the best results if it were always possible to use a patient for the demonstration of nursing procedures. Many times this is impossible and perhaps not always to be desired. It would undoubtedly be much more satisfactory, both to the student and to the patient to whom she gives treatments for the first time, if previously, she had practiced, under supervision, upon a dummy.

The question at once arises as to what kind of a dummy is to be used. Several kinds can be purchased, but those which prove satisfactory are rather expensive. The large sized Chase Doll which is exhibited here costs $75. This can be bathed, put into various positions and has in it, a tube which may be used in teaching vaginal douching. This would be a help for any teacher but would, perhaps, prove somewhat expensive for some institutions. No doubt some instructors would prefer having a less expensive doll and using the money saved for another purpose—as for instance the purchase of books for the reference library.

The best way to get a doll, warranted to be cheap and absolutely satisfactory is to make one. Some time ago a doll of this kind was made at Bellevue and it proved very useful. Following this suggestion we have just finished one at St. Luke's. The cost of this doll, not considering the time that was required to make it, was $7.30. The materials required were as follows:

- Rubber cloth (double width), 2½ yards; cotton batting or cotton waste, 12 rolls; rubber gloves, white, 1 pair; hair; mask.

As we had no pattern, a great deal of time was spent in cutting one. This was the most difficult part of the task. Now we see a great many things about it which can be improved and hope soon to have a really good pattern which it will be possible to furnish to those who desire it.

The legs of the doll were finished separately and the trunk, head and arms made together. The whole was stuffed tightly with cotton waste, weights being put into the feet, arms, head and trunk. The joints furnished one of the greatest problems. At the elbows and knees these were made by inserting fairly large gussets at the proper places. At these points and at the shoulder, the packing was put in more loosely and the result was a fair degree of motion. The hands were made by stuffing the fingers of the rubber gloves and cementing them to the bottom of the arms. Before the body was finished we grew ambitious and decided to put in a tube which
would make it possible to teach vaginal douching on this dummy. This proved rather difficult but we succeeded in getting it in place and in working out a better scheme to use another time. We believe that it would be comparatively easy to fit in a tube in the following way. Have the open end of the tube fitted into a phlange, the back of which has been roughened and around the circumference of which a number of holes have been pierced. Cement to this roughened surface a large square of rubber cloth, the rubber being in contact with the metal surface. This can then be placed inside the body, the square of rubber being stitched to the dorsal and ventral surfaces of the trunk, and the outside rubber stitched to the square around the tube through the holes in the phlange. Any spaces could be filled in with rubber cement. Naturally this tube must be put in at a sufficient angle to permit of free drainage and this fact must be kept in mind while packing the body. To insert a tube in this manner would necessitate leaving the head open, the trunk, arms and body being stuffed through this opening. This would also give the opportunity for covering up some of the cruder stitches with the hair and mask, and insure a neater result. The bottom of the body and the tops of the legs were finished with wide tape. They were then whipped together with strong thread. Over the rubber face was placed an ordinary theatrical mask which had been given a coat of white varnish. For the hair was used a transformation bought at a department store for $1.98. This was doubled and sewed down the centre of the head from the middle of the forehead to the nape of the neck. The result is that it can be combed and braided in the most approved hospital style.

Finished, the doll has many advantages. First it is much lighter than the ordinary dummy and can be handled with less effort both on the part of the student and the teacher. For this reason alone it would be worth the cost and the trouble of making, since it would prove of decided advantage in the practice work of the new student. Second, it can be used for all manner of baths, from a cleansing one to a tub. Third it stands stuples, poultices and all manner of external applications very nicely. It can also be given a hypodermic injection. It is possible to use it for dry cupping if a piece of dental rubber is pinned securely over its chest. Fourth it makes a good subject for bandaging and can be put into any position, knee-chest and Sims included.
The equipment of a bacteriology laboratory would depend to a great extent upon the nature and length of the course given. The big item of expense is the cost of microscopes. These average from $25 to $30 and the cost of the oil immersion lens is $25 additional. Each student or every two students should have a microscope, and one oil immersion lens should be allowed for every six students. This makes it seem that the expenditure for microscopes would be almost prohibitive for many schools. But as the students could be handled best in small sections and since such an arrangement would simplify matters from the standpoint of ward management, the cost of microscopes could be appreciably reduced. Thus a class of 40 could be divided into sections of ten each. In this event the microscopes would cost only about $225.

If we are going to do work that is at all extensive, it will be necessary to have an oven for the incubation of cultures. To buy one of the kind that is ordinarily used in the laboratories, costs about $30.00. But we could make one from a show case at an approximate cost of $3.50. The heat for this is furnished by two large incandescent bulbs. These are controlled by a thermostat and the oven can be kept at a rather even temperature. This will answer all the purposes of the more expensive oven.

It would hardly seem necessary to install sterilizers in our laboratories. Material which must be subjected to a high degree of heat can probably always be sterilized in the operating rooms or the pathological departments. In some cases it has been possible to procure all of the necessary culture media from the hospital laboratories, where previously it has been made and sterilized. If it was found necessary to have a sterilizer, an Arnold would probably be chosen. A wash boiler, at a cost of $1.80, would answer the same purpose, providing it had a sufficiently arched lid.

The individual desk set which must be furnished each student, would consist of the following articles:

Slides, 1 dozen; cover glasses, 1 dozen; medicine dropper, 1 dozen; dissecting needle, 1 dozen; platinum loop, 1 dozen; scissors, 1 pair; thumb forceps, 1 pair; lens paper, q. s.

Of this list, the platinum loop is the most expensive article, but we must remember that this does not wear out. It is not essential that we have new forceps and scissors. No doubt it
would be possible to collect a great many sets which were ready to be discarded from the wards and the operating rooms but which could be used very well for this work.

For physiology we need practically the same individual outfit as in bacteriology, plus a large number of slides showing the structure of the various tissues and organs. The latter could all be procured from our pathological departments. Charts and models of various kinds are needed in teaching anatomy. A dissectible Azeau mannikin is a very important teaching aid. But the price of this makes it almost beyond the reach of the greater number of schools. If this cannot be had, a paper one is a fair substitute. Papier maché or plaster models of various kinds can be procured at reasonable prices and are very helpful. A few of these, such as a section through the head and neck, through the genitalia, dissectible models of the heart, kidneys, liver, eye and ear could be had at a comparatively small cost. Another thing which is extremely valuable is the use of pathological specimens. For instance the student may dissect a normal sheep's heart or study a model of the normal human heart. She will then be extremely interested if given the opportunity to compare these normal hearts with pathological specimens. A skeleton is of course indispensable. In addition to this it is a help to have a collection of separate bones. These can be identified and fitted together by the students. In this way they gain a much clearer idea of the relation of the different bones and of the various types of joints in the skeleton. A dissectible skull is also valuable, particularly for use in teaching the relation of the nose and throat to the various sinuses in the bones of the head and face.

Many and various are the charts that are available. A large number of these are excellent. For instance where it is impossible to do microscopic work, a chart which shows the histological structure as well as the gross anatomy would prove valuable. An example of this would be a chart of the skeletal system which besides showing the bones, also showed transverse and longitudinal sections of bone highly magnified.

It is perfectly possible to make simple charts at a very small or at practically no cost. Diagrams which have proven particularly useful in the classroom for blackboard work, could be made on paper, colored, mounted on muslin and the whole given a coat
of white varnish. This would save time in the class room, insure
the correction of the diagram and in many instances serve the same
purpose as the more expensive chart.

Some hospitals, at least a few of those connected with medical
schools, possess projectoscopes which can be used to great advan-
tage in teaching. Where it is impossible to do laboratory work,
lectures accompanied by slides thrown on a screen will do much
toward keeping up the interest of the student and vitalizing the
facts they are acquiring.

The equipment needed for a course in chemistry must be worked
out according to the experiments planned. The list of apparatus
needed by an individual student is very simple and would include
the articles in the appended list. This would be sufficient for a
course covering a half year's work in elementary chemistry. The
cost of installing it would not amount to more than $3.00 per capita
and the cost of chemicals and breakage to not more than $1.50
per capita, yearly.

Iron tripod, 1; iron rings, 2; bunsen burner, 1; rubber tubing, 1;
deflagrating spoon, 1; blow pipe, 1; wire gauze, 1; test tube holder,
1; wing top burner, 1; pinch clamp, 1; forceps, 1; mortar and pestle,
1; evaporating dishes, 2; porcelain crucible, 1; clay triangle, 1;
funnel, 1; thistle tube, 1; 250-cc. flask, 1; 8-oz. glass bottles, 3; 50-cc.
graduated cylinder, 1; hard test tube, 1; test tubes, 6; beakers, 2;
watch glass, 1; glass rods, 2; test tube brush, 1; triangular file, 1;
test tube rack, 1; horn spatula, 1; scissors, 1; knife, 1; agate boiler,
1; wash bottle, 1; bath thermometer, 1.

Many uses might be found for a well placed bulletin board. On
this might be posted clippings from papers and magazines,
relative to current events in nursing and allied subjects. Illustra-
tive material could also be posted there, where it would be
accessible to all the students.

Catalogs furnish some interesting materials. For example in
a course of hospital economics the following might prove of use.
Pictures of hospital furniture of various types could be cut from
catalogs and mounted on card board. The prices could be affixed
and in this way the pupil would gain ideas of materials available
in this line and of the approximate cost of the same. A filing cabi-
net should be divided for the care of material of this character.

To finish this paper without at least mentioning reference li-
Libraries would indeed be a mistake. We need libraries in schools of nursing for a number of reasons. The work that we are doing there demands that we have books to which our students may be referred; books which will give them added information along the lines which they are studying and along the lines of work closely allied to ours. The use of books will stimulate the interest of the students and will increase their breadth of outlook.

Like all other things which we need most, books are expensive. But why not make use of the public library systems? Colleges and universities do it and why shouldn't we? Some libraries permit the issuing of a special card, which allows as many books to one person and for as long a time as desired. This would be a good card for an instructor to hold. Another plan would be to use a branch library if one was located near the school. In this case it would be possible under the rules of most libraries, to have a number of reference books on special shelves which would be available to our students. This plan has been used successfully by professors in the college of the City of New York. A third plan would be to install a traveling library in the school. It would be possible to procure books for this both from the state and from the city libraries, and as many as 100 volumes could be had at a time. These could be kept as long as desired and changed whenever wished. The only disadvantage of this plan would be that the city libraries do not furnish technical books. They have books on technical subjects but chiefly those written in a popular vein. However if you can convince them that the books will actually be used by the public they will get practically any book that is asked for. An advantage of this plan is that it includes periodicals.

Another way in which valuable material may be added to a school library, is to collect bulletins issued by the government and many colleges. Cornell University sends out many splendid pamphlets some of which are distributed without cost and others at a very small cost. These are exceedingly helpful.

For schools which are situated in the larger cities, the public museums offer attractive possibilities. At many of these institutions, regular courses of lectures are given, some of which our students could attend with profit. In some of these it has been possible to arrange for special courses of lectures which have been given to students in schools of nursing. Another feature of these
institutions which would be valuable to us, is the material in the various exhibits. For example, the biological exhibit would be interesting and offer good teaching material. During the course of the year many special exhibits are arranged of which advantage could be taken. A recent one of this type was an exhibit arranged by Dr. C. E. A. Winslow at the American Museum of Natural History. This showed different systems of sewage disposal, the method of protection of a water supply, methods for the destruction of vermin, insects and rodents, and charts depicting the relation of these to disease and the spread of infection.

Other institutions of interest are offered by almost every community. To these excursions could be planned. Among those which might be used in this way are the following:

Social service bureaus; welfare departments—as for instance those conducted in large department stores and hotels; milk stations; factories; museums; water purification plants; sewage disposal plants.

Our next paper will be on "The Use of the Laboratory Method in the Training of Nurses," by Miss Martha Eakins, Instructor in Michael Reese Hospital, Chicago.

THE USE OF THE LABORATORY METHOD IN THE TRAINING OF NURSES

MISS MARTHA EAKINS

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The Laboratory Method of teaching sciences first developed in Universities, in the early part of the nineteenth century. Thomas Thomson opened in Edinburgh, in eighteen hundred and seven, the first laboratory for the teaching of science. Germany, which has always led in scientific work, opened laboratories at the University of Gressen, in 1824, under the direction of Liebig.

Extensive application, of the laboratory method, to the teaching of classes in zoology was first made by Huxley. In the United States the example of Germany was soon followed. Louis Agassiz was an advocate of laboratory method of teaching sciences in this country. The first laboratory for instruction was that of Horsford, in the Lawrence Scientific School, 1848. Prior to the establishment of the Johns Hopkins University students of
chemistry and other sciences went to Germany for their training. Following closely the founding of the Johns Hopkins University, came the establishment of such universities as Harvard, Clark, Chicago and many others till now training in United States in Chemistry and other sciences, by laboratory method, is in all respects equal and in some respects superior to that given in Germany. Magnificent laboratories are dotted over the country from coast to coast.

In technical schools complete departments for laboratory work have developed. The first secondary school in the United States to open a laboratory for the individual work of its pupils, was the Girls High and Normal School of Boston. At the present time, sciences are taught by laboratory method in the high schools of Great Britain, and all larger high schools of the United States.

In training schools for nurses the fundamental sciences of Anatomy and Physiology; Chemistry, Bacteriology, etc., have, until quite recent years, been taught almost entirely by lecture method. Many obstacles prevented the introduction of the laboratory method in our training schools such as, lack of proper class rooms, and equipment. The teachers were usually the administrators also and so time could not be spared for this type of instruction. It is also considered time consuming in regard to the pupils. It is quite true that many more facts can be obtained from an hour's reading than from an hour's laboratory work. Harvey however, makes the superiority of laboratory work quite clear, in the following statement quoted by Huxley: "Those who read without acquiring distinct images of the things about which they read, by the help of their senses gather no real knowledge, but conceive mere phantoms."

Where a training school is a part of a college or university, or where there can be such affiliation, the problem is easily solved. However where no such arrangements exist, laboratory method is still quite possible. And though the college affiliation certainly has many advantages, still laboratory work especially planned, for training school pupils, and adapted to their particular needs, correlated closely with their hard work, is not always possible by college affiliation.

Let us define quite clearly what we mean by laboratory method and review briefly a few of its most important principles. The
term laboratory originally applied to the shop where the chemist elaborated his chemical and medicinal products. Now used to indicate the building or room set apart for the conducting of practical investigations in any of the sciences. The laboratory furnishes a most important adjunct to any educational institution and is essential in the teaching of any science.

By laboratory method we mean the teaching of science by observation and experiment. Where each pupil has an opportunity to make his own observations and experiments instead of accepting verbatim all that he is told. It is teaching by rational method rather than dogma. Quoting from Lloyd and Bigelow on laboratory method. "It is not to be understood that the student must get all his scientific facts from his own observations in the laboratory. To advocate this would be absurd. Such a limitation to the time consuming laboratory work would make it impossible for the average student, to acquire anything like a general view of the science. Some fundamental facts having been acquired by personal observation, such original knowledge, may be the basis on which to build facts acquired from other persons, through the media of art and language."

Unless the principles to be followed in using this method are fully realized, unless the laboratory method is thoughtfully, carefully and intelligently worked out, with a full knowledge of its advantages and disadvantages, it were wiser to stick to the old lecture method. The former method takes more time and patience, but does it not repay? In terms of interest we surely reap our reward, and I think also in the final test of knowledge.

Let us consider briefly the main principles of the laboratory method. There are two methods followed, that of investigation and that of verification. Each has its strong and weak points. That of investigation has many points in its favor. It arouses the interest of the student (a factor on which we must put much stress in training school teaching). Verification also has its uses. Many employ a preponderance of the investigation, but the verification is also used to some extent.

The best results are obtained from laboratory method, when the classes can be divided into fairly small sections. Where there is a training school instructor, this is usually possible. Large sections in laboratory work means that much of the work done is
unobserved by the instructor, and many wrong impressions may be carried away.

The thorough grounding in the sciences in training schools is now usually given to the pupils in the Preparatory Course. When there is a person who gives her entire time to teaching, she can usually plan her work so as to divide the class in small enough sections to give competent supervision to the laboratory work. Or even after nurses are on the wards, it is usually more advantageous for the ward work to take them off in small sections.

Explicit directions must be given on board or still better by typewritten or mimeographed slips, so that the students may proceed at once to their investigations or experiments without loss of time. Pupils may make their own observations and deductions, though the Instructor may assist them to conclusions, if not correctly made, by pertinent questioning. In fact the success of laboratory teaching depends much on the activity of the teacher during the whole period, both to make the work of each student mechanically successful, and to maintain the whole work on the plane of an intelligent exercise. The teacher should never be distracted from teaching, by the necessity of giving out apparatus. All arrangements for the work of the class must be made in advance.

Enough time must always be allowed to catch up all the loose threads of the lesson given. Without subsequent treatment the results of laboratory work would remain largely incoherent and meaningless. The discussion in the class room is largely for the purpose, first of establishing what were the facts observed, in addition to this they serve to recall unheeded, but significant phenomena.

This brings us to the interesting question of how the time should be divided between laboratory and class work. Some secondary schools and colleges advocate three laboratory periods to two class periods. Lloyd and Bigelow four laboratory periods to one class period, with a short time for quiz and gathering of ideas, at the end of each laboratory period. This is a question depending so much, on the science, the ability of the pupils, that it may be left to the discretion of the Instructor. Enough time however must certainly be used, for this purpose, so that we are sure the pupils have digested and assimilated the gist of the laboratory lesson. Otherwise our whole purpose will be defeated. Personally I think
in training school teaching more time must be allowed for this than in a college or secondary school class. Each laboratory lesson should also be written up in a note book by pupils, and the note books submitted for inspection and correction. This operation will necessarily call attention to gaps in the pupils knowledge of which before he was unconscious. In some instances simple drawings or illustrations of things observed are helpful.

The equipment necessary for this variety of instruction, is by some considered an unsurmountable obstacle. In consideration of equipment necessary for laboratory work in colleges, the consensus of opinion seems to be that the cost depends considerably on the ability of the teacher to properly use and make the most of what she has. A well equipped laboratory of course has its advantages, at the same time costly equipment does not necessarily prove that even passable instruction is being given. Satisfactory work can be done with simple appliances and simple fittings. The indispensable things are, running water, gas, and a room that has a good light, with cupboards for keeping of equipment.

Equipment depends of course on subjects taught. I have found however that a great deal that is needed is often found in the store rooms of large or even moderate sized hospitals. Such things as are not in the way of instruments, glass ware, chemicals, can usually be gotten on requisition, as the expense of equipment for moderate sized sections is not large.

Much necessary equipment can be obtained through the laboratory in the way of slides and specimens. The pharmacist and even the carpenter, and engineer will often be of service, while the hospital butcher can furnish much valuable material.

If it is thought necessary, or that more value is obtained by teaching science by laboratory method in colleges, will it not be even more necessary in training schools. Their interest must be aroused and kept aroused and laboratory work helps in this respect. In addition the Instructor must be actively interested, and often has to furnish the enthusiasm, which is caught by the class.

Pupils will often express regrets at missing a laboratory session while they seldom regret a lecture. In giving a laboratory lesson, on poisons and their antidotes to a class recently, one pupil was
ill. At the next class all the theory of the lesson was carefully gone over, and the pupil who had missed the laboratory lesson, given notes to study on the subject. At an examination given a few weeks later all the pupils who had had the laboratory work, passed well on the poisons and their antidotes, but the one who had not, though a much better student than some of the others, got her answers hopelessly mixed.

Women who come to train as nurses are not the type, that are satisfied with mere book knowledge. They come because they crave activity. They are the women who accomplish most when their hands and brain work together. They enjoy their practical nursing classes, for it is taught as laboratory work. They will enjoy and make use of the sciences just to the extent that we can arouse their interest and correlate it with their ward work. Can not this best be done by the laboratory method?

Correlation in this method is of much importance. For example in teaching the circulatory system, when the blood cells, blood clot and circulating blood have been microscopically demonstrated, when each student has become quite familiar with the heart by laboratory method; might this not be the best place to demonstrate the taking of a blood count, the principles and working of the blood pressure apparatus.

Of course in many institutions it is wisest to make haste slowly. Gradual changes are often much better than radical ones. Where lecture method has been used entirely, it is in many instances necessary to introduce the method gradually.

The Training School subjects that can be taught, to a great extent, by this method are the following: Chemistry, Bacteriology, Anatomy, Physiology, Dietetics, Materia Medica and Solutions, and Urinalysis.

I fear I will not be allowed time to go into the teaching of any of these subjects particularly, but I cannot refrain from a few illustrations.

It is quite easy to tell a class of probationers the conditions which are favorable or unfavorable to bacterial growth, but will they remember those conditions, as they would if you let them pour plates of culture media, expose them under different conditions and thus find out for themselves what these conditions are.
Of what value are the tests for albumin or the test for sugar, to a nurse, when given to her by the lecture method. She may pass a slate examination in Urinalysis, but if asked by a physician to make these tests when she takes her first case, she will find that in some way book knowledge is not of much practical value. Quoting McMurry, "knowledge without the ability to apply or use it leaves one theoretical, which is a term of reproach."

In both of the above illustrations the laboratory work can be well correlated with the ward conditions and ward cases, and where this is possible the value to the student is always twofold.

From Anatomy and Physiology we will stop only to mention a few examples. The value of the dissection of frogs by pupils, this giving them a very definite idea of the different cavities of the body and their contents, besides much other valuable information.

The study of tissues (always hard for pupils) by the inspection of slides demonstrating the microscopical structure of tissues and the observation of the different tissues from chickens legs or other joints of meat.

Absorption is made much clearer by the observation of the exchange of salt and sugar solution through a dializing bag.

Many points which we pass quickly over because of the lack of time, could be of more value if the short time spent on them were rightly spent. For example, how many of us even as teachers can remember from the text the anatomy of the eye. Yet if one dissects an ox eye the subject is so visualized that there is no more difficulty in remembering. Many operations on the eye, as for example, that of the cataract, can also be made quite clear. Here is again our opportunity to show why the success of the operation depends to a great extent on the subsequent nursing care.

In closing let me read an extract from Huxley's Science and Education Essay. "You may read any quantity of books, and you may be almost ignorant, as you were at starting, if you do not have at the back of your mind, the exchange for words, in definite images, which can only be acquired through the operation of your observing faculties, in the phenomena of nature."
BOOKS ON LABORATORY METHOD


_Teaching of Biology in Secondary Schools_, Lloyd and Bigelow.

_Laboratory Exercises in Anatomy and Physiology_, Holt.

_Physiology by Laboratory Method_, Lloyd and Bigelow.

_The Chairman:_ This morning it was stated that in order to have our students get the very most from their class work they must be taught how to study. I am going to ask Miss Stewart if she will tell us in a few words some suggestions they give to their students as to how they should study.

_Miss Stewart:_ I am not at all prepared to do this, but I may say that in helping the students to study we feel that the first thing is to get a specific aim in view: What do they want to know? Are they quite sure what they are going to get? We try to make that very clear. For instance, in assigning a lesson I may speak of it that way. Suppose I say, "We will now read for the next lesson the chapter on the circulation, in Kimber." That is very often the way we would assign the lesson. Or, we might designate a certain chapter in physiology. In training them how to study, the next thing would be to find out definitely what they want to know, what they have to get out of that chapter, taking the few main topics and possibly writing them on the board. That is, try to get them to get the main points out of that chapter, not to try to memorize it. So often in studying, pupils try to remember every little fact. Even now, in these enlightened days, people sometimes memorize whole paragraphs thinking that is the way to study. Of course, that is an entirely wrong way to study. After reading over the assigned reading, first we try to get them to pick out the few main important topics in that chapter of it. They put those down in an organized form so they follow one another logically. Then the next thing is to study those points out carefully so they understand them. Very often the pupil does not understand many of the hard words or some of the allusions. In assigning the work we feel that it is necessary to explain these things so the student will have something to go on. Sometimes we do not explain, but have them look them up before they study that lesson. The next thing, of course, is to get the work organized
in a complete form. I think there is nothing more valuable than the outlining of the chapter so that they go under heads, for instance, four or five main topics; then the sub-topics under those, and perhaps the sub-topics again under those. That gives them a picture of the relation of the different parts to the whole. Sometimes we assign some other readings to help to illustrate, or readings that give interest, and probably will assign to different pupils various readings. For instance, you may find a much clearer description of circulation in some of the other physiologies than in your text books, or on some other point. So we assign different readings and each student is required to bring a small topic she has worked out herself, to contribute to the class. That has not so much to do with the studying, but I feel that one of the great things is to make the class feel they are not simply passive subjects; that we are not there to pour a certain amount of knowledge into their brains, but they are there as active members of the class and it is their responsibility to see that the class goes well. You have to try to make them take actual part in all the discussions and feel responsible for the class work. Some of our teachers say that the best teacher is the one that makes her class most independent of her. I think there is a great deal of truth in that, because if we simply make our students passive subjects, when they go away from us they have no more ability to think things out for themselves than they had before; they just wait for somebody else to supply the food, and perhaps, assist them in digesting it. We do not want to have too much predigested material. We want to make them think things out for themselves, make them want to know more. We try to encourage as much as possible a great deal of questioning so that they will be thinking things out for themselves.

I wish I might have known sooner of this request, for I might have said a little bit more on this subject, but I have not really thought it out very clearly for presentation here, and I know we have a great many other things to discuss. [Applause.]

The Chairman: I was interested the other day to read from one of our foremost educators in this country, this statement: That the best part of teaching is in the assignment of the lesson; that the teacher who could assign a lesson to the student carefully has
already half taught her class. I think Miss Stewart's method of assignment will help all of us to teach our classes better.

We have had given us the laboratory method of teaching. The test of any teaching is in the efficiency of its results. Miss Randolph, of Virginia, has been teaching the laboratory method entirely for three years, and she has had opportunity to see some of the practical results in the work of her students. I will ask Miss Randolph to tell us something about that.

_Miss Randolph:_ Miss Eakins' paper has left little for me to say, except to prove to you the beneficial result to the scholar. We have been using the laboratory method throughout for the three years. The laboratory method in our school was taught three years ago, because the professor in bacteriology said his results were so poor that he would prefer trying it in a different way the following year. We started the laboratory in bacteriology first, and the results showed much increased interest. I don't think that I shall ever forget the lesson I learned the first time that those women tested out for themselves in the laboratory the results of the various disinfectants that they had used. They had made their own culture media, grown their own bacteria; they had destroyed these bacteria in various ways, and finally they subjected the bacteria to different disinfectant agents for a given period of time. The following morning we all went back to the laboratory to see what had been done. I was taking the course simply to prove to the professor my own deep interest. Each one of us ran most energetically to our own little closets and took out our own little racks. The nurses who had made breaks in technique were terribly embarrassed when we held up the perfectly clear fluid showing we had killed all the bacteria in a proper fashion. We had destroyed the given number of bacteria in the given amount of solution, through a given strength, but they, through break in technique, had failed, as their crestfallen faces showed, and they determined that the next time they handled these infectants they were going to remember the cloudy aspect that greeted them that morning, showing that they had not killed the bacteria. Another thing surprised us immensely: We had put agar-agar into various utensils and exposed them to the air, then disinfected the room. You see, we were in a medical college and we followed three weeks after a class of medical students. When we were closing up that room the instructor said, "I am going
to see whether women are more efficient in this sort of work than men;" the men did not get good results. So at the end of the forty-eight hours when we went back to examine that room, there was great anxiety and dread that they had not killed all of the bacteria, but there was not a single germ growing. The spore-bearing germs were still there, but we had expected that, but all of the pathogenic bacteria had been properly killed. It was very efficient and I heard a great deal of "crowing" over it in the class. As a result there was also shown added efficiency in the ward. Not long ago I had occasion to ask a nurse who had taken this course in the laboratory, to go into a room where we had a case of tuberculosis in a private ward. The woman who had had charge of it for twelve hours had not succeeded. She was not a laboratory woman. The difference in the method of approach was very conspicuous. In the first place, the laboratory woman was not the least bit afraid of this bacteria. She had grown them, she had killed them, she had handled and examined them, while the woman who had not had the laboratory work had merely studied them; she had never seen them or handled them. The difference in efficiency in that room was very conspicuous. The practice has grown in the school and after having bacteriology we immediately took chemistry the following year. Dietetics and pharmacy followed suit. The man who was teaching elementary pharmacy to the junior class preparatory to materia medica, immediately demanded time in the laboratory. So the work had to be extended. To show you how much the nurses themselves can influence the work, I will tell you that those nurses were already working overtime on theoretical work, but they were very glad to take on night work in the pharmacy laboratory so as to make solutions and to handle drugs, their simple pharmaceutical preparations, and to do efficient work in weights and measures. Of course, the work is entirely elementary. They were very glad to take it. At last we put in clinical diagnosis, but I, putting the hind part before, put it in the third year instead of the first. I found that then the student was better prepared for it and much more interested in it. They watched the examination of the stomach contents. One particular item occurred that was very interesting to me; They had saved very many interesting specimens of feces. I had heard many casual conversations on that subject. Since that first course went
in, in clinical diagnosis, that saving of specimens lost its horror. They no longer feared it. We finished the year and also put in anatomy and physiology. I can assure you, as to the cost of these laboratories, that the increased efficiency and the increased interest which your pupils will show will more than offset the financial expense, and I do not believe there is any training school which has not a sufficient number of ardent admirers who would not be willing to supply them with the requisite number of microscopes if they did their work in small sections.

In the dietetic laboratory we increased this year to twenty-four, and I do not know that I have ever seen anything more attractive than their work. Several years ago I was at Quebec, at the Chateau Frontenac. When I came home someone asked me what impressed me most. I said, the rapidity with which the waiters could handle the crowd in the dining room at Chateau Frontenac; that it was a lesson in efficiency which it seemed to me that everybody interested in scientific management should have an opportunity to observe. I was tremendously interested in it. This year the nurses had their final examination in cookery in the dietetic laboratory. There were twenty-four and we had quite a good many invited guests. We went in as the class was over and the room showed evidence of it. You should have seen the efficiency with which those nurses straightened out that room and put things not only in order, but made them charming and pretty, arranged vases of flowers, and handled their food for inspection. The way they served the food was as perfect a demonstration of the result of laboratory efficiency as anything I shall ever have occasion to see.

Therefore, I cannot help feeling that the more laboratory work we can put into the schools the more efficient out pupils are going to become, and the more tremendously interested. [Much Applause.]

The Chairman: We all want laboratories and we want them well equipped. A great many of us have them, and a great many of us do not see how we can have them at the present time. I would like to ask if anybody here has suggestions as to the equipment of laboratories, or the getting of material for laboratory work, even on a very small scale where we cannot have the large laboratory.
Miss Stewart: It does not seem to me that it is necessary to have very elaborate equipment. Some of the simplest experiments in chemistry are often thought to be a great bugbear. It is difficult to teach chemistry in the training school, but a number of chemical experiments can be tried with almost no equipment.

In connection with that Miss Randolph had to say, I am reminded of a lesson which one of the instructors in—I think it was Bellevue Hospital—taught on stains in linen. There had been a great deal of destruction of linen from the spilling of chemicals and drugs on the linen, so she gave this lesson on stains, which was really a lesson in chemistry. She took the different pieces of linen in all stages of staining, some of which she boiled and some of which she left unboiled. Each girl had her set of linen which she had to clear of the stains. They had a very practical lesson and, of course, it was a lesson in chemistry as to how these stains could be removed. There was really no expense whatever to the whole lesson except the small amount of material which was used for making the stains. [Applause.]

The Chairman: I would like to say that I know of one laboratory which was recently equipped with the entire equipment, except microscopes and sterilizers, and the cost of this laboratory, wherein twenty students might work at one time, did not exceed $36. Of course, in a great many schools with only eight or ten students the cost would be greatly reduced. In the same hospital the sterilization of the cultures was all done in the hospital laboratory, which, of course, did not add to the cost of the training school. Microscopes can usually be borrowed from the hospital. I think all of us can have those—not one microscope for every two pupils, by any means, but we can have one microscope for more students, and we can gain much efficiency in that way.

If there are no questions to be asked on this division of the subject, we will take up the discussion of the practical nursing. We spend a great deal of time along theoretical lines, but our practical nursing is of even greater importance. Miss McCrea outlined a very good course of preliminary instruction from the viewpoint of a large hospital: I would like to have a discussion from the viewpoint of the small hospital. Will Miss Holiday, of Dallas, tell us about the problems in practical nursing in the small hospital?

Miss Holiday: While I am sure that you will all agree that the
ideal method of teaching practical nursing would be to have an instructor whose entire time is devoted to this branch of work, yet we all know that there are many schools of moderate size where this is impossible, and I would urge that a very great deal can be done, and very good results can be obtained, by cooperation of the head nurses.

In the school with which I am connected we have a 200 bed hospital, with a daily average of 150 to 160 patients, and a training school of from 65 to 75 nurses, including the preparatory school. I have eight graduate nurses with me in this work. On the theoretical side, I try to have one of the graduate nurses devote almost her entire time to the teaching of the theoretical work. The practical work I have given by one of the graduate head nurses, who is relieved for a certain period of time for preparation and for the class work. We have two groups of probationers coming in. The preparatory course is three months. The number of demonstrations given during this time is thirty. The demonstrations are given in the class room, and the pupils are not allowed to do any work in the ward which has not been first demonstrated in the class room. We endeavor to supervise them just as carefully as possible. I feel that by frequent conferences with the head nurses and by making them feel that they are each one responsible for the training of the nurses, a great deal can be accomplished and it adds interest and a certain responsibility toward the training school as a whole, which has a distinct advantage. The students are examined at the end of this course and their average is not only on the examination but on the work done during that time. I find also that the practical side of the work is very much helped by frequent demonstrations through the entire three years, by all the classes, the juniors, intermediates and seniors, every member of the school being invited. I think this is nothing new; it is simply what I have been able to work out where I have one person to do all of the practical teaching, and I think we have obtained some very good results. [Applause.]

The Chairman: I believe we all make an effort to give our students a very good preliminary course in practical nursing, but at the end of the preliminary course our students are turned over to the hospital wards. I am interested in knowing just how the practical nursing is presented to the older students, as to whether they
are taught by the head nurses in the departments or in the class rooms, by the practical demonstration connected with the disease being demonstrated, or just how it is done.

Miss Burgess: May I say that I think it is exceedingly important that the head nurses feel their responsibility in teaching? If the immediate instructor does the entire amount of teaching, does the entire following up of that work in the wards, the head nurses or supervisors, whatever they may be, lose an interest in the practical work and lose an interest in the pupils. There are several ways by which I think that can be kept up. The teaching of the pupil in the class room is very necessary, it is very important. After they go to the ward one method of interesting the head nurses and continuing their teaching, is by the use of the card system, which I have originated in New York state and which I have taken with me to Illinois for use in my own school, and that is that the pupil goes to the ward accompanied by a card which states what she has been taught, and thereby when that pupil leaves her ward the head nurse feels the responsibility for returning with that pupil her card checked with the amount of practical work which she has actually performed, and with a type of check which shows that it has not only been seen by the head nurse but has been checked by her as being satisfactorily done. As an example, a pupil goes to a surgical ward, after she has been a pupil for three or four months, should not leave that surgical ward without having prepared patients for operation. Yet, unless there is some way by which we can check up the actual ward work done by the pupil, we find there are many pupils who, when we come to put them on for night duty, say that they have never prepared a patient for an operation.

The Chairman: I would like to ask Miss Burgess if she has practical things to be taught in each department of the hospital so that the head nurse should be responsible for seeing that each of those things is taught in her department.

Miss Burgess: I think it has not been worked out quite as clearly as that, yet there are certain types of treatment in the gynecological ward which we expect to be taught; there are certain things in the hospital ward which we expect to be taught. Those cards which I spoke of are also helpful in this way: Take some treatment which is not very usual: A nurse might go through three
years of training and never be in a hospital ward where it was necessary to give a sweat bath. If you have these cards you can check up that nurse and if you find she is getting toward the end of her training and has not actually done that in practice, the next time that happens in the hospital you can send that particular nurse, whether she is on the ward or not, to do it. In that way she actually gets in the practice whether she has had it in the classroom or not.

The Chairman: There is one more question I am rather interested in: We find so often that preliminary instructors teach their students practical demonstrations, but when the students reach the wards the head nurses say they know nothing about those practical demonstrations: I would like to ask what method you use by which the head nurses of departments may understand exactly what your preliminary students do know and how they are taught. What connecting link do you make between your preliminary department and your wards and head nurses? If no one has a suggestion, I will add that I know one school which has instituted a series of practical demonstrations for which the preliminary instructor meets the head nurse of every department once a week and gives to the head nurses of the entire hospital just exactly the same method she gives to the preliminary students, or to any student. In that way everyone in the hospital is working in a uniform method. But that is only one way: I would like to know if there is any other way. Of course, it takes up extra time, although it adds to the efficiency.

Miss Wheeler: We have been talking at great length about the practical work and the theoretical work, but there is just one thing that I wish we could do in particular, and that is to make an accurate, up-to-date and permanent record of the whole of the work of the nurse by the time she gets through, and her value to the school. If you go to the schools and ask for the records of a nurse you will find that so many, many times there is absolutely nothing to show that the nurse has ever been in the school except her name, age, when she entered and when she left. It does not show what work she has done, nor of what value that work has been. I think very many of the State Boards can verify that statement. Another thing is the matter of keeping the records when a woman wants to register, when she wants to take up a different profession, and some-
one refers back to her school. In many instances there is no record and it is very embarrassing for the superintendent not to be able to give any record. To be of value the record must be up-to-date, it must be accurate and it must be permanent. To date we have no record that we might call a uniform record, but I am hoping that some time we will come to the point where we can have some sort of a uniform, or nearly uniform, record of the pupils, and in that way we will get closer together in doing things for the nurses.

It seems to me that the matter of keeping track of the practical work is a very difficult one, and so in order to stimulate the interest in the pupil's work, and possibly to see where that pupil falls down in the course of her training, we have had established at the Illinois Training School a series of reports that we are trying out. I am not ready to give you any results, but we are starting them and we are going to watch them a little while and see if we can make out a system that is worth reporting to you, which shall have actual knowledge of the woman and her work. We take six points, marking each point on the basis of 100. First, we consider the reliability, whether she is reliable or not reliable, basing it on the 100 basis. The second point is diligence or industry, whether she is diligent or whether she is non-diligent. Another point is observation; another point is economy; another point is the matter of cleanliness with her work and in person; another point, disposition and manners. That gives us six points. When a nurse leaves a ward a report from the head nurse comes to the office with the marking of these various points. Once a month the supervisor sends in a report of that nurse. Once a month the superintendent (when she can get to it) also gives that same nurse a mark. How do they weigh? They cannot weigh equally, because that would not be fair to the woman. Following some experiments done in the normal school work, we take the average of the head nurse's mark and let that weigh one-half; the supervisor's report weighs one-third of the total. The mark of the superintendent, who may see her least of all, weighs one-sixth of the total. The average is made up in that way, monthly, and in that way we can tell when the woman falls down on economy, or on observation, or something of that kind. When we find she is falling down on some particular point we can go to the woman and find out what
the trouble is and why she is falling below par on that subject. That means considerable work, but I think it is less work to keep track of them closely in that way, and keep in touch, than it is to suddenly rise up and find, to your horror, that some nurse has done something perfectly terrible. We might better keep track of them as they go along and credit their work to them, as to simply call them to the office and suddenly discharge them.

I would like very much if some of you have a more definite way of marking the practical work, to have you bring it before us and let us see if we cannot keep track of the pupils, both as to their theoretical work and as to their practical work. I thank you.

Adjournment.

WEDNESDAY MORNING

April 29

CLOSING SESSION

REPORT. Miss Goodrich: It will be remembered that the Committee on Education stated that the plan presented was simply a rough draft and tentative program; the curriculum was not presented as ideal but as something that might be helpful to schools struggling to establish good standards, with the idea that we want to reach some uniform standard.

Various points were discussed at the meeting and at the discussions following the various meetings, and it was the sense of the committee that a careful study of the situation points toward the establishment of the central schools for the preparatory courses. The discussions of the past week have brought out the fact that already in some localities schools have been combining for theoretical work, notably in Chicago, Richmond and Minneapolis. They realize that this does not solve the problem of the small hospital in the small town, but it is their belief that if small hospitals would demand of their pupils a preparatory course prior to their hospital service, central schools would rise up to meet these demands.

The Committee also plans to make a study of the problem of the just proportion of hours of duty of pupil nurses to the expense incurred by the institution for their education. We believe it
can be definitely, or closely worked out how many hours of duty should be given by the nurse for her maintenance and education in the institution. It seems as if that would be a sound basis, and that this would be a wise study, because then in approaching the hospital we could say, "This pupil gives so many hours service as return for what she is getting from you. It costs the hospital just so much for her maintenance and education, and in return for that the nurse should give just so much, just so many hours of duty." That was suggested by Miss Powells' statement that the hospital received 800 hours of duty, in addition to the 600 that were asked.

I would move now that the Report of the Education Committee be accepted and be referred back to the Committee with the request that work be continued as outlined, and that a special study be made of the problem of the small schools and definite suggestions be made as to how the proposed curriculum could be adopted by these schools.

Miss Johnson: I second that motion.

Miss Goodrich: I would like to make one point clear. We spoke of the localities that have combined for theoretical work. Miss Randolph showed that there were five schools that had combined in Richmond; Miss Powell reports four or five in Minneapolis.

Miss Powell: I have for three years had night lectures on account of these small schools, and this February I began to feel so strongly the evening hours of work that I was going to give that lecture work in the afternoons, and the schools have made a special effort to send their nurses over to them. The staff of the university are interested in many of the small schools, and we get better audiences in the afternoons. Examination questions are sent to the members of the small schools, and while they do not come back to us to examine the papers in all cases, they have the benefit of the questions.

Miss Stimson: What part of the financial burden do these small schools bear for these central lectures?

Miss Powell: None. They are invited to come.

Miss Goodrich: I do not know about the Chicago schools, but Miss Wheeler stated that a number of schools were sending pupils for their theory. I understood Miss Randolph to say there
was no expense to the schools in Richmond, where they were sending their pupils to the courses in the medical schools.

*Miss Stimson:* Is it only in the preliminary course or throughout the training?

*Miss Goodrich:* I understand it is throughout the training. This of course does not solve the problem of the isolated small hospital, but it shows a demand for the central school. The school will not come till the demand comes from the students. If the small school demanded that the pupils should come having had a preparatory course in some central school such courses would soon be established.

*Miss Parsons:* The Deaconess Hospital, which has a small school, in Boston, has begun to send pupils to Simmons College for a preparatory course, and the hospital maintains them during that four months, and if the pupils cannot pay the tuition the hospital undertakes it, and the pupils pay the hospital by added service. It seems to me it is pernicious to continue longer than we are obliged to do so, the giving so much for nothing, and that if the pupils could pay, either in money or work, we should try to have them do so.

*Miss Noyes:* That would apply more to preparatory work, would it not?

*Miss Goodrich:* I think that is rather a new suggestion, and worth consideration, that the hospital should help the student get the preliminary training by accepting hours of service as payment.

*Miss Powell:* Could not that be done at the end of the nurse’s time, when she would be valuable to the hospital and could work it off in a very much shorter time?

*Miss Goodrich:* It would also be very good experience. I think Miss Nutting, the chairman of the Committee, would welcome any suggestion during the year concerning this problem.

*Miss Cameron,* New Hampshire: Would it be possible, where the schools pay the nurses a certain amount for the preliminary year, that the fee be cut, and the nurses not get any money until after the preparatory training?

*Miss Noyes:* I think it is customary not to give money in that time now.

*Miss Cameron:* I am speaking of the smaller hospitals where that is still done.
Miss Goodrich: In the Mechanics Institute, for instance, they were well equipped with laboratory and so on, but the demand for students does not come. If the smaller schools demanded this of the pupils then we should at once have the possibility of working out excellent preparatory courses in certain central locations. The resolution offered by Miss Goodrich was put to the vote, and carried.

Miss Powell: Could we know the total registration?
Miss Parsons: The total number who have applied for new membership would be over eighty I should say. I know there have been many here who have not registered, so that the number registered is not a proper indication of the attendance.

REPORT OF COMMITTEE ON RESOLUTIONS

MISS FULMER
Chairman

Whereas the National League of Nursing Education feels a great sense of appreciation toward everyone who has contributed to the remarkable success of this meeting, we wish especially to mention at this time our gratitude to the Missouri State Nurses' Association through whose efforts the machinery has gone so smoothly, and while thanking the individual members, we are especially grateful to Miss Stimson, Miss Dorsey, Miss McCluse, Miss McKinley, Miss Gillis and Miss Smith.

To those who have contributed to the program, we wish especially to mention the Faculty of Washington University and notably Dr. Murphy and Dr. Dock for their splendid addresses on the opening night.

To the Jewish, Catholic and Protestant Clergy who contributed to the program on Sunday afternoon, and to Dr. Chas. Emerson, of the University of Indiana, for his masterly appeal for the higher education of the nurse, and to all clergymen who spoke in behalf of the profession in the churches on Sunday morning.

Inasmuch as the War News at this time was of so great importance, we are doubly appreciative of the generosity of the Press for space in both editorial and news columns, and special thanks are due Miss C. Van Blarcom and Mr. Miller Hageman, Press Agent, for their intelligent services rendered at this time.
WHEREAS the National League of Nursing Education will be glad to render any assistance possible in the dissemination of the information concerning the treatment and prevention of cancer and to take all means possible in helping the American Society for the Control of Cancer to gather definite statistics regarding the prevalence of the disease, and as far as possible to see that pupil nurses in training schools be taught certain essential facts regarding its prevalence.

WHEREAS, the Resolution Committee recommends that a letter be sent to the American Hospital Association thanking them for the courtesy of their invitation to become members of their society and that individual members be left to carry out their personal desires in this matter.

WHEREAS, the Resolution Committee recommends that the resolution as submitted by the American Association for Study and Prevention of Infant Mortality be endorsed in full.

"Resolution adopted by the American Association for Study and Prevention of Infant Mortality, at the Fourth Annual Meeting, held in Washington, No. 14–17, 1913.

WHEREAS: It is now well recognized that the services of nurses have become an essential and indispensable part of nearly all forms of public health work, the demand for them far exceeding the supply, and

WHEREAS: It is the experience of public health organizations that in many instances nurses so employed are found deficient in preliminary training for public health work, especially in connection with infants and young children.

Therefore Be It Resolved: That the American Association for Study and Prevention of Infant Mortality urge training schools for nurses to provide such instruction, both in theory and in practical training as will enable nurses to render efficient service in public health work, and

Be It Further Resolved: By this Association that sanitary authorities, visiting nurse and social service organizations be urged to place their facilities for study and practical training, so far as is feasible, at the disposal of training schools for student nurses and of graduate schools for graduate nurses desirous to engage in public health work."

And Further Be It Resolved: That a copy of the Resolutions be sent to each person or organization named.
Resolved: That in the death of one of our members, Miss Edith Seymour, October 23d, 1913, that the National League of Nursing Education lost a wise counsellor and the nursing profession a valuable member.

Respectfully submitted,

Harriet Fulmer, Chicago, Ill.
Adelaide Walsh, Chicago, Ill.
Frances D. Campbell, St. Paul, Minn.

Committee on Resolutions for the
National League of Nursing Education.

PAYMENT OF DUES

Miss McKechnie

It has been sometimes difficult to be on hand between meetings to suit and accommodate everybody. If anybody has any suggestions to offer I will be glad to hear them. The payment of the dues of the National League comes largely through the mail, and when we come to the Annual Meeting it is supposed that each member has already paid her dues up to the first of April for the year current. However there is no reason why members should not pay here if they desire.

There might be something said in regard to the payment of the State League dues. It would seem necessary for the presidents of the State Leagues who may be here today to try and have their dues in by the first of April so that their delegates may come ready to cast their votes. A delegate, in most organizations, is not considered in full standing unless dues have been paid up to date, and the by-laws state that if not paid by the first of April a second notice shall be sent.

Miss Noyes: The question of Membership and Credentials is a matter we have never taken up before, and now we are having affiliated societies coming in we shall have to adopt some system such as the American Nurses Association has. That is a matter the Executive Committee will be pledged to take up this year. We are working out a new organization, and it will take some time to get the whole of the machinery in good running order.

Miss McKechnie: May I add a word. I suppose all the old members know that the fiscal year of the National League extends from
the First of January to the Thirty-first of December. The American Nurses Association is from the Annual Meeting to the Annual Meeting, and if all our members do not remember this difference I wish all organizations would adopt Mr. Hoffman’s suggestion and that we could at least have our fiscal year begin January 1st and end December 31st. No two of the societies as it is begin and end at the same time, so in getting up statistics you have to take that into consideration. I have found this true in hospital reports. He was referring to hospital reports when he mentioned it. I wish his suggestions could be followed.

REPORT OF TELLERS

MISS FRIEND

President—Miss Noyes.
First Vice-President—Miss Pickhardt.
Second Vice-President—Miss Stewart.
Secretary—Miss Parsons.
Treasurer—Miss McKechnie.
Auditor—Miss Katherine Brown.
Members of the Executive Committee—Miss Cleland, Miss Hiliard.

Miss Noyes: These officers are elected.

Moved by Miss McMillan, seconded by Miss Boyd, that a vote of thanks be extended to the officers of the association who have done the work for the association and carried the meetings through in this strenuous week in a way we have all admired and enjoyed. Carried.

Miss McKechnie: I would like to say a word in appreciation of the work of the Programme Committee. I know we have reselected them, but I would like to make it plain how much we appreciate the splendid piece of work they have done in arranging the unified programme we have had from beginning to end. I personally feel I have been able to attend a great many more sessions than last year, and have got a very unified impression of the work in my own mind.

I move that a vote of thanks be extended to the Programme Committee in appreciation of their work.

Miss Coleman: I second the motion.
Miss Noyes: I do not believe anyone could realize the amount of work the Program Committee has had to do; it was really prodigious, and we felt in asking them to serve next year we were putting a very stupendous work on them, but that in view of the importance of the meetings next year we would very much like to have them serve if they would do so, and they have kindly consented, the three chairmen of the committees to serve on our programme committee, and I think we are to be congratulated that they are so generous.

The motion offered by Miss McKetchnie was put to the vote, and carried unanimously.

Miss Campbell: Representing the State League of Minnesota, I would like to urge just as many members of this National League to attend the meeting of the American Hospital Association in St. Paul in August as possible. We need to have them there, I think they need to be there, and I think the medical profession need to have some light on this question of the grading of nurses.

Miss Noyes: It was decided yesterday to appoint a special delegate from the League to the American Hospital Association meeting in Minneapolis. It may not be necessary to do so much as we feel may be needed; and you will probably notice that instead of protesting against the effort to grade nurses we have brought a counter proposition, asking them to support and cooperate with us in our endeavor to bring about two grades of workers who are properly trained.

Miss Parsons: I have some invitations here for our next meeting. There is a cordial invitation to hold our Convention in Oakland. The Executive Committee replied thanking them for this, but stating that having already made arrangements the invitation could not be accepted. Since coming here I have received a very handsome invitation from the Chicago Association of Commerce.

Miss Noyes: These invitations are usually referred to the Executive Committee. Of course our place for meeting next year is San Francisco, and much as we might like to accept these other invitations I fear we cannot do anything about it.

Miss Noyes: I declare the Convention adjourned.
LIST OF MEMBERS

HONORARY MEMBERS

BOARDMAN, MISS MABEL T.  JONES, MRS. M. CALDWATER
CLEMENT, MISS ANNA G.  KIMBER, MISS DIANA C.
RICHARDS, MISS LINDA

ACTIVE MEMBERS—INDIVIDUALS

AHERNS, MISS MINNIE H. 104 S. Michigan Ave., Chicago, Ill.
ALBAUGH, MISS R. INDE 98 High St., Hartford, Ct.
ALLEN, MISS BERTHA W.  Newton Hospital, Newton Lower Falls, Mass.
ALLINE, MISS ANNA L. (Life Member) Buffalo, Minnesota.
ALLISON, MISS GRACE E. Polyclinic Hospital, New York City.
AMBRIDGE, MISS ANNE A. Clarkson Hospital, Omaha, Nebraska.
ANDERSON, MISS LYDIA E. 109 Green Ave., Brooklyn, N. Y.
ANDERSON, MISS LYDIA W. Children's Memorial Hospital, Chicago, Ill.
APTED, MRS. R. C. 40 Ransom St., Grand Rapids, Mich.
ARMOUR, MISS AMY A. Women's Hospital, W. 110th St., New York City, N. Y.
ARNOLD, MISS IDA D. State Hospital Training School for Nurses, Scranton, Pa.
ARNOLD, MISS LOUISE F. Samaritan Hospital, Troy, N. Y.
ASHBY, MISS ALICE 123 State St., Bowling Green, Ky.
ASSELTINE, MISS ELIZABETH A. Ryburn Memorial Hospital, Ottawa, Ill.
ATKINSON, MISS WINIFRED W. City Almshouse Hospital, Richmond, Va.
AYRES, MISS EUGENIA D. Manhattan Eye, Ear & Throat Hospital, New York City.
AYRES, MISS LUCY G. Woonsocket Hospital, Woonsocket, R. I.
BAKER, MISS GRACE A. St. Luke's Hospital, Cedar Rapids, Iowa.
BALCOUM, MISS HELEN 576 Seventh St., San Bernardino, California.
BARKER, MISS JANE MERWIN N. E. Hospital for Women and Children, Dimock St., Boston, Mass.
BARNABY, MISS MARIETTA D. Henry Haywood Memorial Hospital, Gardner, Mass.
BARNES, MRS. HARRIET HUNTER, Boston Dispensary, Boston, Mass.
BARRETT, MISS IDA N. B. A. Hospital, Grand Rapids, Mich.
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218 Wesley Park Ave., Oak Park, Ill.
Tuberculosis League Hospital, Pittsburgh, Pa.
Bishop Clarkson Mem. Hospital, Omaha, Neb.
Teachers College, New York City, N. Y.
Henrotin Memorial Hospital, Chicago, Ill.
148 Wyndham St., Guelph, Ontario, Can.
4905 Forest Park Boulevard, St. Louis, Mo.
2354 Adams Ave., Ogden, Utah.
2506 K St., Washington, D. C.
Hebrew Hospital, Baltimore, Md.
133 Dublin St., Guelph, Ontario, Can.
8 West 16th St., New York City, N. Y.
Hartford Hospital, Hartford, Conn.
Cornell Infirmary, Ithaca, N. Y.
Henry Phipps Tuberculosis Institute, Philadelphia, Pa.
Harrisburg Hospital, Harrisburg, Pa.
Johns Hopkins Hospital, Baltimore, Md.
Boston State Hospital, Dorchester Center, Mass.
Physicians & Surgeons Hospital, San Antonio, Texas.
Montreal General Hospital, Montreal, Can.
Saginaw General Hospital, Saginaw, Mich.
Eye, Ear and Throat Hospital, New York City, N. Y.
Capitol Building, Springfield, Ill.
818 Centre St., Jamaica Plain, Mass.
Cook County Hospital, Chicago, Ill.
LIST OF MEMBERS

Twitchell, Miss Alice L. Homeopathic Hosp., New York City, N. Y.
Tye, Miss Menia S. Sparks Mem. Hospital, Fort Smith, Ark.
Van Blanch, Miss Carolyn. 260 Fourth Ave., New York City, N. Y.
Van Kirk, Miss Anna D. Pittsburgh, Pa.
Van Luvance, Miss L. R. St. Peter's Hospital, Helena, Montana.
Vannier, Miss Marion L. Children's Hospital, Los Angeles, Cal. cor.
Sunset Blvd. and Vermont Ave.
Van Vort, Miss Rose Z. Stuart Circle Hospital, Richmond, Va.
Vroom, Miss Mary. Greenwich Hospital, Greenwich, Conn.
Wakefield, Miss Mary Louise. Paul Kimball Hospital, Lakewood, N. J.
Wallace, Miss Margaret M. Toledo City Hospital, Toledo, Ohio.
Ward, Miss Agnes S. Metropolitan Hospital, Blackwell's Island, New York.
Washburne, Miss Idab. Eastern Maine General Hospital, Bangor, Me.
Watson, Miss Grace. Northwestern Hospital, Minneapolis, Minn.
Watson, Miss Susan A. Peter Bent Brigham Hospital, Boston, Mass.
Webster, Miss J. Montreal Gen. Hospital, Montreal, Can.
Wheeler, Miss Claribel. Teachers College, New York City, N. Y.
Wheeler, Miss Mary C. Illinois Training School, 509 Honore St., Chicago, Ill.
White, Miss Regine. Johnson Emergency Hospital, Milwaukee, Wis.
White, Miss Victoria. Sewickley, Pa.
Whittaker, Miss Annie J. Jewish Hospital, St. Louis, Mo.
Williams, Miss Florence L. McKeever Hospital, McKeever, Pa.
Williamson, Miss A. A. California Hospital, Los Angeles, Cal.
Williamson, Miss Anne. Glenville Hospital, Cleveland, Ohio.
Wilson, Miss Freiderika. Winnipeg Gen. Hospital, Winnipeg, Can.
Wilson, Miss Mabel. 606 W. 113th St., New York City, N. Y.
Wilson, Miss Margaret S. Orthopedic Hospital, Philadelphia, Pa.
Wilson, Miss Mary Blythe. City Hospital, Cincinnati, Ohio.
Wilson, Miss N. Delion. 335 S. Main St., Geneva, N. Y.
Wooton, Miss Nina E. Women's Hospital, Nashville, Tenn.
Worral, Miss Frances A. 202 West 78th St., New York City, N. Y.
Worrell, Miss Anna R. West Jersey Homeopathic Hospital & Dispensary Association, Camden, N. J.
Wright, Miss Elizabeth M. M. Rockford Hospital, Rockford, Ill.
Young, Miss Zaidee F. Montreal General Hospital, Montreal, Can.
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MISS LOUISE DARCH ........................................... Died June, 1898
MISS FLORENCE HUTCHINSON ............................... Died December 26, 1902
MISS EVA MARY ALLERTON ................................. Died January 5, 1907
MISS ELLA UNDERHILL ....................................... Died August, 1909
MRS. ISABEL HAMPTON ROBB ............................... Died April 15, 1910
MISS A. A. CHESLEY .......................................... Died November 7, 1910
MISS CONSTANCE V. CURTIS .................................. Died December 12, 1910
MRS. J. E. SNODGRAS ........................................ Died April 20, 1910
MISS CORA OVERHOLT ....................................... Died July 25, 1911
MRS. CHRISTINA BANKS WRIGHT .......................... Died November 30, 1911
MISS LUCY ASHBY SHARPE .................................. Died March, 1912
MISS FLORENCE BLACK ..................................... Died March, 1913
MISS EDITH W. SEYMOUR ................................... Died October, 1913

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FLORENCE NIGHTINGALE ..................................... Died August 14, 1910
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Santa Barbara
Hurdley, Miss Mary J.

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Shaw, Miss F. M.
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Webster, Miss J.
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Lyman, Mrs. W. S.
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  Gray, Miss Tamson A.
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  Greener, Miss Elizabeth A
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Lutsen
  Erdman, Miss Bertha
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  Powell, Miss Louise M.
  Moorehead
  Crawford, Miss Grace E.
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  Ledwidge, Miss Mary C.
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  Cowl, Miss Margaret A.
  Porter, Sister Esther J.

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  Shouse, Miss Frances
  Smith, Mrs. F. E.
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  Burns, Miss Mary A.
Nevada
  Sinclair, Miss Helen C.
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  Burlingame, Miss Nelle
  Gillis, Miss M. Anna
  McKeehie, Miss Mary W.
  Stimson, Miss J. C.
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  Bechtel, Miss Emma H.
  Kidd, Mrs. Elizabeth
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Van Luyance, Miss L. R.

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 Worrell, Miss Anna R.

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Brown, Miss Eleanor B.

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Bidmead, Miss R. Elizabeth

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Smith, Miss Eunice

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Ponce

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