at the present time for women of advanced educational qualifications, every effort should be made to induce college women to enter the profession.

2. That training schools should consider seriously the possibility of reducing the length of the course for women who meet the following conditions:
(a) They must be recent graduates of colleges of approved standing, having a full four years' course.

(b) They must present in addition evidence of having followed courses of college grade in the following subjects represented in the curriculum: Biology or physiology, bacteriology, hygiene and sanitation or foods and nutrition, chemistry, sociology or economics, psychology.

3. That an approximate reduction of 8 months be made for such students.

4. That such students should enter with the preparatory pupils and take the same course except that they may be exempt from such subjects as they are able to pass off on admission.

5. That the reduction should be made in the end of the course if possible, or where this is impracticable, that the theoretical work of the second and third year should be combined, the time of the practical work being reduced a little at each stage, rather than in the omission of any of the kinds of service.

6. That the superintendent of the school should reserve the right to demand the full three years training, where the student shows that she is below the average in her general work.

The other line of work in which members of the Committee have been particularly interested is the Vocational Guidance work, both in high schools and colleges. Through the Intercollegiate Bureau of Occupations in New York City, it has been possible to attend some of the conferences at which the claims of several professions have been presented to college women. We are very anxious to carry this work out further, and have been asked to help the Bureau in collecting data on Nursing for use in their publicity work.

Though the National Vocational Guidance Association does not concern itself with college education, we would like to call attention to the work it is doing and to the possibilities offered by such an organization both through our local and national organizations. The New York City branch has invited the New York League to join as an affiliating organization with a membership fee of $5 per year, and the privilege of appointing one representative as a member of their body. This organization aims to make a study of the industries and professions open to elementary and high school pupils, to study the capacities of the pupils in reference to a vocation and try to direct them as to the best method of acquiring preparation for their work in life. They are planning also to have addresses to and conferences with parents showing the advantages and disadvantages of various vocations. They
have asked the League through its Publicity Committee to provide speakers on Nursing for these conferences. In a series of large public meetings dealing with various vocations, Nursing is to be represented. We believe that this is largely due to the interest nurses have shown in the Vocational Guidance movement in New York. We would strongly recommend that our national organization should apply for affiliation with the national organization for Vocational Guidance, whose president is Professor Leavitt of Chicago University, and that our local Leagues wherever possible, should get in touch with the local bureaus of organizations now at work in many cities. The welfare side of Vocational Guidance work is directly in line with much that is being done by our school nurses, industrial welfare nurses and visiting nurses, so that it would seem advisable to unite with the Public Health Nursing Organization in whatever action we may take to cooperate with the leaders of this movement.

Apart from the actual addresses to college women, which we need to organize more fully and push more vigorously, there seem to be many possibilities for the collegiate committee which have as yet scarcely been touched. We need articles for college magazines; we need to help the young college woman interested in nursing to plan her course of study so that she will get the best possible preparation for her work, and to this end we need to reach her advisers on the college staff, the deans of women particularly, who are in a position to help us greatly, if we can only interest them in our work.

Now that we are organizing so many courses in connection with colleges and universities, it would seem important that some careful study be made as to the best way of organizing such courses so that we maintain high standards and establish firmly the prestige of Nursing in such institutions.

If our publicity work is to be effective we need money, and this has been a distinct handicap in the committee's work. In several cases speakers have had to pay their own expenses, and have in addition paid out of their own purses for the literature which they distributed afterwards.

The Alumnae Association of Teachers College has offered to provide a limited number of the "Opportunities in the Field of Nursing" to any speaker who addresses an audience of high school
or college women, but this small number of copies is entirely inadequate to accomplish what we need to do in general publicity work. The local and state nursing associations have in several instances ordered two or three hundred copies of this pamphlet for distribution, and a good many training schools have done the same. One state association asks for the privilege of binding the pamphlet with the intention of putting it into libraries and high schools for permanent reference. We need a great deal more available literature, but the cost of publication is usually too much for individuals or small associations to undertake.

Edna Foley,
Florence Patterson,
Laura Logan,
Susan Watson,
Katherine Tucker,
Isabel M. Stewart,
Chairman.

SUMMARY OF REPLIES RECEIVED—TO QUESTIONNAIRE

Out of 75 inquiries sent out about 36 replies have been received.

Question 1. Would you recommend that the regular three years' training should be reduced for college graduates by one academic year (about nine months) or how many months.

Answers. Seven-tenths would recommend 12 months; 13 would recommend 9 months; 1 would recommend 8 months; 4 would recommend 6 months; 2 would recommend 3–5 months; 3 would recommend no credit at all.

Three would exempt the student only from the time spent in class work which had been already covered. Two or three feel that the college woman needs the whole period of training, but they would expect her to make on the whole better use of her opportunities and to be qualified at the end for higher positions.

Two or three while recommending some reduction in time, say that they do not see how any part of their own training could have been omitted.

One disapproves of reducing the time because it seems like apologizing for our training. Another would make the whole matter of reduction conditional on the kind of work the student does dur-
ing her course. Still another would reduce time only for graduates of affiliated institutions.

Several state that they believe the college graduate needs relatively more practical work than other students.

One or two evidently feel that these differences are individual and have no relation to previous education, and one says she needs more supervision.

Another states that the college woman needs the actual work with patients to humanize her and make her resourceful and practical.

One writer feels strongly that the question of time would be of little importance if teaching were better and living and working conditions improved.

Question 2. (a) Should this reduction be made entirely on the basis of graduation from a recognized college? (b) or should the student be required to present as well evidence of having followed certain definite subjects for a specified time?

Answers. (a) Five think evidence of graduation from a good college sufficient, holding that the mental training acquired is of more importance than actual subjects studied. (b) 23 would require evidence of certain related subjects having been followed during college training.

One would give no credit at all except on examination. Most of the writers recommend that the time allowed off be proportionate to the quantity and quality of the related theoretical work presented, but no ratio is suggested. One recommends 10 per cent reduction in credit if 3 years have elapsed since college work; 25 per cent if 5 years; and 50 per cent if 10 years.

Question 3. If so, please check subjects and time you would suggest for each (hours or credits): (a) subjects; (b) time.

A. Human physiology (or general biology including this); elementary bacteriology; hygiene and sanitation; foods and nutrition.

B. Chemistry; physics.

C. Elements of sociology; elements of economics; elements of psychology.

Answers. These were very difficult to sum up.

Nine would require all if possible.

One would require only those represented in the training school curriculum.
One would require one from the biology group (A), one from the physical sciences (B), and one from the social science group (C).

Several think that even though the subjects have been covered in college, they ought to be covered again from the nursing point of view.

One advises the use of the point or credit system in the hospital and credits given as in college. The course would thus be indeterminate.

In regard to subjects followed during the college course one states that there is no need to demand certain subjects as the interest of the student would tend naturally toward the "right subjects."

Another states that although she knew from the beginning of her course that she would study nursing and was specially advised by her instructors, she found that she had scarcely a thing to offer at the end which materially helped her in her nursing course.

(b) Systems of computing credit by the length and value of courses varied so much that no results could be tabulated:

**Question 4.** At what place in the scheme of instruction should such a student enter the training school?

**Answers.** Practically all advise that the college graduate should enter with the other probationers and get the full preliminary drill especially in practical nursing.

Several suggest that the subjects which such a student had already covered might be omitted, the extra time being spent in the wards. Such theory might be passed off on entrance, or better still perhaps at the end of the preparatory term when the other probationers take their tests. One states that such students should be considered as specials and work assigned according to their needs and ability.

Three or four would enter such students with the second year class after the completion of their probation period.

**Question 5.** Have you any suggestions to make regarding the further adjustment of the practical or theoretical work in the training school to meet the needs of such a student?

Some of the suggestions:

1. Omit much of routine domestic duty and thus curtail each term of practical experience.
2. Make reduction at the end of the training or summer period when no lectures are given.
3. Skip second year altogether and let student pass off these subjects with third year work.
4. Double up on second and third year.
5. Omit some of experience such as operating room duty if nurse is planning to specialize say in social work.
6. Have a pass course with minimum requirements and elective or honor courses in special branches and let college graduate take advanced standing if she qualifies but no other recognition.

Question 6. (a) Would you recommend that any advanced standing be given to a student who has taken such courses as the above in a college for less than four years? In a good normal school? In a school of Domestic or Home Economics?
(b) If so on what basis?

Answer. Eight would give no recognition to anything less than four full years in a recognized college.

Several of these feel that the advantage of the college course is in that long period of close application and training and that the shorter term in other kinds of schools gives no guarantee of such mental qualifications.

Another states that any good scientific courses with good laboratory work have a high value.

Fifteen would give credit for such courses on the same basis as college courses, that is if student had covered certain specified subjects.

One would give two months off for every year in advance of high school if records are satisfactory.

One would give two months for experience in hospital social service or for course in school of philanthropy. For special preparatory courses such as those taken in colleges or technical schools, with the definite object of going into nursing schools, from 4–6 months credit is recommended.

One of our members states that in speaking to the Home Economics students, in one college, many of them would have been willing to enter nursing schools if a reduction of 6 months would be allowed them.

The report was accepted and several new members voted into the League.
The President: We decided to inaugurate the custom of hearing from State Leagues as to work that was being done in each state, so I will call upon the various states and if representatives are here we should be very glad to have a word from them.

There was no representative to speak for Connecticut. Miss Walsh spoke for Illinois as follows:

The Illinois State League of Nurses sends greeting to the National League and is very glad to have this opportunity of appearing before the League and to tell a few of the things we have been doing in Illinois.

The League has had four regular meetings during the past year and one extra session, which was found necessary in order to conduct the business that seemed to be accumulating. The League has published a year-book, and the individual members feel that that is of especial interest and of especial usefulness to the members of their local leagues. This, and many other of the individual efforts that have been made during the past year, the League feels it owes directly to the inspiration and stimulation of its president, Miss Fulmer, who has been called upon to assume the duties and obligations of that office.

The League has sent a question to this national body for consideration; Madam President, and that is this: It has been suggested to the State League that it become affiliated with a district organization which is a part of the State Association, Illinois State Association of Graduate Nurses. The League felt that this question could not be decided unless the further question, and the further result, should be brought to this national body for consideration, and that is, if it should become affiliated with this local association, would it be possible for it to still retain its membership as an integral part of this honorable body? We present that question, Madam President, to the National League.

The Illinois State League also wishes to state that during the past year it has made what we consider a remarkable effort to establish an affiliation with universities throughout the State of Illinois so that nurses may receive credits in some courses. A committee has been formed and it has been working very arduously and with a great deal of energy to that end. Its membership is composed of women who represent the training schools, superintendents, and women doing work of utmost interest in the profes-
sions—physicians and university professors, and law—women who have brought us a great deal of wisdom that their experience has given to them. They have conferred with this committee and this committee has felt a great deal of justifiable encouragement in the permanent result that seems to be forthcoming. During the next year undoubtedly courses will be held within the State of Illinois, connecting the four universities in that State, the State University of Illinois, the Chicago University, the Northwestern University and a department of the Loyola University. The plans at the present time are tentative, but the several members of this committee are working hard and we feel that definite arrangements can be announced within a few months.

We would like also to announce, Madam President, that we have a member of the nursing body of Illinois, who is a member of the Bureau of Vocational Guidance, and that is Miss Edna L. Foley, who represents our League. We would also like to state that after hearing an announcement from the member of the National Bureau of Vocational Guidance yesterday, it was a great pleasure to our president and delegate, who approached the speaker to ascertain as to where we could locate the secretary, to find that that secretary was also very near us, at the University of Chicago—Dr. Leavitt. In that way we feel that this League is very fortunate and we can accomplish even more in the future than we have been able to bring to you during this year. [Applause]

The President: We will later on take up the question brought to us from the Illinois State League. In the meantime we will ask for the report from the Minnesota State League.

Member: Madam President:

The Minnesota State League of Nursing Education is not yet two years old. It was formed in October, 1912, with a membership of seventeen. At the end of the first year we had twenty-eight members and at the present time we have thirty-nine members. During the first year we sent out to the high schools of the state a notification setting forth the qualifications for young women who wish to become nurses, and particularly the qualifications required for registration in the State of Minnesota. Also, some work was done on the curriculum which was lined out by the State Board. The State League appointed a committee, the chairman of which was Miss Clayton, which made several recommendations
to the State Board, and those recommendations were accepted and have been sent out to the training schools throughout the state.

This year we have joined the Minnesota State Association and helped to send out a field secretary, who is just returning now from a trip of six weeks. She went to the different towns where there were hospitals and met the hospital boards and superintendents of training schools, and the pupil nurses, bringing before them the qualifications necessary for nurses who wished to become registered. We had started to send out to the high schools in different parts of the state, little books on "Opportunities of Nursing," but that had to be dropped because of our finances, because we felt that we could do more good by helping with a field secretary. [Applause.]

The President: I am sorry the President of the New York State League is not able to be here, as she was taken ill at the last moment. We do not want New York to go unreported, and perhaps Miss Goodrich will say a word for the State League.

Miss Goodrich: I would like to say there are seven local leagues in New York State, and that we now have quite an active state league. I would also like to say that the work done by those local leagues is of the greatest value in reaching every corner of New York State, and I am very glad to urge the formation of local leagues in all the other states because of the knowledge that I, personally, have gained in my position as Inspector of Nurses Training Schools, of the state conditions through these leagues, and also the very cordial cooperation which I feel has been greatly helped by the leagues' work, that is, the coming together of the superintendents and the discussion of various problems, so the inspector is in a very much closer and pleasanter relationship with the schools than she could possibly have been without it.

The local State League in New York I can, perhaps, speak of better than Miss McKechnie could, because of not being the President, and I can say it is the most live body of members, with a really very comprehensive work. There has been the building up of all sorts of splendid things by their cooperation with different schools and with the teachers' college work. I cannot give you the details, but I am going to say this, however, that it will be a great
strength to every local league if its superintendent or representa-
tive comes back from this meeting and gives to it the information
which they have been able to obtain themselves, and the inspira-
tion that we all get from coming together, threshing out our prob-
lems and determining upon some conclusions which we can put into
practice and into work in our own particular little plant. [Much
applause.]

There were no representatives to respond to the call for Ohio or
Rhode Island. Miss Parsons reported that Massachusetts was
recently organized and had nothing to report.

*The President:* The District of Columbia and some of these
others are new leagues and consequently we would not expect them
to come prepared with a report. I will call upon the representa-
tive from Maryland.

*Mrs. Clark:* The Maryland State League was organized last
year. In Maryland, Baltimore is the only city of much size, and,
unfortunately, our efforts are confined largely to Baltimore. We
have a membership of twenty-five, the membership comprising the
superintendents and the leaders in all lines of educational work.
Every member must be a member in good standing of the Maryland
State Association. We hold meetings the third Wednesday in
every month, and they have been very well attended. The super-
intendents of the small hospitals seem to be particularly interested
and when we come together we thresh out our problems. We have
been able to accomplish quite a little affiliation through the League.
The small hospitals that are deficient in obstetrics, children's
work, or various lines, have been coming to the larger schools for
help in those directions, and I believe a good deal of this has been
accomplished through the State League. We have the members
engaged in the tuberculosis work and the members of the district
nursing work, come to us and give us discussions on the require-
ments and opportunities in those lines of work. [Applause.]

It was moved by Miss McKechnie, seconded by Miss Johnson,
that the reports be accepted.

*Motion carried.*

*The President:* We are affiliated with several large national or-
ganizations, among them being the Infant Mortality, the Society
for the Prevention and Protection of Tuberculosis, but we have no
reports from those delegates; neither have we any reports from
our delegates to the American Nurses Association last year, as
they are not present today.
There are two questions to be brought up and voted upon: One
is the question from the Illinois State League in regard to the asso-
ciation, of affiliation with the State Nurses Association. I think
that was the question was it not?
Miss Walsh: Madam President, the question was, would it be
possible for the State League to become a member of the district
organization, the district organization being a part of the State As-
sociation?
The President: I think I can best answer that by telling you
how we have provided for that in New York State: Our State
League is affiliated with the State Nurses Association, practically
a branch of it. The President of the State League is a member of
the Board of Directors of the State Association, so there is a direct
connection between the two organizations; moreover, at every
annual meeting the State League has a meeting in connection with
the State Nurses Association. There is one day set apart for the
State Leagues and when they are gathered together they equal in
size almost this body which is present here today. That seemed to
us the best way of securing that affiliation that is, for the State
League to be affiliated with the State Nurses Association, the
State League being formed of small leagues; the State Nurses
Association of small associations, and the representation in the
State Association by the President of the State League. That makes
a direct chain down to the smallest body in existence. It seems
you are working backwards when you work up an affiliation be-
tween a State League and a Local League; it would be better the
other way.
The President: There is a motion made by Miss Stewart that
this body apply for affiliation in the National Vocational Guidance
Association.
Miss Hay: I will second that motion.
The motion being put by the President, was carried.
The President: If there is no further business to be brought
before the League, Miss Powell, who is the chairman of the after-
noon of the conference on the “Standards of Entrance to Schools
of Nursing,” will take the chair.
Miss Powell: We have already lost a great deal of time and I will at once call upon Miss Burgess to give us her report.

ADMISSION STANDARDS FOR SCHOOLS OF NURSING

Report of Elizabeth Burgess, Chairman of sub-committee on Standards.

This report is made from a study of the entrance requirements as stated by different schools of nursing, entrance requirements of other schools, technical, scientific and cultural. Also from a study of the literature published by the Bureau of Education at Washington, by Boards of Education of nearly every state in the Union and those of two or three of the Canadian provinces concerning Secondary Education.

Only the main conclusions of this study are given here.

A. Education. Two points are here made.

I. The recommendation that our educational requirements should be:

1. Graduation from a four-year High School, or its equivalent, with diploma, 15 units being presented for entrance. Furthermore, we recommend that this shall be certified to, to the satisfaction of the Training School.

2. That there shall be investigation of the education offered, and that Training School officers obtain a knowledge of the standing of Secondary schools; and provide their schools with the lists of accredited schools as published by different educational associations.

The above being based on the entrance requirements of technical schools, of colleges for both scientific and arts courses, of vocational schools and domestic science schools.

Also on the fact that the number of high schools, which give four years of accredited work vary greatly in the different states, as well as does the standard of their instruction.

II. Recommendation of High School subjects for the girl who later intends to enter nursing schools.

The recommendation to the society in 1912 (Report on possibilities of cooperation between schools of nursing and high schools) was as follows:

3 units in English.
1 unit in German or French.
1 unit in algebra or geometry.
2 units in history and civics, including elementary sociology
and economics, if possible.
2 units in natural science, physiology, chemistry.
2 units in household science or home economics.
4 units in electives, recommended to be taken from the
social and natural science group.
Physics is particularly desirable.

As the High School cannot be considered a technical prepara-
tion, its value being on the cultural plane, we recommend an ad-
tional language and English unit to the above.

III. For those who cannot at present demand the full High
School education, we feel that an entrance examination as has been
suggested would not be satisfactory and recommend two years
of High School, or its equivalent. Here again demanding certified
work, and for subjects suggest—

2 units in English, including grammar and composition,
with one year of literature.
2 units in history and civics.
1 unit in language.
1 unit in mathematics.
2 units in electives—recommending elementary science—
as chemistry and physics.

The danger in admission of such pupils often will be due to the
fact that many leave high school after the second year because of
actual inability to master higher work.

IV. Experience in household management is desirable. May
have weight in determining an equivalent. It might be measured
in terms of units.

V. Aids for students who fall below entrance requirements.
   1. Return to high school for deficient branches.
   2. Attend night school.
   3. Special tutoring.

Suggestions as to home study and the advisability of students
entering the training schools, and while there, making up their
deficiencies have also been considered. These seem impractical
under the conditions which must be met in hospitals.

VI. In making a recommendation for advanced standing,
schools of nursing, schools of domestic science and college gradu-
ates in the profession of nursing have been consulted. No very
great enthusiasm is shown toward giving credit for advanced
preparation. Statements almost always being that college
women need more practical training, that their better theoretical
training has not made them more fit, and if any recognition is to
be given, it should be through giving the women greater oppor-
tunities in way of electives, etc.

Yet against this we have the college graduate stating that she
could easily have done two years theory in one year and showing
her value by the statement "I know better than do other pupils
how much there is to be got." Also if the student alone is
considered and not the hospital's work too particularly, we find
a few pupils can be trained in two years in the departments which
will be most useful to the women who will probably go out into a
special field of work, and our recommendation is that schools of
nursing recognize certain accredited work and admit certain students
on a special basis—

(a) Preparatory work in colleges—4 to 8 months.

If this work is planned to take the place of a certain share of
the training school work, the time in the school should be short-
tened to make allowance for it.

(b) Schools of Domestic Science (usually two years course).

No allowance of either theory, practice or time.

(c) Normal schools 1 to 2 years.

No allowance.

(d) To graduates of colleges of liberal arts giving the A.B. or
B.S. degree credit should be given, as these are the women we desire
to attract to our schools, under the following conditions:

1. Applicant must hold the A.B. or B.S. degree.

2. She should be as carefully considered as to fitness from all
points of view as is the high school graduate.

3. She must show her fitness as a member of preliminary class,
and also show ability to master theoretical work with ease.

4. If the foregoing be proven, she may be allowed to complete
her training in two years from time of acceptance. This, consider-
ing preliminary period as three months, would give her a credit in
time of nine months.

5. All class work, unless proven by examination that pupil
has mastered the subject, must be taken. She may be allowed,
however, to go forward with theory as fast as possible, covering 1½
years in 1st year and remaining work in second. Lectures and class work being done by older students could be taken by the nurse—two lecture courses followed while others were taking but one, etc.

<table>
<thead>
<tr>
<th>Suggested schedule for practice for such students being</th>
<th>Months</th>
</tr>
</thead>
<tbody>
<tr>
<td>Preliminary</td>
<td>3</td>
</tr>
<tr>
<td>Medical</td>
<td>3</td>
</tr>
<tr>
<td>Surgical</td>
<td>3</td>
</tr>
<tr>
<td>Gynecological</td>
<td>1</td>
</tr>
<tr>
<td>Children and Infants.</td>
<td>3</td>
</tr>
<tr>
<td>Obstetrics</td>
<td>2</td>
</tr>
<tr>
<td>O. R.</td>
<td>3</td>
</tr>
<tr>
<td>D. K.</td>
<td>1</td>
</tr>
<tr>
<td>Private Patients</td>
<td>3</td>
</tr>
<tr>
<td>Vacation</td>
<td>1 ½</td>
</tr>
<tr>
<td>Electives</td>
<td>3 ½</td>
</tr>
<tr>
<td></td>
<td>27</td>
</tr>
</tbody>
</table>

A portion of the time in some department may be executive work and the 3 ½ months of elective service might be spent in the Social Service Department, in the office of the Superintendent, in some special department, or in added service in some of the above.

VII. The following is the basis on which it seems possible to allow credit for work done in other institutions.

1. A minimum of 2 years should be spent in the hospital which gives the diploma.

2. The young woman applying must have spent the time in a school of equal size and standards with the one which she desires to enter.

3. Her reason for not finishing in the first school must be a perfectly reasonable one, certified to by the superintendent of the school.

4. She should be recommended by the superintendent of the first school and actual records of theory, practice and conduct be submitted.

5. The time allowance should not be definitely stated until the probation term has passed and the character of the pupil and her work determined on.

6. Her work in the first school must have been done within 2 years of entrance to the second school.
B. Age. Preferably 20 to 30 years—probably 35—older not advisable. 19 if physically fit and well prepared.

C. Health. Average height and weight. In good health and have no organic defects. Certified to by physician on blanks provided by the school.

Also probationer examined by school physician before acceptance into school.

D. Character and Experiences. Statements concerning character, previous history, occupation, etc., should always be obtained.

Direct correspondence between school and references advisable.

Personal interviews urged, also the seeing of mother or other relative of applicant.

Married women, or those separated from their husbands, but not legally so, should be debarred.

The question of admittance of widows and divorced women seems to need settling on the score of the individual rather than a class. Such, if admitted, should meet the full educational requirements.

Experienced in home management, responsible positions, over average intelligence, must go far in determining the equivalent.

A definite method of rating of equivalents should be determined upon.

Miss Powell: Having now heard the full report, I will ask for discussion upon that report in sections. We will follow the report as it is printed on the page which many of you have.

I would like to say that I, personally, feel that we ought to be very careful, particularly when we come to discussion of time allowance for advanced education. We must remember that almost every year good medical schools are adding to their time for preparation, many taking seven years now—two years college preparatory work, four of medical work, and one year for other required work. I do not have very much sympathy with the girl who wishes to be a nurse who says because she has had a little more education than her sister, that she is not willing to study three years, if she wants very much to become a nurse. However, that is a personal feeling. I always think of what Miss Nightingale says in her "Notes on Nursing"—that one difference between the preparation of men and women is that men are willing to and do spend more time in preparation for their life and professional work than women are willing to do.
I am now going to ask Miss Alice Fitzgerald, of the Robert W. Long Hospital, in Indianapolis, to start discussion on educational standards.

Miss Fitzgerald: When I came here three days ago, I thought I would have something to say, but this is only Saturday and I find that practically everything has been said on the subject.

It seems to me that education is the first thought of everybody, the higher education of nurses, and that we are all evidently ready to work towards that end. Undoubtedly, as the report states, there should be a maximum of four years, preliminary educational requirement (until we can get a higher one) and a minimum of two years high school, if possible. The diploma, that is to say, the certificates we would get from our high school graduates are really certified to by Bureaus of Education who have classified their high schools, so I think we need not trouble, at least in some states, to obtain a certificate as to what the high school graduate brings us, but I think the members of the training school should be familiar with its classification—whether it is first, second or third—that would make a great deal of difference in the entrance qualifications of the pupils.

I think there are three very important factors to be considered in the admitting of the pupils into the training school. The first one, of course, depends upon the standards which we could put down on paper, that is to say, the standards which are represented by certificates, diplomas or degrees. The second factor deals with the standards of character qualifications, which we cannot put down on paper, but which are just as important. Character qualifications can only be obtained by the proper home surroundings and proper moral circles, from which we undoubtedly want to get our candidates. The third is one which I think is very important, and that is the general education of the public and through that, of the parents. We can educate the daughters, but I think we should go further back and educate the parents. It is perfectly pitiful to hear and see the ignorance that exists among the general public in matters of nursing. They know little or nothing about nursing, and that little is generally such a very unattractive picture of horrifying circumstances that the parents keep their daughters at home, and we really cannot blame them. I do not know if it has been the experience of others, but it has been my experience
that there is something especially queer with the candidate who comes accompanied by her parents. I think most of us will acknowledge that we came to the training school without the approval of our parents. If we can prove to the public that we want only their best women in our profession; if we can get the cooperation of the schools; if we can get good representation on the vocational departments that are growing up in the universities and colleges, I feel that we will have no difficulty in raising our standards, but raising the standards and not paying attention to the education of the public, does not mean we are going to arrive there very fast.

As for the subjects that are lacking when a candidate comes to us, I feel very strongly that they should be taken before admission to the training school. I do not know how the other nurses feel, but I feel that all the time I was training I was really working at the "saturated solution point" of assimilation, and I feel very strongly if I had had anything to make up something would have suffered, either I or the school, or maybe both of us. I think the work is hard enough without a girl coming in with subjects to make up before she really is even with the others who have been admitted without any subjects to make up.

As for time allowance, I think we should make some time allowance for college work, provided the college work is what we would have given that same pupil during the time that she would be with us. I think that is a subject that has been discussed and decided by the Committee, and I undoubtedly agree with the report, that some time allowance should be made.

As for elective work, I think that elective work is a very good thing when it does not furnish any excuse for shirking certain kinds of routine work which I think is necessary for the making of a good nurse. I think there may come a time when we may be able to organize schools in such a way that special students can be admitted and pushed through in some special way, but during the course in the hospital I feel that all the students should have about the same thing, no matter what they are going to do, because you never can tell if they are going to change their mind. You may train a nurse to be a public health worker and make a good public health worker, and in six months she may want to be a superintendent of a hospital, and our preparation might not have been what she should have had, especially to be superintendent of a hospital.
We must do something on a large scale to give publicity to our work; we should publish literature for distribution and talk about nursing. I want to say that the state libraries and city libraries are places where we would want to see our nursing magazines. I have occasion to go to the state library in Indianapolis quite a good deal and there are several racks of magazines there, I think probably every magazine that anybody has ever heard of, but our Nursing Journal is not there. If there is any way our journals could be put in the state libraries, I think it is very important that should be done.

About “The Opportunities in Nursing” I think these pamphlets have been the greatest help. I should like to mention one example of what it has done for us: When I first went to Indianapolis I met the superintendent of one of the high schools. I talked with him for five minutes and presented him with a pamphlet. He became very interested and allowed one of his daughters to enter my training school. Besides this, he has evolved, entirely out of his own mind, this scheme: Every year at graduating time to name one pupil out of his graduating class (one whom he thinks most fitted to become a nurse) and give her a chance to apply for that position. That does not mean that she will always be the ideal candidate, nor that I have to accept her, but I think the fact that he does that will make all the other pupils in that school feel it is something worth while, because they cannot all have it. I think we might work out some system along that line by which we could have nominations made in the different high schools, which would help us quite a great deal. I felt very much pleased with this little episode. I should end that, however, by saying that though he did educate the pupil as a candidate for me, he did not educate the parents—they would not allow her to come. [Applause.]

Miss Powell: There must be someone else who will add something to this discussion. I think it will be more interesting if we can have a discussion of each topic before going on to the next.

Miss Goodrich: May I make one suggestion concerning the state libraries? I have an idea that any citizen is privileged to write to a state library and ask that it shall carry any magazine which is of public importance and interest; at least, I am sure that practice obtains in New York State, and in that way they very often get interesting data for the State Library. It would seem to me
that it is a definite responsibility of the State League to see that our literature is to be found in the State libraries.

_Miss Powell:_ I made the suggestion to the public library in Minneapolis that we should put on the library shelves volumes of the history of nursing and I think that was done. I think that will be another very good thing, to put it into the city and state libraries.

_Miss Walsh:_ (Illinois) I would like to say that in Illinois the Nursing Journal is shown in the state library.

_Miss Curran:_ (Indianapolis) Miss Fitzgerald did not know that we keep our American Journal in the city library; it is always to be found there.

_Miss Fitzgerald:_ I did know that, I was thinking of the state library.

_Miss Powell:_ I will now call upon Miss Elizabeth Fox, head of the Visiting Nurses Association of Dayton, Ohio to speak on the "Basis of Admission for College Women."

_Miss Fox:_ I am going to speak purely from a personal standpoint. About two months ago I had the privilege and pleasure of returning to my own university to speak at the Vocational Conference on the subject of "Nursing." There were delivered there several able papers, and talks were given on many other vocations. We were given an opportunity afterward to discuss those topics that we had covered. I had a round table. There were several college girls there, and almost the first question that they put to me was, how long is the training? I said, "Three years in most hospitals." Every one of them immediately looked crestfallen, for that was to them the one important question. In the course of the conversation I found that most of those girls were girls who had to earn their living, very few of them were girls who did not have that necessity. A good many of them had come to college on borrowed money and had a heavy debt to pay off as soon as they were able to do so. They felt that three more years in addition to the four years of their college training was well nigh impossible, and yet most of those girls were very anxious to become nurses; they were thinking of it for some time, long before I had anything to say about it, and wanted to go in training if it was at all possible. If the course could have been cut by six or eight months, or a year, it would have helped them materially in making it possible to go
ahead with the work. I did not ask them what right they had to request that of the hospitals, but I think their reasons were, perhaps, three: In the first place, most of those girls in the University of Wisconsin (at a good many universities, in the sciences a certain amount is required for a B.A.) had a science course under specialists and in well-equipped laboratories, and it would hardly seem reasonable to have to tell them that they would be required to go to a hospital and take the course over again.

When I graduated I had had a full year's course in human anatomy under the Dean of the medical school, and I went to the hospital and took twenty-four lessons there. That does not seem logical. A person in any other occupation would not be required to repeat their work. I think they all felt their college education was being much discredited when they could receive no credit in the hospital for it. In the University of Wisconsin we have a very good department of home economics (in which were many of these girls to whom I was talking), which graduates the girls in four years with a B. A. or B. S. degree. In that department they cover many subjects we have in the preparatory course in the hospital. They have physiology, anatomy, English, chemistry, economics, psychology, and a great many other subjects, and all of that work, so far as I could say to them, would be absolutely uncredited in coming to the hospital. They felt that was hardly right. Then, too, the argument has been made, (and opposed) that the college girl should be equipped to assimilate the theoretical work more quickly and easily than girls who have not had a college education. It seems reasonable that four years of training should result in clear and quick thinking, in grasping situations and assimilating material, and that it does and ought to have some effect on their mental processes, and ought to make it possible for them to cover the theoretical ground in the hospital in a somewhat shorter time than a girl who has not had the university education. I think they all felt that. Then, too, the other departments of the university had such arrangements with the concluding schools, such as medicine and law, commerce and agriculture, and other specialties, that certain years in the university count on their special training: In medicine it counts two years at Rush medical; not at all at Hopkins, but a certain amount at different schools—not four years at college and four years at medicine—but these
girls had to take four years at college and three in the hospital, getting no credit for their previous work whatever, which also did not seem quite fair to them. I do not think any of them were standing on a question of right, but simply on a question of finances and the impossibility of their going on with the three year course.

When I went up to Madison I was in the car with Dr. McCarthy, who is the parent of the Legislative Library Committee and one of the strong men in the Inspection Bureau of Wisconsin. He had just come from Washington where he had been making an arrangement by which students in the course in diplomatic service in the University of Wisconsin should get their field work in the diplomatic service in Washington. He was making a combination whereby they could get their theory in Madison and their practical work in Washington. We talked about nursing on the way up and Dr. McCarthy said he did not see any reason at all why universities should not be perfectly willing to arrange a course such as superintendents would desire, which young women who wished to become nurses could take while they were in college, graduating with their B.A. degree, and that this course should be such that it would give them credit when they went into the hospital. He thought that in conference with the superintendents he would be able to make a very desirable course which would give the girls the sciences and the credits which they should have in the university, and permit them then to go on to the hospital, cutting the time necessary for them to graduate in.

Miss Powell: Was the University to cut any of its time, or was all the cutting to come from the hospital?

Miss Fox: Yes, they were willing to do that. You see, in this diplomatic course there is a cut of two years to send them to Washington and still graduating them with a degree, and the same thing could be done with the nurses. [Applause.]

Miss Powell: Miss McMillan, of the Presbyterian Hospital of Chicago, has had an experience in giving a year of credit for eight months of university work, and I wonder if we could get her practical idea along that line? If she is not here, there must be discussion on this point.

(Miss McMillan not present.)

Miss Parsons: I am exceedingly anxious to see the college women come into the nursing field, and if there is any way that
we can make conditions easier for them, justly, so that their diplomas would mean just as much to them as the diplomas that are given to other students, I want to be one of the first to recognize that fact.

Thus far in the four years that I have been at the Massachusetts General Hospital, I have had the privilege of working with a great many students who have had partial college training, but only twenty-two or twenty-three, perhaps, who have had the full college degrees. At present we feel that we are fortunate in having fifteen women who are graduates of first class colleges. I feel that it would be unfair to them to give them all the elementary routine work and not give them the benefit of the attractive electives like the social service work, public health course, and executive work, that we are able to offer in the third year, and thus far I have not found any who wished to cut their course. I suspect that perhaps I have lost candidates because I have not offered to cut the course for them, but I think if we have sufficient to offer the college women in the way of variety and thoroughly interesting work, we will find that they will prefer the full three year course. I have tried to experiment with some of my brightest college women. Two of them are Phi Beta Kappa students. One has two college degrees. One or two have had study abroad and are exceedingly bright women. I thought that I would send them through the different kinds of experiences as rapidly as it seemed to me they were getting what they ought to have, and so far they want more experience. One of the women came to me recently, after two months of intensive medical work, and said, "Please, Miss Parsons, if you are thinking of taking me away from the medical work, let me stay longer, I don't know anything about the pulse yet," and that woman is preparing herself to take charge of a hospital.

As nursing is already a profession that is to be procured with the least expenditure of money, I wonder if we could not offer scholarships or have loan funds with which to help some women with whom it is only a financial difficulty that stands in the way. I believe we could.

I would like to speak here of the fine young women who come into our schools, who have had either splendid high school work or private school work, and who have had the advantage of studying abroad. They are very desirable women. If they have French
and German, Italian, or other languages at their command, they are exceedingly desirable. If they are bright women they take up the hospital work readily and they have peculiarly desirable gifts for any kind of public health work, and they are valuable to work among foreigners. Those women ought to have things made as attractive as possible for them in the training schools.

We have heard this said by the college women who have expressed themselves about our course, that the sciences that we give are applied to nursing in such a way that it seems to them much more practical, and they’re glad to have those classes. I have not asked all of them, but those whom I have happened to ask about it have said that they enjoyed Miss Miller’s class, that the work seems so practical and it is adapted to the profession of nursing in a way that the college work had not been. I think perhaps when we have evolved a system whereby we can remove all the routine work from the pupils in the second and third years, that it seems necessary to ask of them now, perhaps we may be able to shorten our course somewhat for all good candidates. In the meantime, I am trying hard to be liberal minded, because I really do value these women exceedingly and I do not want to be a stumbling block in the way of progress. [Applause.]

_Miss Powell:_ I would like to ask Miss Parsons if her school is on the nonpayment plan.

_Miss Parsons:_ Yes, it has been on the nonpayment plan for about a year and a half. We ask $40.00 tuition for the preliminary course, but that money is refunded when they graduate, as things stand at present.

_Miss Goodrich:_ The matter of scholarships was mentioned by someone. I think Miss Parsons brought it out, that it might be a good way to help along those students who were so well prepared, but who seemed to feel that they could not afford it. I feel sure there are some others here in the audience who may have had some experience in such an arrangement. I, myself, have had in a small school, where we did away with the monthly payment and turned it into a nonpayment system, and where we had scholarships offered to deserving candidates who could not afford to come otherwise. We had very good results from that experiment.

_Miss Johnson:_ I have nothing to add to what Miss Fox said. I think that the three years in addition to the college course does
deter a good many girls from going on, but I agree with Miss Parsons that if the college girl has the time to put in and the classes are made sufficiently interesting, an entirely different viewpoint is had, you get the subjects from a different angle, and I do not think it is at all a waste of time if the girl has the time to put in, and if the girl goes into the hospital with the idea of getting just as much out of it as is possible. I had the full three years, and personally, I do not regret a moment of it.

Miss Goodrich: I will ask Miss Powell, who is in a university hospital, if any of the college students have been diverted to the hospital?

Miss Powell: I have one B. A. of the University of Minnesota, Miss Goodrich, in the preliminary course at the present time, and I have one prospective for the fall. I also have three applications from Carlton College, which is one of the small colleges affiliated with the University, which gives, I think, two years college work. I am hoping very much for this thing that I spoke of yesterday, that the University will allow in the work of a B. A., which is four years, the last four months, the last semester, of the senior year to be devoted entirely to the preliminary course of the school for nurses, which will reduce the whole time of the student eight months, but which will not reduce her time in the hospital at all. It will give her eight months’ time which is saved, because she is able to enter and take that preliminary course during that last part of her senior year.

I would like to ask if there is any one connected with a university who has made any attempt to divert a scholarship in the university into a school for nurses connected with it. I have not attempted it; I thought I would try to, but I wondered if there was anybody who had any experience in that line. There is no reason why we should not have one of those scholarships if they are offered for university students.

Miss Goodrich: I would like to ask if the fact that an expert in nursing is on the field in the University is not going to be a solution of this problem? In most universities there is an expert for every department but no expert in nursing, and when they have considered doing anything for nursing there has been no tendency to bring the subjects into line with the nursing profession. Is not that the secret of our inability to connect with the university?
I find there is a very definite desire on the part of educators to connect the nursing profession with their schools, normal or university, but there appears to be nobody in the field who can plan the studies so they will directly connect with our work and we can get a definite credit for the work that has been done. It seems to me that this connection that we find with the university and the hospital, is beginning already to show the result. Consequently, must we not work to bring our experts and nurses into connection with the university, to guide and interest them, and arrange the studies so they will connect? If these subjects which are of so much importance to the public well being are not to be cared for in the university, something is wrong with the university. If our hospitals cannot connect with the universities, something is wrong with the hospitals, and this wrong will be remedied only when we get our university women back in the universities to plan those two mixtures.

Miss Powell: Talking about this question, Dean Long, the head of our medical school, when I spoke of it to him, immediately said, "Why should not the student who is coming in for her B. A. degree, if she is entering for the nursing course, why should not that work be so planned and directed that she would get many of the things that she needs and have them go along for the whole four years; have some definite arrangement or supervision of the subjects that she needs and have her get them in the university? That shows that that side of the university is interested in it and is thinking about it.

Miss Stewart: When we received those thirty-seven replies from college women in regard to the credit that should be given, a good many of those, while advocating that some reduction should be made, said that they themselves did not regret one day of the three years they had spent, and, as a matter of fact, did not see how it could have been made much less, but they said that they had discussed the matter with so many other college women and they felt that the immediate exigencies of the situation in nursing just now demanded a rather unusual adjustment to college women, and that, perhaps, it would be only a few years when this would readjust itself; but in the meantime, while the feeling is so strong among college women in the universities, they felt it would be a good political move for us at this present time to make this reduction to
the college women who had taken not only the four years but who had taken these definite subjects in the college curriculum. I may say there were a number of others who in their replies said they did feel the three years much too long; that there was a constant repetition of almost useless routine—as one said, she felt she could have dispensed with some of the millions of instruments she had cleaned in the operating room, and the three years dusting she did she felt did not add greatly to her efficiency as a nurse. So there are both points of view.

_Miss Powell:_ The question has occurred to me how I should explain to a bright and capable high school student, who might have exactly the same standing in her class work as the college graduate and who might do better practical work than the college graduate, better work with her hands, why this nurse side by side with her should be given a year, while she would have to stay a year longer. I would like to ask how superintendents would explain that to her. You all know that intelligent students are pretty keen and can ask some difficult questions.

_Miss Eldridge:_ I have been teaching preliminary classes for six years in a hospital where we require a high school education or its equivalent, and where there are a number of college graduates from various colleges, I cannot tell how many. I have never yet seen a college graduate who understood her anatomy or physiology one bit better than the high school student. I have never seen a college graduate who in her course in chemistry had any more idea of chemistry than the high school graduate, and in many cases they have not made as good a record. Possibly some of it may be due to the fact that it sounds familiar so she does not study as hard as the other pupil, but I have yet to find the college graduate who can go through the training and not have to be exempted from any of the field work—and another thing that I can see strongly is that the college graduate—some of them—and it also applies to many high school graduates, have to be instructed as to what dirt is. It takes them a long time to know where the dust is and to see it and to get it off. A good, practical course in household work, and a good, practical course in housekeeping, might, to my mind, take off something from the medical training just as well as a college course. [Much applause.]

_Miss Hay:_ I would like to say a word on behalf of the college
women again. I think it is true that if we want to attract the college woman we must give her something that is deserving of her best mettle, and one reason we have not attracted and held them is because so many times they have been brought in and put in their class work alongside of a very imperfectly trained high school mind, and I do not believe that is going to be an incentive for the best results. I believe to attract college women we must have intellectual work when they are going to the training school that is going to be deserving of their best efforts. I do not mean to say that the college woman does not need to be taught how to dust and dust well, and to scrub instruments perfectly, but I think from the day the college woman enters the school she must feel that the work is just as much a tax on her mental powers as the senior work when she was in the college, and that is not true in most of our training schools at the present time. The women who come in, for the most part, are high school graduates and are trained very imperfectly. They do not make trained minds of them at all, and they are women with very, very poor powers of application. The result is the college woman feels no special stimulus, and it takes a lot of enthusiasm to hold her in the training school.

Miss Powell: When we think that the very much larger proportion of our students in the hospitals are going to be high school graduates and not college women, is there going to be any danger in this distinction; are we going to turn away the high school students because they will not come in if they have to spend three years and some one else is going to spend only two years?

Miss Goodrich: Madam Chairman, I cannot help thinking that that question of credit to the college women is for mental work done, not the practical work done; that in some way it ought to be given as a credit to her for her preparatory course, not toward the practical work in the wards. We all will agree that we are going to try and put into our work definite preparation in practical nursing. We are going to try to eliminate the unessential part of the housework. We are trying to get this whole thing down to a little different basis. Sound training in hygiene, sanitation, and all those things are essential. If the college woman has had certain courses in theory we would give her the practical training, every single bit of it; that is what she is coming to the hospital for. Primarily, she is interested
in mental work. She goes to the college. I think there comes to that woman a desire to put to practical knowledge that theory, and then she comes to the hospital. We are going to give all that to her, but she ought to get some credit for the theoretical work she has already acquired. Then comes the high school woman, much more practically inclined and of good value, but she has not a certain type of mental ability. But we are going to need mental ability as much as practical ability. There is work for all types of minds in nursing: We want the woman who is strong mentally, and we want the woman who is strong practically. We want them both to have a good sound training in theory and a good sound training in practice. To the woman who is going to specialize theoretically, that is to say, who is going to do the work of the teacher, the supervisor, the demonstrator, we want them to have as much practical work as is necessary to make their theoretical instruction hereafter sound for the pupils they turn out, and we want to make our practical women so sound theoretically that they are a safe proposition when they go out as private nurses or in public health work. It is all so simple, and must be worked out on that basis. We must have all types of women and we must determine upon a minimum educational standard for every woman, and let them go on and have all the higher education they can bring to it, and all the practical, and go on and take all the extra they want. Surely, when a woman has excelled in one line you can give her credit. If a nurse comes from another hospital with a year of training in that hospital, and a good sound hospital education, then we are going to give her credit for practical work, and surely if we give her credit for practical work, we are going to give credit to the woman who comes with four years' theoretical work.

Is it not simple when you look at it in that way? [Much applause.]

Miss Parsons: I am so glad it is simple to somebody. I want to ask Miss Goodrich if we all agree that the woman with four years' college work and a degree is entitled to an allowance of from four months to a year in her hospital work, what injustice will we do the college woman who has had two years of college work, or three years or four years of college work and a year or two of post graduate work; or the other woman who has spent just as many years in mental training, only in different lines than in the four years of
college work; or the splendid normal school graduate who often comes to our training schools and who has, perhaps, been a successful teacher for four or five years, who excels in psychology and has had many other sciences that make her an exceedingly valuable teacher and executive? That is what concerns me, to know how I am to be just. We have very fine college women in the school, and several of them, and they do well in their theoretical work. We call them the "pacers" in our class, but we have two high school graduates who have splendid gray matter, and these two women are leading; they have not had anything less than an "A" in any class, or any part of their practical work. They are women who are going to be extremely useful to us later on. Would it seem right or wise to discriminate against these exceedingly clever high school graduates in favor of the college graduate?

_Miss Stewart:_ It is not a question of brilliancy at all, but you know if you were to go to any institution, any college or technical institution, or practically any other kind of institution, except the training school, you would present credentials of what you had accomplished, whatever it may have been. You may have had nothing more than a high school training; if so, you will be entered exactly on that basis. You may have had a normal school training; if so, they will put you on that basis. Whatever it may be, whether you pass with a fairly low grade or high grade, if you have actually been passed through that department, you get credit for it of so many points, no matter what it may be, so long as it is work that is acceptable to that institution, so long as it is work of a good grade. The college woman entering any other kind of a technical school will get some kind of credit for her college work.

_Miss Powell:_ What are the subjects that she has already had that she would have to repeat upon going into the hospital? A college woman has already had chemistry, possibly some biology?

_Miss Stewart:_ If she has had bacteriology.

_Miss Powell:_ Very few college women take bacteriology.

_Miss Stewart:_ Many of them take it, and the practical sciences. Take the women whom Miss Fox named: The women who had the home economics course given at many of the universities; a very careful and thorough course in cookery, nutrition, dietetics, hygiene and sanitation. Take all those advanced subjects which
are of very, very great benefit to the training school, and I think that a woman who has had two years in domestic science, with all the housewifery, and a good deal of household economics, and a very great deal of practical work of the most practical kind, in addition to which she has probably had a good deal of English and science and history, if she does not get any credit whatever in the training school, I think it is going to reflect a good deal upon our training schools.

Miss Parsons: I would like to say that I agree with Miss Stewart when there is something so definite as that, but it happens that the people whom I have had to decide about have not had those special courses that so well fit them for the work.

Miss Powell: It seems to me it would be a very good thing to get the facts before the schools that women who take those subjects should have credit for them, because I think all of us should be willing to agree to that, but that still leaves a large number of subjects that they would not be apt to have taken in their college work.

Miss Hoffman: It just occurred to me that if we are going to give the college graduate credit for having spent four years in a theoretical way, what credit are we going to give the girl who has spent four years at home in her mother's home learning how to use her hands, as well as her mind? We have had in the hospital where I have been for a number of years, a few college graduates, some from the University of Minnesota, and some from other colleges, and I want to say that I have always felt that they should take six months extra rather than reduce the time, because they did not seem to know anything at all as to what to do with their hands, and sometimes forgot how to use their minds. It seems to me there would be a very great injustice done to the girl who is very practical and very honest and good in her practical work, if we credit the university graduate and do not give some credit, at least, to one who excels in practical work, for, while there may not be as much poetry, perhaps, in the handling of bed pans, and cleaning of instruments, it seems to me one is just about as essential as the other.

Miss Burgess: I was rather of the impression that our desire in making this suggestion was to attract the better educated women to the training schools; it is not a desire to shorten our courses
for a large class of people, but simple to attract better educated women, and if we want to do that, we have to allow something for the work they have done. We cannot place a graduate of a college who has spent four years in study, side by side with the pupil that comes from the high school with one or two years. We are not crediting the college graduate who is not able to do good, practical work, but testing her out in practical work, in the first place, but we are giving her credit for what she can do.

Miss Powell: Have we any representative from the University of Texas present? For some years the University of Texas has given the title of Professor of Nurses to the superintendent of its hospital.

Miss Howell: I think that is in connection with the John Seeley Hospital, and Miss Bryant is a graduate of the John Seeley. I don't know whether she is here or not.

Miss Bryant: They do not require high school diplomas but they prefer them.

Miss Powell: If there is no further discussion we will pass on to the next division, which is the "Age Standard," by Miss Parsons.

Miss Parsons: I think there is one unpleasant feature that exists in a good many schools of nursing that we are ignoring; whether we are ignoring it wisely, I do not know. I am going to venture to suggest that in some hospitals conditions are such that I do not think any young woman ought to go into them, and if women are going into them to nurse, I think they ought to be very mature women who know what they are about and are perfectly well able to take care of themselves. To be quite frank, what I mean is the hospitals where the pupil nurses take all the care of the men patients as well as the women patients, prepare the surgical cases for operations, and who sometimes sleep on a cot in the bedroom, and things like that. I think that is all wrong, and for such schools I should put a very high age standard. Talking about the age standard for the country at large is something more than I, perhaps, am prepared to do, but I am inclined to think that given proper conditions in the hospitals, proper supervision, proper hours for work, proper living conditions, and then requiring good educational standards, at least a good high school education; and if one can add to that the elementary sciences in addition to the high school; proper physical qualifications and good,
normal health, we may almost let the age standard take care
of itself.

I have charge of a rather large school; it has grown from about
150 pupils to 170 or 180 pupils during the last four years, and my
one great ambition is to have every member of that school of the
right kind of character, considering that qualification first of all.
I am very partial to having the parents come with the applicants,
very partial to that. I think until a girl has acquired her profes-
sional training her parents should take an interest in her. I think
they should be interested to know where she is going, how she is
going to live, what kind of instruction she is going to have and
what all her surroundings are to be. I like the candidates who
have that kind of parents. (Applause.) I make a special effort
to have either the father or mother, or some other near relative,
come. I like to have them look about, I like to talk to them, and
if I find they are opposed to their daughter's choice of her profes-
sion, I like to convert them. I am going to be a great proselytist,
that is, I am trying to be a proselytist for nursing education.
If a young woman has had refined and high minded parents she
makes the kind of a pupil that is a joy to have in the training school.
If she has been educated with a high school course, with the sci-
ences, or, better still, a college education, then the age takes care
of itself. Although some girls get through college very young
you would hardly question leaving them out on that account.
Perhaps statistics are the most convincing argument one can present
so as soon as I saw by the program (which reached me the morning
I left) that I was to be asked to speak on "Age Standard," I took
out my cards and went over every pupil that is in the school. I
found that out of 178 pupils 103 had been admitted to the school
under 23 years of age. Most of them were 21 or 22 years of age,
and a very small per cent were as young as 19 years of age. In
looking up my statistics I also found among the probationers re-
jected there was a larger percentage of the young probationers
than of the older women who were in the classes. Naturally, if
we find that they are flighty or unsuitable for the work we do not
keep them in the school. I looked with a great deal of interest to
see how these young nurses ranged in their theoretical and in their
practical work as compared with the pupils of the school who had
been admitted at an older age. I found that \( \frac{3}{4} \) of them were first
class students, they were "A" students both in their practical and in their theoretical work. Only one or two in a class were really undesirable, and probably will drop out before they complete their course. One-third of them were just a good average. Taking those who have been in the school two or three years, who were admitted under 23 years of age, and to be able to say that two-thirds of them stand well in both the theoretical and practical work, and have good health, comes pretty near proving that the age limit does take care of itself, given other conditions that are suitable. [Applause.]

*Miss Powell:* I would like to know what the experience of the older superintendents is as to the way in which the younger students stand the work. The school I have is young and there have been few students, but in the four years one student (who was accepted before I went there, at twenty years of age) was apparently strong and healthy at the time I took the school, at which time she had been in eighteen months, gave way in the middle of that year. It seemed to be a case of nerves. We could not find anything physical. The girl was fat and strong, her color was good and she was not anemic, but she had to give up the work. Since that time I have had one other student, who was accepted at 20 years of age. I find you have to watch the girls of 20 much more closely than you do those nurses that are older, I mean, from a physical standpoint. You have to take them off duty for a day occasionally and give them a rest. They do not seem to me to be able to stand the strain of the work. It gets on their nerves, and they begin to look pale and do not sleep, and lose their appetite. I do not know why it is for our conditions, while not ideal, are above the average of a good many schools. I would like to know what the experience of the older superintendents is, whether they notice any difference. I rather dread students coming in at twenty, and I won’t take any under twenty, and even then it adds a few gray hairs for every twenty year student I have taken in, for I wonder if she is going to get through all right. What is your experience, Miss Parsons?

*Miss Parsons:* I find that those young nurses have to be watched carefully. I also find that the other nurses have to be watched carefully. I find that some who have not been used to working long hours must have a few days every now and then. Some college
girls need special consideration. In a graduating class of twenty-seven I counted seven who had not lost a day. Still, it is the policy of the school to say to all the nurses when they are accepted, "If you are not sleeping well or losing your appetite, or things are getting on your nerves, let me know. I would much rather give you two or three days from the hospital and have you come back rested than have you go to the breaking point." I think that is the better policy to pursue with all our students. I do think, however, that just as many of the young nurses get through without illness as of the older ones. They have a certain buoyancy that sometimes offsets the strain that the older women seem to feel somewhat more keenly.

Miss Powell: It may be largely a matter of endurance, I do not know whether it is or not.

If no one else wishes to say anything on the question of "Age Standards," Miss Helen Kelly, of Chicago, will speak on "Health and Personal Qualifications."

Miss Kelly: The standards for health qualifications for probationers have undergone as many changes during the past few years as have the age qualifications, and whereas some years ago we felt that in order to be a desirable probationer a young woman must have perfect, robust health, now we feel that if given good vision and hearing and she has no organic derangements, that the regular hours, the plain, wholesome food, (which we hope she gets in every training school) and the physical exercise incident to her training, may correct any functional disorder that may exist. She should, however, have something which is both physical and mental, which I have not any word that would just express it, unless it may be tonicity, but it is something that enables a young woman to rebound both in body and mind from any crisis, emergency or stress that may be put upon her. This mental poise would mean mental health, and would also give her an optimistic view of life, which is very essential. The matter of height and weight are important only as they near the extremes, and, personally, if we were to deviate from the average at all, I would prefer the undersized nurse, for, while she is sometimes at a disadvantage when it is a question of gas jets and top shelves, she does come into her own, particularly in the modern city apartment.

I would like to emphasize a point that has already been made,
and that is the importance of elementary housekeeping, some knowledge of the fundamentals. One of the speakers has said that this training should begin with the mother. I have often felt in struggling and laboring with the question of probationers that I would have liked very much to have gone back and begun with the grandmother. I do not know just how we are going to remedy that because the modern system of education seems to have eliminated from the scheme of things all responsibility of the girl. The young girl is not taught in the home to be responsible even for her own personal belongings, and every one of us knows what the consequences are when that young woman comes to the training school. We have visions of bureau drawers and closets that are anything but pleasant to look upon.

I think one qualification that as a teacher of nurses I valued more than any other, was dependability, that quality which made me feel that a certain nurse was doing the thing that she was supposed to be doing, whether she was under supervision or not, and it is a very comfortable feeling to the superintendent or teacher of nurses to know that her pupils are absolutely dependable.

Next to this I think I will place a quality that would depend largely upon the home training, which has already been spoken of, and that is daintiness, daintiness that applies to the work produced a finished product, that is good to look upon. That would apply to personal belongings and all things concerned with the day's work. Another qualification that is absolutely essential is open-mindedness, a desire to learn and to make the most of the opportunity offered, and a mind that is quick to realize its own shortcomings and ready to receive and appreciate the instruction that is offered. Another very important qualification is the sense of the eternal fitness of things, and when we find that nurses, even after they have finished a course of training in a very good school, have no better idea of what is right, proper and fitting than to add a frilly lace collar to a uniform coat or wear a jeweled hatpin in a nurse's bonnet, we realize that not all probationers are blessed with the sense of the eternal fitness of things.

I think those are the important points that I wish to bring out. Of course, there is always that saving grace of the sense of humor, but occasionally we see women, even graduate nurses, to whom the sense of humor might be fatal. [Laughter.]

Adjournment.
JOINT MEETING OF LEAGUE OF NURSING EDUCATION
AND NATIONAL ORGANIZATION OF
PUBLIC HEALTH NURSES

THE EDUCATION OF THE PUBLIC HEALTH NURSE

Planters’ Hotel, St. Louis, Mo., April 27, 1914, 10 a.m.

Miss Noyes in the chair.

Public health nursing at the present time is one of the most
interesting forms of nursing work, and we are hearing a great deal
of criticism with regard to nurses whom we are sending out as
being unprepared for public health work.

So we are bringing our problems this morning for mutual dis-
cussion before this joint body.

The first paper on the programme is “Fundamental Require-
ments in the Training of the Public Health Nurse,” by Miss Edna
Foley, of the Visiting Nurses’ Association, of Chicago. Miss
Foley needs no introduction to this audience. [Applause.]

FUNDAMENTAL REQUIREMENTS IN THE TRAINING
OF THE PUBLIC HEALTH NURSE.

EDNA L. FOLEY, R.N.

This honor has been tendered me so recently that I am going
to read, instead of the academic paper, which would seem to be
required, the report which the Sub-Committee of a Joint Committee
on “The Education of the Nurse” of the National League of
Nursing Education had prepared. As chairman of that Sub-
Committee, I had the pleasure of helping to draw up this report.

REPORT OF SUB-COMMITTEE ON PREPARATION FOR PUBLIC
HEALTH NURSING

At the present writing there is a constantly increasing demand
for graduate nurses who have had some training in any of the fol-
lowing fields:—district nursing, school nursing, tuberculosis nurs-
ing, infant welfare nursing, industrial and welfare nursing, mental
hygiene nursing, hospital social service, sanitary inspection and
juvenile probation work. The demand is from all sections of the
country, particularly throughout the middle west. The positions range from that of field nurse to superintendent and director of nursing groups.

The shortage of nurses for these positions does not necessarily indicate that the supply of applicants is inadequate. It does, however, imply: First, that the training of the average nurse is at fault, or second, that all public health positions require postgraduate study in addition to the three years of hospital preparation.

Obviously this last requirement is out of the question for many nurses, hence it is the belief of your sub-committee that some training should be given pupil nurses who desire to fit themselves for public health work. The practice work should be elective, but all nurses should be given some medical-social theory. This may be given in any of the following ways:

First, and best. By affiliation with the local Visiting Nurse Association.

Second, By special dispensary and out-patient department work (including home visiting) under the supervision of a nurse trained in public health work.

Third, By means of lectures given throughout the last 2½ years of training in sociology, economics and psychology, with special reference to national, state and local agencies (both public and private) for public welfare.

The work in these three courses has been suggested as follows:

1. Affiliation with the local Visiting Nurse Association. Work to be taken in senior year of training. Course advised—four months consecutive training in preferably a model district under direct supervision of well-trained public health nurse instructor. Daily conferences with instructor and weekly class-room instruction with assigned reading in the following subjects, sanitation, housing, family rehabilitation, vital statistics and record keeping. This course should be so planned that the pupil-nurse will have practical work in the district and some of its responsibilities. She should, however be a pupil-nurse, not an inexpensive district substitute. Four months is advised as a minimum for a course including lecture and class work, but one month of practice work, under supervision, would be better than no time at all. In this last instance, all of the theoretical work would of necessity be given in the hospital. This month would, at least, give the pupil nurse an opportunity to test herself in the health field.
2. By means of dispensary or out-patient department work with home visiting under trained supervision.

All of the different clinics can be utilized for this training, the nurse being taught the value of social investigation and diagnosis in addition to the routine of physical examination and diagnosis. Pupil nurses should not be sent to do home visiting except when under careful supervision and instruction.

3. By means of a well selected lecture course. Every community has in its vicinity some social agencies and institutions whose directors and teachers can be drawn upon for special lectures on social topics. The lectures should be carefully planned and could be given by many authorities in social work. The essential point in any medical social instruction is that the instructor should definitely connect the practical with the theoretical work and teach the interrelation of both to the pupil-nurse.

Anything which tends to increase in a pupil-nurse regard for life and comfort, and respect for every patient as a member of some small family group, cannot but enhance her usefulness in any field, therefore we strongly urge that some social instruction be given at least monthly in some of the above mentioned subjects.

The history of public and private relief, local resources for all classes of needy patients, local conditions, that have a direct bearing on public and individual health, the family as an institution, custodial care of the dependent, defective and delinquent, the care of the incurable and aged poor, are all subjects that may be taught and discussed.

While realizing that few schools can offer their pupil nurses even a minimum course in preparation for public health nursing, its claim upon the consideration of all thinking nurses are such that no school should neglect any opportunity to lay before its pupils some of the requirements and possibilities of this important field for nursing endeavor.

Mary S. Gardner,
Ella P. Crandall,
Mary S. Beard,
Edna L. Foley,

[Signed.]

Chairman.

This report of the sub-committee deals, as you see, entirely with the preparation of the pupil nurse for the public health field. The
preparation of the graduate nurse for the public health field covers the same ground and may be undertaken in numerous ways. I have asked different public health nurses what they felt their training school had failed to give them, in fitting them for nursing in this field and after thinking it over, nearly every one of them said: "First, a knowledge of the various local agencies, civic and philanthropic, private and public, their aims, their purposes, how to get their interest, and how to secure their help."

It seems to me that these agencies have been vaguely presented to most of us, but they meant nothing to us until we got outside hospitals and began to need their cooperation. Lack of knowledge of local resources and principles of their procedure has been felt by many of the nurses to be, perhaps, their greatest handicap in assuming public health nursing positions. There are so many things that the public health nurse wants to know, there are so many things that she needs to know and the dear public is so sinfully willing to assume that she has all this knowledge in advance.

Hospital training is only a beginning. A nurse desirous of making herself an efficient public health servant must first desire to serve. Public health nursing is no berth for the worn-out nurse, the temperamentally nurse who has failed in everything else, the nurse who likes a short day and her Sundays to herself. A good public health nurse works as hard as any woman who is devoting her life to the welfare of the sick. Her Sundays are seldom her own, her evenings are frequently interrupted, her work is never done, her results are vague, intangible things, but poorly represented by the mass of statistics which mean so little if they are only on paper, rather than stamped into gradually improving record of the progress of her community. Her problems are solved only that she may meet new and more difficult ones. Every bit of strength and vigor—physical, mental and spiritual—that her family, her school and her hospital have given her, will be called into action in the public health field. Consequently the fundamental requirement of the good public health nurse is strength—physical and mental and spiritual.

To direct this energy wisely several post-graduate courses are being offered by Teacher's college, New York, the Visiting Nurses' Association of Cleveland, the Instructive District Nursing Association of Boston, and the schools of philanthropy in Boston, New
York, Chicago and St. Louis. These latter courses are for general preparation in social work but their class and practice work is of incalculable value to public health nurses.

To take any of these courses requires time, money and brains but nurses lacking the first two essentials need not despair if they are willing to study hard. Education can only do for us what we are willing to do for ourselves and the self-help which every nurse can give herself is a big factor in this training.

Every nurse can read good books, can associate with the leaders in nursing and social work through the Survey, the Public Health Nursing Quarterly, and the American Journal of Nursing, can discuss her problems with local social workers or ask advice through the correspondence departments of the above publications.

It requires many years to develop efficiency in hospital-work. Why should we think it easier to become a good public health nurse without at least a working knowledge of sociology, sanitation, and industrial conditions at our finger-tips? Only by constant study and sacrifice can a nurse do her best in this big field. To belong to organizations, to subscribe for publications and to buy good books is not sufficient. A nurse should attend the meetings of these local, state and national bodies, she should join in their discussions and give her experience with the others. In addition she should read her books, study them, disagree with them, fill them with marginal comment and make them of very real assistance in her work. If a nurse did this as faithfully as the Boy Scout does his “daily one good deed,” at the end of the year the accumulation of her knowledge would undoubtedly make her a very much more effective worker.

Every public health nurse needs help from dozens of outside sources if she would but recognize the fact that she need that help. All of us, public health nurses, or otherwise, need all the help we can get from post-graduate courses and books but there are a great many other things that will help if we will be content to begin right at home and use every available resource to make ourselves better fitted for the responsibilities in our chosen fields. A position on a good public health nursing staff is next best to a post-graduate course. Practical work, carefully studied theory, and an honest desire to serve the sick and needy in their own pitifully forlorn little homes, despite their dirt, poverty and superstitious ignorance,
these are some of the fundamental requirements of a public health nurse. Our hospital training puts the key to the public health situation in our hands. Whose is the responsibility if we fail to use it wisely?

The Chairman: The next on our programme is brief discussions by representatives of the special branches of public health nursing. First is a discussion of school nursing, by Miss Anna Kerr, of the Board of Health of New York.

The Chairman: As Miss Kerr is not here to take part in this discussion Miss Helen Kelley of Chicago will discuss the subject of School Nursing. [Applause.]

Miss Helen Kelley (Chicago): I am very sorry that I am not able to give you the information that I am sure Miss Kerr, out of her much wider experience, could bring to you.

The preparation for school nursing, so far as my limited experience of the work has led me to believe, should be begun in the training school. I do not know just how that can be worked out, but the more I see of the work of the school nurse and the social nurse generally, the more convinced I am that some plan must be evolved by which the nurse will get this social training before she leaves the training school. At least, she must get some of that training which she needs.

The special requirements for the school nurse I think will be brought out hereafter in connection with the social viewpoint. She needs unfailing optimism, as she is brought more or less into very close relationship with the seamy side of life, dealing in connection with her school work usually with people in very low walks of life, financially.

This class of people live in circumstances and surroundings that would be very depressing if the nurse did not possess that optimistic view which would make it possible for her to look beyond the present, and see something better in store for these people, in the future.

The Chairman: We are very grateful to Miss Kelley for saying these brief words on the subject of the school nurse.

The next will be Infant Welfare work, in which we are all interested, by Miss Harriet S. Leet, of the Babies Dispensary and Hospital of Cleveland, Ohio. Miss Kerr not being present at this time, we will be glad to hear from Miss Leet. [Applause.]
Miss Harriet S. Leet: I wish to say that I have no paper prepared, as I did not know that I was to talk at this time, but I do feel very keenly that the educational standards for infant nursing are quite insufficient.

This welfare work is medical, social and individual. As individuals the babies require the same treatment, thought, and scientific care as adults.

Socially, the nurses can do more to aid in the infant welfare than has been realized, but they must be trained for it.

Nurses, directly out of the training school, without any more preparation than they have previously had, are not fitted to take care of infant work, from the social side, for the reason that they have not been trained to see what remedies are needed, and from the medical side, we feel very strongly that their influence, nurses, as well as physicians calls for more scientific training, and if they can have the right sort of training in infant welfare work in the hospitals, and in the medical schools and training schools it would do more towards preventing our having cripples, and more towards helping us fight tuberculosis than any other thing.

Therefore we need to give fully as much attention in our curriculum to the training of infants as we do to obstetrics, to medical or to surgical nursing. [Applause.]

The Chairman: We will also hear from another side of this public health nursing subject; that is the work in connection with tuberculosis, which will be discussed by Miss Curry D. Breckinridge of the Michigan Association for Prevention and Relief of Tuberculosis. [Applause.]

Miss Curry D. Breckinridge: We all have about the same message to bring before this meeting. I think that each line of work needs a special training. In my preliminary course, or rather, in my under-graduate course, I spent three months in an insane hospital getting special training on insanity, three months in the special care of babies, and three months at another hospital, getting special training for contagious diseases. Those were elective courses, and when I went and asked for another course in tuberculosis I was told "Miss Breckinridge, I think you need a little training in your own hospital." [Laughter.]

And yet the work I am now doing is the work that I did not get especially in my under-graduate work. [Laughter.]
But I feel that we need special training; I think it hardly necessary to emphasize that.

Of course, in the up-to-date hospital, the nurse gets special training in bacteriology, but they also need to be soaked, saturated, with the literature and with the everyday knowledge of the work of the tuberculosis authorities, the doctors and the nurses who are doing that work.

They go into rural communities, and they are told that there is no tuberculosis. They have to have a thorough knowledge of sociology, and theoretical knowledge of the housing laws, and an actual knowledge of housing conditions, and above all, the nurse doing tuberculosis work needs an unfailing store of optimism.

They go to the tubercular patient and tell him that he cannot do this work and that work, that he has this awful disease, and then, they must bring hope to him, so that they need above all, as I say, an unfailing source of optimism.

Next, we need unfailing patience, because we find not only among the so-called ignorant but among the cultivated, a carelessness, the proverbial carelessness of the tubercular patient, and we must scold, cajole, and urge, and we must always have the attitude "Forgive them, they know not what they do."

In one of the largest cities they have a system of marking, which I think is very good. The nurses are not only marked on their theoretical ability, but also on their physical ability—their endurance.

To illustrate—there are trained nurses, if the day is bad, or if there is anything unpleasant that comes up, they telephone that they have a headache, or they have something else the matter with them, and they will not appear for duty.

Now this society is marking for endurance, for reliability, for health.

Those nurses are marked on their never-failing presence under all circumstances. She must take care of her own health, primarily, but she must have a strong feeling of duty, and must go first to the field, and then, if necessary, she can return.

I think that is all I have to say. I want to emphasize the fact that we do need special training in this, as in any other line of business, before we can feel that we are in any way qualified to do the work.
The nurse going to the rural community especially will feel immediately that there is work to be done, and she will find that she has to tend and care for the seed, and then be willing to step aside and see others get credit for work that she has done; and that is true in this, almost more than in any other kind of work. [Applause.]

The Chairman: We will next hear from another side of this public health question—that of Mental Hygiene. Miss Adelaide Walsh, Director in the Illinois Society for Mental Hygiene, Chicago, Illinois, is to present this paper.

Miss Walsh is a director in this Association, and I might say that it is quite interesting to find a nurse on the Board of Directors. We are going to hear from Miss Walsh, who really is a member of the Board of Directors. [Applause.]

Miss Adelaide Walsh, (Chicago, Ill.): It is certainly a great honor to stand before this Association today, and to bring you a message from one who is deeply interested in the organization side of our profession. I feel a sense of very deep regret that Miss Ehora Thompson, of our society, cannot be present, and give you her message in person.

The fundamentals have been so clearly and definitely outlined by Miss Foley, in showing the necessary characteristics and training of the public health nurse that of course we take those for granted.

The two speakers who have spoken before me have so clearly outlined some of the other qualities that we feel that the nurse who does the work for mental patients must have those qualities plus a few other qualities, that the woman who is dealing with those patients who need mental care must have above everything in the world an absolute ability to understand human nature.

She should be also, it seems to me, a woman of a great deal of sensitiveness, because she should be trained to understand things as other people, who cannot clearly divine things for themselves, feel; and she must try very hard to put herself in the position of the patients, so as to understand what they feel, and in that way better understand them.

She also must be a woman of absolute honesty of purpose—honest with herself, and very honest with her patients. Her actions must be definite and clear cut, and with all this in view, surely she needs special training, a special course in the hospital
which gives care to mental patients, and that must be a definite background for her before she steps into the field of public health nursing in mental cases.

The Society for Mental Hygiene in Chicago, which is an Illinois association with headquarters in Chicago, has been very fortunate, we feel, in the women who have represented the society.

We are able to do many things for the patient which, if we had different types of women doing that work, we could not do.

In closing I would say that I have a very deep sense of the necessity of all this work, because from my professional standpoint, I feel that the women who step into this field must have these defined qualities which we have put before you, in a very great measure. [Applause.]

We will now hear from the hospital service point of view, Miss Florence Johnson, Social Service Department, Harlem, New York. [Applause.]

Miss Florence Johnson (New York): There has been so much said about the education of the public health nurse that there is very little left to say on the subject of the hospital social service worker, in connection with nursing.

We feel that this nurse needs all the education that can possibly be acquired in any direction, and we feel that as a basis for work along that line, our hospital social service worker must be pre-eminently a nurse. [Applause.]

We feel that very strongly, because the ways of a hospital are so much more easily understood by a person who has gone through the training, and knows what is to be expected of her.

I do not care to say much more along technical lines, because I appreciate what has been said by the speakers who have spoken before me of the necessity of training, and the question of the training school; but I would like to say that all workers, even though they are well trained as nurses are not necessarily trained for social service nurses. It takes a peculiar kind of a woman to be a social service nurse.

So many times I hear people say “I think I would like to go into that kind of work; I am doing institution work,” or “private duty work. You have eight hours and Sunday off, and I think I would like that.” [Laughter.]

Now we don’t want that kind of people at all.
The hospital social service nurse must have good health as a foundation, because the hours are just as long as any other kind of nursing, and the duties just as arduous; there is an unending tax on her patience, and in addition to that, she ought to have a sense of humor.

The work of the hospital social service nurse or any other kind of public health nurse is arduous, and we find many who are very willing to give up and go into some other field of work inside of six weeks' time.

The hospital social service nurse must have tact, because we have all different sorts of situations that require tact. She must be sincere, and that sincerity is one of the most important qualities of a hospital social service worker.

She must have ideals, although she must be eminently practical, because she must be able to face everything that comes up. Miss Noyes thinks, I know, that I am portraying a paragon, but I am not.

When I was talking with Miss Wadleigh about this matter I said: "What do you think is really the most important requirement for this work?" and she said "To put it in a slang form, she must be a good mixer." [Laughter.]

I do not think there is any one qualification that is so necessary; certainly there is not a nurse in public work who meets with more kaleidoscopic rapidity different classes of people.

She must know how to meet the boards of trustees, the city visiting committee, the Health Department organization, the superintendent and staff of the hospital, the head nurses, the pupil nurses, and all the employees of the hospital come to her, as well as the representatives of different organizations, the Police Board, the court officials, and the patients, and the patients' friends. She meets with different classes of society; she must be all things to all people; she cannot meet part one way and part the other; she must be ready to go from a meeting of the head of the board of directors and attend to the wants of some little Italian woman, who can hardly understand English, or the little boy who receives a friendly tap on the back in lieu of any closer intimacy.

It is a most wonderful work; the most wonderful branch of the public health nursing that there is. [Applause.]

But you cannot go into it with the idea that the hours are not
long, and that the work is easy; you must go into it with a love for people; you cannot just treat people as cases. In the hospital service it is always the individual, the person that comes into your office, and it is just that one person; you cannot put him off; you must remember that for the time being that which is in the patient's mind is uppermost—whether it is the illness of a little child, the difficulty of the husband who has been hurt, or some one who has lost a shoe or a hat—whatever it is, it is supreme to that person at that moment and must be of importance to you.

And of course every one is not equally important. You cannot look upon them all as equally important, but from the point of view of the patient you must seem to care just as much for each one. You cannot show favoritism; you must put yourself in the place of the patient, and see things from his point of view.

In closing, I can only say that I hope that all the people who go into the hospital social service nursing will get as much happiness out of it as those of us who are in it already. [Applause.]

The Chairman: Of course every one of these forms of social nursing and public health work—the representatives feel that that is preeminently the kind of work that each one of you should be doing. [Laughter.]

Verily, the position of the superintendent of the training school is very difficult; she must send out an expert in every one of those lines. [Laughter.]

It seems to me that some of us have forgotten that we spent five, six, eight or ten years in making experts of ourselves, and now we are expecting that when any nurse comes out of the training school she is an expert already on mental hygiene, social service, tubercular work, as well as every form of infant welfare work, and in every other form of public health work. [Laughter.]

Now we are going to hear from the other side of the question. We all recognize our responsibility, and Miss Clayton of the Illinois Training School is going to address us on the subject "Has the Training School any Responsibility for the Education of the Public Health Nurse?" [Applause.]

Miss Clayton: Within the last few years a great demand has arisen for instruction of the nurse in social and sanitary matters. Many superintendents and instructors of Training Schools have become interested and yet the interest is not as wide-spread as it
should be, nor so keen as to be bearing many practical results. Nevertheless, where officers of Training Schools are gathered together the question is discussed and nursing and medical literature is full of it. The discussion concerns itself chiefly with two phases of the subject, first, whether students of nursing shall be prepared at all for Public Health Work; and second, if so, in what manner.

If it is true that in all education a "certain sum" of topics is considered to be essential (in behalf of public welfare) to the culture of the man and citizen; if it is true that every educational institution has as the aim of its curriculum, to contain that "certain sum" of topics which shall best relate the individual to society, it would be well for the Training School to follow along the same line if it is to fulfill its greatest possibility for service, both as an educational institution and as a center of practical help in the community. Those familiar with the development of nursing education agree it is necessary to cut new channels, but where and what these shall be nobody has decided. Like every other phase of education today, the organization and purpose, the subject matter and methods, and in fact everything the Training School has done, is being questioned. This present unrest and indecision are due in part to the economic changes through which we are passing, for these are making greater and very different demands both upon philanthropy and upon our educational systems. Schools of all kinds must help to solve bread and butter problems now-a-days. Moreover nursing education has been based upon old worked ideas of autocracy—we must recognize that more and more the spirit of the republic is entering our educational system, and as the student's unfolding powers give her a new vision of life's possibilities she must have the freedom of selection. Should not one of the functions of the Training School be to aid the student in the discovery of her own special gift? If this be true let those who are responsible for Training Schools for Nurses grant that there is need of the Public Health Nurse, and let them, together with other educators, see to it that many old courses are kept, that new ones are added, that the new courses offered are varied to meet special needs, and that often they be made elective. We are proud of what our schools have done in the past, but we realize a parting of the ways has come and we must choose intelligently our future course. That we shall do so there is not the
slightest doubt. We shall meet the present need of the public and
the individual because it is our responsibility to do so, just as it was
our predecessors responsibility to meet that of fifty years ago. Just
as chapter after chapter of our development has opened up and
changes have been made to meet the current demands of former
days, so will they be written clearly for our guidance now.

The school with varied courses will cost more than that with
single courses; there will be a demand for skilled teachers—teachers
with broad sympathies and varied interests, along with suitable
equipment and proper allowance of time for study and classwork.

It will be necessary to convince hospital superintendents and
Boards of Directors that this outlay is not only justifiable but
necessary. It is therefore gratifying to know that Dr. Winford
Smith of Johns Hopkins Hospital has placed himself on record as
saying in effect that hospitals have gone a long way towards meet-
ing one of their two avowed and accepted obligations, viz., to give
skilled service to the sick and injured patients committed to their
care, but they have sadly neglected or ignored the other, viz., the
education of the nurse, and the time has come when both obliga-
tions must be recognized. Of course it will cost more to place the
Training Schools on a true educational basis, but we must face this
fact also and rise to meet it.

Granting then that upon the Training School rests the respon-
sibility for the education of the Public Health Nurse how much of
that education is it possible for the Training School to give?

An adequate education for this branch of work, as for any other
should be based primarily upon a broad preliminary education,
and here is one of the first problems. In order to introduce the
proper courses into the curriculum the entrance educational re-
quirements must be raised, otherwise the students have not the
apperceptive basis upon which to build the new knowledge. It
is encouraging to note that the standard of pre-requisite education
is being raised, although the progress is slow and indefinite.

Taking the High-School standard as our starting point, what
courses should be included in the curriculum in order to make the
sum total of subjects necessary for the broad education of the nurse
who is to be able to meet all the demands made upon her by society
today?
The mental attitude of the student must first be adjusted to her new field of activities. She must be taught to see her patient from the standpoint of his mental and moral as well as physical self; she must learn to think of him from the standpoint of his place in the home, in industry and in the community. She must understand the underlying causes of physical, mental and moral downfall. This is important for her regardless of the type of nursing she may elect to do; it is imperative for Public Health Nursing.

This element in her education should begin when she first enters the school and have a place throughout the three years. But before giving consideration to the courses that will best fill this need, mention should be made of the fundamental sciences which should be taught. These ought to include anatomy and physiology elementary and domestic chemistry, dietetics and the economy of foods, materia medica, personal and household hygiene, and the study of diseases from the standpoint of cause and prevention as well as nursing and the many problems of practical nursing care. It can not be emphasized too strongly that all these should be presented both by lecture and in the laboratory, for our students must not longer be subjected to the constant criticism of being automatons. Nurses have too long been required to work without knowing the reasons for what they did; they must be given opportunity to try out and hereby verify the findings of others and from these findings draw their own conclusions. They must be taught to think as well as use their hands, for preventive medicine requires of the nurse as well as the doctor that she look beyond physical symptoms to their causes.

Therefore just as the foregoing subjects relate entirely to the care of the body, so should the student be given a working knowledge of the mental, moral and social life of her patients through a study of the elements of psychology, sociology, economics and ethics. To these should be added some insight into the problems of housing, of correction, of relief, of sanitation, and of the local laws, ordinances and agencies relating thereto. This might constitute the theoretical part of her education, a portion of which could well be made elective in the third year. In addition to these, advanced courses should be arranged for students who desire to spend more time in specialization, whenever affiliation with colleges and universities can be secured.
The practice requirement should contain enough hours spent in the different departments of a general hospital to thoroughly acquaint her with all the proper methods of nursing, or in such affiliated institutions as can provide the equivalent.

The housekeeping problems should be learned and practiced, but not beyond the point of personal efficiency.

In addition to this hospital training the student should be given opportunity for personal contact with her patients in their homes, for only by this means can she acquire a sympathetic understanding of their family life and through it gain familiarity with the primary causes of their illnesses and become an efficient helper. To this should be added some experience in cooperation with other social agencies for the relief of dependent people. This out-door practice may advisedly be divided into two parts, as follows; first, an assigned period during the preliminary course to be spent with the social service department of the hospital, or with a visiting nurses association where adequate supervision is assured, the length of which shall depend upon the length of the entire preliminary course. Second, in the third year of the student's school life a period of six weeks or two months this may advisedly be made compulsory and an additional two months should be afforded for elective service in this or other departments.

It is reasonable to assume that this introduction of the much desired elective work will go far to overcome the present unrest generally found among third year students. It will be a step toward making the third year one of real educational advantage to the nurse, as was the object, when it was added to the curriculum.

The next division of the subject is, to what extent are training schools prepared to do this. We believe that many could change their present curricula, giving place for a few classes on the subjects named if they fully believed in the work or were willing to make the experiment. The actual practical experience could not be given in the same number of schools because the need for their students in the wards of the hospital is too great to permit of outside affiliation. Nevertheless, when State boards of nurse examiners come to recognize this comprehensive education of the nurse as essential not only for public health nursing, but as a general qualification for graduation, then we shall find that much can be done that is not now considered to be possible or even desirable.
By way of summary, let us admit, first that it would be a responsibility of all training schools to provide such a curriculum if they could; and second, that though none can give all of it at present, and some cannot give any, there are others which might begin at once.

How and what shall they do?

We believe the following offers a practical program. First: Outline the preliminary course so as to include these subjects and divisions of subjects which will prepare students to approach the patient both in his hospital and home environment. These lectures and classes should be designed to help the students to begin their regular course with a sympathetic and intelligent attitude toward the individual as well as toward the disease. To these must be added some practical observations in the homes of the patients, through the social service department, the visiting nurse association or such agencies as the locality affords. This may well cover a period of six weeks and must be safeguarded by application of the sound educational principles of guidance.

Second: Allow the regular course to enlarge upon the subjects previously suggested, making opportunity during the first and second years for occasional lectures and excursions pertaining to public interests.

Third: (a) Provide in the third year a course of lectures and classes of thirty-four hours, one hour weekly, the first semester covering sociological and psychological topics and race characteristics; the second semester, housing, economic and industrial problems. (b) Allow two months additional district practice as elective work. We believe that this much could be undertaken as a beginning, and after proving its efficiency might be lengthened to six months. The Illinois Training School has outlined such a course to start next October, and hopes to demonstrate its practicability and efficiency.

A few schools might also respond to another demand which is increasingly made upon nurses by the public, viz., for talks on public health problems. It is usually difficult to find anyone who is willing or capable of doing this. It has seemed to us that some of the excuses offered might be eliminated if we could develop more confidence in our senior class by giving to its members some
practice in teaching and public speaking, thereby preparing them
to serve the public in this important way.

I cannot close this paper without making a strong plea to super-
tendents of training schools for a broad social education of the
nurse. Can we not introduce into our schools more of outside
interest? I know all the arguments against it, but we as a body
of educators must determine how and to what extent our nurses
shall be educated, and the relative importance and place of the
broadening influence which we shall bring into these three years
of the young woman's life. May it not be possible that the in-
difference and lack of sympathy and kindred faults complained of
against nurses may be due to the limited appeal in the behalf of
patients made by teachers and superintendents? We believe if
teachers, and superintendents were socially educated, and if stu-
dents, before having experiences in supervision of wards or depart-
ments, were given their training in the Social Service Department,
this criticism would be largely removed. Experience indicates
that the large majority of students respond most eagerly to these
opportunities.

We believe that this change in educational methods will be
productive of the same results in nursing education as have been
found in other types of schools, expressed as follows by three of
our best educators:

"An elective system, in its proper place, and under its due con-
ditions is demonstrably sound."

"As good results, increased willingness to study and marked en-
thusiasm on the part of the student."

"More intimate and effective relations are secured in many cases
between teachers and pupils."

"The special wants of the student are met."

"The saving of time in preparing for a special profession."

"We hear a great deal these days about the practical in edu-
cation, but a school can offer no more practical course than one
that has for its purposes the complete development of the whole
student, every power, every gift, every possibility of her life that
will increase her usefulness to society, add to her own happiness,
and to the happiness of the race."

S. LILLIAN CLAYTON.
DISCUSSION ON PREPARATION

VISITING NURSING

MISS SAMUEL

Lakeside Hospital, Cleveland, O.

Several years ago the question of including in the curriculum, a short course in visiting nursing, was considered by the Training School Committee of Lakeside Hospital, but no definite action was taken at that time, chiefly because the accommodations for nurses would not permit of an increased number of pupils. Since then the school has a large new residence, and during the summer of 1911 the subject came up again. The need was felt for broader instruction in the third year, that the students be given a better understanding of the many fields of usefulness open to them on graduating. The Trustees of the Visiting Nurses Association in Cleveland were also desirous of extending the benefits of its organization as an educational body to the nursing school; the outcome of this mutual desire was an affiliation between the Visiting Nurses Association and the Lakeside Hospital School for Nurses, and on January 1, 1912, we sent our first pupil. The course, which is elective, is for two months, the nurses changing the first of each month, one at a time. The hours are from eight a.m. to four p.m.; the pupils come back to the school for lunch, unless the one on observation duty is too far away at that hour, in which case the school pays for her lunch. The uniform, provided by the school, is a plain shirtwaist dress made of the school gingham, with white collar and cuffs; in summer a low collar is worn. The coats are of medium weight, of rain-proof material and for winter a heavy grey sweater is provided in addition. A simple round hat is used. The school furnishes car fare for the pupil on “observation” work; the Association, what is needed for the nurse on district duty. Bags and supplies are also furnished by the Visiting Nurse Association. The students do not go out on Sunday. As so many vacations must be given in the summer months, it has best suited the arrangements of both organizations to discontinue the course during July and August.

The experience and instruction given are as follows:

First Month—One week with the Babies’ Dispensary; one week with the Tuberculosis Dispensary; one week with a Special School,
including medical inspection; one week with other cooperating organizations.

Second Month—General visiting nursing in the homes under supervision, with discussions of principles of case work.

A change was made this year in the method of giving theoretical instruction; the instructor now meets the entire senior class at the hospital once a week, giving one hour weekly to ten or twelve informal talks; as the History and Purposes of District Nursing; Qualifications; Problems; Typical Cases; Principles and Methods of Solution.

As each student completes her course, a report is sent to the school as to her character, conduct, tact, general adaptability, acceptability to patients and instructors and any special fitness demonstrated for visiting nursing work. This is filed with her school record.

Since this elective course has been included as part of the curriculum for the third year, eighteen of our students have had this training. Six of these are at present engaged in some branch of public health nursing. In answer to a short questionnaire sent to each of these graduates, all replied that the course had been of distinct value and expressed appreciation of the opportunity given for the development of individuality, ingenuity, and self-reliance. To several it was an eye-opener and gave a much greater interest in the patient in the ward, who became an individual with definite needs and a definite place in the world. One or two thought the course should be longer, but the majority were satisfied and all felt that they had acquired definite ideas of what cooperation with other organizations, philanthropic, municipal, etc., meant, and what it could bring about for the well-being of those needing its interest and help.

At the end of two years, this course has demonstrated its value and we feel justified in its establishment. The hospital benefits, in that its usefulness becomes more widely known through its nurses meeting in their homes, the class of people it largely serves. The school benefits through wider instruction given, and by coming in touch with outside organizations; and the pupil herself is given a broader outlook, a definite idea of some other fields of nursing as well as the great benefit derived from daily out-door exercise and the complete change from the routine of hospital work.
The school is also fortunate in having an endowed scholarship of $450, which is awarded annually to one of her graduates who is qualified for, and who desires to specially prepare herself for public health nursing.

Miss Noyes: You see certain training schools are doing certain definite pieces of work for the preparation of various forms of public health work. We know there are several schools doing this. Has Miss Dunlop sent her paper on Work with Infants and Children?

Miss Murray: Miss Dunlop was unable to get the data before I left Philadelphia, and expected to forward it to me here, but it has not arrived, so I cannot read her paper to you.

You want to know what is being done in the preparation of the pupil nurse for the care of infants and children. We all know that a great deal has been done, but we also know that before we turn our pupil nurses as graduates there is need in a great many instances of much better preparation, in this direction, than there has been yet. I am told by some members of the Board of Examiners that that is still one of the weakest points in the graduate, that even though dietetics are coming up there is still room for much improvement, and still more room in the direction of the care of infants and children. This is largely due, as we all know, to the fact that the largest general hospitals do not have very large children’s wards, and large children’s hospitals cannot affiliate with other hospitals in a city, so that it is quite a problem yet to be worked out in many instances. In the children’s hospitals we know there are some, where the nurses are at least two months every day in the milk room, under the supervision of a specialist, a teacher specially prepared for that, and in these cases the nurses when they come out are very well prepared for care of private patients or for public health work. The foundation must be laid in the hospital itself or by affiliations with special children’s hospitals, or with milk stations.

Miss Noyes: Miss Taylor is not able to be here, but Miss McInnes, who is doing social service work in that department of the hospital will present Miss Taylor’s paper on Preparation for Work in Mental Hygiene.
MENTAL HYGIENE

To determine what proportion of a general nurse’s training should be legitimately allotted to the special branches relating to public health nursing, is a question which cannot be decided without much careful experimental work and thought, balancing the questions of importance not only once, but many times, and under varying circumstances and conditions.

When the Henry Phipps Psychiatric Clinic at Johns Hopkins Hospital was in process of construction the question of how to plan the nursing was much discussed. It was thought at times that the training school could not assume the responsibility of providing a nursing force, and that the staff must, therefore, necessarily consist of graduate and post-graduate nurses. On the other hand, to have within our reach an opportunity so desirable for our pupils and not take advantage of it, seemed deplorable. The more the question was considered the greater the need for a knowledge of mental nursing for our pupils presented itself, and the advantages to be gained for the nurse, even though she had no intention of doing mental work, grew to enormous proportions.

When the question was closely studied it was felt that every nurse should at least have an opportunity of receiving instruction in this most important branch of the work, without which we now feel her training would be inadequate to meet the great demands made every day upon her in preventive work alone.

The most important consideration was whether the work should be elective or obligatory, and how long a time should be taken from the general hospital course to receive this special training. Upon inquiry in several mental hospitals nothing less than six months was advised as worth while. This, in itself, was discouraging, as it seemed impossible to grant so long a time, as already four months had been allowed for special work in the Children’s Hospital. However, in consideration of the fact that a new piece of work must always be experimental, and that as no precedent had been established, a decision must be arrived at which would meet the demands of the present situation. The following tentative course was outlined, and has been carried out, with few changes, almost in detail throughout the past year.

The training is given to the intermediate and senior nurses. It
is obvious, of course, that two classes are necessary that the work may continue satisfactorily. Each remains in the service two months. This period is obligatory. A further course of four months is given at the close of the three years to any nurse electing it, for which she receives a special certificate in mental nursing. The schedule is arranged in this way, necessitating four changes in the eight weeks, thus covering all services—

Two weeks in private wards, where practically all the patients are quiet. (If otherwise, special nurses are provided.)

Two weeks in the convalescent wards and in the occupation department—arranged in this way: Five hours daily in the wards, and three hours daily in classes.

Two weeks in the semi-disturbed wards and in the hydraulic and mechano therapy departments; arrangement of the day: five hours in ward; three hours in classes.

Two weeks on the disturbed wards.

Some of the above work is given to the nurse on both male and female wards. In the classes the nurse is simply a pupil, and required to take class-room instruction. This is possible, as two instructors are provided in each department, and the nurse is not needed there to simply carry out the work of the hospital.

The first question which will probably present itself to you is this:

What effect has the frequent changing of nurses, necessary to the foregoing plan, upon the recovery of the patient and the general machinery of the ward?

In no instance do we feel that any serious effect is produced. True, patients object, if they like a nurse, to have her changed, and in some cases if we feel it is especially desirable the nurse is left a longer period in one place. It probably inconveniences the doctors and head nurses, perhaps, more than the patient, necessitating more definite and personal teaching, but this is rather more stimulating than otherwise. However, to counteract any ill effects and avoid too many changes for the patients, we have on each ward a more or less permanent staff consisting of a graduate head nurse, a graduate ward nurse, and one or more attendants, as the number of patients necessitates.

The next questions will probably be: Do the nurses enjoy this work? How keen is their interest? How much can they accomplish in two months?
With few exceptions, and we have had almost our entire senior class of forty to judge from, the nurses are enthusiastic about the work. Their attitude to mental illness is entirely changed, and they have a new viewpoint. With few exceptions, they do well, and their observations are intelligent and keen. It is surprising, also, how very much they accomplish in two months, and while they do not become proficient in mental nursing, the fact that they are entirely relieved of any routine ward work and drudgery, due to our having attendants and maids who are responsible for the general care of the ward, gives them their entire day, of eight hours, absolutely free to spend with and for the patients.

The observation of one nurse is typical of expressions—concerning the work we frequently hear: "I always thought that real mental patients were disturbed or depressed all the time. I never realized before that at times they are quite normal. I understand now that sometimes they are really not so very different from those of us who are well; that each patient must be treated as an individual, and groups can never be treated collectively."

Such expressions make us feel that the work even for two months is much worth while, and as several nurses are already asking for the further four months' training, we have encouragement that they are finding it interesting and profitable. The following theoretical course, consisting of classes and lectures, is being given in psychiatry to the senior class this year:

Lectures on Mental Disorders ............................................. 8
Lectures on Tests and Treatments in Mental Disorders (with laboratory demonstrations) ................................. 4
Lectures on Mental Hygiene .............................................. 3
Lectures on Social Service relating to Mental Work ................ 3
Classes and Demonstrations .............................................. 6
Classes Correlating Practical and Theoretical Work ............... 3

Whether or not the plan carried out this year will be somewhat changed in the future, we are not prepared to say. One important consideration will be our ability to continue to interest the pupils in the work. One observation is that few nurses care to continue long in mental work, and nurses graduating from mental hospitals prefer general hospital work as a rule.

In order to bring about a different attitude, and to induce more nurses to adopt this special branch of nursing, the hours must be
shorter; longer and more frequent vacations must be given; better salaries must be paid, and a more intelligent and comprehensive education be given the pupil nurse. E. J. Taylor.

HOSPITAL SOCIAL SERVICE

MISS SARA PARSONS

Massachusetts General Hospital, Boston, Mass.

The training school of the hospital with which I am connected is greatly indebted to the Social Service Department which is connected with the hospital but not an integral part of it. It is also greatly indebted to the Instructive District Nursing Association in Boston for opportunities given to our pupils. We are having a chance to try out a very interesting experiment that I hope may prove to be suggestive. It is teaching us some valuable lessons. We are now permitted to put one pupil for three months' experience with the Social Service Department. Miss Cannon has outlined an exceedingly interesting curriculum. The pupils spend one month in the general social service department, a month in the orthopedic department with a social worker, and a month in the children's department with a social worker. They invariably return to the school filled with interest for that kind of work, and with a pretty good understanding of it. They do not come back trained social workers; they would still need supplementary work if they were to consider themselves full fledged social workers. We also have another pupil who has charge of the children's out-patient clinic mornings and who spends afternoons, for three months, with the children's social worker. They all say that it is invaluable, and that their work would not be complete without that experience.

This, you see, is giving an opportunity for eight pupils a year to get some definite social service experience. It is quite different from visiting nursing. For a long time we have had an opportunity of sending pupils for experience to the Instructive District Nursing Association. It used to be one month for each pupil. Now it is a two months' course, and through the interest of that Association the two months' work has been planned so that if the pupil proves to be well adapted for public health work, and wishes to finish the four months' course, for which they give a certificate in public health nursing, she can receive credit for the two months
spent there, and go back and get the other two months later which will entitle her to the certificate. They also permit me to leave the same pupil there for the whole course at one time, if it is desirable and she receives the public health certificate when she gets her diploma at the training school. She spends two months in the model district with the supervisors, attending lectures and classes constantly where she hears the necessary subjects thoroughly discussed, and then spends the other two months with the Milk and Baby Hygiene department, and the Associated Charities, getting the pre-natal work and a little idea of school nursing. It really is exceedingly well planned out as a four months’ course. Naturally we are giving these opportunities to those young women who come to us with the best preparation. I prefer to give it to college women and others who show special mental and educational aptitude for grasping this larger work. It is in a way as good as a scholarship, because the pupils are maintained during the time at the expense of the hospital, and render no service to the hospital. The value to the hospital is of that more intangible nature that lies in the quality of the nurse’s work and their influence when they return.

Now, briefly, the things that we have learned since we have had these affiliations are these: We are beginning to get a little idea of what social service means from the trained social worker’s point of view. I am sure we used to think, as a great many nurses still think, that relief work and district work are social service. And so they are to a certain extent, but this is not what the trained worker means by social service, and it is extremely important for nurses to get at least a vision of what the trained social service worker does mean by social service, as it is also important for social service workers to know the value of nursing training as part of a social service worker’s preparation for her work.

We feel, if we are to extend that work to any considerable degree, as we should like to do, we must either have some scholarships to cover the maintenance of the pupil while she is working outside the hospital wards, or the pupil must care enough for the work to pay tuition for the course. It has impressed upon me the absolute necessity for central schools of nursing before we can introduce this valuable educational feature as part of the curriculum for the majority of the pupils.
For the benefit, not of the superintendents of training schools who understand the difficulties, but for the public health workers who may never have had any training school executive problems to deal with, I want to say briefly that for every senior nurse we send into the social service department or out of the hospital, we have had to accept two or three probationers, and the classes have to be very large to enable us to pick and choose and to retain the fifty or possibly seventy-five per cent of young women who are adapted to nursing work; and there is a limit, I suppose, to any hospital’s capacity for providing instruction for pupil nurses, which forms one of our difficulties. Those young women who are working outside of the hospital still keep a room in the home and have still to board with us, and their laundry is done by the hospital, and we are at the present time carrying on just about as large a school as our various departments can look after.

But the experiment has been most satisfactory. The experience is very valuable, and although perhaps about fifty per cent of those who have had it do not intend definitely to take up social service work, and possibly not public health work, they will be much more valuable as executives or as nurses in any other branch of work, and their influence is being felt all through the school and the hospital.

*Miss Cocke:* I want to call the attention of this body of nurses to the question of training negro workers in this direction, and to the fact that in negro nurses we have one of the most valuable assets for public health nursing, and that to make the negro nurse available special training must be provided for her.

In the South I have just been through the entire country on a survey of the Metropolitan nursing service, and I have found some negro women thoroughly equipped, some of them better in their college preparation than as to their training schools. Some few were trained in good schools, many in very indifferent schools. Those who had had good training compared very favorably with white women, and in some places were doing better work. The negro woman is a nurse by temperament, and I am here to plead for a square deal for her in the State Board examinations. She should have the same opportunity, where her hospital training measures up to the same standard as the white hospitals. In states where there are factories and mills the white children are the
great majority working there while the negro children are going to school, and I want this body to bear in mind that what I am asking for is a square deal in nursing education for the negro nurse.

Miss Noyes: After the summarizing of these various papers and the different phases of the nursing problems we shall perhaps have opportunity for brief discussion.

Miss Van Blarcom, who is going to summarize the possibilities in the line of preparation in training schools for work in tuberculosis, prevention of blindness, and foremost and first in midwifery, is herself a registered midwife, as am I, and the subject is very near to the hearts of both of us.

DISCUSSION SUMMARIZED
MISS CAROLINE C. VAN BLARCOM

Secretary, Committee for Prevention of Blindness, New York, N. Y.

All these papers have been so much to the point, and with so few wasted words, that it seems to me they have summarized themselves. Those who have been able to hear them all have the mosaic in their minds now, and I do not think you need from me any very long summary.

I am pained of course, however, to find that all the phases have been considered and we have most of us been convinced that each one is the most important of all, and yet the most important has been left out altogether! However, we are going to have our innings this afternoon, and unless the morning’s papers mislead us it will be a very spicy meeting, and I invite you all to come to the session on Midwives.

Apparently, from what has been said by the various exponents, the requirements for a public health nurse can only be met by a woman who is a paragon of all the virtues. She must have, first and foremost, a satisfactory preliminary English education, a sound nursing education, a clear intellect, and quick perceptions, she must be a good mixer, must have a sense of humor, must be progressive and at the same time conservative, and must be endowed with the last best gift of perfect tact. She must indeed be a perfect being. No one else need apply, apparently!

The training schools are evidently appealed to to turn out this perfect being. It is quite evident that there is a perfectly reasonable demand on the part of the public health nurse for training for
this work, and there are equally reasonable limitations on the part of the superintendents.

Apparently the nurse must have all this fundamental training, along with special knowledge of tuberculosis work and all that that implies and includes, special knowledge of mental hygiene, special knowledge of the wide field of infant mortality, and so on and so on through the whole field.

The social service nurse apparently requires more of these qualities attributed to the perfect woman and more of the specialized training than any other one group. It would seem that before a nurse is ready to start out on public health nursing she must have—we are all agreed on this—a good English education and a sound training in the rudiments of nursing. It makes no difference whether she is going to take public health work, or be a private nurse, or an executive officer in a hospital or nursing institution, she must have complied with these two requirements, and she must have complete and sympathetic and scientific knowledge of each individual problem, for the whole work rests on the individual patient.

Then, from the superintendent's standpoint, she must turn out a nurse who has had training that makes her fit to cope with the individual patient, for a chain has only the strength of its weakest link, and the links of the whole scheme are the individual patients.

The nurse herself is entitled to, and much benefitted if she is given as wide a survey as possible of the social conditions that bring about and give to us our sick people. More and more we are following the lead of the medical profession and realizing that illness is not necessarily the result of germs per se, but the product of social conditions. To really bring about an intelligent attitude toward the patient's individual and medical needs the nurse should have some understanding of the relationship between the housing condition, the fifty-hour law, minimum wage, adulteration of foods, and all these subjects outside that have relation to the sick person inside the hospital. It is unreasonable to take a poor broken-down woman living in a tenement and beaten to a pulp by a drunken husband, and feed her up and give her nux vomica, and then send her out again to meet the same conditions, and expect her to keep well.

So far we have two needs then: a firm foundation of training, and as wide a knowledge as can be given on the various social conditions that play so important a part; and added to these two
things, there must be a special training in the particular line the nurse expects to take up; this is something superimposed on the two main requirements. That is what the nurse needs.

Look at it from the standpoint of the superintendent. There are one or two ideas that do not seem to be quite brought out. First, the superintendent of nurses, the one who is responsible for this preparation of the public health nurse, knows that her first responsibility is to the sick people in the hospital. She has a definite number—or more often an indefinite number—of patients that must be taken care of and she is pledged to do her best by them. Then also she is pledged to give her nurses such a training, to provide such a curriculum as shall conform to the requirements of the laws. These two responsibilities are usually rather hard to harmonize. And, last, she has a responsibility to the nurses, and this is important, for if we are to have nurses with a sense of humor, a wealth of patience, and a fund of sympathy, as has been suggested, we must have well nurses when they get out of the hospital. It is not going to make much of a contribution if there is a curriculum which is going to turn out nurses who are wrecks. It does not look as though the superintendents could, in justice to the work, require a great deal more from the pupil nurses under existing conditions. Whether it is going to be possible to take out something that is given now is a question for the League to take up. If I may offer a suggestion it is that it would seem at this stage of the game far more important for the nurse, no matter what she is going to do, to really know something of the social questions, something of the causes and the remedies of sickness and distress, even if to accomplish this she had to have less of the scrubbing of table tops. She should know how to scrub but she need not do it for three years. (I am not authorized to say that—nobody is back of it! It is all my own idea!)

We have the superintendent with a hospital full of sick patients, and I know one that has forty-five patients and sixty-five lady managers. The superintendent has to keep up to her board of managers, or she has to keep under them, and then she has the heartbreaking responsibility to her pupils. How much can she give to these? It would seem that under present conditions—and we have to get behind somebody to educate the trustees as to the needs of a training school (I can quote Dr. Winfred Smith in saying we need
a training school for trustees)—it is for the superintendent to harmonize these apparently conflicting conditions. You have to continue with this rudimentary training, and quite early you might add a course of lectures on the social side of contributing causes of sick conditions. The nurse should know very early why she has typhoid patients. It would seem that running along with her very early training she should have theoretical instruction on these lines. Then during the last two or three or four months if every nurse could be given an experience in the social service department, the outpatient department, no matter what she is going to do—if a private nurse she would know more of humanity, if in institutional work she needs it, if she is to be in public health work this would give her an insight into the various conditions that the public health workers are trying to combat and something of a survey of public health nursing, because there come the tuberculosis patients, the people who need mental hygiene, the babies, and the blind, and she would gain some idea of the problem as a whole.

Whether it would be fair or reasonable to expect the hospital to do more than it is doing I do not know, and I would not like to express an opinion. It would seem that with that kind of foundation the nurse would have some idea of what she wanted to do, and that then the superintendent could try to offer, either in her own institution if she had facilities, an elective course in the subjects the nurse wants, or arrange it with some other. This might be done before graduation so that at graduation there would be a group of evenly trained women each with some specialized training. For instance, if a nurse is going to do institutional work, she does not expect to leave the training school after three years and blossom forth at once a full-fledged candidate for a superintendency. And nobody wants her to think she can do this. The same argument would apply apparently to public health nursing, and particularly as it is not one piece of work. The nurse who has been trained, or is temperamentally fitted to do mental hygiene would not necessarily be good in a public dispensary.

We are convinced by these arguments presented to us that not only does the nurse need intelligence and training and all the virtues, but she needs also experience and a thorough grasp of her subject which can only come by personal contact with the work. It does not seem quite fair to require in a general curriculum an intensive
study of any branch. We have an analogue in the medical profession. A doctor who has taken his four years in medicine usually is supposed to go into a hospital and get some additional training, but he does not suppose as a rule that his M.D. per se is going to fit him as an obstetrician or a neurologist; during this time of training he has time to survey the field and when he realizes what he is going to do he fits himself for that particular thing. There are evidently, from these papers, really wonderful opportunities for the public health nurse to specialize in the subject she wants to take up.

For that reason, to go back and summarize my own summary, it would seem reasonable that the superintendents continue with their fundamental training, introducing into their curricula, little by little and more and more, instruction on the social conditions, and giving experience in the outpatient and social department, and then make it possible for the nurse to take an elective course in the special subject of study she chooses to follow.

Miss Noyes: We are tremendously indebted to Miss Van Blarcom for this exceedingly full and comprehensive summary of the whole question of public health nursing, responsibility of the training schools and the duty of preparation in this respect.

Miss Foley: A question has been sent up to me, which I will read: "If a hospital is situated in a city where the visiting nurse force has not facilities for supervision of visiting nurse work would it be better to have a poor supervision than none?"

Personally, I should answer, No. It seems to me incumbent on the superintendent of the hospital to have the supervision improved, or not have the pupils so trained. Some excessively modest people, however, consider their efforts poor when they are not so, and they are sensitive about taking on the pupil nurses for fear they are not doing enough. But if you know the work is being badly done, it seems to me it would be a waste of the pupils' time.

The meeting was adjourned.

LEAGUE OF NURSING EDUCATION

Conference held at Planters' Hotel, at 3 o'clock P.M., April 27th, 1914.

Subject: The Proposed Course of Study.
The conference was called to order by the chairman, Miss Anne W. Goodrich, Teachers College, New York, at 3 P.M., as follows:

_The Chairman_: The meeting will please come to order. We are to discuss today the Proposed Course of Study, and the report will be presented by Miss Stewart. [Applause.]

**THE PROPOSED COURSE OF STUDY**

A. Length of course and division of time.
1. Entire course—3 calendar years—equal in point of time to four college or school years. First year—Preparatory year (Probation); Second Year—Junior year; Third year—Senior year.
2. Vacations—One month each year (leaving 33 months in all).
3. Academic or class year (8 months) from first of October to end of May.
4. Terms—Each academic year divided into two terms of four months each.
   First term—October 1st to January 31 (omitting 1 week at Christmas).
   Second term—February 1st to May 21st.
B. Hours for theoretical work.
1. First term of Preparatory year.
   a. Recommended (Plan I—no hospital duties); 4 hours daily in lecture and class; 6 hours daily in study and practice; 2 hours daily in recreation.
   b. Minimum (Plan II). 3 hours daily in lecture and class; 3 hours daily in study and practice; 2 hours daily in recreation; 4 hours daily in ward duty.
2. For following terms in the course.
   a. Minimum—4 hours weekly for lecture and class (5 hours in second half of Preparatory year); 6 hours weekly for study and practice; 2 hours daily for recreation.
3. Schedule of class and lecture hours:

<table>
<thead>
<tr>
<th></th>
<th>Hours</th>
</tr>
</thead>
<tbody>
<tr>
<td>Preparatory year, first term, 18–24 hours per week</td>
<td>270–360</td>
</tr>
<tr>
<td>Preparatory year, second term, 5 hours per week</td>
<td>75</td>
</tr>
<tr>
<td>Junior year, first term, 4 hours per week</td>
<td>60</td>
</tr>
<tr>
<td>Junior year, second term, 4 hours per week</td>
<td>60</td>
</tr>
<tr>
<td>Senior year, first term, 4 hours per week</td>
<td>60</td>
</tr>
<tr>
<td>Senior year, second term, 4 hours per week</td>
<td>60</td>
</tr>
</tbody>
</table>

585–660
C. Hours for practical work. 1. Day duty—8 hours daily (except the first term of the Preparatory year) with one afternoon off duty each week (6 hours). Total of 54 hours per week.
   2. Night duty—10 hours each night.
      a. Term of night duty not to exceed 6 months and not more than 2 months at one time.
      b. Time off duty at the end of each period equal to one full afternoon (6 hours) for each week of night duty—Average of 64 hours per week.
      c. First term of night duty as assistant—not in charge of floor.
   3. Schedule of Practical Training (omitting first term of Preparatory year).

Medical nursing—8 months—divided about as follows:  
<table>
<thead>
<tr>
<th>Department</th>
<th>Months</th>
</tr>
</thead>
<tbody>
<tr>
<td>General medical wards</td>
<td>4</td>
</tr>
<tr>
<td>Infectious wards (including tuberculosis)</td>
<td>2</td>
</tr>
<tr>
<td>Nervous and mental wards</td>
<td>2</td>
</tr>
</tbody>
</table>

Surgical nursing—8 months—divided about as follows:
<table>
<thead>
<tr>
<th>Department</th>
<th>Months</th>
</tr>
</thead>
<tbody>
<tr>
<td>General surgical wards</td>
<td>4</td>
</tr>
<tr>
<td>Gynecological wards</td>
<td>1</td>
</tr>
<tr>
<td>Orthopedic wards</td>
<td>1</td>
</tr>
<tr>
<td>Operating rooms</td>
<td>2</td>
</tr>
</tbody>
</table>

Nursing in diseases of infants and children:
<table>
<thead>
<tr>
<th>Department</th>
<th>Months</th>
</tr>
</thead>
<tbody>
<tr>
<td>Children’s wards</td>
<td>4</td>
</tr>
</tbody>
</table>

Obstetrical nursing:
<table>
<thead>
<tr>
<th>Department</th>
<th>Months</th>
</tr>
</thead>
<tbody>
<tr>
<td>Maternity wards</td>
<td>2</td>
</tr>
<tr>
<td>Nursing in special diseases</td>
<td>3</td>
</tr>
<tr>
<td>Eye and ear, nose and throat and skin—in dispensary or wards.</td>
<td></td>
</tr>
<tr>
<td>Or specializing in any one of general services</td>
<td>4</td>
</tr>
</tbody>
</table>

Electives. Nursing of private patients—in private wards
<table>
<thead>
<tr>
<th>Department</th>
<th>Months</th>
</tr>
</thead>
<tbody>
<tr>
<td>Visiting nursing (under supervision)</td>
<td>1</td>
</tr>
<tr>
<td>Charge work in wards (if specially qualified)</td>
<td></td>
</tr>
</tbody>
</table>

Total: 29

Four month term advised here because it provides opportunities for lectures and instruction outside of hospital in social subjects, municipal sanitation, public health, foods and nutrition, etc.
GENERAL SCHEME OF INSTRUCTION

Preparatory year. First half—October 1 to January 31.

Theory

<table>
<thead>
<tr>
<th>Course</th>
<th>Plan I Hours</th>
<th>Plan II Hours</th>
<th>Practice Hours</th>
<th>Months</th>
</tr>
</thead>
<tbody>
<tr>
<td>Anatomy and physiology</td>
<td>60</td>
<td>60</td>
<td>Practical work in such selected departments as offered training in Household Economy, such as Nurses' Home</td>
<td></td>
</tr>
<tr>
<td>Bacteriology</td>
<td>30</td>
<td>15</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Hygiene and sanitation</td>
<td>15</td>
<td>15</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Chemistry and physics</td>
<td>30</td>
<td>10</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Cookery and nutrition</td>
<td>90</td>
<td>60</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Household economy</td>
<td>30</td>
<td>15</td>
<td>Sewing and linen room, laundry</td>
<td>1</td>
</tr>
<tr>
<td>Drugs and solutions</td>
<td>30</td>
<td>15</td>
<td>Pharmacy and surgical supply room</td>
<td>1</td>
</tr>
<tr>
<td>Elementary nursing</td>
<td>60</td>
<td>60</td>
<td>Diet kitchen</td>
<td>1</td>
</tr>
<tr>
<td>History, sociology and ethics of nursing</td>
<td>15</td>
<td>15</td>
<td>Dispensary and wards</td>
<td>1</td>
</tr>
<tr>
<td>Total</td>
<td>360 or 270</td>
<td></td>
<td></td>
<td>4</td>
</tr>
</tbody>
</table>

Second half—February 1 to May 21.

<table>
<thead>
<tr>
<th>Course</th>
<th>Hours</th>
</tr>
</thead>
<tbody>
<tr>
<td>Introduction to pathology</td>
<td>10</td>
</tr>
<tr>
<td>Medical nursing</td>
<td>20</td>
</tr>
<tr>
<td>Surgical nursing</td>
<td>20</td>
</tr>
<tr>
<td>Materia medica</td>
<td>15</td>
</tr>
<tr>
<td>Massage</td>
<td>10</td>
</tr>
<tr>
<td>Total</td>
<td>75</td>
</tr>
</tbody>
</table>

Junior year. First half—October 1 to January 31.

<table>
<thead>
<tr>
<th>Course</th>
<th>Hours</th>
</tr>
</thead>
<tbody>
<tr>
<td>Gynecological nursing</td>
<td>10</td>
</tr>
<tr>
<td>Orthopedic nursing (with exercises)</td>
<td>10</td>
</tr>
<tr>
<td>Nursing in diseases of infants and children</td>
<td>20</td>
</tr>
<tr>
<td>Advanced dietetics (infant feeding, etc)</td>
<td>20</td>
</tr>
<tr>
<td>Total</td>
<td>60</td>
</tr>
</tbody>
</table>

Second half—February 1 to May 31.

<table>
<thead>
<tr>
<th>Course</th>
<th>Hours</th>
</tr>
</thead>
<tbody>
<tr>
<td>Operating room technique</td>
<td>10</td>
</tr>
<tr>
<td>Obstetrical nursing</td>
<td>20</td>
</tr>
<tr>
<td>Communicable diseases</td>
<td>20</td>
</tr>
<tr>
<td>Nursing in nervous diseases</td>
<td>10</td>
</tr>
<tr>
<td>Total</td>
<td>60</td>
</tr>
</tbody>
</table>

Senior year. First half—October 1 to January 31.

<table>
<thead>
<tr>
<th>Course</th>
<th>Hours</th>
</tr>
</thead>
<tbody>
<tr>
<td>Nursing in mental diseases</td>
<td>10</td>
</tr>
<tr>
<td>Nursing in diseases of eye, ear, nose and throat</td>
<td>10</td>
</tr>
<tr>
<td>Nursing in diseases of skin and venereal diseases</td>
<td>10</td>
</tr>
<tr>
<td>Special therapeutics (including invalid occupations)</td>
<td>15</td>
</tr>
<tr>
<td>Applications of preventive medicine in nursing</td>
<td>15</td>
</tr>
<tr>
<td>Total</td>
<td>60</td>
</tr>
</tbody>
</table>
Second half—February 1 to May 31.

<table>
<thead>
<tr>
<th>Hours</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>15</td>
<td>Skin and venereal diseases</td>
</tr>
<tr>
<td>15</td>
<td>Special training in any of general services</td>
</tr>
<tr>
<td>15</td>
<td>Electives</td>
</tr>
<tr>
<td>60</td>
<td>Total</td>
</tr>
<tr>
<td>11 months</td>
<td></td>
</tr>
</tbody>
</table>

Miss Isabel M. Stewart (Teachers College, New York): This report begins at page No. 5 on the slips that you have. I am sorry we have not got copies for everybody. We provided only sufficient copies for the members of the League of Nursing Education whom we expected to be here, so there were not quite enough to go around and give one to every member of this large assembly.

The Chairman: We will ask Miss Logan if she will discuss the amount of time assigned to theory and the general division of time.

We must not be appalled by the size of this report. It is exceedingly important that we should get together and talk these things over.

As a matter of fact, all nurses, at least I am sure that many of them, have been getting much information and knowledge that we have not known about, because we have no definitely assigned credits. I have gone to hospitals for the insane with 4000 patients, and I have found it impossible to get any idea of how much medical work, and even to get any idea of how many medical cases of any certain disease was there to be found.

I have gone to another hospital, and have been told by the nurse that never, until after she graduated from this hospital, had she met with a case of pneumonia.

I have seen excellent records of the teaching of nurses, but I have found nowhere an account of the actual medical, surgical, or any other experience that each individual nurse had had, and I believe that the kind of studying we are doing here today is going to have an intensely practical result.

I will ask Miss Logan to open this discussion.

Miss Laura Logan (Fort Wayne, Indiana): I have prepared no paper. I have very little to contribute to this discussion, excepting what I have learned from my experience.

I feel that this report is ideal in a great many of its phases. Of course, I am in sympathy with the three year course entirely, but I do not yet see how the majority of the training schools throughout
the country are going to be able to give one month vacation to their nurses each year.

If it could be done, I should be very glad to be one of those to do it.

I gave two weeks' vacation at first, and I find that most of the schools are giving two weeks' vacation. That is, six weeks during the entire course.

Last year I gave three weeks vacation, and I had a good deal of trouble in doing it. It meant extra expense for the training school.

Of course, if you have an endowment in your training school, you can do it, but the summer time is the busiest time, and if we had to have all the class work in the eight months of the academic year here outlined, every one would want their vacation in the four months of summer.

If you are going to have graduate nurses, those who are unfamiliar with the hospital, and who will need a great deal of supervision—and that will be the kind of graduate nurse who will come in for experience—you will need many of your supervisors there who will be taking vacations, and you will want them there, possibly, more than you do in the academic months.

Then, this course presupposes that the pupils will all enter in the fall. I was not in here when Miss Stewart was going over that part of it, but I believe she means that possibly a class may be arranged to enter in the early spring for her preparatory work at that time, that means, again, that you have to have class work during the summer.

I have been able to give an average of five hours a week for each student in the school, in lecture and class work, and that is all I have been able to do.

I believe, of the two plans for the preparatory year that plan 2, with the four hours daily on the ward duty I am more in sympathy with than plan 1, which recommends no time on the ward within the four months—the first semester of the preparatory year.

I am in sympathy with that, and I think that it will stimulate the interest of the pupil-nurse if she sees that she is going to do nothing that she has not been grounded in and supervised in.

Now I want to pass to the hours for practical work. In our school, we have been able to have eight hours daily of practical
work, and ours is a pretty average school, taking the schools throughout the country. That is, it is pretty small. We have been giving one afternoon off duty each week, of six hours, and a total of 54 hours of practical work through the week.

For night duty we have done just a little better than that, I think, because our night nurses have all to attend these classes—the class work goes on—and we are only able to arrange for one set of classes; our night nurses have had to get up sometimes at very unreasonable hours for classes; consequently we had arranged to have two half nights per week and two hours off for every other night. We have been able to carry that out; that made it possible—those half nights were arranged to overcome the inconvenience of night classes, so they receive from six to eight hours of unbroken rest. Also we are arranging for this relief to the pupil nurse by floating nurses who had enough time left over to relieve the graduate nurses on special duty in this hospital, so we have no cots in the patient's bed room.

I have not anything of especial value to contribute to the arrangement of the schedule for practical training in the hospital. The hospital with which I have been recently connected has been so mixed in its services—over half the patients are private patients, and it has made it a little hard for me to arrange accurately for every one of the nurses to have an even experience. [Applause.]

The Chairman: Has any one else anything to present on this question of the amount of time assigned to theory and general division of time?

Miss Randolph: There is one thought I would like to get clear in my mind and that is whether or not we are not trying to crowd too much of our theory into the first year—whether the underlying theory, the underlying science, does not do better if it continues, in larger amounts, into the second and third year; if we could get so much out of the second and third year and give it in clinical instruction, as I believe is Miss Stewart's idea, at the bedside.

Miss Stewart: Not the underlying theory—not the sciences, no. Of course, the actual medical and surgical instruction—

Miss Randolph: What about the medicine?

Miss Stewart: That is given at the bedside.

Miss Randolph: So many people that I have spoken to seem to feel that the crowding of so much theory into the first year is going
to hamper the hospital so much, and it will not give the same amount of value to the student.

It is a question of whether it does the student as much good; that is what we all want to know—it is not a matter of so much moment, I think, to the hospital.

*The Chairman:* Will some one else speak on this subject? It is a very important point, whether we are separating theory too far from the practical experience with which it should be so closely connected. There is a large body here, a great many of us having had much definite experience, and we should be glad to hear from some one else.

We all know the great difficulty of connecting the subjects, the theory with the practical experience. The difficulty can, in a measure be overcome, if bedside clinics are held. I think that is one of the great advantages of bedside clinics, where the pupil will not be in the ward, getting medical or surgical experience, the bedside clinic does make for more practical and theoretical instruction, concerning the subject matter.

Does any one desire to say anything further on this point?

*Miss Stewart:* Let me say in addition to what I have said with regard to Miss Randolph’s question—she thinks perhaps that anatomy, physiology, bacteriology, chemistry and all those things would be better if they went on in the second or third year?

*Miss Randolph:* Those are all put in the first year. It seems to me that all of the medicine and surgery and materia medica, and a great deal of cooking and a great deal of dietetics must undoubtedly come into the second and third year, and the allowance of time of four hours a week does not seem to me sufficient to cover the amount that they have to do. With reference to the allowance of time, 260 hours in the first year, it seems to me excessive for the anatomy, physiology, bacteriology and chemistry.

*Miss Stewart:* I think the general feeling is that if we could possibly have that out of the hospital it would be a good thing, but unfortunately we cannot get pupils here who have a sufficient basis in anatomy and physiology, or a sufficient basis in chemistry, hygiene, sanitation or bacteriology. Somehow or other we have to give that to the student before she is doing actual ward work. It is not safe for her to go ahead in a hit or miss way until she has had a thorough grounding in the principles of bacteriology. In
regard to anatomy and physiology, I think it will be agreed by
everybody that that is absolutely fundamental in nursing. You
cannot go far in medicine and surgery unless you have had a prac-
tical grounding in anatomy and physiology, and the idea is to get
it over—to get your ground, your foundation, laid in the very begin-
ning of the course; then you can apply it at every turn. When
you come to your medical nursing, you will find your anatomy and
physiology necessary in connection with every disease, practically,
that you are treating. You would not think of taking up, say
typhoid fever, without going through the anatomy of the intesti-
tinal tract; you would not touch a case of pneumonia without con-
sulting your anatomy of the lungs.

So at each turn, in surgery and medicine, and all the way
through, you are reviewing every bit of your anatomy, and at
the same time, you are applying your bacteriology and your
dietetics, in every single thing that you gained in the pre-
liminary years.

I would like very much to get the general feeling of the superin-
tendents about that crowding of the theory so much in the prepara-
tory year. We have had very definite expressions of several super-
intendents who feel that they would much prefer to have that done
early, and not have it dragging on in the second and third year,
after the student has actually passed through the experience that
she is supposed to learn about in her lectures.

The Chairman: Is there any one else who can speak on this
subject, and who desires to?

Now, I would like to mention one point, concerning the vaca-
tion, lest it be not taken up later.

It is true, of course, that it is a very difficult thing to arrange for
regular vacation; but I have noticed—of course, when I speak, I
speak only from the experience gained in one state—I have gone
through my state in three different years, and I have found an in-
creasingly large number of institutions that provide a paid gradu-
ate staff of vacation relief. In one small hospital there was only
one person; in another hospital I saw a large number of graduates,
and the number is distinctly increasing from year to year.

I simply mention that fact, because I think sometimes we can
say to the Board, "We are not asking anything so very unusual;
this is being done in other hospitals." Of course no one can deny
that it is perfectly reasonable that we should ask for this, with the work which not only continues every month in the year, but increases during the summer months, at a time when we must necessarily give most of our vacations,—that we should ask for some relief. And if we do, I do not think that it could ever be called unreasonable.

It may be difficult to grant, but if we say that we know that it is increasingly being done, and that graduates are increasingly being placed on the staff for relief, with that added argument, I think it would carry a great deal of weight.

We would be glad to hear from Miss Powell now, with reference to the subjects represented, and the proportion of time given to each.

Miss Louise Powell (University Hospital, Minneapolis, Minnesota): As a matter of interest, I counted up last night the number of hours actually put in by the student nurse, the pupil nurse, who goes to a hospital, and takes a three years' course, exclusive of three months of vacation—and it amounted (if my arithmetic is right) to eight thousand and sixty-four hours of work.

Now, I do not think that many people would think that the 660 hours, which is the largest amount on theory, is a very large proportion of those hours to give to the theoretical work.

Again, when we think—I can never lose this thought as to what the work of the pupil nurse actually costs in money; actually costs to the hospital, because in the institution that I am with I have been for the last three years so intimately connected with paying $50 a month for nurses to take the place of pupil nurses when our pupil nurses were not enough in number—we counted $40 a month, and it amounts to $1400 actual money and 8000 hours of work of the student is what she gives to the institution in return for this education that she is getting.

If 660 hours of theory, which is the maximum here, seems excessive in return for that, I cannot see it.

I have just one or two questions and criticisms as to the length of time that is allowed. I should criticise the massage; the course of massage of ten hours—if that is given by an expert masseuse, I doubt if you could get a good masseuse to give a course of massage and call it massage, and spend only 10 hours on it. I know the one I employ feels that 24 hours is a very small amount of time—
lessons of two hours each—and I agree with her that that is, of course, a minimum; it does not qualify the nurse to be anything except a fairly good rubber.

The bandaging I made a note of; I do not feel that 20 hours of surgical nursing which would be 10 hours of lecture and 10 of class work, 5 hours for operating technique and 5 hours class work, would allow time in which bandaging could be taken up. It seems to me that bandaging would take at least 10 extra hours actual demonstration practice work; that would make 40 hours given to surgery instead of the 30 hours that is given here.

Then, “Introduction to Pathology” I think is a good thing. I think it is probably being taught in a great many schools under a different name; ten hours work I do not consider excessive for that.

Those were the particular criticisms that came to me on this number of hours. I do not feel as though I am competent, or the best person to speak of this work, because the peculiar situation under which I am working, in which I am able to get a larger number of hours for my students than a number of hospitals which have to take their students into the school and give them work along with the hospital work. I would feel, if I were in their position, that while this might be a hard thing to work towards, possibly, it is a thing that it would be well to accomplish.

But I do think that we should hold out to our Boards—we should show them the actual money value in the actual number of hours of work that every pupil nurse is giving the institution.

Miss Stewart: With regard to massage, I think there may be some misconception there; if you will look at the first or preparatory year, you will find a good deal of time is spent, but it does not say how much—the recommendation is that a good deal of time be spent in the course at an early period, before the student gets very far, a practical training both in massage and bandaging, the feeling being that manipulation—manual manipulation which is required in rubbing and bandaging would train the hand to handle the patient more successfully, and there is no reason in the world why a good deal of routine manual work should not be undertaken before the student actually undertakes definite nursing practice.

The feeling was that we would not call it massage; we call it rubbing, simply because a student, after her four months, may leave the school, and we don’t want her to feel that she has had a
thorough course in massage, and going out with it under those circumstances. We know a great many people who practice massage who never had a nurse’s training. Bandaging comes in the preparatory year—it comes in the early course, and later in connection with the surgical dressing, it comes in definitely again.

The Chairman: Is there any one else who wishes to speak concerning this question? There are other instructors and other superintendents here, who, I am sure, are interested in this subject, and we would be very glad to hear from them. There may be some from hospitals, perhaps, who have no preparatory course—or have all our training schools preparatory courses now? I am sure there are those who would like to speak concerning the difficulty of the range of study, when they have affiliated with other schools for certain services.

We know of the difficulty of arranging that, and it is indeed a great problem.

We will now hear from Miss Johnson of the Peter Brigham Hospital, Boston, Mass.

THE ARRANGEMENT OF SUBJECTS TAUGHT IN THE SCHOOL OF NURSING OF THE PETER BENT BRIGHAM HOSPITAL

The school of nursing of the P. B. B. Hospital is not yet one year and a half old; therefore the arrangement of subjects in the first, second and third years must necessarily be somewhat tentative.

Although the head of this School of Nursing has also had to devote much time to the equipment of the wards—and to adjusting a graduate nursing body to caring for patients while the buildings were yet under construction, the curriculum of the first eighteen months has been carried out as originally planned with but two exceptions. These being the quizzes following second year lectures and the course in dietetics.

Though blessed with a dietitian of unusual ability, her illness and the ever increasing demand upon her department and its equipment made it a physical impossibility to get in this course.

The scheme of arrangement for theoretical work is based upon a system of points or credits, such as is common in nearly all American schools and colleges.
The advantages of this have been convincingly set forth in an introduction to a proposed curriculum prepared at the Department of Nursing and Health of Teacher's College some two years ago. The advantages as set forth in that paper are as follows: (1) It puts nursing schools on a definite educational basis and renders the work done in such schools intelligible to other institutions of a similar character. (2) It makes possibly a more accurate computation of the work the student has done, should she wish to be rated for standing in any other institution. (3) It systematizes and simplifies the method of recording both practical and theoretical work in schools of nursing.

The Basis of Credit is this—Regular courses are of 1° a week for 16 weeks—the sixteenth hour being used for examination. This covers one semester—and counts 1 credit. Longer courses of 1° a week for 32 weeks or 2° a week for 16 weeks—count 2 credits. Shorter courses of 1° a week for 8 weeks count ½ credit, etc.

2 hours of laboratory count as 1° of lecture or quiz. 4° of ward work under careful supervision may count as 1° of lecture though we have not as yet computed our ward work on the credit basis.

Our first school year is from September 1 to July 1. Pupils enter twice at September 1 and January 1.

Pupils combine for second half year work in May and June.

Our second and third school years are from October 1 to June 1. This gives us four months free from classes for vacations to be cared for.

We have concentrated in our Preliminary Course not only to lay a good foundation, but to relieve the pupils of excessive study while taking up the practical work of the ward duty. During this four months preliminary course the pupils do not go on to the wards at all, but are on the wards two months after this before their probationary period ends.

The subjects taught in this course are:

<table>
<thead>
<tr>
<th>Subject</th>
<th>Lect.</th>
<th>Quiz</th>
<th>Lab.</th>
<th>Time unit</th>
<th>Points</th>
</tr>
</thead>
<tbody>
<tr>
<td>Chemistry</td>
<td>1°</td>
<td>Lect.</td>
<td>2°</td>
<td>15</td>
<td>2</td>
</tr>
<tr>
<td>Bacteriology</td>
<td>1°</td>
<td>Lect.</td>
<td>2°</td>
<td>15</td>
<td>2</td>
</tr>
<tr>
<td>Hygiene</td>
<td>1°</td>
<td>Lect.</td>
<td></td>
<td>15</td>
<td>1</td>
</tr>
<tr>
<td>Drugs and Sol.</td>
<td>2°</td>
<td>Lect.</td>
<td></td>
<td>15</td>
<td>2</td>
</tr>
<tr>
<td>Anat. and Phys.</td>
<td>2°</td>
<td>Lect.</td>
<td></td>
<td>15</td>
<td>3</td>
</tr>
</tbody>
</table>

These taught by nurse instructors in theory.
Dietetics. ...................... 1
Taught by dietitian of hospital.

History and Ethics of nursing. .......... 1
Taught by Superintendent of Nurses.

Practical nursing. .......... 4
Taught by instructors of practical nursing.

The Practical Instructor is at present also Matron of the Nurse's Home, and does not follow the pupils into the wards at the end of the four months. That supervision is done by the assistant superintendent of nurses who was the practical instructor and outlined the course and the methods which are being used by her successor. Probably at a later time the practical instructor will assume this supervision.

In the second half year the subjects are:

<table>
<thead>
<tr>
<th>Subject</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>Materia Med.</td>
<td>1º for 15 1 pt.</td>
</tr>
<tr>
<td>Urine Anal.</td>
<td>1º for 8 ½ pt.</td>
</tr>
</tbody>
</table>

In the second year the lectures are given by the resident physicians and surgeons who are paid officers of the hospital.

Lectures in surgery and clinical instruction, including pathology, symptomatology of surgical diseases, gynecology, surgical nursing.

<table>
<thead>
<tr>
<th>Units</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>1º test</td>
<td>1º clinical inst.</td>
</tr>
<tr>
<td>30</td>
<td>3 pt.</td>
</tr>
</tbody>
</table>

Lectures in medical diseases with clinical instruction including pathology, serum therapy, therapeutics, symptomatology of medical diseases with medical nursing.

<table>
<thead>
<tr>
<th>Units</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>1º test</td>
<td>1º clinical inst.</td>
</tr>
<tr>
<td>30</td>
<td>3 pt.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Units</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>Massage 1½º</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

The curriculum of the third year has not been planned in detail but we are to affiliate for obstetrics and children's work. There will probably be electives in P.H. Nursing, Mental nursing and Infant nursing, for all of which we have excellent opportunity just at our door. Here also must come the lectures on Nursing of Special Diseases and consideration of Modern Social Problems in relation to nursing.
Though the time and place for these have not been definitely determined we feel that with the continued delightful cooperation of the hospital staff we shall be able to complete a sound and comprehensive course.

Miss Stewart: May I ask how you feel about that method of having the pupils off of the ward entirely for the first four months?

Miss Johnson: When I first went to the Peter Brigham Hospital I went there as an instructor; Miss Hall told me that the probationers were not to go on the wards. I did not believe that I could hold attention and keep up the interest of those pupils under those circumstances, but I did, and we have had no difficulty.

Of course I was doing the practical teaching, but those four months were given up to these other subjects more than to the practical nursing.

There are still these other different methods in the probationary course. I think we do demonstrate more in the practical nursing than they do in many schools. We teach how to give the hypodermic, the slush bath, and all that sort of thing which many instructors think should not be done, because the nurse will go out and make use of such knowledge before they are really able. I must say that I have been won over to the efficiency of giving the four months course without the pupil going on to the ward.

Miss Howard: Do your students pay for the preliminary course?

Miss Johnson: Not a cent. We have to wait until we can prove to the public that we have something worth paying for. The superintendent of the hospital did not like to charge, to begin with, but I think we will endeavor, in a very short space of time to do so. I don't know just how long.

Miss McKechnie: I would like to ask if the pupils in the first four months are used at all in the linen room, or in any work of that sort?

Miss Johnson: Only in the nurses' home are the pupils used during the first four months. They take care of their own room and corridor, and take care of the bath room—the bath tubes, but not the floors. As soon as they get on the ward at the end of the four months the maid takes up that work.

Most of our pupils have been there during the time we have opened up these various wards and buildings, and we have used them to go into the wards and make up the beds and get the linen
and medicine closets ready, but things are going to be changed as we go along; they have had enough to give them good experience on that line.

The Chairman: Do I understand they have two months afterwards?

Miss Johnson: Two months afterwards, after the four months, which they get on the ward.

The Chairman: How long are they on the ward during the two months?

Miss Johnson: During that two months they are on the ward regularly, an eight hour day.

The Chairman: Do they have daily instruction in theory during the last two months?

Miss Johnson: Not at present, except the assistant superintendent of nurses instructs them in charting. We are new, you know, and we have doctors from everywhere, and nurses from everywhere and heads of departments from everywhere. We are a cosmopolitan lot, and it has been my duty to go around and pick up the best that I could, the things that we want to adopt as ours. I have to call the pupils together from time to time to teach the charting which we have decided upon and various things which have come up in the wards. I think we will take up bandaging, and things like that, but there are many things which are not accounted for, but which we will have accounted for soon.

The Chairman: I would like to ask you if the ward can be used purely as a laboratory, during the preparatory course; by that I mean, when the pupils went to the ward they went under a teacher to be taught some particular procedure in the ward, that being counted as definite laboratory practice, but not having the pupils on ward duty—if that would answer this question of whether we can hold the pupils' interest if we keep them off of the wards entirely—whether we shall overwork them and lose the benefit of the preparatory course if we put them on for a definite four, or six hours. It seems to me that the best solution of that problem would be using them only during the preparatory course on laboratory work, distinctly.

Miss Johnson: All that I can say is that from the experience that I had in a smaller hospital as instructor, I dislike going into the wards to teach these pupils, from the patient's standpoint. I did
not like to have the patient hear all of my little explanations, and I hated to have the man in the next bed hear what I was saying, and I very much more hated to have him go home and tell what he thought I said; it is bad enough at the time I say it, but by the time they get home, it is a great deal worse. [Laughter.]

That is one objection that I have to it. And besides that, you don't have the freedom to talk to your pupils, and they don't have the freedom to talk to you, if you are in the ward and working with the patient at the same time. I don't know that that answers your question.

The Chairman: I wanted to ask if there was an allowance made the pupil nurses, or whether it was the nonpayment system.

Miss Johnson: It is the nonpayment; we give no allowance at all. Of course we furnish text books and uniforms—pencils and paper and stationery and all that sort of thing. They do not wear a uniform during the four months, or during the next two months. The probation uniform is very faded looking by the time they finish their probation.

Miss Parsons: For those who wish to use the ward as a laboratory, I might say that at the Massachusetts General Hospital we have been obliged to do that, because our classes are so large that practically the instructor can only handle eight at a time; consequently this gives the probationer an opportunity to be on the ward each day from one to four hours. She has had the practice in the class room and all these little things that may be embarrassing for the patient have been explained to her in the class room, and the assistant to the practical instructor, when we are fortunate enough to have one (whenever we can, we have a senior pupil) looks after her on the ward. She follows the pupils in, and watches them putting into practice on the patient what they have been drilled in, in the class room. We find this very satisfactory.

I think it is perfectly feasible to use the ward as a laboratory, but it takes some one to look after it; you cannot trust the busy head nurse, or the busy supervisor to do it among the routine duties; if you do, you will not get results.

Miss Stewart: Not very long ago we had a meeting at which this whole question was threshed out. We had several instructors who are teaching practical nursing, and the consensus of opinion there was that it would be desirable in all cases to use the ward if
possible as a laboratory in the sense Miss Parsons describes; but where there are not supervisors to follow the nurses around, and where the wards are very busy, if you do not direct and control the student after she has gotten out of your hands, it was infinitely preferable to train her in the classroom. That was the general opinion given at that meeting of instructors.

Miss Johnson: I just simply wanted to convey the idea that I did not like to do the teaching before the patient. But I do think that all through the three years the ward should be the laboratory; and I think perhaps that is the trouble; that we do not follow up the teaching. We do not have people enough to do it. I think we should follow it up. I delight to walk behind a screen, when I am not expected, and I find that I can learn more then than I can at any other time. [Laughter.]

The Chairman: We will now hear from Miss Shouse, Parker Memorial Hospital, Columbus, Missouri.

Miss Shouse: So many things have come into my mind, that I am in a better position to ask questions than to participate in this discussion.

I think the general scheme of instruction, as laid down in our list, is ideal for a large, well regulated, well endowed hospital; but I think that a great many will agree with me when I ask, "How about the small hospital that is without the money with which to carry out a scheme of instruction?" Many of our hospitals have no endowment, and I may add that this is not my own problem, being connected with the School of Nursing in our State University, we have ample opportunity of procuring assistance for instruction, but it is a problem in more than half of our nursing schools.

How are they going to procure instructors with the endowment that they have,—or have not—to carry on this course of instruction? It cannot be done unless we could get the help of one, two, or three instructors, and the question that I want to ask is where we can procure such help?

Miss Stewart: I wish Miss Clayton were here, because she was telling me the other day that she had put in a course of study which was a good deal better than this, having five or six hours a week in which she was the only instructor. She had assistants or head nurses, and she bunched them together into a batch of teachers. She taught them how to teach, and she had an assistant for her
head nurses, and not only that, but has physicians as well, and she gave from five to six hours a week, all the way through the course.

Miss Shouse: Does that apply to one, or all subjects? It is sometimes impossible in our smaller schools to carry out this class of instruction.

I would just like to suggest—I think there is included "Occupation for Invalids" among the unnecessary things, things which it would be well to consider; not exactly necessary, but I would like to suggest that it seems to me a very necessary thing that some work be given in that line in the few months of the preparatory work. We might not put it under such a comprehensive head—"Invalid Occupations;" we could give to it a name that does not mean quite so much, meaning simply some work, some lessons given to the nurses that would make them capable of offering some suggestion to the patient who has no means of entertaining himself.

We who have done private nursing know how hard it is when we get hold of a patient who does not read, or who does not care to be read to. We have not had any special training along the lines that would help us in helping them to entertain themselves. They sit with folded hands, and we do also, and the patient lies there very much bored, and everything is decidedly dry. I think we retard recovery because of the boresomeness of the days and the hours.

How many of us realize our inability to take care of the child after the real illness has passed and convalescence sets in.

The child still needs care and attention, but we have never been instructed along lines that lead us to entertain the child.

So, if in every nursing school was included in the curriculum something of this nature it seems to me it would be a very valuable thing.

I may say that in our preparatory course that we are giving at the Missouri State University in our school of nursing, we have included a course of instruction covering four hours a week in the twenty weeks under what we, for want of a better term, have called the practical hand-craft; the course is given by the instructor in practical hand-craft in the Home Economic Department. She teaches the students some practical means of entertaining the child—cutting out paper dolls, drawing pictures of illustrations
that they cut out of any paper that may be found—newspaper, &c., illustrating different rhymes for children, nursery rhymes, and also teaching them along the line of aiding adults to entertain themselves.

The Chairman: Is there not some one here from the small schools to speak on the subject of certain courses that they have been able to give? In the small schools they speak in smaller terms of the pupils, and the assistant who is in charge of the training school could give very excellent instruction in all these different subjects—in certain of the different subjects, at least.

Moreover, in nearly every community now we have the normal schools, and we have other schools where we can have courses in chemistry, and they can get the teachers, and can get the work which those courses afford, which perhaps the largest school carries under its own roof.

It seems to me that the small school is able to do a great deal in this line. I have in mind a hospital of fifty beds that has one of the most complete courses that I know of. I will grant that they have not the complete preparatory course that they should have, but they send their pupils a few miles away to a most excellent institution, and they there procure instruction in most of the other courses in the subjects which they cannot themselves perfectly handle.

I think that is an important thing, and I would like to have that question answered, because I am sure that the small school can cover these things. We must not think in the same terms of the small schools that we do of the large ones, but the intimate knowledge of the superintendent of nurses of the small school of each pupil is a distinct asset.

She knows how each pupil cares for almost every patient, and the pupil has the closest supervision of her practical work.

In the ward of the small hospitals, the laboratory work is done, I would venture to say, better than it is in the very large municipal hospitals. [Applause.]

Mrs. Fontaine: (Wheeling, West Va.): I have been in my present place seven months; I only have one assistant, and I would like you to know what I have done with the head nurses.

We have ten executive heads, and even the night supervisor is an instructor. I only have one head nurse that is not an instruc-
tor, and the head nurses like it very much; they are all women who want to advance, and they are all interested, for that reason they keep up their studies.

Miss Thurlow: (Saginaw, Mich.): I presume the hospital at Saginaw, Mich. being a 70 bed hospital, represents the majority of hospitals; our daily average last year was ordinarily 42, and this year it is running to 57 and 58; we have not much funds, which I presume, is the condition with most of the smaller hospitals. Most of the superintendents of these smaller hospitals have a good deal of pride in their work, and would like to be reckoned, educationally, in a class with the larger schools. Consequently it depends upon the superintendent and her assistants to give the nurses the training which they must have if they are to be classified on the same lines as the schools registered by the State Nurses' Board.

My methods in carrying out my work are to take the curriculum in whichever State I happen to be, and arrange the hours to meet the curriculum. It was necessary at first, as I started with few pupils and as many graduates as I needed, to gradually work it up to 37 pupils, and at present we have 33; but I think that is a little misleading. We started in this last school with 16, and it was necessary, I found, to use the summer months in order to cover the curriculum given out by the State of Michigan, and in another case, by the State of New York.

The nurses rarely have sufficient strength to study one whole year—not the college year, but the whole calendar year—and as most of you know, the nurses who are taken into the 50 bed hospitals usually have only a high school education, which is a low educational standard, but which we have to accept if we are to establish a training school; we cannot do otherwise.

I place the studies in the summer months so that they will be less tax on the nurses' physical ability; that is, during the summer, I give dietetics to the first year class which enters in the preceding September and March, and bandaging; our lessons in dietetics covering the one period of two hours' theory each week, and later, each class taking two months' actual practice in preparing the special diets for the house; the second year taking massage and obstetrics, which seem to be the lightest of all studies.

Our nurses have three weeks vacation the second and third year, or two weeks each year, according to their election.
On the other hand, we found it necessary for the superintendent and the first assistant and the supervisor of the operating room and night superintendent to do all the teaching demanded by the New York State curriculum and by the Michigan curriculum, and it has been done; but this means that we the instructors have not had the hours off that we should, many times going a month without time off duty; but now, I think we have outlined the work in such manner that we are covering it, and I think much more time off duty can be taken.

Most any superintendent who has the interest of her school at heart is willing to sacrifice a great deal the first six months or the first year; unless that is done, I do not believe any hospital of our size, with the capacity which we have, and no greater amount of funds devoted to the school—that is, we cannot employ any head nurses and meet the running expenses—can do any better, unless the superintendent and first assistant and four people in charge—we have five, counting the dietitian which we are fortunate in having, who is a graduate from one of the agricultural schools and is perfectly competent to teach—unless they are all willing to sacrifice their time, the curriculum cannot be carried out in any shape, if you have no other teachers.

A member: I would like to ask the previous speaker if the head nurses are graduate or pupil nurses.

Miss Thurlow: The head nurses are all pupil nurses, but usually have not more than one year experience.

The Chairman: In the case of Miss Thurlow’s school, there are supervisors, graduates and head nurses, and the pupil nurses; is that it? And the supervisors do the teaching?

Miss Thurlow: Yes.

The Chairman: We would like to hear from Miss Hay. She can always throw light on any subject, and we know that what she says is not only to be heard, but is worth hearing.

Miss Hay: I was put down to talk on the division of the studies for the different years. The outline, while it does not agree with my notions, in some respects, agrees perfectly as regards the division of subjects to particular years; so all I can do is to say as Will Carleton’s school board members did—"Them’s my sentiments too."

I want to speak of a few points, though, which were included under the different heads; one point is with regard to the hours for theoretical training.
It has been a long time since I went to college, and I expect times have changed greatly; and that I am speaking now out of my dense ignorance, and do not take into account the changes which have been made in people's ability.

When I went to college, 15 hours' class work per week was regarded as an average; it was construed that for the average mentality that was enough. The only way you could take more than 15 hours' recitation work was to prove to the professors and to heads of the departments that you were mentally capable; you had to get special permission to take more than 15 hours work.

In this outline the minimum of 270 hours means 16 hours class work per week, in addition to some mental work, as well.

I don't think it is fair, unless, as I say, the college professors have decided that 20 or 30 hours is only an average.

The outside maximum of 360 hours gives 21 hours per week. I am sure we get many women into our training schools who have not trained minds, or minds that would allow of their being put on a more strenuous intellectual basis than many colleges will allow, and it does not seem quite fair, to me.

Another point is with respect to physical training. I notice this subject is put among the possibilities. When so many things are being discussed, I hesitate to mention anything else as being desirable, but I feel that physical training has this advantage—I approve of it, because it ought to mean better health for the nurse; it ought to be given in the preliminary course. My idea is not some fancy gymnastics, or dancing the tango, or something like that, but I mean the kind of physical training which means what it ought to mean—a training that will enable a person to better appreciate the necessity of care of the body, and it ought to mean, particularly, two things for them, if they have the right kind of teacher—better conservation of her strength when she is going through the training, and how to relax when she gets to a point where she can—because she needs it, with all that is before her. [Applause.]

The third point is one that I attempted to bring out the other day, but I don't think I did it as well as I might. It is that the time for specializing is not during the time of training. Some medical students, during the college course, take a great deal of chemistry, a great deal of biology, &c., and they are very much
less qualified when they come out of college than if they had simply taken the usual college work—studies that are purely cultural, and that are not a means towards any particular specialty.

I believe the same should apply to the nursing schools; nursing schools should be schools for nurses; then the schools for specializing, learning to be good executives, or giving considerable executive work, or some executive work—work which is purely administrative or organizing—it seems to me that should come later, and not be taught during the regular three years' time.

I back up my argument on this ground: that the best leaders in public health work, the best leaders in visiting nurses work, and the best leaders on the subject of midwifery and all that, are women who perhaps did not even have their attention directed to these subjects during their time of training, but who, because they had this splendid basis of nursing training for three years, made better leaders when they came out. [Applause.]

The Chairman: I would like to ask Miss Hay one question: When you refer to 15 hours a week on theory, do you mean simply during the preparatory year, or the other years?

Miss Hay: You say this is for the preparatory year.

The Chairman: I would not like to leave the impression that the schedule called for 15 hours during the three years.

Miss Hay: Then it certainly seems to me that this strenuous beginning is a terror. [Laughter and applause.]

The Chairman: Is there any one else who has something to say on this subject?

Miss Stewart: I would like to assure Miss Hay that in either plan there is a good deal of training in the practical work included—in either the 15 or the 24 hours, in the household economy and these other subjects; there is a good deal of that work that is principally practised in the laboratory—either the demonstration room, or on the ward. It is exactly the same kind of thing that the nurse would be doing if she were on duty.

The Chairman: Is there any one else that has anything to say on this subject?

I cannot seem to get away from these figures; Mr. Hoffman, the statistician brought to us very clearly the other night how convincing the power of statistics is.

We were talking about the college, in connection with the train-
ing school, and now we have been talking about eight thousand hours and practical experience from which we can get credit in the Universities, as though the institution were merely a commercial matter. We will not take that up at this time, however. Miss Stewart has a point to speak of here.

Miss Stewart: I think the point we want to remember is that the standard curriculum which is adopted—suppose it were necessary for the Committee to decide upon what would be a desirable and practicable standard for medical schools; the idea would not be that everybody was going to follow exactly the number of hours or exactly the order of this curriculum; I think the idea would be that that would be considered as a desirable thing to work towards; but in many cases, it would be considered as a minimum.

Now, I think the idea of the Educational Committee—and I may say there are a great many practical women on that Educational Committee—superintendents of hospitals, &c.,—the idea was that they should not try to get up a programme which would fit every school; we couldn’t begin to think of doing that, but that we should try to have something that would sum up, and give in a clear form, a schedule and curriculum that we would consider desirable and practicable for the average school of this country.

I know a good many schools are doing better than this, but I don’t think they are putting more into their preparatory course; I know they are giving longer hours to theory in the later years, and probably many of you will prefer that.

I know of one instructor who told me that she thought a good many of these ideas were paltry—that the amount of time given was so very small that she did not think we should put it out before the public as being a thing that we would stand for.

Now, we have had both points of view, and the point I would like to make is that whether or not each individual hospital can live up to this standard right away is not the question so much as it is whether we would like to stand for this as representing what we think the average nurse’s education should comprehend.

Miss Hay: I would like to say this: I think it is disheartening to some of us; and the only reason that I spoke as I did with regard to these matters is not that I object to it, or that I think otherwise than it is perfectly splendid and represents certainly an ideal course, and one that we should aim to live up to, but some-
times these ideal things are a little discouraging to the people who must come so lamentably short of them, because of the enormously hard conditions under which they are obliged to work.

Someone asked something about what the small hospital did; the small hospital has a great deal of nursing work that has to be done, and it gives the lowest possible amount of class work that the State Boards will recognize.

And it is only because these figures seem rather alarming and troublesome to these people who have these small hospitals and training schools, with their problems to think about that I spoke of it at all.

Miss Aldrich: How large a school was it intended to place this practical working plan in? Anyone who runs a training-school knows that the larger it gets with a three-year course, the greater it cuts down the amount of time the individual pupil can spend in any one department.

Miss Stewart: The size of the school mentioned in the discussion was a school of 200 beds, with an average of 150 patients.

Miss Aldrich: Not the average ones? It does not matter how many patients we have, we cannot order typhoid-pneumonia and these other diseases as we would like to have them; we have different departments; we must have so many nurses in the three years; I want to know the number of nurses in a school who must take, and who must have this divided amount of time—three times 365 actual days.

Miss Stewart: There was no definite size of school considered in making it out at all.

Miss Aldrich: We all know that the bigger the school the less time you have in your three years’ course.

The Chairman: I think there is no more intricate problem to work out than the problem of just how many cases in proportion to your pupil nurses you must have, to give your pupils the necessary training.

I have given that subject, personally, a great deal of thought, because, when we are considering what we would mean by adequate hospital service—service that offered adequate training—it was a very difficult proposition, because you have to think of the number of pupils that you have to teach, and you have to think of the number of cases, and you have to think of the obtainable
experience in those cases—what that will be; take one case in a ward of ten; that is a very different proposition from ten private rooms; that whole subject has to be thought out and considered most carefully.

And we, in considering this plan, if you will remember the other day, when we began to discuss it, emphasized that it was only a tentative plan. Speaking quite personally, when I was asked to present the first report concerning the hospital that we might consider as being adequate for training as an average, I said that it would take one year for me to put down in concise terms just what was meant.

I said: "Let us consider the children's service; has this department a medical man at the head, who is making a specialty of pediatrics? That means that we should graduate nurses with a knowledge of the child, and means a definite service for children under a certain age; medical cases, feeding cases, &c."

When I think of the hospitals that I know of, I think of perhaps ten cases in a ward, mostly surgical. Now, that is not a course in pediatrics, and we must definitely determine what is the course in pediatrics that will be a sufficient course for the graduate of that school—what we consider as giving a proper course in nursing.

And then, too, there is—if I may take up your time for a few minutes—there is another feature that I see before me constantly:

I see within a short radius, hospitals carrying these different services, but no coöperation. I see technical schools, normal schools, colleges, and I see a college a block away from a private hospital, and that private hospital saying that they cannot give chemistry, bacteriology, or even a course in dietetics—and yet, we have a college within one block that can give those subjects, but because they will not affiliate with the hospital, that opportunity is lost.

I see maternity hospitals sending pupils miles away to a city to get necessary service—and yet, one block away is a hospital with a good dispensary and good medical service—and this same hospital sends its pupils far away to get obstetrical training. They won't coöperate with the next door hospital.

It seems to me that we should know what constitutes adequate experience in these different services, and within what length of
Be it Resolved, That the American Nurses' Association urge the American Hospital Association to cooperate with it in an endeavor to provide suitable training for the nurse and the attendant, and,

Be it Also Resolved, That a copy of this Resolution be sent to the American Hospital Association.

An amendment to the Constitution presented by Miss Nutting was read so that it could be acted upon at the next annual convention.

April 18, 1914.

My dear Madam President:

It seems to me important that we should amend our Constitution as soon as we can, to enable us to admit to membership a highly desirable class of members, the Instructors in our Training Schools. They need the stimulus of our meetings and the chance to discuss their special problems, and we need their point of view and the progressive spirit which they should bring.

I should think further that we should include supervisors, and that we should remove the clause making assistant superintendents eligible only while holding such positions. Experience seems to show that the nurse holding such a position temporarily is not at all likely to want to join this society and those who have interest and ambition enough to join ought not to have to resign, if temporarily unoccupied.

I therefore submit the following amendment "I move to amend Article IV of the Constitution entitled Clause of Members by striking out the words 'Who are eligible only when holding positions' and inserting 'Instructors and Supervisors in Schools of Nursing, 'and Members of State Boards of Nurse Examiners if qualified."'

NATIONAL LEAGUE OF NURSING EDUCATION

PROBLEMS OF ADMINISTRATION IN TRAINING SCHOOLS AND HOSPITALS

April 28, 1914, 10 a.m.

The Chairman (Miss Clara D. Noyes): As you will notice, we are taking up this morning problems of administration in training schools and hospitals. A very large number of members of this organization are not only members of training schools, but superintendents of hospitals, and we have a great many practical problems in addition to our training school work to deal and struggle with.
The first paper is by Miss Ellen Stewart, who is Superintendent of the Bishop Clarkson Memorial Hospital at Omaha, "Some Problems of the Small Hospital." Miss Stewart is not here, but I presume there is someone to read her paper.

THE SMALL HOSPITAL, ITS MANAGEMENT AND DEVELOPMENT FROM THE SUPERINTENDENT'S STANDPOINT

In the American Journal of Nursing for December, there appeared an editorial entitled "Why are Hospital Positions not Desired." I shall try to answer that question by taking up several of the many problems that confront one who assumes control of a small hospital.

One of the greatest problems is that of sustenance. Granted that a board of directors have been sufficiently interested to have built and equipped a hospital, yet maintenance is a serious problem even after the hospital has become self supporting (a thing which few small hospitals do). It is most difficult to convince the governing body that progress is necessary for the hospital to maintain it's usefulness, that equipment must be kept up, new methods adopted, a training school established and facilities provided for its educational efficiency and progress, so that skilled care and a refined atmosphere may be brought to the bedside and into the home. This task devolves upon the Superintendent, for it is she who makes or breaks the hospital. It is with her problem "making or breaking" that this paper has to do.

The Superintendent's duties may be classed as follows:

1. To educate the board of directors as to the needs and aims of the institution.
2. To make the hospital self-supporting with the largest possible fund for free work.
3. To establish and maintain a training school along approved lines.
4. To give skilled care to the patient and a competent service to the staff.
5. To purchase all supplies and at least to supervise the house-keeping.
Let us then analyze in part the formidable array of duties, which one woman must face, what they consist of and how they should be best discharged.

I

THE EDUCATION OF THE BOARD

How can a board of directors be educated to the needs and aims of the institution? At first glance that might seem unnecessary, for the institution stands as a monument to their unselfish public spirited effort, yet I maintain their knowledge of the inner and essential meaning of the institution must be brought to them by the trained mind of the professional woman. She must show them that business methods must be adopted to make the institution self-supporting; that to bring efficiency into the training school, good housing and good teaching are necessary; that it is bad economy to use the nurses as a source of income or to have a number insufficient to give a good general nursing service. She must show the board if they expect results that it is generally better to give the Superintendent a large share of the responsibility. She must convince them that she ought to be present at the business meetings and they in turn should have a close, intimate knowledge of all the hospital’s problems and she must bring them to appreciate the fact that hospital administration is a serious business and that it is neither a charity to be indulged in, nor a sentimental diversion for the unoccupied minds of some of our emotional well-to-do women. Finally, she must teach them that the hospital is in the same position as a factory, that its annual product consists of a number of patients who have been cured or nursed back to a tolerable state of existence, of the several nurses graduated, and of an interne or two, to whom some additional training has been given. The lesson must be brought home to the board of directors that the success of the hospital depends on its reputation and that its reputation in the ultimate, depends on the output just as much as the reputation of a shoe or automobile factory rests on its products.
II

Efficiency of Management

If most hospitals in order to maintain their usefulness in the community must be self-supporting, expenditures must be watched at all points. Not only must the Superintendent be an experienced buyer for the various departments but she must carefully supervise the use of materials in order to curtail waste. Charges for service, for room and board, for operating room, for medicines, and for laboratory must be carefully thought out and apportioned. It calls for a nicety of judgment to decide, who shall be the part pay cases and who shall be the charity cases. It takes courage to refuse free service, or reduce rates to a patient, when one knows the patient ought to pay and that he is trying to avoid payment through the influence of a director, or a doctor who patronizes the institution. The administration of charity must be based on justice, rather than on sentiment or graft. If the capacity of the hospital is much below fifty and it's income is entirely dependent on its beds, it becomes impossible to do any free work; but with a capacity ranging from fifty to seventy-five beds, one-fourth of which brings an income from $25 to $30 per week and the rest from $10 to $15, an average of nine beds can be given to free work making a total of 3245 days of free service.

It is always good business to give an efficient nursing service, and by that I mean a supply of nurses, adequate to give to the patient the innumerable small attentions which make for comfort and for results, but which are not found on the doctor's order book. We are often accustomed to practice economy in purchasing food stuffs and forget that in order to make money we must spend it. It is exceedingly bad economy to curtail the culinary department, for therein lies in a large measure the success of the institution.

If the above points are steadfastly adhered to, it is quite possible to run a self-supporting hospital with a capacity of sixty to seventy beds and to do the amount of charity work I have indicated.
Skilled care of the patient and a competent service to the staff, depends entirely on the kind and quality of the nursing force. *Good nurses will bring good results.* The education and training of the nurse resolves itself into a business proposition. It is not an easy undertaking to establish a training school and it is still a more difficult task to maintain it at a high standard. To accomplish this it is necessary to consider the candidate’s preliminary education and her adaptability to the various phases of her chosen work. The superintendent must be prepared to study each young woman’s individuality and to help her to the understanding of herself, which will develop and shape her best and strongest characteristics to the work. The hospital must be made an educational institution, not merely along nursing lines, for the nurse should be given the knowledge gained by the experience of others so that she be not forced to travel the whole road alone; she must learn control and gain the knowledge which will enable her to handle the many intimate and trying situations in which she is sure to find herself. She should be shown that adaptability to environment is one of the strongest assets a nurse can possess and through her training should gain much insight into life, so that at the end of her schooling she will be ready to go forth as a woman of ability, with some knowledge of life and of the world, with keen intuition and with a common sense judgment which with understanding will help her solve some of the difficult problems sure to confront her. Much might be said of the infinite amount of patience, of tact, of strength and of sympathy, that is called for in dealing with the relatives and friends of the patient. Sickness brings anxiety and keen suffering to the well, when the ones they love are in danger. It makes them helpless, dependent and willing to lean on a strong arm, although they are ever alert and scrupulously sensitive to a fancied inattention to their loved ones. They are a difficult set of people to handle and the woman who can smooth out the rough spots, calm the fears of the distracted and comfort the bereaved, is far along the road to success.

What does the hospital expect from the young woman who offers herself as a candidate for the training? She must be strong phys-
ically, intelligent, with a good preliminary education, obedient, tactful and patient, with a willingness to work long hours at arduous work for three of the best years of her life. In return, the institution should consider itself obliged to send the nurse forth as a well trained, moderately educated woman. It is one of the Superintendent's most trying tasks to make the reciprocal obligations of hospital and nurse felt by each.

All institutions have a responsibility to the public and it becomes greater when it affects the sick public. The nursing staff is the backbone of the hospital. Directors, Staff and Superintendent are helpless without an efficient well trained corps of nurses. They have a far-reaching influence and they will make for the success or the failure of the institution.

There still remains the supervision of the servants, the planning and buying of the numerous supplies. The different departments to be brought and maintained at a high degree of efficiency if the institution is to have a successful career and to accomplish the work for which it was founded.

These, then, are some of the manifold duties that one woman, with little trained assistance is expected to discharge. Is it small wonder then, that many look and pass to the more lucrative and less strenuous life of a private nurse?

But since the small hospital is an acknowledged necessity to the many thousands who live in the small cities and rural communities, what are we as a profession going to do about it? Shall we turn a deaf ear to the anxious inquiries, because it is a hard life and often a thankless task, or shall we assume the responsibility, even though it involves much sacrifice? In the state where I live, there are constant appeals for practical capable women who are willing to take up the Superintendent's burdens. Shall we shirk our responsibility and calmly allow our small hospitals to drift with inexperienced pilots at the helm, or shall we meet the issue squarely, study the problem and encourage the nurse to assume the important duties of the Superintendent? The life is hard and distracting and often seems little worth while, yet whenever sacrifice is of worth the end must compensate and this end lies in the work itself. The Superintendent must learn with Robert Louis Stevenson, "It is better to travel hopefully than to arrive, the reward is in the doing."
The Chairman: We will defer any discussion until after the papers have been read. We will now call for the next paper, which is upon hospital clothing, by Miss Alice Lake, of the State Asylum at Worcester, Mass. Miss Lake has made a very careful study of the subject of hospital clothing and I am sure will we all listen with a great deal of pleasure and interest:

Following a very small study made last year on the question of clothing for convalescing patients, one question stood out from all others: Just what is the basis today for the buying of clothing and why is that basis chosen?

In looking over the answers to the questionnaires received during the study, I find various answers to this question. These are a few: one hospital buys a certain line of goods, let us say wrappers for example, because of the “inexpensiveness;” another, “prettiness,” another is compelled “by Law to buy of prisons;” one finds it more “convenient” to buy in the local stores and “feels” it is as cheap in the end; some buy a certain material because the “style” is desirable; and several buy on “bids.”

Let us take up these reasons one by one to see if it is a good way to decide what is the best clothing to buy.

First: Inexpensiveness. Just what does this mean? It is the cheapest grade that can be bought or the most costly that proves the least expensive in the end? What method does this hospital use to determine that question? Is that method a good one? Are the results always satisfactory? If so, why not let us all know and we will adopt it.

Second: Prettiness. What is pretty? Is your idea of “pretty” the same as mine? If I choose clothing that is pretty and I take another position, must the superintendent who follows me discard all I bought because she thinks it ugly or must she continue buying and using ugly things (to her), because I chose that kind? This method, I am sure, would never be generally adopted.

Third: Buying of prisons. Who selects the material used in the manufacture of wrappers in prisons? Why did that person choose that particular color, pattern, and grade of material? Did the method he used for deciding on the material work out well? Evidently not judging from appearance after laundering. Could not the method used by hospitals for determining the grade, etc.,
if one could be found that was satisfactory, be employed by prisons also?

Fourth: Style of garment. Was the material as well as the style desirable? If not could not the garment be made of a material that was desirable? And again how shall we decide on the desirability of material? Style is always a matter of personal taste, and the arguments against “prettiness” holds good against “style.”

Fifth: Buying in local stores is most certainly “convenient,” but should our convenience be consulted in any way when we are expending money belonging to an institution entrusted to our care? Is not our problem rather to expend the money in such a way that we get the best and the most for our patients? If so, then convenience is certainly not a reasonable reason for buying. “Feeling” it is as cheap in the end is equally unreasonable, for we should “know” not “feel” whether the money is well spent.

Sixth: Bids. Were the bids asked for on a particular grade and kind of material? Why were they asked for on that particular material rather than any other? What was the reason for choosing it? Once more we are back to our old problem. How shall we decide what we want, what we shall buy?

If some definite scientific knowledge could be had on clothing, the grade, color, and kind that was most durable, most pleasing, most economical, our problem would be practically solved. We could make our standards.

The United States Government has just such knowledge for buying the clothing used in the Army and Navy. Why cannot hospitals as well? You probably all know how the Government decides. It determines by chemical, physical and microscopical testing the kind, grade, color, and weight that is most pleasing, most durable, most economical and buys accordingly.

The chemical tests consist in testing fastness of color, effects of strong acids and alkalies, of boiling and particular tests for things the special garment will be subjected to.

The physical tests consist of examinations for crocking, mechanical defects, tensile strength of fibers, etc. The microscopical examinations determine the quantity and quality of linen, wool, or cotton as the material may be.

Let us apply this to our hospital clothing. During a recent study on this question 136 tests were made of which 19 were mi-
croscopical, 35 chemical and 82 physical. The samples and illustrations accompanying this will show the results. But as we have spoken of wrappers let us examine the accompanying sheet on wrappers.

In this case "percale" was selected because of its durability (based on public opinion), variety in patterns and colors, and because wrappers of a desirable style (another opinion) could be had directly from a wholesale house in that material at a moderate cost (opinion again).

No microscopical tests were made, nor tests for tensile strength or weight, but would these not be of the greatest importance if fifty samples, more or less, were under discussion for choice?

The chemical tests were

- Boiling with NaOH 5% washing soda ......................... 8'
- Boiling with Ivory Soap ..................................... 5'
- Boiling with Ivory soap and NaOH washing soda ............ 5'
- Boiling with Carbolic Acid ................................ 10'
- Boiling with Corrosive Sublimate ............................ 10'
- Boiling with Normal Urine .................................. 1'

This seemed to be as harsh treatment as any wrapper would be likely to undergo and there was no change in the color or apparent strength of the material. Abnormal urine might affect the color and strong acids, such as sulphuric and nitric, would destroy it, but we hardly expect the wrappers to be subjected to the latter and the former might effect any material regardless of color or grade.

No conclusions were drawn from the experiments made, but the few that were made suggested such detectable paths for further study, with such promising results so close at hand, I pass the idea on to you for what, it appears to you, to be worth.

Miss Stewart: This paper, of course, accompanies the exhibit which Miss Lake prepared on the matter of hospital clothing and you will see her suggestions as to material, also the experiments which she made and the result of those tests which she made, in the other room.

The Chairman: If any of you are thinking of questions, kindly put them on paper so we may have them later on.
The next paper is "A Possible Basis for Organization of Nursing Education in a large Municipal Hospital System," by Mrs. Harriet Hunter Barnes, of the New York City Hospital. Mrs. Barnes is a Teachers' College student and is now instructor of the City Hospital. I do not think she is here, but she has someone who will read it.

The subject of one of the previous conferences of this meeting was "What Constitutes an Approved School of Nursing," and the discussion took place under the following heads:

1. Form of Government of School.
2. Type and size of Hospital.
3. Faculty.
4. Teaching Equipment.
5. Living and Working Conditions.

From the study of Municipal systems of Hospitals in several of our larger cities, it seems that almost all of the requirements for an approved school of Nursing exist in a remarkable degree in any municipal system, but that at present we are not utilizing them to their fullest extent. If one were looking for good teaching ground there is none better than such a system.

Where do we find better class rooms, or teaching equipment? The living conditions are almost always exceptionally good, and the opportunities in actual nursing experience are of the best. But are we using it to the best advantage in training our Nurses? It seems to me that it is possible to give a better and broader education to our women with the wonderful material at hand.

This can be illustrated by taking as an example a Municipal system, which is typical of the system used in many cities. This particular system has under its control about nine hospitals, and most of them are running Training Schools for Nurses. While as a whole it handles all types of nursing service, as is the logical and economical method of distributing the patients, each Hospital handles only a limited number of services. In each case where there is a Training School the class room instruction in both theory and practical nursing is good, but the actual experience in caring for all types of sickness is not adequate.

Some of the Hospitals have only nervous cases—some have almost nothing but surgical cases, and still others have only a children's service—and so on through the list.
One Hospital has splendid equipment and class rooms but has a chronic service with very few acute medical and surgical cases.

Could not this Hospital be used as a starting point for giving the Probation work both in theory and practice for all the Training Schools under the system? With its chronic service it would be a good place for the Probationer to thoroughly learn the fundamentals of Nursing and she could stay on there for a short-service as a Junior Nurse, under adequate Graduate Nurse supervision. While there she could have all the theory that is necessary as a ground work for her training. Taking in two classes a year and giving a four months probation—then keeping the pupils there for five months longer—this Hospital used as a starting point would always have one class of Probationers and one class of Junior Nurses in its wards. At the end of nine months these pupils could be sent for from two to three months to each of the other Hospitals and so get their different services. In these places the lectures could be given to correspond with the character of the service given—and so the theory and practice could be correlated. The pupil would have a wonderful nursing experience in all kinds of diseases—and could have some weeks possibly of Social Service work. After her nine months at the first hospital she would have twenty-five months left in which to get in all her work.

The advantages of this method seem to be:

1. By centralizing the teaching force into one Hospital—there is economy of class room equipment and running expenses.

2. There is a definite standard of education—both in theory and practice throughout the system.

3. By having a sufficient number of trained teachers, some time could be given to helping certain women make up the lack in their Preliminary Education.

4. The practical experience given the pupil is adequate in every way—and her theory and practice are correlated.

The other problem that of helping, otherwise qualified young women to make up their educational deficiencies could be handled by the same central school. We all know that, in Municipal Hospitals especially, the shortage of applicants is appalling, especially since the educational requirement is regulated by law. Most of us feel that the law is absolutely right, or at least that its re-
quirements are not too high. Many fine women have been barred from our schools in the past on account of their educational lack, and if we are to meet the question of supply and demand in Municipal Hospitals we must give these women some way in which they can make up their deficiencies.

One method is this: In a large system there is always a Home for Aged and Infirm people, who need some care but not real nursing care. Could we not recruit enough desirable young women who are now doing untrained work from these places to take some of the High School subjects offered at the central school and so gradually make up their deficiencies, and at the same time earn their living. The subjects given would not cover a wide range, but would be along the lines that would help the women in their training and work.

Bellevue has done so much for its students in giving them the opportunity to study Italian and German. Both of these languages help the nurse immensely in a large city in her work. By going just a step farther these languages could be given so that the students could pass the Regents Examination for first year High School students and so get credits toward their own cards of approval. Chemistry could be given with that end in view and biology also.

When the student has made up her preliminary education, she could enter the Training School as a regular student. Of course there are night High Schools but with the present hours of duty and the distances in a large city, very few women have availed themselves of these. But with this class work as a part of the Municipal system, the hours of duty could be made shorter in order to meet the situation.

This might mean a slightly increased budget at first, but as most cities are contemplating a campaign of Preventive Work along all lines, would they not get returns from the money so spent, in thus having plenty of well trained Municipal Nurses to take up this work intelligently. The Navy has found it necessary to take up the preliminary education of many of its applicants, in order to have enough well educated men in its ranks. Why should we not do the same?

At first this change would present many difficulties from the administrative point of view, but after the first few months, during which the deficiencies in the pupil nurse force could be made up
by employing Graduate Nurses, the problem would be no more than the ordinary one of an affiliating system."

The Chairman: I wish to remind you that we had expected to have a question box this morning and that very few questions have come in to Miss Parsons. If you will send them as rapidly as possible we will devote a few minutes to the question box after the next paper. Miss Walsh was scheduled for a paper on "Affiliation of Hospital Training Schools and other Educational Institutions." I understand Miss Walsh gave this paper in a discussion a morning or two ago. If she has anything further to say upon this subject, we shall be very glad to hear from her. Miss Wilson I understand has left the city, so we shall not have that last paper. If any of you have questions ready to send up or you would like to discuss some of the suggestions as presented in these papers, we should be very glad to give a few minutes for that purpose. It is still lacking some time of twelve o'clock.

Miss Sally Johnson: The subject which Miss Walsh was to give a paper on is "Affiliation of Hospital Training Schools and other Educational Institutions." You might be interested to know that the other educational institution has affiliated with us; in other words, the Harvard Medical School is sending their pupils to the training school for the assistant superintendent to give demonstrations in nursing to. It is done in this way: the medical students are assigned to the hospital social service for two months in four different groups. We did not get it started with the first group. but I am now giving my third set of demonstrations to the pupils of the Harvard Medical School. They come over to the nurses home, into the demonstration room, and we give the demonstrations, the different appliances with which you are familiar, filling hot water bottles, ice bags, covering rubber rings, making pads, adjusting cradles and bed rests, and all that sort of thing; bed making with an empty bed and with a patient in the bed; the adjusting of swathes; the changing of a mattress with a patient in bed, which always impresses them greatly; the giving of baths; enemata; alcohol rubs; the giving of what we call slush baths; and hot air baths; hypodermics, etc. When they first asked me to begin this I felt a little bit diffident. I had visions of getting all my things together and waiting. I have done very little of that. The first section was of eight students, the second six, the last four. That
was not because the last one should have been eight and they
did not come; they were sent in that number to the hospital. I
usually had seven out of eight, once or twice six out of eight, the
next one was a little better, and then last not one man was absent.

The Chairman: I think it has been quite customary for some
years past in university hospitals, especially those connected with
schools of medicine, to give a series of practical demonstrations
to their students. I want to tell you about the arrangement we
have with medical schools affiliated with Bellevue. There are
four medical schools and those medical schools have what they call
a clinic nurse, who makes the rounds with the students, supervises
their work in the wards and laboratories, sees that they put every-
thing away. They give all the practical demonstrations of baths
and just the sort of things Miss Johnson has been telling about,
and relieve the head nurse of that tremendous problem of follow-
ing medical students through the wards at all hours of the day.
The other medical schools are all supplied with one graduate nurse
who devotes her time in arranging with the faculty for these prac-
tical demonstrations, making rounds, and looking after them gen-
erally in the wards. They are not allowed to come into the wards
until the clinic nurse is there and she starts out with them, getting
a patient ready and looking after them generally. I think Miss
Goodrich was responsible for it in the beginning.

Miss Goodrich: No, it just happened while I was there.

The Chairman: Well, I have worked on it anyway, made the
very most of it with other medical schools and succeeding in get-
ting them to increase the number of nurses, especially in one school.
It is an admirable arrangement. I simply mention it as a sugges-
tion that you might carry home with you. Are there any further
questions?

Miss Parsons: I would like to ask if at Bellevue they assign
special nurses to assist with the research work.

The Chairman: At Bellevue that is all done, as far as the connec-
tion with the medical school is concerned, by these graduate nurses.
They are on duty from nine until five. They are also supposed
to see that the students get out of the ward in time for dinner to be
served and to leave the ward free, but the pupil nurses are not de-
tailed to very much research work. We haven’t a sufficient num-
ber of nurses to enable us to do that, we must concentrate their
work upon the actual nursing problems and not medical work. Occasionally they do take blood pressures, but not very much more than that. Perhaps some other superintendent who has a hospital that is associated with medical schools could tell us what is being done. We know the tendency is more and more to put additional medical duties upon the shoulders of the pupil nurse.

We now have a few questions that have been sent to us. I will get Miss Parsons to ask them, but I hope they do not expect me to answer them.

Miss Parsons: May I say first before I read these questions that it seems to me the time has come when the superintendents of the training schools must decide what their attitude is to be toward the innovations in the requirements of the wards, because this research work has come to stay, there is no doubt about that. The more distinguished men who are on the staff are saying that they will not give their services in hospitals that do not encourage and afford facilities for research work, and I heard recently of a superintendent of nurses, who was supposed to be the obstacle (on account of her influence with the board and the superintendent of the hospital), who made it impossible for an exceedingly brilliant man to carry on research work in that hospital and it is believed by his colleagues that probably valuable results are being lost because he cannot secure in that hospital with which he is connected facilities and assistance in this research work. And so we should I think consider what we will try to do and what it is right to do with either assistant or graduate nurses in the way of making it possible for this work to go on, if it happens that the responsibility is placed with us.

Miss Goodrich: Madam President, may I just make a little suggestion concerning that. The question arose in one hospital concerning just that matter. They wished to experiment with the calorie system—typhoid patients. It was suggested to the members of the medical board interested in it that they present the question on this basis to the board of trustees. It was, of course, unreasonable that more nursing service should be granted to one division than another. Would it not be fair to grant to the research body, who are usually on the medical side, a graduate nurse for that work, that would offset the graduate nurse in the operating room service? It worked admirably. The medical board were
at once allowed the actual cost of the particular service, which
was an additional cost to the surgical service, and received an ap-
propriation from the commission to put in graduate nurses in cor-
responding number. That was a very important matter, because
it enabled them to carry on the work without crippling the school.

_The Chairman:_ That is an admirable suggestion, to work it out
upon a financial basis. I think when we work many things out
on a financial basis we are more apt to adjust them. It is frequen-
tly said that the superintendent of a training school decides how
much research and how much scientific work shall be done. In
the ultimate results she is really the deciding power. She is not
interested in it, because her supply of pupil nurses is limited. We
have an exceedingly nice piece of work in special nutrition. That
is a very delicate type of work; it would be impossible to ask pupil
nurses to do it; it takes a very great deal of experience and prepara-
tion and by the time the student nurse learned something about
it she would move on; so the medical schools appropriated suf-
cient money to provide three graduate nurses for eight-hour duty.
That covered weeks and months, it takes in the work of calorimetry,
and very expert and accurate work. They were obliged to do all
the cooking, because they must know the exact quantities of food
being cooked and the compositions of the foods. They brought
it before me and asked me what I could do from the hospital stand-
point and I asked them if they would be willing to accept the work
of pupil nurses who would perhaps be changing every month.
They saw at once it was impossible, so then they turned it back to
the trustees of the medical school and the medical school provided
the nurse. We have nine graduate nurses working on special nutri-
tion work run on an eight-hour service. I think that whole question
of research work is going to be one of our serious problems and
will probably call for a complete readjustment of our relations
to the medical board and the trustees of the hospital. We will
be very glad indeed to hear from any other hospitals and training
schools that have had problems of a like nature. One or two ques-
tions have been sent up which I will ask Miss Parsons to read.

_Miss Parsons:_ Q. "This question is not on this subject, but I
should like to know how many nurses had to pay for their diplomas
what allowance did they receive during training?"

_The Chairman:_ You heard the question. We would be very
glad to have anyone speak to it. If not, I will perhaps ask someone to answer. Perhaps Miss Goodrich could speak on the question of allowances and paying for diplomas. Personally I have never heard of paying for a diploma.

Miss Goodrich: I can only speak from New York State. The average allowance could be fairly stated at $8 a month, there are very few schools that do not pay an average allowance of $8 a month, it may range $8, $9, $7. Of the 133 registered schools I think the average is $8, outside of the State Hospital for the Insane. I have never heard of the pupils paying for diplomas, certainly in New York State.

The Chairman: I think it is the custom in medical schools to charge for diplomas.

Miss Parsons: Yes.

The Chairman: Perhaps someone else can speak on this subject.

Miss Parsons: In Massachusetts I do not think there are more than three or four schools that have the non-paying system. So far as I know, the other schools pay an allowance for uniforms and text books varying from $5 to $10 per month.

The Chairman: Miss Pickhardt, how is it in California? Is the non-payment system universally adopted or is it the exception?

Miss Pickhardt: I believe it is the exception. I can think only of the new Children's Hospital at Hollywood, Los Angeles. They have just organized their hospital on the non-paying system. The institution with which I am connected pays $6 a month and furnishes uniform and diploma. I think most of the schools give $6 or $8, $10, $15, $8 the first year, $10 the second, and $15 the last year.

The Chairman: Anyone wish to speak further on this subject? If not, we will pass on to the next question. I hope that it is answered to the satisfaction of the inquirer.

Miss Parsons: Q. "From an ethical standpoint, what about the advisability of the graduate trained nurse working with a practical nurse as relief in a family that can well afford to pay for two trained nurses?"

The Chairman: We shall be very glad to hear someone speak to that. Will someone answer that question?

Miss McKechnie: It seems to me the need of the patient would determine the quality of the nursing for the twenty-four hours.
The Chairman: It seems to me Miss Goodrich answered that question when we were discussing the grading of nurses, it was not always necessary to employ a graduate nurse, even if the family could afford it.

Miss Crissey: It has been worked out very nicely among some of my friends at home who are on cases where it is not necessary to have an assistant and they do not wish to have two graduate nurses in the home to have an hourly nurse come in and relieve the nurse.

The Chairman: We will be very glad to hear any others. If none, we will go on to the next question.

The last question is in connection with hospital clothing. Q. "What is the ideal shoe or slipper for patients?"

The Chairman: I wish someone would answer that satisfactorily.

A Nurse: One that won't wear out.

The Chairman: One that will stay on. Has anyone found a slipper or a shoe or any form of footwear that is really satisfactory in our hospital work? I want to tell you about a shoe that I have recently seen for orthopedic work. This shoe is manufactured for the hospital by a New York firm and is one of the best things I have seen. They come in all sizes. They have a rather soft sole and pull on over the plaster cast. We are providing those for our new wards at Bellevue, to be given out from a central supply to all patients. They are not to be taken home, they are to be used in the hospital. These are made by a special shoemaker in New York City. I do not remember the address. They are not inexpensive; they are quite expensive. They are very carefully made. They are just as expensive as other very well made shoes. I think they range in price from $3 or $4 a pair for children up to $7 or $8 for adults. Of course, we can keep graded sizes and as soon as the patient is finished with them they are turned back to the central supply again, so that a dozen pair perhaps would last a long time by that system of exchange and requisition when required.

A Nurse: I would say in regard to footwear that I have found great comfort by using United States Army socks. They cost 84 cents a dozen, very inexpensive, and we have found that they have very greatly reduced the amount of darning. We have also got women's stockings of that same material, but they are a
little more expensive on account of the difference in size, but they
do wear.

The Chairman: Any other questions?

Miss Parsons: Q. "What should be the policy of a nurse em-
ployed by the physician, the family later discharging the physician,
employing a magnetic healer?"

Miss Eldredge: Madam Chairman, may I say I should think
that would be largely regulated by the needs of the patient. I
have seen cases where a nurse by deserting her patient under such
circumstances might risk the life of that patient. It seems to me
it is one of those ethical questions we can only settle for the in-
dividual. I remember being called on a case by a friend. When
I got there there was a Christian Scientist in charge, and I stayed.
By my representation they got a doctor. I didn't say a word, I
will tell you that, and the doctor who took the case criticized my
staying, but if I had not stayed the child would have died. It
seems to me there are cases of this kind where the nurse cannot
desert her case, it is not a question of policy.

The Chairman: It is difficult to lay down any hard and fast
rules controlling the nurse's actions under circumstances of that
nature. It seems to me, as Miss Eldredge has said, that it must be
decided by circumstances and the needs of the patient.

Miss Parsons: Q. "Does Miss Pickhardt give her pupils special
duty in the hospital during their senior year and if so what hours
do they have on duty?"

Miss Pickhardt: We have; under the 48-hour law they are on
duty seven hours.

The Chairman: What is the opinion of the members in regard to
study hour or hours for pupil nurses, how much time per week?

Miss Goodrich: Much has been said about the small hospital and
I want to say that I have found that study hour definitely arranged
for in just one hospital, and that in a very small hospital in New York
State. The superintendent said it was one of the best things she
had ever done. She went in with her data and conducted the study
hour at their request. It was quite remarkable, the interest of
the pupils in their work two hours a week. Of course it was limited
to two hours a week, she arranged to meet her pupils for study.

The Chairman: Was that during the whole course or the prelimi-
nary course?
Miss Goodrich: That was during the whole course, they had no preliminary course.

Miss Parsons: When our instructor found that some of the pupils (not the preliminary pupils, who have study hours too), were not coming well prepared for their classes and she knew that they had sufficient time for study, so that it was a case of neglect, she would ask such students to meet with her at a certain evening hour for study, and the same ones seldom had to come twice.

Miss Pickhardt: Under the 48-hour law we try to make the time as comfortable as possible. Every night each nurse is registered on the bulletin board for the time she is to study during the day. The first of the week, Monday morning by ten o'clock, they must hand in in a sealed envelope their study schedule, what they have studied each day. It is very interesting, to see how much time each subject takes, and it has been helpful to the instructor as well as to the school.

Miss Goodrich: I want to make one correction; I said I only found one. I want to say that such arrangements are in existence. I want to point to the particular value in the use of the reference library. Our students are not apt to think of referring to various books as much as they should and I think I am borne out in that statement. It seems to me the great value of that hour would be the calling of the pupils attention to the various text books on any one of the common and important subjects.

The Chairman: I am very glad Miss Goodrich mentions that point, because it is an admirable one. We provide libraries, but if we do not direct the pupil's minds to those books they pay no attention to them. Perhaps Miss Stewart could say a word.

Miss Stewart: I think that is going to be discussed this afternoon at the meeting on teaching. We have found in our teaching that we get very, very good results when we concentrate on them in the beginning of a course, teaching the students how to get the gist of a paragraph or a chapter in a text book, how to arrange it in outline form, how to look up references, how to make use of libraries and other available material, and how to present every subject in a well organized form. If the student is assigned certain topics she has got to report on she will scour the library and every available source to get the material together and she will present it in well organized form.
I think any of you who may be interested in this phase of the subject will find a great help in the book published by Dr. Frank McMurray on "How to Study and Teaching How to Study."

The Chairman: As there is a session on teaching methods this afternoon, those who are interested will probably get a great deal of information by attending that special session. Several people have asked me since Miss Goodrich's conference if I would provide them with an inventory of the equipment of the class rooms at Bellevue Hospital. We have four class rooms with a great deal of equipment, but I think I can get into shape an inventory, or have the instructors do it, so that if anyone wishes to write to me after these meetings, I shall be very glad to take it up and give them what assistance I can in that matter. Are there any further questions?

Miss Parsons: I want to ask if it has been possible in any state for the training school superintendents to get any information from the members of the examining boards as to possible deficiencies in the knowledge of the pupils who come up for examination. It seems to me that our boards might be of very great help to us if to other schools and in relation to what was expected of them by the examining board, but in Massachusetts we have not as yet been able to learn anything.

Mrs. Clark: The board of examiners after each examination mail to the superintendent of each school the average that her pupils as a body make in each subject.

The Chairman: That is a very admirable suggestion.

Mrs. Clark: Some of the superintendents wanted the averages of the individual pupils.

Miss Goodrich: The superintendent of the training school can get information concerning her pupils by writing to the Education Department for their rating.

Mrs. Clark: May I ask Miss Goodrich if they can get the rating of each individual pupil.

Miss Goodrich: The superintendent can ask for a full list of the marks of the pupils they sent up from that school for examination. I send the superintendent a list of the pupils' grades, so they may find out.
The Chairman: Miss Stewart would like to say a few words on home nursing.

Miss Stewart: I don't know whether the rest of you have had the same experience I have had, but I find a very great demand for the teaching of home nursing. We find that the Boy Scouts want teaching in first aid, the Camp Fire Girls want the same thing, the high schools and colleges are beginning to put courses in their schools. I think that in almost all of the high schools where domestic science is taught some course in home nursing is also taught. In order to teach that of course the home economics or domestic science teacher has to take a course in home nursing and I find that the normal schools and colleges are training these teachers to teach home nursing and first aid. We teach a great many in the Teachers College, we have not less than two hundred each year in that department. We send out a great many teachers to teach economics or domestic science. Those people all want to have a course in home nursing and personally I think every woman should have an opportunity to have a course in the elements of home nursing and first aid. It has taken us so long a time there to try and teach our domestic science teachers that they have taken a very short course usually fifteen weeks of two or three hours each session, in the very elementary processes. They are not very capable of teaching that subject. Each year there have passed through my hands perhaps 150, perhaps more, college women who took this course and I have tried to persuade them each time, have told them very, very frankly I did not consider them competent to teach that subject, but as the school boards demand it they have to do the very best they can. But that is a subject for an expert. That is a question we must take up. It is all in the air just now, the training of the high school girl, the care of the baby, first aid, and the common elements of home making, bed making, and the care of the home and the sick. I have students come to me and tell me they have studied Emerson and about everything in the covers of Maxwell and Pope. I think there is a great deal of danger in this teaching unless we are going to provide the proper material. In New York within the last two or three years they have begun to put in half year courses in home nursing and first aid, including in that the care of the baby, the feeding of the baby, and all that,
and in no case as far as I know is a nurse teaching that subject. I think it is a new field we must prepare specialists for, but in the meantime I believe each one should become interested in her own community in this subject and where a request comes for the nurse to teach it I hope you will make every possible provision for giving what help you can and using your influence to turn this teaching over into the hands of the people properly qualified for it. We do not attempt to teach cooking as a rule. We employ a trained dietitian for that purpose. We felt in order to teach that properly it was necessary to have an expert on the subject. I would like to say to any of you who are a little diffident about taking up this subject that it is not a very difficult thing and one does get to enjoy it very much. I have had students come to me and say "We certainly know the value, we appreciate what nursing means more than we ever did before, and we would not attempt to do without this course." If any of you are thinking of teaching that work, I would be very glad to send the full outline of the work we give in the Teachers College. I do think it is one of the next things we have to take up.

The Chairman: If there is no further business we will now adjourn.

At this point the meeting adjourned.

NATIONAL LEAGUE OF NURSING EDUCATION

St. Louis, Tuesday, April 28, 1914, 3 p.m.

Conference—Methods of Teaching in Training Schools for Nurses.
Chairman—Miss Clayton, Illinois Training School, Chicago, Ill.

Chairman: I think we have all been very much interested so far in the discussion concerning nursing education. We have taken up the standards of education from all points, standards of admission for the student and the curriculum we are to teach. This afternoon we come to the very practical question as to our methods of presenting the curriculum after we have it outlined. This subject will be taken up from several standpoints: The teaching of practical nursing in hospitals; the use of the laboratory method
in training of nurses; the equipment for teaching in schools of nursing; and the visiting teacher.

These subjects are so practical for all of us that I shall ask anyone who has suggestions or questions, to send them up in written form so that we may discuss them very fully. So often we have the standards of the large hospitals presented, but many, many of us come from smaller schools and we would like to know what the different sized hospitals are doing in presenting these different methods of teaching, so if you will send your questions in written form I think we will all get a good deal of benefit from the discussion.

I shall ask for the last paper on "The Visiting Teacher" to be read first, because the person who will read it must leave. The paper is written by Miss Eva Mack, of Chicago, but as she cannot be with us Miss Steele, of Chicago, will read the paper on "The Visiting Teacher."

"THE VISITING TEACHER"
MISS EVA MACK

Of late years, nearly all of the training schools of the country have awakened to the fact that they are teaching institutions. The larger schools, recognizing their responsibilities, have created the offices of supervisors of preliminary courses and training school instructors, and instituted officers whose duties are to arrange and carry out this very important side of the nurses' training. While this is a comparatively easy matter for those schools not hampered by financial restrictions, in a large majority the superintendent of nurses is responsible for this as well as for the housekeeping, the bookkeeping and all the other details of hospital management. Try as she will, it is a physical impossibility to give to her nurses all the class work she conscientiously feels that she should give. The next thing is to depend upon the medical profession. The very indefiniteness of doctors' work makes them non-dependable. Recognizing this need, it seemed to me that a visiting teacher might help to simplify matters for some of the Chicago superintendents. I broached the matter. Although my encouragement was chiefly pessimistic, I began in October with six classes a week. The following month, I received
letters from several nurses, asking for coaching classes for the State Board examinations. I gave them two a week. In January, I added three classes at Lewis Institute, and two more in the hospitals, until, in March, I was running fourteen classes a week, which seems to me was quite satisfactory.

I teach Anatomy, Bacteriology, Materia Medica, and Practical Nursing. What are the advantages? Perhaps the remark of one superintendent of nurses might answer that. She said, "It's such a comfort to have Miss M—— because she is so absolutely dependable, and I don't have to keep re-arranging the schedule, because she has an anaesthetic to give or an operation to perform."

Then it makes for uniformity in the teaching in the smaller hospitals. Another thing, the teacher can give her undivided attention to the matter in hand. She is not hampered by questions relating to the patients and hospital management.

There are disadvantages, of course. Perhaps the greatest is the irregularity of one's work. At one time one is crowded and at other times left with too little to do. The long distances in unpleasant weather might be reckoned a disadvantage. But there is pleasant weather and all disadvantages are offset by the broadening of interests obtained by coming in contact with the many-sided problems of the various schools and nurses, and the privilege of adding one's mite and helping solve the aforesaid problems.

Of course, this is only the experience of one year and another year no one may want me.

The Chairman: I am sure this is an interesting phase of the subject to those of us who have so much to do that we cannot take care of our own teaching. Miss Boyd, formerly of the Teachers College, I think has had some experience along this line, and I will ask Miss Boyd to tell us something further about the visiting teacher.

Miss Boyd: My first teaching work was as a visiting teacher at one of the hospitals in Denver. The first year's work was the arrangement of three courses covering all the subjects that the students were to take up before the State Board of Nurse Examinations. The second year we began the grading of the classes, although I had no say as to the division of those classes; that rested with the superintendent of nurses. Another thing,
I had nothing to do with the demonstration work in nursing. In
the next hospital (which is the one I am going to now, because it
it is affiliated with my own school) I do all the first year teaching
with the exception of nursing. I follow the outline of my own
junior year's work at the City Provident Hospital. Intermediate
year work is done at the county hospital, where the affiliated
nurses come for their second year's affiliation and second year's
class work. The division of the classes in this hospital was dis-
cussed with me and my suggestion was adopted that they divide
them into first, second and third year classes.

First, the visiting teacher is especially suitable and desirable
for small schools, as it lightens the burden of the already too busy
superintendent of nurses; secondly, it increases the nursing staff
and makes conferences between the practical and theoretical
supervisors necessary, which reacts favorably upon and for the
student nurses; third, it broadens the education of the student
nurses and their outlook upon life, provided the woman who does
this work has the instinct of the educator so she can impress her
students with their own responsibility. This woman needs train-
ing for teaching; she needs study of the methods of teaching, and
she needs to study the students that are placed under her care.
She also needs experience in actual nursing work, because we must
always remember that nursing is an art. Most important of all,
this woman must know that the goal of any and all educational
training is to broaden and deepen the character of the individual
students that she has under her care. [Applause.]

The Chairman: I would like to know if there is any one here
who is having the visiting teaching done in their schools where
the schools are not in the same city. It was suggested a year ago
at the conference that there might be a way whereby the smaller
schools in outlying towns could have their technical teaching or
scientific course by the visiting teacher, and I am quite eager to
know if anyone has started that method.

Miss Steele: Miss Mack is teaching in Evanston, a suburb of
Chicago.

Miss Smith: I would like to know how much per hour the teach-
er receives.

Miss Boyd: That depends upon the hospital. I make a monthly
arrangement, according to the number of hours of teaching done,
at $2.00. In some places it runs anywhere from two to four and five dollars an hour.

Miss Steele: Miss Mack gets $5.00.

The Chairman: I have in mind one class in Chicago which is taught by a physician who is the teacher, and the class occupies three hours a week. $1.50 is paid for each hour. Perhaps Miss Stewart will tell us something about prices for such teaching in New York City.

Miss Stewart: I think there is very little of that kind of teaching being done, but I think the one visiting teacher we have in New York, Miss Anderson, has been receiving from three to five dollars an hour for her services. I do not think that is high when it is compared with other teaching, but it has been as much as we have been able to get for the visiting teacher.

Miss Friend: I would like to ask if that includes the written quizzes and examinations?

Miss Stewart: I do not know whether it includes the written quizzes or not.

Miss Boyd: It does.

The Chairman: I would like to say that it does in some localities. I think very often we have dietetics taken outside of the hospital, for which the charges are from two to four dollars, depending upon the locality. That takes entire charge of the quizzes, the examination of lecture books and examination papers. I presume it depends somewhat upon the location of the schools.

Are there any other questions to ask regarding this particular subject, as Miss Boyd must leave us, and I would like her to answer such questions as may be asked before she leaves. [No response.]

We will now take up the next paper and reserve the discussion until all the papers are finished.

Miss Annabella McCrae, Instructor Massachusetts General Hospital, Boston, prepared a paper on "The Teaching of Practical Nursing," but as Miss McCrae is not present Miss Friend of the Miami Hospital, Miami, Ohio, will present the paper.
TEACHING OF PRACTICAL NURSING

ANNABELLA McCRAE

Practical Instructor of Nurses, Massachusetts General Hospital

January 1912, the course in practical nursing at the Massachusetts General Hospital was reorganized. With the increasing number of pupils in the training school more concentrated and specialized instruction was thought desirable during the preliminary course of three months. A classroom was in part fitted up to facilitate the carrying on of this work, while not ideal for efficiency methods, it is of ample space, having accommodation for six bedsteads and bedside stands, a platform for demonstrating purposes and forty student chairs. There are also several closets for linen, utensils and a good sized sink in an adjoining anteroom, a Chase doll and two homemade dummies covered with rubber sheeting and all necessary materials for the various nursing procedures.

Whereas other large schools have classes of students entering twice a year we find that our classes being so large it is essential to have four entering groups a year, which means a fresh influx every three months, beginning with January of each year.

As the pupils enter the first day of every third month they register full name and home address and make their deposit and are then assigned to their rooms. On the evening of the day of their arrival the Superintendent of Nurses meets the class to greet them and give general instructions.

The following morning they don the probationers' uniforms and breakfast at seven o'clock. From 8 to 9 they receive their first instruction in theory, the title of this lesson is "Dust and its Dangers," and henceforth at the same time daily. At 9.30 the practical instructor meets the class and her first duty is to inspect the uniforms of each pupil and note general appearance, and correct anything unusual in attire. If certain required changes in uniform cannot be made at once, a week is usually allowed to make corrections, and against the pupil's name in the list which the instructor holds, a note is made of the correction to be made, also the advice given the pupil at the time. On the expiration of a week a second inspection takes place which generally proves satisfactory.
As the pupils are on the non-payment system they are provided with the necessary text books, consisting of Pope's Anatomy and Physiology, Maxwell and Pope's Practical Nursing, Dock's Materia Medica, Medical Dictionary, Emerson's Essentials of Medicine, filler paper and binder and fasteners.

The class is then instructed in methods of note taking and other matters in regard to their work. At the conclusion of this session they are taken in a body to meet the training school assistants who assign and take the pupils to their respective wards, and if the morning is not too far advanced, they will be taught by the assistants sweeping and dusting, or they are put in charge of the head nurse whose duty it will be to teach them to assist in some of the minor duties of the ward not in direct connection with the patient until further instruction is received in the classroom. After luncheon each one returns to her ward, at 2 o'clock they reassemble in the class room to see the first demonstration given by the instructor. There is a display of ward linen of great variety, as well as swathes and binders of different designs, rubber sheets, rubber pillow cases, etc. This is to aid the pupil in identifying the proper article for the purpose intended.

The second demonstration of the day is the making of an empty bed, the necessary linen and equipment is brought to the bedside. A duplicate list of the articles is written on the blackboard, with which the pupil heads the notes of the demonstration. A quiz is then held on the bed made as it stands, then, as the bed is pulled apart, each article is noted and the order in which it is removed, etc., the same procedure is carried out as the bed is put together. Finally critical observations are called for as the bed stands completed, this is followed by a talk on economy in the use of bed linen. The observations made by the pupil, and the pertinent questions asked are very interesting to the instructor as she gets the unbiased point of view of an outsider regarding her methods, at the same time the mental calibre of the pupil can soon be recognized in the intelligence displayed in her observations, while a few will fail to see what is most obvious to the majority. After the demonstration is over there is little left for the instructor to explain as the pupils have told nearly all that was worth telling about the subject which was of course a very elementary one, but a good beginning toward the more important subjects which must follow.
The two demonstrations will have taken two hours. At the close of this first day’s session the pupils are instructed to prepare themselves to be weighed by the instructor. The net weight of each pupil is obtained and recorded for later comparison in case of illness or unusual loss of weight. After this operation is completed the pupils are at liberty for the rest of the evening which ends a strenuous day for all concerned.

In arranging the three months schedule of practical instruction it has not been found possible to include other than the most essential subjects, also taking into consideration what may best be taught in the classroom.

Altogether there are forty demonstrations, but the strong part of the course depends upon the classroom practice under the eye of the instructor. Groups of six or eight are taken in turn and each has to go through every procedure, explaining the underlying principles of the method employed. Each pupil also acts as subject whenever possible, they also criticize each other and later in the course they conduct demonstrations themselves. The success and enjoyment attending this course depends very largely on keeping every individual in the class occupied in some vital way.

The time of the probationers is arranged so that they have Saturday afternoons and either Sunday forenoon or afternoon off duty. During the week each probationer averages about four hours daily on the ward, one and one-half hours daily with the theoretical instructor, two hours of practice in the classroom and four and one-half hours off duty for study and recreation.

As yet we consider ourselves in the experimental stage, learning at the expiration of each period some better way of doing things. An instructor whose duties wholly confine her to the class room teaching should have an assistant, preferably a member of the senior class, for whom is planned some executive duty later on. She should spend a three months period between the class room and wards, being present at all demonstrations given by the instructor, then see that the instruction received by the pupils is properly carried out on the wards. A busy assistant superintendent or head nurse may not be able to give the necessary supervision when most necessary, which leaves the pupil too much to herself, in consequence of which she will soon lose the real interest in the work and lapse into careless methods, and will also lose much
time doing non-essential duties when she should put into prac-
tice her nursing lessons.

The assistant should write up a daily report stating in detail
what treatments have been carried out under her supervision,
who the pupils were, and how the work was done.

Each group is recognized as sections I, II, III. While the
whole class meets three times a week to attend the demonstra-
tions in nursing methods given personally by the instructor, on
which a period of two hours or more is spent, depending on the sub-
ject presented.

A schedule is made out each evening on which is written the rou-
tine of next day’s work and time off duty. In addition to this
daily schedule is a permanent list on the bulletin board on which
is written the names of the pupils and the number of the section
to which they belong that so that each one recognizes under the
number of her section the next day’s plans which have been laid
out for her and she is guided accordingly.

On the expiration of three months the pupils have a final review
of the work done in that period which consists of demonstrations
to which the head nurses and pupils are especially invited.

The final marks received are chiefly for the average standard of
work done during the three months and not especially for this
demonstration.

At the end of this period the pupils, if accepted, are each assigned
two or three ward patients to begin with and as they become profi-
cient in the care of these the number is gradually increased to the
usual quota of five or six patients, according to the ability and
efficiency displayed by the pupil.

As soon as possible after the first three months these pupils re-
ceive their instruction in cooking and in bandaging.

The advantages of the period spent on the ward during the pro-
bationary period are as follows:

Point 1. Her interest is sustained in her theory and practice as
she sees the application of both in regard to the physical discom-
forts and suffering brought on by disease, and her practice of nur-
sing in regard to certain treatments and the ability to make the pa-
tient more comfortable.

Point 2. She becomes acclimated to the hospital atmosphere at
her leisure and is not rushed into situations which she fails to grasp.
Point 3. She has an opportunity to again put into practice what has been already taught in the classroom and sees results for herself. The opportunity of the practical instructor who is in intimate contact with the probationers during their most impressionable period is very great.

Promptness, method, economy, courtesy, loyalty and finished work are a few of the qualities that she can try to instill into these eager, receptive young women.

During these months the instructor and probationers get to know each other as would not be possible under any other conditions. The contact is too intimate for anyone to be able to maintain continuously an artificial attitude or an assumed interest. The strain of so much repetition requires the maximum of interest and enthusiasm for the work on the part of the teacher—given these she has perhaps the best part of all.

The Chairman: Before taking up the discussion of the practical side of teaching we will have the theoretical side from the laboratory standpoint. Miss Helen Bridge, Instructor in St. Luke's Training School, New York City, was to present a paper on “Equipment for Teaching in Schools of Nursing,” but as Miss Bridge is not able to be with us, Miss Stewart will read that paper.

EQUIPMENT FOR TEACHING IN SCHOOLS OF NURSING

MISS HELEN BRIDGE

Instructor in St. Luke's Training School, New York City

The necessity for proper teaching equipment in Schools of Nursing must be so obvious to everyone present today that time spent in a discussion of this phase of the subject would be a mere waste. It is not my purpose to give reasons for, or complete lists of materials needed for teaching the various subjects which occupy a place in the training school curriculum. But I hope rather, to offer a few suggestions relative to equipment and materials for teaching which may prove helpful to some among our numbers.

The one subject which will probably always hold the central place in our scheme of teaching, is Practical Nursing. In giving this course every teacher no doubt realizes that she would obtain