Twenty-second Annual Report
of
The National League
of
Nursing Education
1916
HEADQUARTERS
NATIONAL LEAGUE OF NURSING EDUCATION,
370 SEVENTH AVE., NEW YORK CITY.

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PROCEEDINGS

OF THE

TWENTY-SECOND ANNUAL CONVENTION

OF THE

NATIONAL LEAGUE OF NURSING EDUCATION

HELD AT

NEW ORLEANS, LA.

APRIL 27 TO MAY 3, 1916
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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 DARCHE, Secretary, MISS DROWN, Treasurer.

Officers for years following have been:

1894 New York, January 10-11.
   President, Miss Alston; Secretary, Miss Darche; Treasurer, Miss Drown.
1895 Boston, February 13-14.
   President, Miss Richards; Secretary, Miss Darche; 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.
1899 New York, May 5-6.
   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. Grettler; 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.

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.

1915 San Francisco, Cal., June 20 to 26.
President, Miss Noyes; Secretary, Miss Parsons; Treasurer, Miss McKechnie.

1916 New Orleans, La., April 27 to May 3.
President, Miss Parsons; Secretary, Miss Taylor; Treasurer, Miss McKechnie.

The Society has Affiliations with
American Nurses’ Association.
The American Association for the Study and Prevention of Infant Mortality.
National Vocational Guidance Association.
American Social Hygiene Association.
National Association for Study and Prevention of Tuberculosis.
National Education Association.
PROGRAMME

TWENTY-SECOND ANNUAL CONVENTION OF THE NATIONAL LEAGUE OF NURSING EDUCATION

SESSIONS HELD IN THE GRUNEWALD HOTEL

WEDNESDAY, APRIL 26

9.00 a.m. to 11.00 a.m., Revision Committee Meeting.
2 p.m. to 4.00 p.m., Executive Committee Meeting.
4.00 p.m. to 6.00 p.m., Meeting of Council.

THURSDAY, APRIL 27

8–10 a.m.—Registration of members.
10–12 a.m.—Business meeting of League of Nursing Education.
Miss Clara D. Noyes, Chairman.

Call to order.
Report of Officers.
Report of Presidents of State Leagues.
Election of new members.
Report of Standing Committees.
Report of Special Committees.
Appointment of Resolutions Committee.
Unfinished Business.
New Business (Constitution and By-laws).

FRIDAY, APRIL 28

9 a.m.—Revision of Constitution and By-Laws, Miss Clara D. Noyes, Chairman.
10–11.30 a.m.—Problems Relating to Hospital Administration.
Miss Clara D. Noyes, Chairman.

1. "Standardization as Applied to Hospital Work," Miss Alice L. Lake, Superintendent Nashua Hospital, Nashua, N. Y.
2. "The Equipment and Standards of a Modern Surgical Hospital Ward," Miss Marion E. Rottmann, Assistant Superintendent Training School, Bellevue Hospital, New York, N. Y.
3. Discussion of Revision of Constitution and By-laws.
TWENTY-SECOND ANNUAL CONVENTION

3-3.45 p.m.—The Place of Elective and Special Courses in Training School Curriculum, Miss Clara D. Noyes, Chairman.

1. "What is required in the Training School Course for the Public Health Nurse?" Miss Katherine Tucker, Superintendent Visiting Nurses Association, Philadelphia, Pa.—Chairman Standing Committee N. O. P. H. N.

2. "What can the Training School do to Prepare Nurses for Private Duty?" Miss Elizabeth Golding, President County Registered Nurses Association, New York.

3. "Is it Desirable to Include Training for Executive Position in the Three Years Course?" Miss Helen Cleland, Superintendent, Decatur and Macon County, Hospital, Decatur, Ill.

4. How much Time should be Allowed for Specialization During the Training School Course? Miss E. M. Lawler, Superintendent of Nurses and Principal of Training School, Johns Hopkins Hospital, Baltimore, Md.

4.45-5.30 p.m.—Social Hour. Tea served by N. L. N. E.

SATURDAY, APRIL 29

9 a.m.—Round Table. Hospital Administration.
10-11.30 a.m.—"The Dietary Department in the Hospital." Miss Clara D. Noyes, Chairman.

1. The Fundamental Principles of the Arrangement of Diets for Metabolism Studies. Warren Coleman, M.D., Second Medical Division Bellevue Hospital, New York City.

2. The administration of Diets in the Metabolism Wards of Bellevue Hospital. Miss Estelle Magill, Bellevue Hospital, New York City.

3. The Problems of the Dietitian and her Relation to the Hospital and Training School. Miss Alice P. Atwood, Dietitian, Johns Hopkins Hospital, Baltimore, Md.

MONDAY, MAY 1

9 a.m.—Round Table. Training School Curriculum.
Miss Mary M. Riddle, Chairman.

11.30 a.m.—1 p.m.—Training School Literature.
Miss Clara D. Noyes, Chairman.

1. "The Training School Prospectus and Its Educational Possibilities." Miss Sara Parsons, Superintendent Nurses, Massachusetts General Hospital, Boston, Mass.
2. Text Books for Nurses. Miss Isabel Fleming, Instructor Lakeside Hospital, Cleveland, O.

3–4.45 p.m.—The Mental Hygiene Movement and the Training of Nurses for Mental Work. Miss Annie W. Goodrich, Chairman.

1. The Value of Mental Training to the General Hospital Nurse. Miss Effie J. Taylor, The Henry Phipps Psychiatric Clinic, Johns Hopkins Hospital, Baltimore, Md.
2. Problems and Possibilities in the State Hospital Training Schools. Miss Ida J. Ansted, Principal Training School, St. Lawrence State Hospital, Ogdensburg, N. Y.

TUESDAY, MAY 2

9 a.m.—Joint Round Table. Mental Nursing.  
Miss Elnora Thompson, Chairman.
11.30–1 p.m.—The Teaching of Nursing Subjects.  
Miss Clara D. Noyes, Chairman.

1. The Teaching of Home Nursing and First Aid. Miss Isabel M. Stewart, Department of Nursing and Health, Teachers' College, New York City.
2. The Importance and Place of Ethics in the Program of Nursing Education. Miss S. Lillian Clayton, Superintendent of Nurses, Philadelphia General Hospital, Philadelphia, Pa.

8.15 p.m.—Open meeting. Problems of Nursing Education.  
Miss Clara D. Noyes, Chairman.

1. "Some Educational Problems of Mutual Interest to the Physician and the Nurse." Dr. Rudolph Mattas, Department of Surgery, Tulane University, New Orleans, La.
2. The Present Status of Women's Education with Special Application to a Better Nursing Education. Dr. Brandt V. B. Dixon, Presi-
dent H. Sophie Newcomb Memorial College, the Tulane University of Louisiana, New Orleans, La.
3. The Ideal Training School. Miss M. Adelaide Nutting, Professor of Nursing and Health, Teachers' College, New York City.

WEDNESDAY, MAY 3

9.30-11 a.m.—Business Session. Miss Clara D Noyes, Chairman.

Summary of discussions at Round Tables.
Report of Committee on Resolutions.
Unfinished Business.
Election of Officers.
PROCEEDINGS
OF THE
TWENTY-SECOND ANNUAL CONVENTION
OF THE
NATIONAL LEAGUE OF
NURSING EDUCATION
NEW ORLEANS, LA., APRIL 27 TO MAY 3, 1916.
GRUNEWALD HOTEL

Opening address by Miss Clara D. Noyes, President, The National League of Nursing Education. Read at the joint meeting of the three National Nursing Associations April 27, 8.15 p.m.

ADDRESS
CLARA D. NOYES
President, National League of Nursing Education

Again, friends and members of the League of Nursing Educa-
tion, I bid you a cordial welcome to this Convention. Annual meetings seem to have a way of occurring very frequently, whether they are held every twelve months, or get impatient and con-
vene at the end of ten, as this one has done.

It seems but yesterday that we hurried across the continent to San Francisco, and today we are in New Orleans (a city around which history and romance has thrown so compelling an air of mystery and charm).

In the light of daily occurrences, we seem to have been stand-
ing still during this short interval of ten months, marking time. Little of moment seems to have happened, but when measured by individual effort, interest and enthusiasm, the nursing world has been revolving on its axis with regularity, and sometimes
with almost feverish haste. The burden of discouragement occasionally weighs heavily upon one’s soul, especially when the “bacillus of fatigue” of which scientific authorities write so easily and freely, is active in one’s blood, and superintendents of schools of nursing, teachers and hospital workers generally are very susceptible to this form of infection. Suddenly, some stimulating record of achievement is brought to one’s attention, a new state law controlling nursing, or an amendment that raises the dignity of our profession, the shortening of working hours for pupil nurses, improved curricula, or a great gift to some one of the funds in which we are mutually interested, and behold the face of the world has changed. These, and many other indications of progress are evident and bring with them an exhilarating sense of cheer.

We regret that we must again ask our members to consider with us a revision of our constitution and by-laws. We are jealous of every moment that we must spend away from the absorbing and enthralling subject of education and administration, but the triune of American Nurses’ Association, National League of Nursing Education and the National Organization of Public Health Nursing which we believed had been so perfectly consummated four years ago, has been found to be unconstitutional, and speedy steps must be taken to obtain proper adjustment in order to continue the affiliation, which, even in its imperfections, has resulted in so much that is good.

Never in the history of modern nursing, has there been greater need for unity of purpose and the solidarity that a firmly welded together organization can give, for never have greater problems been laid upon us. The various forms of public health, social service, teaching and institutional work are clamoring for properly prepared and educated women. The schools of nursing are being hard pressed, not only to give the pupil a sound fundamental education in nursing, but to send out graduates prepared to specialize in all the branches of nursing, while the hospitals with which the schools are connected still expect the pupil to nurse the patients occupying their beds.

New and unusual demands are made almost daily upon our resourcefulness and ability to meet unexpected problems and solve
them. One of the most recent, is connected with the vital question of "preparedness."

Profiting by lessons learned from the great war, which is still wasting the strength and sapping the forces of all Europe, the American Red Cross has assumed the responsibility of organizing around base hospitals, medical and nursing units, a component part of the latter being women lay workers. In case of great military necessity, which, let us hope will never arise, the numerical strength of our organized Army and Red Cross Nursing Service, would probably be insufficient to assume all nursing responsibilities.

As it has been found necessary in Europe to call upon lay workers for military aid, and assistance, so it would probably be true of America. In that case, does it not become the duty of the nursing profession to assume the instruction and direction of these energetic groups of women who long to be of some service. Is it not a definite obligation of the nursing profession to direct these stores of energy and enthusiasm to some definite purpose under proper control and direction?

The same may be said of the constant demand for courses in "Home Nursing" which are being given in high schools and elsewhere. Is it not wiser to recognize the demand and meet it intelligently, than to leave such courses to chance, which may appear in the form of a teacher, who may be an impecunious member of the medical profession, a "grade" teacher or a teacher of domestic science. If such courses in home care of the sick are consistently outlined, properly directed and taught, then we shall have nothing to fear and much to gain by giving some fundamental instruction in this subject to every young woman who completes her high school work.

We hear grave criticism from time to time of the lack of interest on the part of superintendents of schools of nursing in our organizations, our legislative efforts and our nursing magazines. This evident lack of public spiritedness, distressing as it may be, is often one of the unfortunate results of the unparalleled expansion of the hospital field. Let us not be too scornful. Women, through necessity and not because of their preparation, have been pushed, over and over again, into important hospital
and training school positions, for which they were almost entirely unprepared. It is the women, we must admit, at the head of the school on whom the future of the profession is resting. In as far as she fails to meet the requirements as the Director of a properly conducted school of nursing, she fails the individual pupil and through the pupil she fails the community. Is it surprising that she reads no message in our efforts to secure better nursing laws, or that she does not appreciate the difference between a commercial and ethical nursing magazine. As she was neglected in her own school "robbed of her birthright" given no ethical education and little in nursing subjects, exploited many times for the benefit of the hospital, what right have we to criticize or expect that she will know what her own pupils need or how a school of nursing should be conducted.

I speak feelingly, because of many sad experiences, I could recite to you one melancholy example after another of young women coming many miles, at great expense, with an almost, if not quite worthless diploma in their hands, secured after two— or more frequently three—years of hard work, hoping through a brief post graduate course, to secure some recognition and an opportunity to make good in the profession they thought they were entering.

How can we, as members of a great organization correct this condition? You will agree, I am confident, that it must be done through education. We turn towards the Department of Nursing and Health at Teachers' College for well prepared women. Women who will carry to the individual school correct methods, ideals and standards. This Department, which has been brought to its present high plane of excellency by its brilliant Director, Miss Nutting, is our first and foremost responsibility. We owe to it, our loyalty and our moral and material support. We must, as teachers, let no pupil leave our school without knowing what it has to offer. For this reason, a special effort has been made this year to increase the Isabel Hampton Robb Fund, with some degree of success, in order that a larger number of women may avail themselves of the opportunity for a broader nursing education. We expect, ultimately, by means of our local and state leagues, to carry a message to every superintendent and teacher in nursing schools—large or small—in
every state of the Union. At present, thirteen states have organized, and are doing splendid educational work. Several other states are already perfecting such organizations. It has taken many of us a long time to learn the difference between training and education, but we are learning.

The membership of our National League is comparatively small, about 500 active members, when compared to the number of schools of nursing in the United States—something over 1000.

We should have a membership of, at least, 1000. If every school is represented by, not less than two women who are eligible for membership, then we can readily see to what strength our National League could ultimately attain, and how great an educational influence it could wield.

We have been told that “when women really want suffrage, they will get it.” The same thing has been said about nursing laws, that “when nurses really want good nursing laws, they will get them.” But we might as well face the fact, that we will never get good nursing laws, proper recognition or good schools of nursing until we stand together, shoulder to shoulder and work for them. We never get anything worth while without a long and tedious period of education. We must first educate ourselves and then we will know enough to educate our pupils. We must educate those with whom we come in daily working contact; our board of managers, our trustees, our Medical Boards and the public about us. Great things have been accomplished by nurses in the past, and we believe that greater things will be accomplished by them in the future. We are looking expectantly and quite confidently to the younger generation, who are already knocking at our doors, to take up the work, so splendidly begun, by our predecessors and develop it beyond their most sanguine expectations.

Morning Session, April 27, 1916

The meeting was called to order in the Green Room of the Hotel Grunewald, at 10.00 a.m., Miss Clara D. Noyes, President, in the chair; Miss Isabel Stewart, Secretary, at her desk.

The President: Will the meeting please come to order? We will call for the minutes of the last meeting, and the Secretary’s report.
The Secretary: The minutes of the last meeting are embodied in the printed report which you have all received. I have written out very briefly a report of the secretary's work, including the report of the executive meetings during the year.
(Report read by Secretary.)

REPORT OF THE SECRETARY FOR 1915–1916

Since the last yearly meeting of the National League of Nursing Education, four executive committee meetings have been held, on the following dates: June 20, in San Francisco, October 15, in New York City, January 20, in New York City, April 26, in New Orleans.

The business transacted in the earlier part of the year had to do mainly with the appointing of chairmen and members of committees and delegates to affiliated organizations. The question of reorganization and the revision of Constitution and by-laws has been fully discussed in both executive and council meetings, and is now submitted for final consideration to the organization as a whole.

During the past year our association has affiliated itself with two national organizations, the National Education Association, which is a very large body representing the teachers and educators of this country, and the American Social Hygiene Association, which is a recently organized body representing all the various activities which have been working to control the spread of venereal disease, and to educate the public in matters relating to sex hygiene. Delegates from these and other associations in which we have corporate membership will keep us in touch with the main lines of thought and activity which they represent.

Through the absence abroad of the incoming secretary the annual report was not published this year till early in January. There have been a number of extra copies sold to individuals, and requests have come from several libraries for copies for their files. Through the kindness of Miss Gross, a former member of the League, we were able to secure an almost complete file of back reports, which gives us now one full set and a second fairly complete.

The Secretary still has a number of reports to dispose of, and
has put a notice to this effect in the *American Journal of Nursing*. It is suggested that training school libraries should make an effort to get and keep such reports for their historic as well as their practical value. Numbers of requests have come in to us from training school pupils, for information that could easily have been secured in old copies of the League reports and *Journals*.

A good deal of work is involved in tracing down lost copies of the annual report, and finding new addresses. It would save much trouble if members would notify the Secretary promptly of change of address. In spite of all our efforts this year, after sending out return post cards to every member, and to a great many members twice, we were unable to secure correct addresses for a number of people, and have been at some trouble and expense in getting their reports to them.

In accordance with the recommendation of the Executive Committee letters were sent out to representatives of the League in every State, asking for the names of Superintendents and Assistants who would be eligible for membership in the League, and also urging states which had not yet affiliated with the national to organize state branches.

Replies were received from 20 states out of the 39 who were written to—Arkansas, Florida, Georgia, Idaho, Iowa, Minnesota, Missouri, New Hampshire, New Mexico, North Dakota, Ohio, Oregon, New York, Pennsylvania, Rhode Island, Texas, West Virginia, Wisconsin, Vermont and Virginia. Most of these sent lists of names. A type letter, cordially inviting these people to join in the work of the League, was sent out to 250 people. As a result of this campaign over 100 requests for application blanks came in and of these over 75 have filled out the blanks and are being considered by the membership committee.

With a little more time to organize and follow up this kind of work, we could add many people to our membership list and would have the satisfaction of greatly extending our influence as an association.

The effort to secure new state members was not so successful, though 9 states write that they are seriously considering the formation of State Leagues. These are, New Hampshire, Indiana, Pennsylvania, New Jersey, North Dakota, Tennessee, Texas, Wisconsin and Virginia. The meetings are usually held in the
fall, so in many cases the final decision has to wait till after our National League meeting. Besides this there seemed to be a general feeling that it would be better to wait till after the Revision Committee had done its work, to see whether the relationship of the State League was to continue on exactly the same basis.

The Secretary has received a pretty steady stream of correspondence on all kinds of matters, some of it purely routine, and some of it requiring a good deal of time and thought. It has not always been possible to give as much attention to the League's work as it really demands. The Secretary of such an important organization could profitably spend the greater part of her time in developing its work, in advising and distributing information, and in connecting up all the different parts of the country with one another. With the steady growth of the League, it would seem to be necessary to study with some care our future policy in this matter.

Respectfully submitted,

ISABEL M. STEWART.

The President: You have heard the report of the Secretary. Are there any corrections, suggestions or questions? She has shown a very busy year, especially in her efforts to increase the membership, and it is rather disappointing in view of the fact that so many letters are sent out to people who are eligible for membership, that we have so few returns. It is also astonishing that letters that are sent to the Presidents of the State Associations and Local Leagues very frequently remain unacknowledged in any way. This is exceedingly disappointing. Are there any questions that any one would like to ask concerning this report? If not, what is your wish in regard to it?

Upon motion of Miss Lawler, seconded by Miss Greener, the Secretary's report was accepted.

The President: We will next have the Treasurer's report. (Report read by Miss McKeechie.)
REPORT OF THE TREASURER

JANUARY 1, 1915–DECEMBER 31, 1915

To balance on hand January 1, 1915
To credit of National League of Nursing Education
  General Fund.................................................. $155.16
  Special Fund.................................................. 155.37

To credit of Endowment Fund
  Accumulated Interest on Investments.................. 1,213.45 $1,523.98

Receipts

National League
  Initiation fees........................................... $ 128.00
  Annual dues, (individual)................................. 1,238.00
  Annual dues, (State Leagues).................. 115.00
  Sale of Annual Reports................................. 59.33
  Exchange foreign checks............................... 1.35 $1,541.68

Endowment Fund
  Interest on investments............................... $495.00
  Refund—Special lecture (I. H. Robb Foundation).... 50.00 545.00 2,086.68 $3,610.66

Disbursements

National League
  General Expenses:
    Printing.............................................. $ 20.90
    Stationery............................................. 5.57
    Clerical assistance................................. 103.03
    Postage............................................... 58.82
    Seal.................................................. 3.00
    Sundries (telegrams, express charges, telephone, bank charges)................................. 7.57 $198.89

Convention Expenses:
  Badges.................................................. $15.36
  Entertainment.......................................... 3.85
  Stenographic service.................................. 8.70 $27.91
Committee Expenses:
Executive................................ $ 1.75
Program.................................. 8.71
Nominating.............................. 2.10
Education............................... 18.10
Vocational Guidance.................... 34.37
Collegiate................................ 11.90 $76.93

Reporting Twenty-first Annual Convention........................................ $125.00
Travelling expenses—Officers......................................................... 252.10

Membership dues in other societies:
American Nurses’ Association $10.00
National Association for S. and P. of Tuberculosis......................... 5.00
American Association for S. and P. of Infant Mortality.................. 5.00
National Vocational Guidance Association................................. 5.00
American Social Hygiene Association........................................... 10.00 $35.00

Miscellaneous Expenses:
Distribution of Reports................. $ 9.54
International Congress Expense....................... 46.66 56.20 $772.03
(One and one-third share)

Endowment Fund:
Hospital Economics Course... $ 400.00
I. H. Robb Foundation—Special Lecture................................. 50.00
Deposited in Union Square Savings Bank.............................. 1,000.00 1,450.00 $2,222.03

Balance on hand December 31, 1915............................................. 1,388.63

SUMMARY
In Corn Exchange Bank, January 1, 1916
To credit of National League of Nursing Education
General Fund............................................................................. $942.91
Special Fund (Education Committee)...................................... 137.27 $1,080.18

To credit of Endowment Fund.......................................................... 308.45

Balance in Corn Exchange Bank...................................................... $1,388.63
PROCEEDINGS

In Union Square Savings Bank, January 1, 1916.
To credit of Endowment Fund:
Funds deposited at interest.......................... $1,600.00
Interest on Savings to date.......................... 15.93

Balance in Union Square Savings Bank............. $ 1,615.93

Total cash in hand January 1, 1916............... $3,004.56

[Signed] MARY W. McKECHNIE,
Treasurer.

Found correct April 29, 1916.
Auditors  / KATHARINE BROWN
          / LUCY C. AYERS

JANUARY 1 TO APRIL 22, 1916

To balance in Corn Exchange Bank, January 1, 1916
To credit of National League of Nursing
Education:
General Fund......................................... $942.91
Special Fund......................................... 137.27

$1,080.18

To credit of Endowment Fund......................... 308.35 $1,388.63

Receipts

National League
Dues individuals................................. $1,075.00
Dues State Leagues............................... 115.00
Initiation Fees..................................... 8.00 $1,198.00

Sale of reports..................................... 26.00
Bank Exchange...................................... 1.15 $1,225.15

Endowment Fund
Interest on Investments........................... 123.75 $1,348.90

$2,737.53

Disbursements

National League
Printing, General.................................. $13.05
Expenses, Secretary............................... 61.46
Expenses, Treasurer............................... 28.34
Expenses, President............................... 2.00
Expenses, Executive Committee................... 11.00
Membership dues, other societies................ 12.00
Printing 21st Annual Report (530)................. 513.12
Printing Constitution and By-Laws (500)................................. $37.00
Printing reprints convention papers.................................. 11.25
Distributing reports.................................................... 48.45
Bank charges in foreign checks........................................ .70  $ 738.37

Endowment Fund
Deposited in Union Square Savings Bank........................... 350.00 $1,088.37

Balance on hand April 22, 1916..................................... $1,649.16

SUMMARY OF CASH ON HAND
Balance Corn Exchange Bank April 14, 1916....................... $1,605.78
By outstanding check.................................................. 28.12

Actual balance............................................................ $1,577.66
Cash, not deposited in bank........................................... 71.50

Endowment Fund on Deposit:
Union Square Savings Bank............................................. 2,013.95

Total cash in hand of Treasurer, April 26, 1916................. $3,663.11

[Signed] MARY W. McKECHNIE,
Treasurer.

Found correct, April 29, 1916
Auditors  KATHARINE BROWN
          LUCY C. AYERS

REPORT OF AUDITING COMMITTEE.

PHILADELPHIA, PA., April 22, 1916.

To the National League of Nursing Education:
The undersigned, having audited the books of Miss Mary W. McKechnie, Treasurer of the above named Association, for the year nineteen hundred fifteen and for the present year to date, do find same to be correct.

The books approved are as follows: bank, cash and all other data pertaining to these books.

[Signed] H. C. KLING,
Auditor.

The President: You have heard the report of the Treasurer. Are there any questions any one would like to ask? If not, what is your wish in regard to it?
A motion by Miss Jammé, seconded by Miss Hilliard, that the report be accepted was unanimously carried.

The President: Next on the calendar are the reports of the Presidents of the State Leagues, we will omit these until a few more of our members have congregated. We will go on to the next, which is the election of new members. The Secretary will please read the list of new members.

(List read by Secretary)

NEW MEMBERS ADMITTED 1916

ALLISON, AMY. Superintendent of Nurses, Methodist Hospital, Omaha, Nebraska.

ALLYN, HARRIET J. Superintendent Griffin Hospital, Derby, Connecticut.

BAKER, BESSIE. Assistant Superintendent of Nurses, Johns Hopkins Hospital, Baltimore, Maryland.

BURNETT, MRS. J. P. Superintendent of Nurses, Baptist Sanitarium and Hospital, Houston, Texas.

BEATTY, M. LOUISE. Superintendent of Nurses, San Juan Hospital, San Juan, Porto Rico.

BELYEAMARGARET E. Assistant Supervisor, Phipps Psychiatric Clinic, Johns Hopkins Hospital, Baltimore, Maryland.

BRANLEY, FRANCES M. Superintendent of Nurses, St. Joseph's German Hospital, Baltimore, Md.

BRIAN, CELIA E. Superintendent of Danville General Hospital, Danville, Virginia.

BRITT, PEARLE E. Superintendent of Nurses, Jewish Hospital, St. Louis, Missouri.

BROWN, JESSIE L. Superintendent of Nurses, Pennsylvania Hospital, Department for Insane, Philadelphia, Pennsylvania.

BURKE, MRS. MAUD D. Night Superintendent, Phipps Psychiatric Clinic, Johns Hopkins Hospital, Baltimore, Maryland.

CLARK, JOSEPHINE B. Instructor of Nurses, Michael Reese Hospital, Chicago, Illinois.

CUNLIFFE, ANNIE. Acting Superintendent Stamford Hospital, Stamford, Connecticut.

CLARKE, MARY. Assistant Superintendent and Instructor, City Hospital, Binghamton, New York.
Cleland, Alice C.......................... Superintendent Hospital and Training School, Cooley Dickinson Hospital, Northampton, Massachusetts.

Creekmore, Ethel E.......................... Superintendent Nurses, Baroness Erlanger Hospital, Chattanooga, Tennessee.

Datesman, Mrs. Sabra H..................... First Deputy Superintendent Nurses, Metropolitan Training School, Blackwells Island, New York City.

Davis, Anna L.................................. Superintendent Park Hospital, Mason City, Iowa.

Dearness, Margaret M........................ Superintendent Nurses, Maine General Hospital, Portland, Maine.

Dendy, Emily A......Surgical Assistant, 822 Greene Street, Augusta, Georgia.

Dibblee, Marion.......................... Superintendent Clinton Hospital Association, Clinton, Massachusetts.

Doty, Permelia M.......................... Superintendent Nurses, Greenpoint Hospital, Brooklyn, New York.

Dozier, Alberta.......................... Superintendent Nurses, Wesley Memorial Hospital, Atlanta, Georgia.

Erskine, Cornelia D......................... Assistant Superintendent Nurses, Amsterdam City Hospital, Amsterdam, New York.

Farwell, Mary F.......................... Superintendent Post Sanitarium, Post, Texas.

Faehs, Katherine.......................... Superintendent Nurses, American Evangelical Lutheran Mission Hospital, Guntur, South India.

Flynn, Katherine.......................... Superintendent, San Francisco Training School, San Francisco, California.

Freeligh, Lisle.......................... Night Supervisor, Cook County Hospital, Chicago, Illinois.

Gerhold, Elizabeth.......................... Superintendent Nurses, Watts Hospital, West Durham, North Carolina.

Gillet, Harriet M.......................... Instructor of Nurses, City Hospital, Blackwell's Island, New York City.

Giltner, M. I.......................... Superintendent Nurses and of Piedmont Sanatorium, Atlanta, Georgia.


Hastings, Harriet.......................... Superintendent Nurses, General Hospital, Madison, Wisconsin.

Harris, Alice.......................... Superintendent Nurses, Mountainside Hospital, Montclair, New Jersey.

Harris, Margaret.......................... Assistant Superintendent Nashua Memorial Hospital, Nashua, N. H.

Hausmann, Mrs. Saidie....................... Superintendent St. Louis Maternity Hospital, St. Louis, Missouri.
HEATLEY, GERTRUDE L...........Superintendent Training School, Southside Hospital, Pittsburgh, Pa.
HUNTER, JEAN ALLISON.........Superintendent Nurses, Grace Hospital, New Haven, Connecticut.
HUGHES, MARGARET.............President, Board of Examiners and Inspectors of Training Schools, Montana.
JOHNSON, BERTHA S.............Superintendent of Hospital and Nurses, Minnewaska Hospital, Starbuck, Minnesota.
KEEN, FLORA E..................Assistant Superintendent and Instructor City Hospital, Louisville, Kentucky.
KRONE, LOUISE A................Superintendent Oakland Central Hospital, Oakland, California.
KENNAN, VIRGINIA..............Superintendent of Nurses, Children’s Hospital, Portland, Maine.
LAWRENCE, ELLA A..............Superintendent Training School, Cumberland St. Hospital, Brooklyn, N. Y.
LOVE, MAY L....................Superintendent Litchfield County Hospital, Winsted, Connecticut.
LOCKERBY, ANNA C..............Superintendent Laconia Hospital, Laconia, N. H.
LANE, SUSAN....................Instructor Illinois Training School, Chicago, Illinois.
MATHES, CORA A................Superintendent McNabb Hospital, Chula Vista, California.
MAURER, ELSA..................Instructor Jewish Hospital, Cincinnati, Ohio.
McCLEARY, ADA BELLE..........Director of Nurses, Evanston Hospital Association, Evanston, Illinois.
McCORMAC, ALICE H............Field Supervisor, Metropolitan Life Insurance Company, 1 Madison Avenue, New York City.
McDONALD, ANNA G..............Superintendent of Nurses, St. Joseph’s Home and Hospital, Stockton, California.
McINTYRE, GRACE LENA........First Assistant Superintendent of Nurses, Rhode Island Hospital, Providence, Rhode Island.
McKEE, CAROLINE VINCENT.....Instructor of Nurses, City Hospital, Cleveland, Ohio.
McKENNA, MARY C..............Superintendent Hospital and Principal Training School, St. Francis Xavier Hospital, Charleston, South Carolina.
MCLEOD, JOSEPHINE............Superintendent St. Elizabeth’s Hospital, Richmond, Virginia.
MEYER, ELIZABETH M...........Directress Nurses-Memorial Hospital, Richmond, Virginia.
NORTHAM, MRS. ADELAIDE L....Superintendent of Nurses City Hospital, Minneapolis, Minnesota.

QUINN, JENNIE M. ..........Superintendent Hathasburg Hospital, Hathasburg, Mississippi.

RAMSEY, JANE A. ..........Second Assistant Superintendent Nurses, Johns Hopkins Hospital, Baltimore, Maryland.

REDFERN, HELEN L. .......Instructor of Nurses, 122 Newbury Street, Boston, Massachusetts.

ROCHE, ELIZABETH .........Assistant Superintendent Litchfield County Hospital, Winsted, Connecticut.

RIVINGTON, ESTHER F. ....Superintendent Neurological Institute, New York City.

ROSTANCE, MARY A. .......Superintendent of Training School, Presbyterian Hospital, Pittsburgh, Pennsylvania.

SISTER AUGUSTA MARGARET .Second Assistant Superintendent, Children's Hospital, Boston, Massachusetts.

SISTER MARY GILBERT .......Head Nurse, St. John's Hospital, Fargo, North Dakota.

SMITH, FANNIE C. ..........Superintendent of Nurses, Columbia Hospital, Columbia, South Carolina.

SINCLAIR, MARGARET .......Third Assistant Superintendent of Nurses, Johns Hopkins Hospital, Baltimore, Maryland.

STEELE, KATHERINE J. ....Assistant Superintendent of Nurses, Metropolitan Hospital, Blackwell's Island, New York City.

STOVER, HELEN M. ..........Assistant Superintendent of Nurses, Minneapolis City Hospital, Minneapolis, Minnesota.

STRINGER, ELIZABETH .......Superintendent District Nurse Association, Brooklyn, New York.

TAYLOR, MANCE ...........Superintendent of Nurses, St. Luke's Hospital, St. Louis, Missouri.

TEMPLETON, KATE C. (MRS.) ....Superintendent of Nurses, Lincoln Memorial Hospital, Knoxville, Tennessee.

THOMSON, ELNORA E. ..........Superintendent Illinois Society for Mental Hygiene, 137 East Ohio Street, Chicago, Illinois.

TRIGG, MARY H. ............Superintendent Greenville Sanitarium, Greenville, Mississippi.

TROTTIER, ALBERTINE ......Superintendent of Nurses, St. Elizabethe's Hospital, Elizabeth, New Jersey.
WALLACE, MARTHA A. . . . . . . . Superintendent of Nurses, Macon Hospital, Macon, Georgia.

WARR, ANNA LOUISE. . . . . . . Superintendent Emeritus, St. Louis Training School, St. Louis, Missouri.

WILLIAMS, ISABEL N. . . . . . . Night Superintendent, Columbia Hospital, Columbia, South Carolina.

WOLCOTT, GRACE L. . . . . . . Superintendent Waterbury Hospital, Waterbury, Connecticut.

YOUNG, ALIDA. . . . . . . . Superintendent of Nurses, Providence Lying In Hospital, Providence, Rhode Island.

ZUPPANN, ELEANORE. . . . . . . Superintendent of Hospital and Training School, Lutheran Hospital, La Crosse, Wisconsin.

The Secretary: There are a number of others that have not been acted upon as yet.

The President: You have heard the names. Did any one note any errors in connection with the names or addresses?

To show you how rapidly changes take place among our members, and that it is almost impossible to keep a directory up to date, since these credentials have been sent in and acted upon numerous changes have had to be made in their addresses, so you can see why our mail goes astray and why reports are not delivered, and we get letters of complaint that the reports have not been sent. What is your wish in regard to this report?

Miss Browne: I move that the applicants be accepted into full membership in the National League.

Seconded by Miss Clayton. Unanimously carried.

The President: We will proceed with the reports of our Standing Committees. The first report is that of the Program Committee. Has Miss Taylor anything further to report? Miss Taylor apparently is not here. We will have the report of the Finance Committee. Has a formal report been sent in?

The Secretary: No.

The President: The next is the report from the Department of Nursing and Health, of which Miss Maxwell is Chairman. Miss Maxwell not being present, Miss Stewart will read the report which has been prepared by Miss Nutting.

(Report read by Miss Stewart.)
REPORT OF THE DEPARTMENT OF NURSING AND HEALTH

The work of the department has gone on smoothly and steadily during the year with few changes to record in staff, courses of study, student body, or student life. That more nurses are getting ready to do public health work is shown by the larger group registered in that division which reflects the complexity of the field for which it aims to prepare. There are for instance, in that group, nurses preparing for school nursing, social service, rural work, infant hygiene, and at least three students who are planning two years of thorough study and training in preparation for industrial work. This work will be carried on under the direction of Dr. Donald Armstrong who succeeded Dr. Winslow in our department. Some idea of the way in which this branch of work is developing may be gathered from noting that when Dr. Winslow came to us six years ago, he gave a single course running through one term to about fourteen students. The same course during this winter, covered twice as much time and was given to 130 students. while, courses in Industrial Hygiene, in Public Health Administration and advanced work in Public Health Investigation have been added. Very much the same kind of growth has attended Dr. Chaddock's work in Social Science. He began with a group of ten or twelve students, and in his two courses this winter has lectured to 150 students. To these courses students outside the Department are admitted. Some new work has been opened up, such for instance, as a course of Demonstrations of Practical Nursing Methods which is given at St. Luke's Hospital by the Assistant Superintendent of Nurses, Miss Carling. This course should prove highly valuable for our students who are preparing to teach. The Department has continued its efforts to provide opportunities for those engaged in hospital and training school work, who are able to give a little time to study. Miss Goodrich has again given an evening course in Supervision in Hospitals and Training Schools to a large group of assistants and supervisors, and the courses in School Nursing and Public Health Administration have been opened up to nurses engaged in public health work. It is usually quite possible for visiting and school nurses to attend one
or two courses given late in the afternoon, and to obtain much needed help in that way.

There has been an unusually large number of outside lecturers invited to speak upon various topics of contemporary importance and a special short course of lecturers of much interest has been given under the Isabel Hampton Robb Foundation. This was given by two eminent specialists and dealt with Mental Hygiene in Childhood.

Letters of inquiry have about doubled in number during the last year, and the correspondence of the department is exceedingly heavy. Difficult and complicated questions dealing with hospital, training school, and other professional problems come in almost every day's mail, and it is hard to see how we can continue to handle them adequately without more clerical aid than the College is able to supply. Yet there is no part of our work to which we are more anxious to give thoughtful attention. We consider it of the utmost importance that such requests for information and advice should have the best help we are capable of providing.

The summer courses will be offered again this year and a new and special course on the Defects and Diseases of Children will be given. It is designed especially for public health workers, but will be open to others. We have a striking increase in the number of inquiries about summer work, and the tenor of some of the letters is such as to suggest that the purpose of the summer work is not entirely understood. There are those who apparently look upon the six weeks of summer study as offering a short and easy path to a position. We cannot too clearly state that we do not so conceive our task, and are not so much concerned with helping nurses into positions as with trying to help them do better work in those they already hold. We can not consider ourselves qualified to give any honest estimate of the ability of students who have been under instruction and observation for so brief a period. The summer session serves many legitimate purposes. It can help those serious workers already occupied in the various fields of nursing in positions which they are only able to leave for a few weeks at a time; it can provide excellent groundwork in all the elementary sciences for those intending to enter the department and deficient in those sub-
jects. It can give valuable instruction in a good many special subjects, but it does not attempt to offer, in six weeks, adequate preparation for any form of nursing work. Those wishing such genuine preparation should try to enter for the regular courses. We see with sympathetic interest the great efforts made by an increasing number of nurses to come to the College for such further education as we can give them, and we note with pleasure that the provision of scholarships for the help of such ambitious nurses is growing in favor. We have three or four students this year who are enabled to carry on their work with us through the generosity either of their training school authorities or of their alumnae associations. Such a public spirited attitude on the part of these bodies deserves high commendation, and we hope that their efforts may bring forth results which will seem to them to justify their faith. We would like to record here that one of our former students who received a scholarship of moderate size from the College a few years ago, this year returns it with interest asking that it be awarded to some selected student for the coming year. The Department likes also here to mention with gratitude the gift on two occasions of a small sum of money from a former student devoted to our welfare. With it we have bought photographs of historical interest for teaching material and some rare pamphlets.

We are still receiving a good many requests for information as to where courses of training in laboratory work can be secured and it is possible that in another year we may be able to include that in the work of the department. We hope also that we may shortly see our way to working out a group of combined courses designed to train teachers of occupations. That there is need for such teachers is evident, and the nurse's training should provide an unusually strong foundation upon which to build.

The requests for our graduates for positions of various kinds have increased steadily during the year and are very far in excess of our ability to meet. This is particularly true of two or three branches of work. We can meet a mere fraction of the requests for instructors in training schools, for school nurses, and for social service workers. All of these branches, however, require women of rather exceptional educational and personal qualifications.
We should not fail to mention the opportunities for part time work for our second year students who are preparing to teach. We call them teaching scholarships and they have been provided in Bellevue, St. Luke's, Long Island College, and in one or two other hospitals. Through the aid which they give, several students have been able to complete a second year of college work. Nor should we fail to speak with gratitude of the continued courtesy of the heads of the hospitals and training schools of New York City. The College has come to rely upon them for unfailing kindness to our students, and for generous cooperation in the furtherance of this division of its work.

The President: You have heard this report. This is most indicative of the progress made, and the rapid growth of the Department from the small beginning to its present splendid achievements. Are there any questions any one would like to ask?

Miss McKechnie: If Miss Stewart could give a detail of some of the courses during the summer, apart from the special one on children, perhaps there are some who would like to take them and they might get some helpful information.

The President: Miss Stewart, have you anything to report?

Miss Stewart: Each summer one course is offered for training school superintendents. This will be given, partly by Miss Nutting and partly by Miss Goodrich, and will deal with training school problems. There is another course, especially devoted to teaching in training schools, and also teaching as it applies to the work of the public health nurse. This is a combined course. There is a course open to public health nurses in general methods and principles of public health nursing which applies to the general field of public health nursing, with some special attention to school nursing. Then, in addition, there will be this course giving by prominent physicians on the Diseases and Defects of Children, bringing in some of the mental defects as well, because that seems to be a problem for most public health nurses. These are the courses in our own department, but there are available a great number of courses in other departments. For instance, any one who wants to take up teaching work particularly, or who is interested in that branch, will find excellent courses in physiology, bacteriology
and nutrition and in all the sciences that are usually given in training schools. All of these departments are open in summer and in many cases they make some special provision for our students. There is an excellent course in bacteriology in the summer in the College of Physicians and Surgeons from the stand-point of the laboratory worker. It is only in the summer that it is open to women. It takes pretty nearly one's full time. Courses in psychology are given and in sociology and all the various sciences. We had about five or six thousand students there last summer, so you have some idea of the kind of bill of fare that has to be provided for that large number of people. Those who are interested in the executive work will find courses in household administration, and they might take courses in nutrition institutional dietaries and in various other subjects. The difficulty is to select, I think, rather than to find something that would be serviceable.

The President: Are there any other questions? If not, what is your wish in regard to this report?

Upon motion of Miss Eldredge; seconded by Miss Logan, the report was accepted.

The President: The next is the report of the Publication Committee. Miss Hall is Chairman.

The Secretary: She has not sent a report.

The President: We will have the next report which is from the Collegiate Committee. Miss Johnson, have you a report?

Miss Johnson: Miss Watson has sent the report.

The President: Miss Stewart, will you read the report?

(Report read by Secretary.)

REPORT OF COLLEGIATE COMMITTEE SUMMARIZED

As our work seemed to overlap that of the Publicity Committee and of the Vocational Guidance Committee, we joined with one or the other in some states, notably Pennsylvania, Virginia, and Massachusetts.

We have followed two methods of reaching students of colleges, normal schools, and fourth year high school classes: addresses by competent speakers, and by printed matter. By the first method we presented the subject of Nursing as a Profession for
College Women before groups of students and faculty of fifty-three institutions.

By the second method we published an article in a sorority magazine having a circulation of 17,000 which is on the shelves of 216 college libraries, and sent out 210 copies of Opportunities in the Field of Nursing.

We corresponded with many colleges who could not arrange for speakers this year.

On the whole the responses from schools and colleges has been encouraging, the greater difficulty being to find nurses willing to speak.

SUSAN H. WATSON,  
Chairman.

The President: Are there any comments to be made? I think we are all thoroughly convinced of the importance of it, and are really under very great obligations to the members of this Committee because they have done such a tremendous piece of work. Another feature, I think, that is most gratifying is the fact that the State Associations and State Leagues and various bodies of that nature make contributions for the continuance of this work. Money is needed. It is needed for postage, stationery and stenographic assistance, etc., and it would be very difficult for the National League to bear this expense without contributions from these organizations. It only goes to prove, I think, the importance of our Local and State Leagues, because a great deal of this work could be done through these Leagues if we were organized in all the states. Is there anything further to be added? If not, what is your pleasure in regard to this report?

Miss Sly: I move that it be accepted.
Seconded by Miss Minnigerode. Carried.

The President: The next report is that on Education.

REPORT OF COMMITTEE ON EDUCATION

Madame President and Members of the League:

Our committee fully expected to be able to report to you today the completion of the curriculum upon which we have been at work for a much longer time than we anticipated, and our regret is great that we are prevented from doing so.
Had we adhered to the comparatively simple form of curriculum, which we had in mind at the outset, our work would undoubtedly have been completed long ago. But we came to see that something more ample and comprehensive in scope, with details of instruction and training more carefully and fully worked out, was what is needed at the present time by training schools. The working out of these details has proved a slow and laborious process. To build up in outline even one course of study, covering both theory and practice in a satisfactory way, is a task requiring close application and considerable time and thought. To secure good workable outlines of every subject offered in the training school curriculum; to submit each of these to a selected group of persons specially qualified to criticize and judge; to get the outlines back again; bring them into fairly uniform shape; eliminate duplications of subject matter, and incorporate the many excellent suggestions that have come in from various sources, is really a very heavy task indeed.

It may interest you to know that practically every person who has contributed an outline has protested that her subject could not possibly be properly covered in the limited time we had allowed her, and that most of the suggestions received from the inquiry sent out are for an increase rather than for a decrease in the number of hours assigned to the various subjects.

Certain new problems also have arisen. The entrance, for instance, of nurses in large numbers into various forms of public health work has shown unmistakably their need for special preparation for such new activities; and the training school is now asked if it cannot include some, at least, of the needed preparation in its curriculum. It became necessary, therefore, for our committee to take up this question and to consider how far the training school as at present organized, could go in providing such instruction.

In the meanwhile, the National Organization of Public Health Nursing had appointed a special committee to take up the same question. The committee has worked in conjunction with ours on certain matters, and has asked us to withhold our final conclusion until their report has been presented. This we have willingly done.

To finally revise and edit all of this body of material, bringing
it into proper shape for publication, would occupy the time of one person for some weeks, and the exceedingly busy professional women, who compose this committee, have small margins of time to devote to such detailed work.

Considerable progress has, however, been made during the year. The bulk of the material is now in our hands and we hope if conditions do not arise to prevent, to be able to complete our task and to announce the publication of the curriculum within a few months.

Respectfully submitted,

M. A. Nutting, Chairman,
Committee on Education.

The President: You have heard this report. What is your wish in regard to it?

Miss Powell: I move that the report be accepted.
Seconded by Miss Brown. Carried.

The President: The next report is from the Committee on Vocational Guidance.

The Secretary: The Committee on Vocational Guidance has not sent in a report, but there will be something on this subject given by Miss Coleman, who was our delegate to the Vocational Guidance meetings in Detroit. Miss Jammé, I know, attended the conference held last year, and she may have something to say on Vocational Guidance.

The President: We will hear from Miss Jammé.

Miss Jammé: I attended the meeting of the N. E. A., at Oakland last summer, as a special delegate of this Association. I had been asked by Miss Noyes if I would go to that meeting. Vocational Guidance was one of the very strong sections of the N. E. A. I was, fortunately, able to get on the program. I spoke on the question of preliminary education; that is, the subjects to be given in the high schools for the girl who contemplates taking up nursing, such as chemistry, physics, hygiene and household arts. I emphasized these as necessary prerequisites for admission to our training schools. Following my talk, a group of teachers came to me and said that they were very much interested, and would like to know more about the work. I spoke to the Secretary about sending "Opportunities in the Field of Nursing" to
all the members of the National Vocational Guidance Association. He assured me the pamphlet would be sent to each one. I also attended a dinner given by the Vocational Guidance people and came in contact there with a large number of members, and felt that they would all go back to their states, possibly, with some new idea of our work.

The President: You have heard the report as given by Miss Jammé. What is your wish in regard to it?

On motion of Miss Ayres and seconded by Miss Hilliard the report was accepted.

Miss Stewart: Miss Robinson, one of the members of the Vocational Guidance Committee, has made a careful study of the data supplied by last year’s questionnaire, and by the results of a further inquiry, and presents the following report:

REPORT OF A STUDY OF THE HEALTH OF STUDENTS IN SCHOOLS OF NURSING

[Supplementary to the report of last year’s Vocational Guidance Committee on the health, salaries and work of nurses.]

Of the 535 nurses answering the questions, the condition of health upon entering training was reported by

161 or 30 per cent to be above average.
29 or 5 per cent to be below.
345 or 64 per cent to be average.

There were 510 who reported their condition upon graduation and of these

158 or 30 per cent were improved.
78 or 15 per cent were impaired.
274 or 54 per cent were the same as on entrance.

Those whose health was improved ascribed it to the following reasons: Good food; interest in their work; pleasant surroundings; congenial companions; regular habits of living.

Impairment in health was believed due to overwork; long hours; too much night duty; poor food; nervous strain; too much lifting.

The majority of the 5 per cent below average upon admission, definitely stated their health to have been improved by the training.
The most common diseases mentioned of a total of 652 cases were as follows:

<table>
<thead>
<tr>
<th>Disease</th>
<th>No.</th>
<th>per cent</th>
</tr>
</thead>
<tbody>
<tr>
<td>Tonsillitis and colds</td>
<td>177</td>
<td>27.1</td>
</tr>
<tr>
<td>Diphtheria</td>
<td>39</td>
<td>5.9</td>
</tr>
<tr>
<td>Typhoid</td>
<td>22</td>
<td>3.3</td>
</tr>
<tr>
<td>Scarlet fever</td>
<td>22</td>
<td>3.3</td>
</tr>
<tr>
<td>Nervous breakdown</td>
<td>16</td>
<td>2.4</td>
</tr>
<tr>
<td>Foot troubles</td>
<td>10</td>
<td>1.5</td>
</tr>
<tr>
<td>Rheumatism</td>
<td>5</td>
<td>0.7</td>
</tr>
<tr>
<td>Appendicitis</td>
<td>5</td>
<td>0.7</td>
</tr>
</tbody>
</table>

Other affections appeared in relatively smaller numbers.

The average time lost per pupil during her three years of training was found to be between 1 to 14 days. It was interesting to note that a two or three years' course or even the eight hour system did not change this average. 417 reported their time lost as follows:

<table>
<thead>
<tr>
<th>TIME LOST</th>
<th>EIGHT HOUR SYSTEM</th>
<th>THREE YEAR</th>
<th>TWO YEAR COURSE</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>No. pupils</td>
<td>Per cent</td>
<td>No. pupils</td>
</tr>
<tr>
<td>days</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>1-14</td>
<td>41</td>
<td>45.5</td>
<td>97</td>
</tr>
<tr>
<td>14-28</td>
<td>10</td>
<td>11.1</td>
<td>40</td>
</tr>
<tr>
<td>28-42</td>
<td>13</td>
<td>14.4</td>
<td>28</td>
</tr>
<tr>
<td>42-56</td>
<td>3</td>
<td>3.3</td>
<td>12</td>
</tr>
<tr>
<td>56-70</td>
<td>5</td>
<td>5.5</td>
<td>8</td>
</tr>
<tr>
<td>70-84</td>
<td>3</td>
<td></td>
<td>9</td>
</tr>
<tr>
<td>84-92</td>
<td>19</td>
<td>21.1</td>
<td>46</td>
</tr>
<tr>
<td>Totals</td>
<td>91</td>
<td>100.9</td>
<td>240</td>
</tr>
</tbody>
</table>

As the above statistics were compiled from the statements of nurses ranking from recent graduates to those of twenty-five and thirty years' standing—here again we must not consider this a final report as many may have forgotten such incidents in their training. It was also thought advisable to learn how many had been dropped by the wayside for health reasons during training and six hospitals out of the twelve provided the following statistics. These hospitals averaged a total of 744 students.
One of these schools reports an average of only four days lost per pupil—the others do not go beyond an average of eight days.

A study of the health of school teachers revealed a high percentage of tuberculosis and nervous exhaustion. It has been seen by the foregoing data that these play only a minor part in the life of a pupil nurse.

A group of women clerical workers 3000 in number, showed 8288 absences in one year. The most common ailments

<table>
<thead>
<tr>
<th>Ailment</th>
<th>First year</th>
<th>Second year</th>
<th>Third year</th>
</tr>
</thead>
<tbody>
<tr>
<td>Nervous troubles</td>
<td>2</td>
<td>1</td>
<td></td>
</tr>
<tr>
<td>Tuberculosis</td>
<td>4</td>
<td>2</td>
<td></td>
</tr>
<tr>
<td>Rheumatism</td>
<td>2</td>
<td>1</td>
<td></td>
</tr>
<tr>
<td>Foot troubles</td>
<td>2</td>
<td>1</td>
<td></td>
</tr>
<tr>
<td>Epilepsy</td>
<td>1</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Heart</td>
<td>3</td>
<td>1</td>
<td>1</td>
</tr>
<tr>
<td>Infections</td>
<td>2</td>
<td>1</td>
<td></td>
</tr>
<tr>
<td>Graves disease</td>
<td>1</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Lack of vitality</td>
<td>2</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Totals</strong></td>
<td><strong>20</strong></td>
<td><strong>9</strong></td>
<td><strong>1</strong></td>
</tr>
</tbody>
</table>

per cent

<table>
<thead>
<tr>
<th>Ailment</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Tonsilitis, colds, etc.</td>
<td>27</td>
</tr>
<tr>
<td>Dysmenorrhoeas</td>
<td>11</td>
</tr>
<tr>
<td>Indigestion</td>
<td>8</td>
</tr>
<tr>
<td>Blistness</td>
<td>6</td>
</tr>
<tr>
<td>Headache</td>
<td>4</td>
</tr>
<tr>
<td>Nervous disorders</td>
<td>less than 1%</td>
</tr>
</tbody>
</table>

It has been seen by the above report that a nurse very rarely becomes a physical wreck through her training and if further statistics on the health of women workers were available—she would probably compare most favorably with any other class of professional women.

It must be remembered, however, that nurses are physically a picked class, and that they should show a much higher standard of health than that of the average woman. Besides we have ample evidence that a fairly large number are injured in health by their training. We have at present, no means of ascertaining just what proportion this is. The number who state their
health to have been impaired is 15 per cent, but this takes no account of the many who drop out because they cannot stand the work, or because their health was never definitely affected by it. It is highly desirable that we should have complete health records kept by training schools, so that we might compare our health statistics with most of other occupations, and compare the effects of different systems of training. To make such statistics of any value, the pupil's history and initial health examination, should be recorded, and her physical condition on graduation. The time lost for sickness should be noted, and the exact nature of each illness given. Any enforced vacations without actual illness should also be recorded. Some schools give a health examination of each pupil once a year. Such records would be invaluable as a basis for a health study of nurses in training, and we might eventually reach a fair computation of a minimum sickness rate, which would set the pace for all training schools.

In the meantime if there seems to be a good deal of sickness in the school, it might be well to ask the following questions to see if the causes could be located and eliminated.

Do all nurses have single rooms?
Are there sufficient bathing facilities?
Are sick nurses cared for by nurses or maids?
Is there an infirmary or must sick nurses remain in their own rooms depending upon the care of their friends?
Is their off time free or must a part of it be spent in lecture or class?
Has the eight-hour system been adopted?
If forced to remain on duty over-time can that time be made up later?
Is enough time spent out of doors?
Are extremes of temperature avoided between hospital and home?
Can the nurses' recreation be supervised?
Is there a gymnasium and are they encouraged to use it?
Can they be interested in swimming and in using pool if there is one in the vicinity?
Is the nurses' kitchen separate from the hospital kitchen?
Do they have sufficient time in which to eat their meals and is the service good?
Is there a kitchenette in the home where they can prepare evening lunches?
Is there any social life inside the Training School?
Is there any provision for entertaining men friends, i.e., card playing, dancing, etc.?
Is any attempt made to interest them in outside current affairs?
The President: We will next hear from the Publicity Committee. Miss Parsons is Chairman of that committee, but she has not been able to be here. I will ask that the report be read by Miss Stewart.

(Report read by Secretary.)

REPORT OF THE PUBLICITY COMMITTEE

Considerable progress has been made in the way of interesting the public in nursing affairs. At the convention in San Francisco the press gave practically as much space to the meetings held by the nurses, as was given to the medical and the hospital conventions. The accounts of the sessions were mostly dignified and interesting.

During the intervening time there have been a few authentic and well written articles in some of the popular magazines.

It is quite a common thing now for nurses to be represented on the program of the women’s club meetings and in Massachusetts nurses were invited to speak on "The Status of Training Schools for Nurses" in six different cities.

One Sunday edition of a representative paper gave up a page to illustrations of hospitals, nurses’ homes and nurses.

In Missouri the St. Louis League of Nursing Education sent a circular letter to the editors of a religious paper of each denomination, which read as follows:

The St. Louis League of Nursing Education, composed of superintendents, assistant superintendents, and instructors in Schools of Nursing, is desirous of placing in the hands of young women throughout the country information in regard to training schools.

Each year large numbers of women are entering Schools of Nursing without knowing what the school should give them in the way of professional education and what opportunities await them after graduation.

Because of ignorance in nursing and through the lack of reliable information, many admirable women enroll in low grade schools. Some of them find this out when they are pupils and frequently leave the schools; others do not realize it until after graduation when they find that they cannot become recognized members of the nursing profession. These nurses then have to spend an additional year in a Post Graduate School before they can register under the laws of some states. This makes the course of training of four instead of three years’ duration.

A few of these low grade schools which are giving to their students in-
sufficient instruction in both the theory and the practical work of nursing, are making an effort to raise their standards. But the majority of them are exploiting their students in order to obtain a cheap nursing service for the hospital.

Because of such conditions, we hope to be able to enlist your aid in our campaign for the education of women who contemplate entering the profession of nursing. For this reason we are enclosing a short article which we hope you will find it possible to publish in your paper. In case you consent to do so, will you please write me, telling me the circulation of the paper at present?

What the result was I have not heard.

Some superintendents invite an experienced nurse to meet the training school committees for discussions about the training school policy.

RECOMMENDATIONS

1. That as the Publicity Committee of the National League seems to have fulfilled its purpose and that it be dismissed.
2. That the National League recommends that the State Leagues of Nursing Education each have a committee for Vocational and Publicity Work.
3. That such committees work in conjunction with the State Federation of Women’s Clubs and the Vocational Bureaus.
4. That a list of speakers on nursing education and legislation be enrolled to respond to invitations to speak before women’s clubs, medical associations, schools and colleges.
5. That the press be invited to attend conventions, graduating exercises, given interviews and encouraged to put nursing affairs before the public. Well written editorials on nursing legislation are often accepted for publication.

Respectfully submitted,

SARA E. PARSONS,
Chairman of Publicity Committee.

The President: You have heard the report of this committee. I am sorry that we must hurry along, as we have a great many other things and the hour grows late. I know we would like to talk about this subject very much. A question has arisen in the mind of the Board of Directors as to the advisability of continuing these three committees as separate committees. The com-
mittees themselves feel that they do considerable overlapping, and I think it would be a very good thing if we had some expression from this body as to the advisability of bringing these committees into one group with one report, rather than three separate reports. Before we do anything about that, however, I should like to ask what is your wish in regard to the report.

On motion by Miss Paul, seconded by Miss Wheeler, the report was accepted.

The President: We should like to hear whether any one would have reason to feel that the consolidation of committees would not be desirable. Would there be any opposition to this plan?

Miss Clayton: I am sure I would like to see it. The Collegiate Committee, in Pennsylvania, was appointed first, and later the Publicity Committee, and we found that it did exactly the same work.

The President: That has been the conclusion reached by the various committees almost universally. What is your opinion, Miss Jammé?

Miss Jammé: I believe that consolidation would be most advisable.

The President: Would you make a motion to that effect?

Miss Jammé: I move that we consolidate the three committees, viz., Collegiate, Vocational Guidance and Publicity, into one committee.

Seconded by Miss Hillard. Carried.

The President: As the report of the Revision Committee is a long one, we will hear it later, and I will call for the report of the Committee on National Headquarters, of which Miss Russell is Chairman.

REPORT OF COMMITTEE ON CENTRAL HEADQUARTERS

Miss Russell: I will read the report of the Committee as it was presented by the Chairman, Miss Wheeler on January 19, 1916. The Committee on Central Headquarters has had some correspondence and has held one meeting—namely, January 18, 1916—at the Park Avenue Hotel, New York City.

The committee first considered the activities of the three na-
tional organizations, and realized that in such instance as the present plans of the Revision Committee carry, that there would necessarily follow state and national re-organization; that the educational work planned by the National League and the Public Health organization for the undergraduate and post-graduate students will be of wide influence, and that plans for more complete work should be made by the Legislative and Information Committee. The larger portion of this work heretofore has been in the hands of volunteer committees. This volunteer work has necessarily been intermittent and inadequate, and in view of the future requirements of the nursing profession, we recommend that plans be considered for the securing of a National Secretary as head of this Bureau, with such assistance—both volunteer and paid—as are required to bring all nursing interests together as a first step toward central headquarters. This would be economical in time, effort and money for the use of data regarding nursing organizations, schools of nursing and individual nurses, thus avoiding duplication of effort for the securing of this data, and would give custodial care of the accumulated data for use by officers and committees at the time of their various meetings. Out of this concentration of activities would necessarily grow a place, convenient, accessible and available to the majority of nurses.

This committee requests that the Revision Committee be asked to consider the proposition of a National Secretary and such centralized headquarters prior to a final decision of the proposed by-laws.

We have very little definite data at present to work upon as we have had but two interstate secretaries, the expense of whom were covered by the American Nurses' Association, National League, American Journal of Nursing and the National Red Cross.

The national organization of Public Health Nursing has a Field Secretary, the approximate expense of which office has been as follows: The first year $4500; second year $6500; third year $7300 and the fourth year $10,000. The force in this office consists of one secretary, four assistants on full time, two assistants on half time, and one volunteer.

The expenses of a National Secretary with headquarters could be met by a possible income tax from the state associations.
Your committee asks that this report be placed before the presidents of the state associations to be presented to the various state associations as to the desirability of a general secretary and headquarters, and as to the willingness of the state associations to be taxed for this purpose. Also that a questionnaire be sent to all state associations for their consideration of this matter, and that the returns be placed before the New Orleans Convention and that no definite action be taken by the American Nurses' Association on this matter until the present question of re-organization be voted upon by them.

Respectfully submitted,
(Signed) MARY C. WHEELER,
Chairman Committee on Central Headquarters.

After the reading of this report, there was a discussion regarding the possibility of a joint secretary, an interstate secretary, and of national headquarters.

Miss Noyes suggested that we accept the report of the committee, and ask our respective boards to consider the question of an interstate secretary and leave that of national headquarters in abeyance; also that the subject be brought before the advisory council.

The President: You have heard this report. What is your pleasure in regard to it?
Miss Jammé: I move that it be accepted.

Seconded by Miss Clayton. Carried.

The President: You notice the recommendations—that the matter be brought before the advisory council and the state organizations. It was also recommended at the January meeting, when we accepted the report, that we leave the question of national headquarters in abeyance. Owing to the need of reorganization of the American Nurses' Association and the complete revisal of the Constitution and By-Laws of the National League, it has been felt that we could do very little about national headquarters until these other matters were settled. We will hear next from the Isabel Hampton Robb Fund.

Report of Isabel Hampton Robb Fund read by Miss Riddle.
The Committee decided last autumn to make a great effort to complete the Fund and has devoted its chief energies during the past winter to carrying out a widespread campaign for that purpose. The results show that the effort was well worth making and the Committee has the pleasure of announcing that on April 1 the substantial sum of $10,262 had been added to the Fund, with some further contributions probably still to come in. We are very glad to have been able to secure in so difficult a year such a substantial increase, and to be given the power to help more nurses gain the further education they desire. The Committee wishes here to express its gratitude to all of those who have contributed so generously in their several ways towards the completion of our cherished Fund; to the superintendents and other officers of hospitals and training schools who have done so much to awaken the interest of their pupils; to the officers in the various associations who have worked energetically to secure the coöperation of their members; and to pupils and graduates alike, many of whom have denied themselves to help forward this work. The Committee wishes especially to acknowledge its indebtedness to two of its own officers upon whom the heaviest labors have fallen, the Secretary who has written numberless letters, and the Treasurer who has cheerfully carried on a correspondence weighty in every sense of the word.

The results of the campaign appear to us twofold: the tangible, as represented by our $10,262; and the intangible, which may be discerned in a new interest in the work of the Fund, and a keener appreciation of its purposes and value. The contributions came, as we had hoped they would, from many nurses representing a large area, and they were in the main moderate in size. We had, however, one splendidly generous gift of $5000 from Mrs. William Church Osborne, the President of the Women Board of Managers of Bellevue Training School, that school where Isabel Hampton first began to study nursing and to catch the visions of its high place and possibilities, which gave her the power to lead us. We are all profoundly grateful to Mrs. Osborne.

With the sum now in hand, we shall be able to double our work and to give six scholarships each year where hitherto we have
been limited to three. It will afford the Committee the greatest satisfaction to be given the power of helping a larger number of nurses of exceptional qualifications to obtain that further knowledge of which they deem themselves in need. But we are thinking of the fifty applicants we have had during the last four years who have had the same longings and ambitions, and realizing that out of the fifty we could give scholarships to only fourteen of them, and this includes the three scholarships just awarded and not yet utilized. It has been with the greatest regret that we have found ourselves unable to help a larger proportion of those who have applied, since the demand and the need for nurses with a broader education and further special training is immediate and pressing. We do not wish, therefore, to rest content with what has been done but to continue our efforts to upbuild the Fund in whatever way promises the best results. Sustaining subscriptions have proved an effective way of increasing funds without laying a heavy demand upon any one, and we are therefore asking our alumnae and state associations to undertake to make moderate sustaining contributions annually with the belief that in a few years we shall be able to announce to you the fulfillment of your plans. For the Fund is your Fund, which we, this Committee, are holding in trust and administering to the very best of our ability.

And we are further asking everyone of our members to realize that this is a national fund and belongs to no one section of the country. It is true that most of the work is now carried on in eastern colleges since they offer at present the desired opportunities for advanced work. But that is bound to change, for as nursing becomes better understood and more highly valued, larger educational opportunities for nurses are certain to arise in connection with our colleges and universities. It will afford the Committee very great satisfaction to be able to extend the benefits of the Fund to new places and new institutions which are found upon examination to be doing advanced work of a sound character. Appeals therefore for contributions may very properly be made to anyone in any part of this country and it is greatly hoped that there may be others besides Mrs. William Church Osborne who will show by their liberal gifts, their comprehension of the significance of the work we are doing. There is
one aspect of our policy which some of us have accepted with reluctance, and that is our ruling to restrict our awards to nurses trained in American schools who are members of American nursing associations. The spirit is easy to understand, and in a sense one sympathizes with it, but I do not believe it is the best thing we can do. I believe we should soon reach the point where we open our scholarships freely to nurses of other countries. I am confident that we want to help the most brilliant women no matter what country they come from, and in the long run we should do more for nursing education in general by helping along our best students.

A casual study of the candidates who have presented themselves and their qualifications during the past three years shows that eighteen states are represented by them, with Massachusetts and Pennsylvania in the lead. In education very few have fallen below full high school while 25 per cent have had college work or normal training. Fifty per cent have had hospital or training school experience after graduation, covering from one to six years, and 20 per cent from one to three years’ experience in visiting or public school nursing. The age of candidates ranged from twenty-four to forty-six years, the majority being between twenty-seven and thirty-five years. The number of those wishing to prepare for administrative work remains about stationary, while the number desiring to prepare to teach in training schools or to work in public health fields, is steadily increasing. Eight of those who have held our scholarships are now filling positions of much usefulness in various fields. Three are engaged in public health nursing, one as the director of educational work in an important Visiting Nurses’ Association, another as the superintendent of a highly influential body of Visiting Nurses, the third doing instructive work in the nursing division of a great relief society. Four are occupied in training schools, one as superintendent, the others as assistants and instructors, while one has responded to the call from the front, and is making an admirable record “somewhere in France.” All of them believe that they have been helped to larger usefulness by their work in the College.

M. Adelaide Nutting, Chairman.

Miss Riddle then gave, as treasurer of the Robb Fund, a statement for the past four months, as follows:
Balance, January 1, in the bank ........................................... $1,745.15

Collected and deposited for January .................................. 1,137.22
Collected and deposited for February ................................ 557.36
Collected and deposited for March ..................................... 6,652.67
Collected for April, up to the 21st ................................... 433.00

Deposits for the four months ............................................. $8,780.25
Interest for the same length of time .................................. 214.56

Total .................................. $10,739.96
The expenses of the Fund during these four months, including $300 awarded in scholarships, amounted to ........................................... $463.47

Leaving a balance of cash in the bank of ............................ $10,276.49
which will be invested after July 1.

(Note.—This four months' statement does not include the amount of the Fund already invested.)

Miss Riddle: I thought it might be just a little interesting to the nurses present to give a few of the figures, which will show something of the work for the last three or four months. On January 1, we had a balance in the bank of $1745.15. This does not at all account for that money which had been already invested and which amounted to something over $13,000. We are not speaking of that now, we are simply speaking of cash that we had. We collected and deposited during the four months of this year, during January $1137.22, during February $557.36, during March $6652.67, and during April, up to the 21st, $443.00; making a total, in the amount of collections for January, February, March and April of this year, of $8780.25. During this time the expenses have been, including the $300 paid out in scholarships, $463, and we have received by interest $214.56, making a total of cash on hand in the bank of $10,276.47, and we have already invested between $13,000 and $14,000. This $10,276.47 would have been invested before this, but we were advised by the bank to hold this until July, as most bonds and securities pay their interest beginning with the 1st of July and it would be better for us to keep our money in the bank and not lose the interest on it altogether.

The President: You have heard this inspiring report of the
increase in the funds established in memory of the late Mrs. Robb and although this is exceedingly gratifying, I think we should like to have it rounded out to the full $50,000. We hope to do that later. There is still an opportunity to make contributions to this fund. It is not closed by any manner of means, is it?

Miss Riddle: Not at all. I would like to just speak a word in appreciation of the small contributors. We received a letter, together with $3.19, from a far western state, which says: “I canvassed the state and hoped to get a good contribution from the state association, but this is what I could get.” This $3.19 represented a great deal of interest and work and I believe it was worth just as much to the Fund—perhaps it will not provide as many scholarships, but it will provide as much enthusiasm, which we need in securing the money as $300 will—and when I get a contribution of twenty-five cents I always think that those people need something more than just a common receipt. I feel they ought to have a letter, but if they give $100, we are satisfied to give them a receipt.

The President: Are there any further questions or recommendations to be made before we proceed?

Miss McKechnie: It would seem to me very fitting at this meeting that we show our appreciation of Mrs. Osborne’s very generous gift in memory of Miss Robb by sending her a letter of appreciation.

The President: I would like to suggest that you incorporate in your motion what Miss Nutting has said in her report, upon that point.

Miss Riddle: I might say that we were not satisfied in sending Mrs. Osborne simply a receipt. We did the best we could.

The President: You have heard the motion, but, first of all, we must pass on the report before we accept this recommendation. What are your wishes?

Miss Eldredge: I move that the report be accepted and placed on file.

Seconded by Miss Francis. Carried.

The President: We will now act upon the recommendation made by Miss McKechnie of sending Mrs. Osborne a letter from this organization expressing our appreciation of this splendid gift
from her, and incorporating in that letter the remarks of Miss Nutting from her report.

The motion was seconded by Miss Riddle and unanimously carried.

The President: We will hear from the Nominating Committee, if they are prepared to give their report, and then we have the special committees to call upon.

(Report of Nominating Committee read by Miss Krueger.)

REPORT OF THE NOMINATING COMMITTEE

President—Miss Sara Parsons.
First Vice-President—Miss Mary Wheeler.
Second Vice-President—Miss S. Lillian Clayton.
Secretary—Miss Amy Trench.
Treasurer—Miss Mary McKeehnie.
Auditor—Miss Katherine Brown.
Members of the Executive Committee—Miss Tye, Miss Fulmer.

Mathild Krueger,
Chairman.

The President: You have heard the report of the Nominating Committee. Are there any nominations from the floor? No response. May I ask what is your wish in regard to the report?

On motion of Miss Greener, seconded by Miss Powell, the report was accepted.

The President: We will now call upon the state presidents for their reports. We will call them by states and ask that you respond as quickly as possible.

REPORT OF STATE LEAGUES

The President: The first state is Arkansas.

Miss Tye: The State League organized in October, 1914. We have a membership of 15 individuals and 3 nursing organizations, with one more organization in prospect. We can only meet twice a year, in October and May. The railroad facilities are such that it makes more meetings impossible. We are very enthu-
siastic and our finances are up to date in every way. We are doing very good work and hope to get a few more members.

*The President:* You have done very well. The next is Illinois.

*Miss Burke* (of Illinois): The Illinois League for Nursing Education held five meetings during the year.

Thirteen new members admitted.

Two members voted as honorary members, and 73 active members.

A resolution endorsing a resolution submitted by Congressman Linthicum of Maryland, pertaining to the insanitary conditions which are reported to exist in approximately 90 per centum of the creameries of the country—was adopted and sent to the Senators and Congressmen of Illinois.

A circular letter was sent to the superintendent of training schools and instructors, asking their help in further standardization of nursing education.

*The President:* The next is Rhode Island. Have we a report from Rhode Island?

*Miss Young* (of Rhode Island): Present membership 32.

New members in the past year ten.

Four meetings have been held. Speakers Miss Riddle, Mrs. Flash, Dr. Harrington of the State Hospital for the Insane, Miss Fitzpatrick of the Providence District Nursing Association and Dr. Henry C. Hall, assistant superintendent of Butler Hospital.

Miss Riddle gave an informal talk on State Registration, Hourly Nursing and told of new systems in training schools for the arrangement of hours off duty, etc.

Mrs. Flash spoke on “High Ideals in Nursing.”

Dr. Harrington gave a short history of the State Hospital.

Miss Fitzpatrick explained the new system of Hourly Nursing recently begun by the Providence District Nursing Association.

Dr Hall opened a discussion on “The Faults in the Education of Nurses from the Examiners’ Standpoint.”

Members have spoken before the high school girls, the Camp Fire Girls and at the Woman’s College, Brown University.

A gift of ten dollars has been sent to the Isabel Hampton Robb Memorial Fund.
The President: The next is from Maryland.

Miss Lawler (of Maryland): The League has a membership of one honorary and thirty active members, an increase of five in the last year. The major effort of the League this year has been for the new bill. We began very early in the fall to discuss needed amendments in the Nurse Practice Act. It was thought if the League, because of its smaller membership, developed the initial work and prepared a tentative plan of the changes needed, it would facilitate the work for the State Association of Graduate Nurses. Accordingly, a small committee was appointed to get all the information possible from other states and then make concrete recommendations to the League. The recommendations finally made were an increase in the examination fee of $10 instead of $5, an increase in the salary of the Secretary, the appointment of a State Inspector of Training Schools, a reciprocity clause, a reduction in the age limit to twenty-two years instead of twenty-three, and a compulsory clause forbidding anyone to practice as a trained, graduate, certified or registered nurse without a certificate from the State Board of Examiners. The work accomplished was reported to the Maryland State Association of Graduate Nurses, who in turn appointed a large and representative Legislation Committee, retaining as members the small committee of the State League. By this method there was no duplication of work and we feel that we have a much better bill in consequence. It is a matter of regret that we finally had to omit the word “trained” but we felt that with the State Inspector, it will not be difficult to overcome any opposition in the next two years.

The League has found time to interest itself in the problems of Child Labor and the Education of Public Health Nurses. The meetings have been at all times well attended and a splendid spirit of harmony and cooperation has prevailed.

The next report will be from Ohio.

Miss Robertson: Miss Friend has asked me to read the report.

Miss Robertson (of Ohio): The annual meeting of the Ohio State League of Nursing Education was held in October, 1915, at Columbus, Ohio, in connection with the annual meeting of the Ohio State Association of Graduate Nurses.
A whole session was given over to the meeting, the audience was large and a number of interesting papers were given.

A report of the committee on a standard curricula for the schools of this state was given and the minimum curriculum recommended by the Nurse Examining Committee was discussed.

This last named curriculum was compiled from recommendations from the Committee of the State League of Nursing Education.

We felt we were most fortunate in having Miss Riddle of Massachusetts present at our meeting to join in our discussion.

Two of the papers read at the session have since been published in the American Journal of Nursing, namely "Scholarships in Schools of Nursing," and "The Teaching of Materia Medica in Schools of Nursing."

The passing of the Nurse Practice Act has aroused a state-wide interest in curricula, training school records, methods of teaching, text-books, etc.

It is planned at our next annual meeting in June to make a definite effort to further this interest by papers on teaching methods, and in addition a round table to discuss records, text-books, etc. A local League of Nursing Education has been formed in Cleveland through the efforts of Miss Grace Allison and it is hoped that this year will see such formed in each larger nursing center and probably county organizations in the more scattered districts.

The President: We will next hear from Massachusetts.

Miss Nichols (of Massachusetts): The official report has not come in yet, but I will give you a synopsis of the work that we have done, during the year. We met at the same time the state held its meeting, which meant that we had a great many members present and a great deal of interest shown. Some of the subjects taken up were, "Raising Entrance Requirements," "Uniform Curriculum," "Teaching from Textbooks," "Affiliation of Schools," to obtain required training, "Registration of Nurses," Requirements for Examination." The publicity work which was done in connection with the committee has been reported by Miss Watson.

We are indebted to the state association for the necessary
money to do this work. A new membership committee has recently been appointed, and they have been instructed not only to increase the membership of the State League, but to also try and increase the membership of the National League.

The President: Previous to the last three years, we hardly knew what was being done in the individual states. At the annual meetings we gleaned from those who came something of the individual interests in institutions and in hospitals, but for knowing what really happened in the state, through the means of any well organized system, we had absolutely no facilities for gathering information. We will hear next from Connecticut.

Miss Sutherland (of Connecticut): The Connecticut State League of Nursing Education was organized in 1911 as a very informal association of superintendents and instructors of nurses, the object being "To raise the educational standard of nursing, and to establish a uniform curriculum." There were no dues, each member paying $1 as an initiation fee and an assessment of $1 per member being made when the treasury needed replenishing.

In 1913 the society was admitted to membership in the National League and the name changed to The Connecticut State League of Nursing Education.

Regular meetings are held semi-annually in May and November.

During the past year nine new members have been admitted, making the present membership sixty-five.

The November meeting was held in conjunction with the Graduate Nurses' Association, at the new Isolation Hospital in Hartford.

A very interesting lecture and demonstration on the methods in use in that hospital were enjoyed by those present.

The next meeting will take the form of a Round Table Conference for discussion of some of the problems incidental to raising of standards and improving curricula more especially of the smaller training schools of the state.

Harriet Allyn, President.
President: We will next hear from New York.

Miss Greener: The Tenth Annual Meeting of the New York State League for Nursing Education was held on October 19, 1915 at the Hotel McAlpin, New York City.

Two executive meetings were held.

After the various reports were read and accepted the program was as follows:

**Morning Session: Nine O'Clock**

1. Credentials, Miss Amy M. Hilliard, R.N., Inspector of Nurse Training Schools, University of the State of New York, Albany, N. Y.
2. Recent Developments in the Preliminary Course, Miss Clara D. Noyes, R.N., General Superintendent of Training Schools, Bellevue and Allied Hospitals, New York City.
   Discussion opened by Miss Marie Louis, R. N., Superintendent of Training School, Long Island College Hospital, Brooklyn, N. Y.
3. Report of Progress in the Department of Nursing and Health, Miss Annie Goodrich, R.N., Assistant Professor of Nursing and Health, Teachers College, Columbia University, New York City.

**Afternoon Session: Two O’Clock**

1. The Possibility of Introducing Student Government in Training Schools for Nurses, Miss F. E. Caising, R.N., Assistant Directress of Nurses, Saint Luke's Hospital, New York City.
   Discussion opened by Miss Carolyn Gray, R.N., Superintendent of Training School, City Hospital, Blackwell's Island, New York City.
2. The Value of Social Service Instruction to Pupil Nurses, Sidney Goldstein, Ph. D., Director of Social Service, Free Synagogue, New York City.
   Miss Marguerite A. Dudley, R.N., Superintendent of Lebanon Hospital, New York City.
3. How to Study, Miss Anne Hervey Strong, R.N., Department of Nursing and Health, Teachers College, Columbia University, New York City.
4. Recreation for Nurses, Miss Amy Trench, R.N., Instructor of Nurses, Mount Sinai Hospital, New York City.

**Evening Session: Eight O’Clock**

1. The Education of Women, Past and Present, Miss Willystine Goodsell, Ph.D., Assistant Professor of History of Education, Teachers College, Columbia University, New York City.
2. The Teaching of Ethics, John L. Elliscott, Ph.D., Associate Leader of Ethical Culture Society, Teacher of Ethics in Ethical Culture School and Hudson Guild, New York.
3. A Sounder Economic Basis for Schools of Nursing, Professor M. Adelaide Nutting, R.N., Director of the Department of Nursing and Health, Teachers College, Columbia University, New York City.

The following officers were elected for the year: President, Miss Julia Littlefield, Homeopathic Hospital, Albany, N. Y.; Vice-President, Miss Amy M. Hilliard, New York State Education Department, Albany, N. Y.; Secretary, Miss Louise F. Arnold, Samaritan Hospital, Troy, N. Y.; Treasurer, Miss Eunice Smith, Rochester General Hospital, Rochester, N. Y.

LOUISE F. ARNOLD,
Secretary.

The President: We will next hear from Minnesota.

Miss Powell (of Minnesota): The Minnesota State League of Nursing Education now has 27 members, as follows:

15 superintendents of accredited schools.
8 superintendents of affiliated schools.
3 superintendents of schools not yet affiliated.
1 superintendent of hospital.
1 assistant superintendent of school.
1 hospital social service worker.

Five meetings have been held during the year.

At one of these a talk was given on Sociology for the Nurse in Training; as a result of the interest shown in this meeting, a course of twelve lectures in elementary sociology was offered to the training schools in Minneapolis and St. Paul, and to all public health nurses in Minneapolis, by the University School for Nurses. There has been an attendance each evening of from 75 to 100 nurses. This course is given by a member of the Sociology Department of the University. It was an experiment this year, but we expect to continue it next year and to increase the time to an hour a week for the whole college year.

At two of the meetings demonstrations in Nursing Practice were given, such treatments being given as had been asked for. These meetings were well attended and great interest was shown.

Talks on the Opportunities in the Field of Nursing have been given by several members of the League to high school girls in the five high schools of Minneapolis, in Red Wing, Fairbault,
Rochester, Owatonna and Windom. One of our members was given a place on the program of a vocational conference of the high schools (numbering six) of one of the counties in the state.

The hospitals of two of our members have been increased in the past 18 months, one from 25 to 60, one from 43 to 80.

In the city and county hospitals, St. Paul, a six weeks course in School Nursing is given, in which the whole time of the pupil is spent with the School Nurse; only such nurses as seem especially fitted for this work are chosen for this course. Senior nurses are here given a month in the office and also in the domestic department.

We feel that the League has been the means of bringing us together in a helpful way, and that it has been a very important factor in keeping up our interest in the improved education of our nurses.

The President: The next to be heard from is the District of Columbia.

Miss Minnigerode (of the District of Columbia): The District of Columbia Association is really a local society, because there is not anything to it except Washington. We have 26 members; we hold monthly meetings and usually have programs appointed for each meeting. All the superintendents of hospitals have pledged themselves to take in no applicants to the Association who do not meet with the requirements of the law—two years' high school in Washington—and we have discussed the eight-hour law for nurses. Three of the hospitals there have the eight-hour day. We also have made an effort to induce the members of the Association to become individual members of the League, but have not been very successful. We hope to grow this year.

The President: We will next have the report from Michigan—

Mrs. Foy (of Michigan): Michigan State League has been organized for four years. At the present time its paid-up membership totals 33, which however will be nearer 50 after the annual meeting in May.

The work of the League for the past year has been delegated to several special committees. The Committee on Publicity, while not in a position to carry on an independent campaign, have informed themselves of the extent of publicity work being done throughout the state, by individual nurses.
To Women's Literary Clubs twenty-nine talks have been given, to Y. W. C. A. girls and church organizations 39, to Mother's Clubs 51, Child Welfare and Baby exhibits 10, Public school grades 8, High schools 7, Colleges 4, Health meetings 6, Civic Club 4, Camp Fire Girls 3, Graduating exercises 3, Hospital Boards 4, Chamber of Commerce 4, and one talk to each of the following: City Council, Board of Education, Factory, Business Men's Clubs, Mail Clerk Association, Department Store, Parent and Teacher Club and one general audience of the public.

This data was secured chiefly from the large centers but a very creditable number of the smaller towns sent in their contribution. The Grand Rapid's section added to their report, that over 2000 people were present at the various meetings, the largest of which was over 300.

One report stated that an article was written monthly by a nurse for publication in the local newspaper; another that a 500 word article on the "Progress of Nursing in Michigan," had been written for a paper called, "The Michigan Woman" which is to be issued May 6 as a feature of a publicity campaign under the direction of the Wayne County Equal Suffrage League.

The committee on "Credits and Affiliation" is ready to report at the annual meeting in May and will present a suggested outline on these topics for use in the training schools of the state. These outlines have been submitted to the Board of Registration of Nurses for their approval and will be sent by the League to the superintendents of all the Michigan schools.

During the coming year, the State League will endeavor to promote the interests of nursing by cooperating with the vocational guidance movement and with the hope of stimulating general interest, this topic is represented on the program of the annual meeting.

Miss Jammé: Would it be in order for me to make a report for California?

The President: We would be glad to hear from you.

Miss Jammé (of California): California has no representatives of the State League here, and I feel that the superintendents have made such a splendid effort this year in order to establish
their League that I would like it to go on record for the state and tell what has been done. California is difficult to organize on account of geographical conditions; Los Angeles being in the southern part of the state and San Francisco in the northern with a journey of fourteen hours between the cities. It has therefore, been almost impossible to get the superintendents of the state together, and the League was organized with a northern and a southern section. I am not able to give you the membership because I do not know it. I attended one meeting in the southern part of the state and four in the northern. They meet every month in both sections; in the southern part, on the first Wednesday, and in the northern part, on the third Wednesday, and they send minutes of the meetings to each other. In the northern part of the state we have had a large attendance and three subjects of great interest in the training schools were taken up. First, the methods of discipline. As you know, we have the eight-hour law in California, and it is very hard to regulate discipline. Second, Affiliations, and third, Textbooks. It is worthy of note that the superintendents from the smaller towns have come into the larger centers for these meetings, and have shown a very great interest. I believe the State League in California is now well established and bids fair to continue.

The President: Why have not they applied for membership in the National League?

Miss Jammé: I think they ought to apply for membership.

The President: We should be very glad to delegate you to investigate. We would like to have such a vigorous, thrifty and energetic state as California come into the National body. I hope that the presidents from the other state leagues have been able to cull from these reports suggestions of value to them in their state work. Are there any other states that have state leagues which have not yet applied to the national organization, and have not been called upon? If there are, we would be very glad to know about it, so that we can then bring pressure to bear and bring them into the national association. Miss Browne has something to say concerning Pennsylvania.

Miss Browne: We fully expect to organize this fall, and I am sure we have gotten a number of good suggestions here today.

The President: I remember reading in one of our Journal
numbers a report of the work that was being done by the Philadelphia League. They seem to me to be an enthusiastic and vigorous body.

Miss Browne: There is no question about that and there will be no question about the State League, because we have had a most successful winter. I believe every one of us has felt greatly benefited by the meetings that we have held. We have started a good many movements, among them the Nurses Class in Teaching Methods, which meets every Saturday evening and is well attended. They have an attendance of 60 to 75 during the winter months.

The President: Has Missouri anything to say?

Miss Gillis: We have not a state league in Missouri. We are in the same fix as California; Kansas City is in the extreme west and St. Louis is in the extreme east, and it is rather difficult for us to get together, but we have made application and hope to join the National next year.

The President: We have heard these splendid reports, but we cannot pause any longer to discuss them. What is your wish in regard to them?

On motion of Miss Powell, seconded by Miss Smith, the reports were accepted.

The President: I would like to announce that Miss Clayton has accepted the position of Chairman of the Resolutions Committee, with power to select her associates.

We have some reports from delegates. Miss Clayton was good enough to represent us at the “Infant Mortality meetings.” You will remember that we are associated with several large national associations. We would be pleased to hear from Miss Clayton.

(Report read by Miss Clayton.)

REPORT OF THE SIXTH ANNUAL MEETING OF THE AMERICAN ASSOCIATION FOR STUDY AND PREVENTION OF INFANT MORTALITY

The sixth annual meeting of the American Association for Study and Prevention of Infant Mortality was held in Philadelphia, Pa., November 1915.
This association organized in 1909, believes that "no phase of conservation is so important to the state as the life and health of its infants" as was indicated by the subjects discussed, which were as follows:

1. Eugenics.
2. Effects of the economic standing of the family on infant mortality.
3. Infant Welfare Nursing in small cities, towns and rural stricts.
4. Institutional mortality.
5. Midwifery conditions.
6. Treatment and prevention of respiratory diseases.

Under Eugenics came the consideration of factors in improving the race and the opportunities for success of individuals of each generation.

Every child has the right and should have the privilege of being well born.

The methods of reducing the number of births of children receiving a faulty heritage from their parents was discussed by Professor Conklin of Princeton University.

The problem of parental life and influence which may favorably affect the period of a child's youth was considered by Mrs. Max West of Washington, D. C. Methods of developing or modifying in each child during his growth to maturity the heritage received from his parents, was discussed at length by Prof. E. L. Thorndike of Columbia University. As to the effects of the economic standing of the family on infant mortality, all speakers agreed that as the scale of wages increased, so the intelligence and care increased, but that in some cases in fairly intelligent homes, workers had found need of their assistance or rather insistance as to pure milk and fresh air.

In the section on Nursing and Social Work, Miss Ella Phillips Crandall, Chairman, the infant welfare nursing in small cities, towns and rural districts was considered under two heads.

1. That more nurses were needed.
2. That the nurses do general work.

All agree as to the first, but the second caused some controversy. Supporting the second, as stated were Miss Fox, who
has aided in organizing a system of welfare work in Dayton, Ohio, and Mr. Borden who described a similar system in Fall River, Massachusetts.

Dr. Gerstenberger of Cleveland, Ohio and Dr. Josephine Baker of New York City insisted that the nurse specialist could do the best work. Objections to the specialist were the economic waste, due to duplication of service, the multiplicity of nurses, the lack of privacy in homes, even the poorest patients objecting to their homes becoming a thoroughfare.

Dr. J. B. De Lee, of Chicago sent a paper which was read by Dr. James L. Huntingdon of Boston on Progress Toward Ideal Obstetrics in which he emphatically condemned the midwife, saying she was a relic of the barbaric age. Dr. Baldy of Philadelphia agreed with Dr. De Lee in his condemnation of the midwife.

Dr. Homer Folks, President of the association said in his closing address: In New Zealand the death rate among infants has been lowered to 51 per 1000. In the United States 124 per 1000. There is no reason why anywhere in this country we could not accomplish relatively the same results that New Zealand has. There is no nation involved in the great war that isn’t sitting in sack cloth and ashes because it did not devote its self to infant welfare years ago. This is not a campaign merely for the reduction of infant mortality. The same conditions which produce so large a number of deaths among babies also lowers the efficiency of multitudes of others. By baby saving campaigns we work to raise the entire standards of vigor by improving conditions under which all the babies of the community get their start in life. At the final session resolutions were made regarding the legislation to absolutely prohibit in all states the sale of soothing syrups and other medicines which contain narcotics. The Association also endorsed the campaign for a National Child Labor Bill in the next congress, on the ground that: “The present lack of uniformity of child labor laws is an economic disadvantage to those states which have the best laws.”

Another resolution endorsed the plan of the Federal Children’s Bureau to celebrate March 4, to 11, 1916 as Baby Week all over the nation.

Also the association would make it incumbent on physicians
and midwives to report all births within five days or pay a heavy penalty.

_The President:_ You have heard the report of Miss Clayton. It has certainly been most carefully prepared and most intelligently presented. What shall we do with it?

_Miss Smith:_ I move that it be accepted.

Seconded by Miss Riddle. Carried.

_The President:_ We shall have to postpone the report from the Committee on Revision until tomorrow morning and I would like to call your attention to the fact that our meeting begins at nine o'clock. That is quite early, but as we must take up this important matter of the revision of our Constitution and By-Laws, I beg of you all to be very prompt. We want every one to take part in this discussion, as it will require the combined intelligence, assistance and support of every member.

_Mrs. Foy,_ I think, has now arrived and will report for the National Vocational Guidance Association.

_Mrs. Foy:_ I have given the report to Miss Stewart.

_The President:_ For some reason or other, the fact that we were a member of the National Anti-Tuberculosis Association was omitted from our annual report last year, so we did not appoint a delegate and, therefore, we will have no report. Miss Stewart will read the report of the delegate to the National Vocational Guidance Association.

(Report read by Miss Stewart.)

**REPORT OF DELEGATE TO THE NATIONAL VOCATIONAL GUIDANCE ASSOCIATION**

_Madam President, Members of the National League of Nursing Education and Guests:_

The first thought of your delegate is to thank you for the honor and opportunity of representing this League on such an auspicious occasion as the annual conferences of two national educational associations, which convened at Detroit, Michigan, during the third week of February, 1916.

The department of Nursing Education was not represented to the satisfaction of your delegate due chiefly to the time limit
imposed upon all speakers, but she did embrace every opportunity that was apparent, to acquaint members of the teaching profession of the fact that, there was such a department of education; that it was affiliated and deeply interested in the aims and work of the Vocational Guidance Association and that educators of prominence were cooperating with the efforts of nurse educators, to make the preparation for the vocation of nursing, not merely and solely a manual vocation but a profession based on sound educational standards and one worthy to rank in the same class as the profession of teaching.

There is little to say regarding the various addresses which composed the program of the vocational guidance sessions. They were quite technical in character but withal instructive and entertaining. The speakers in whom your delegate was most interested were Miss Edna M. York, Grand Rapids, Michigan, who presented the plan of vocational guidance for the grammar grades; Miss Mary Newell Eaton, Grand Rapids, who spoke of the vocational guidance problems in the high schools and Miss Elizabeth Cleveland, Director of Vocational Guidance and Continuation Schools of Detroit, Michigan. These presentations were as you might imagine a summary of practical experiences and were most enthusiastically received.

The following speakers, Dr. Chadsey, Superintendent of Detroit public schools; Prof. William McKeever, University of Kansas, Dr. C. G. Basset, Professor of Clinical Psychology, University of Pittsburgh, Sherwin Cody, Director Schools of Scientific Business; William Healey, M.D., Director Psychopathic Institute of the Juvenile Court, Chicago; two other gentlemen and a lady whose names were not secured, made up the complete program plus the report of your delegate.

It appeared to be a difficult proposition to interpret the general program of the Department of Superintendence, or rather, to intuitively anticipate the various changes which became necessary; therefore, on the evening that your delegate was attending the lecture delivered by President Nicholas Butler, of Columbia University, New York City, she was unconsciously absenting herself from the reunion banquet of the alumni of Teachers' College. This was a keen disappointment as it was the desire of the Mich-
igan alumni to swell the number of representatives in attendance of the Nursing and Health Department.

One session of the Parent and Teacher Association was visited which impressed your delegate with the idea that its title should indicate a tri-organization of women, to read, Parent, Teacher and Nurse Association, for in what better way could such a trinity of workers be brought into union of thought and effort.

It is not necessary to outline to the members of this association the aims and methods of the Vocation Guidance movement. There is but one way to become generally informed with the progress of this very practical endeavor and that is, to become subscribers for the monthly bulletins issued by the association. They may be secured from the office of publication, 109 Church Street, Nutley, N. J., or the office of the secretary, W. Carson Ryan, Jr., Bureau of Education, Washington, D. C.

You are also referred to the 1915 report of your Committee on Vocational Guidance, that you may gain an appreciation of the nature of such committee work and the demands made upon the time and energy of its members.

Your attention is further directed to the questionnaire manner of collecting data. Mr. Meyer Bloomfield, of Boston, Massachusetts, commended this method most enthusiastically. He compared it to the X-ray and photographic possibilities of the camera and stated that in his opinion, it was by far the best method now in vogue.

Your delegate was supplied with a number of reprints, of the report in part just alluded to, for distribution to those desiring data concerning the vocation of nursing. Most of the copies were pocketed in her presence. It is worthy of notice at this point that the audience of vocational guidance workers was chiefly composed of the "sterner sex," so that the statement "pocketed" is literally correct. A male audience was also a new experience to your delegate, and had she been required to respond to the call of her name at the first session, she most assuredly would have lost her voice but as fate was considerate and did not demand her appearance until almost the completion of the program, she addressed more empty chairs than hatless heads.

Acting in the capacity of President of the Michigan State League
of Nursing Education, your delegate has secured Miss Elizabeth Cleveland, of Detroit, for the program of the annual joint conferences of the State Nurses’ Association and the State League. She is also scheduled for graduating addresses at hospitals in Saginaw and Ann Arbor, Michigan. Her topic for the three occasions will be “Vocational Guidance as it Relates to Nursing.”

The development and progress of vocational guidance was presented at the May meeting of the Ingham County Nurses’ Association. As a result an order was filed with the secretary of the National League, for forty copies of the pamphlet “Opportunities in the Field of Nursing” and 100 reprints of the report of your committee on vocational guidance, for use in the vocational classes being carried on in the city schools of Lansing, Michigan.

It is the hope of the writer that “The Michigan State League” may see its way clear to follow up the distribution of this nursing literature throughout the state, where at least, vocational guidance courses are in progress and doubtless other state leagues and state associations will desire to duplicate this suggestion.

In conclusion: Members of this national organization of nurses: The opportunity to meet, in intimate intercourse with parents, teachers and the young womanhood of this country is being extended to you through the medium of the Vocational Guidance endeavor.

The mental viewpoint of parents must be changed from that of non-interest in the vocation of nursing to that of practical interest in humanity. It is the zenith of opportunity to provide the educators at large with the data of this vocation and it is without question the psychological time to arouse and impress young women, of the value and importance of nursing, not only as a civic and national service, but as a potent factor, in its influence upon mental and physical development of the individual.

Again sincere thanks are tendered for this opportunity.

Respectfully submitted,

ANNIE M. COLEMAN, R.N.,
Delegate.
The President: I am sure that you are all satisfied to have stayed a few minutes longer and to have heard this splendid report. What is your wish in regard to it?

Miss Riddle: I move that it be accepted.
Seconded by Miss Greener. Carried.

The President: There are two special committees from which we cannot hear today, as the time has been consumed. The Committee on Revision of the Constitution is a special committee, as is also the one on Grading of Nurses, of the American Hospital Association. We had hoped to be able to hear this report, but we cannot do it today and will postpone it until a business meeting later. Has the Program Committee anything to announce?

Miss Taylor: We have nothing further to announce.

The President: Are there any questions to be asked from the floor? The Bureau of Information and the committee rooms are on the mezzanine floor, and we have never faced a meeting at which such careful preparations have been made for our reception and in which every detail has been so thoughtfully anticipated and planned. Nothing has been omitted. (Applause.) If there is nothing further, then, we will adjourn until tomorrow morning at nine o'clock.

Adjourned.

Friday Morning, April 23, 1916

Meeting called to order in the Green Room of the Hotel Grunewald, at 9.45 a.m., Miss Noyes, the President, in the chair.

The President: I will ask Miss Alice Stewart, Miss Eunice Smith, and Miss Vashti Bartlett to act as tellers. The polls will be open tomorrow from nine to four and on Monday from nine to one. The ticket will be posted on the bulletin board near the polls and the ballots will be there and may be deposited during the period I have stated. In order that none of the tellers may be deprived of the privilege of attending meetings we have appointed three so that they may relieve each other. The ticket is still open for nominations. If a request is made from the floor that the nominations be closed, that will prevent further nominations. The ticket now reads:
President—Miss Sara Parsons.
First Vice-President—Miss Mary Wheeler.
Second Vice-President—Miss S. Lillian Clayton.
Secretary—Miss Amy Trench.
Treasurer—Miss Mary McKechnie.
Auditor—Miss Katherine Brown.
Members of the Executive Committee—Miss Tye, Miss Fulmer.

I am going to call for nominations for president. If there are none, will some one as quickly as possible move the closing of the nominations?
Miss Keith: Madam President, I move the nominations be closed.
Seconded by Miss Allison. Carried.
The President: Nominations for Vice-President?
Miss Hilliard: I would nominate Miss Jammé, of California.
Seconded by Miss Laforge. Carried.
The President: For Second Vice-President?
Miss Logan: I move the nominations be closed.
Seconded by Miss Brown. Carried.
The President: The nomination for Secretary, so far, is Miss Trench, of New York.
Miss Allison: I nominate Miss Effie Taylor.
Seconded by Miss Roberts. Carried.
The President: For Treasurer, Miss Mary McKechnie. Any further nominations?
Miss Keith: I move that the nominations be closed.
Seconded by Miss Hilliard. Carried.
The President: Are there any further nominations for Auditor?
Miss Allison: I move that the nominations be closed.
Seconded by Miss Clayton. Carried.
The President: There are two nominations for the Executive Committee. There is no reason why there should not be more. They must, however, be state presidents. Miss Stewart will read the list of state presidents.
(Read list.)
Miss Clayton: I nominate Miss Powell, of Minnesota.
Seconded by Miss Allison.
Miss Sutherland: I nominate Miss Lawler, of Baltimore.
Seconded by Miss Johnson.

The President: If there are no further nominations for the Executive Committee, all those in favor of these names please signify by saying “aye;” contrary “no.” Carried.

The President: We will now proceed with the unfinished business of yesterday morning, and call for the report of the Chairman of the Committee on Revision of Constitution and By-Laws. I might say, in bringing this to your attention, that the reasons for the revision will be given in Miss Greener’s report. We have been conducting the League illegally for the last three or four years. The sole object of bringing these three organizations together was for the definite purpose of working out more harmoniously and uniformly the various problems in which we are all concerned; and it seemed that if the League and the National Organization for Public Health Nursing were willing to accede to this amalgamation, the least we could ask was a definite representation on the Board of Directors of the A. N. A. by the presidents of these societies. This is not in accordance with the corporation laws of the state of New York. We feel that it is most important to continue this representation. We have done a splendid piece of work although we have been doing it illegally. It has accomplished a great deal, and we are loath to relinquish this splendid union. This condition has brought about the necessity for a revision, and we trust that you will have just as much patience as possible with the matter, and we will try not to tire you out by giving you too much at one time. We will have the report now from the Chairman.

(Report read by Miss Greener.)

REPORT OF COMMITTEE ON REVISION OF CONSTITUTION AND BY-LAWS

Madam President and Members of the National League of Nursing Education:

Your Committee on Revision of Constitution and By-Laws submits the following report:

As stated last year extensive changes have become necessary in the present Constitution and By-Laws of the National Nursing Organizations on account of the illegality of existing methods.
Acting on instructions received from the Board of Directors, joint meetings of the three National Committees on Revision have been held during the past year coincident with the meetings of the Board of Directors. It was hoped that by having the committees act in conjunction, our Constitutions and By-Laws might accord and a system be established by which the three national organizations could be closely and harmoniously related.

Two meetings of the joint committee were held in New York City, the first at Mount Sinai Hospital, October 15, 1915, the second at the Park Avenue Hotel, January 17, 1916.

There were present at these meetings:
- Representing the American Nurses Association: the Misses Goodrich, De Witt, Sly, Deane and Ahrens.
- Representing the Public Health Nursing Organization: the Misses Crandall and Beard.
- Representing the League of Nursing Education: the Misses Noyes, Russell, Trench and Greener.

Miss Goodrich was elected to act as President and Miss De Witt as Secretary of the meetings.

The work of the Revision Committee has necessarily been greatly complicated by the fact that a complete reorganization of the American Nurses' Association was under consideration, the present method of membership and organization having grown too cumbersome and unwieldy for so large a body. Fortunately the plan which is being considered at this time by the American Nurses' Association is similar to that already in operation in the League and does not necessitate any radical change in our present constitution and by-laws.

The provision for affiliation with the American Nurses Association and the National Association of Public Health Nursing by means of representation on each Board of Directors through the President of the League is found to be an illegal procedure, according to the laws of New York, in which state we are incorporated. As the national organizations are most desirous of continuing such affiliation, which is felt by all to be of great value and interest, three solutions of the difficulty have been presented for consideration.
1. That we incorporate in some state other than New York (Delaware has been suggested) where state laws would not prevent the continuance of the present affiliation.

2. That we form a fourth organization or National Council composed of a small number of delegates from the three national boards, which should have authority to deal with important matters affecting equally the three organizations, to hold and administer funds for which the three organizations are mutually responsible and to arrange for representation in the International Council of Nurses.

Or 3. That we apply for a national charter which would permit of greater freedom in conducting our national organizations. This could be drawn up to meet our special requirements and could provide for definite affiliations with other national nursing bodies. It could also make provision for holding our annual meeting outside of the state, which cannot be done under existing laws without calling such meeting a convention.

The chairman of this committee also represented our organization on a joint sub-committee which was instructed to draft articles for a national council of nurses, which had been accepted by the three committees as an alternate to automatic representation of the National League of Nursing Education and the National Organization of Public Health Nursing, through their presidents, on the Board of Directors of the American Nurses Association. A constitution and by-laws were drawn up and submitted to the Joint Committee on Revision.

At the January meeting of the Revision Committees there appeared to be a feeling of opposition to the further multiplication of organizations by the formation of a national council and the proposition to obtain a national charter was apparently considered the most desirable and advantageous of the plans proposed. Acting on advice and suggestions from the Board of Directors, the Committee on Revision has drawn up the appended constitution and by-laws in which are embodied the following provisions, some of which depend largely on the decision of the League in the matter of further incorporation.

1. Direct representation and affiliation with other national nursing organizations by appointing the President of each, a member ex-officio of our Board of Directors, with power to vote.
2. Provision for the election or appointment of the international delegate.

3. Provision for joint meetings of Board of Directors of the National Nursing Organizations.

4. Provision for holding our national meeting biennially instead of annually.

5. Increasing the number of Directors on the Board so that constitution shall accord with the articles of incorporation.

6. Outlining more definitely membership qualifications.

7. Making definite provision for the manner of election of officers.

8. Defining more clearly the duties of officers and Board of Directors.

9. Making a number of small incidental changes necessary, so that our constitution and by-laws shall accord in their general provisions with those of the other national nursing organizations.

At a meeting of the Revision Committee, April 26, at the Hotel Grunewald, the matter of a national charter was further considered—a series of letters concerning the subject which had been written Miss Delano by Mr. G. W. Davies, counselor for the American Red Cross, was read together with a rough draft of a proposed act to incorporate the A. N. A. under a national charter. The discussion which followed brought out the following points:

1. That it would apparently be a simple matter to incorporate under a national charter by inducing Congress to pass a special act for that purpose.

2. That the probable cost of such charter would be about $200 to each national organization. Each organization would require its own charter, but the three might be obtained at the same time.

3. That a national charter would necessitate having an official business address in Washington as we now have in New York.

4. That as changes are constantly occurring in the corporation laws of every state, there would be little advantage in our incorporating in some other state or even re-incorporating in another state, and that a national charter appears to offer the most permanent and satisfactory solution of the situation.

5. That in drafting such a charter it would be advisable to make the articles of incorporation as simple as possible and put all
special provisions in the by-laws which can be changed more readily in order to fit the varying needs of a growing organization.

Your Committee on Revision therefore recommends the adoption of the proposed plan to secure a national charter by a special act of Congress.

Respectfully submitted,

ELIZABETH A. GREENER,
Chairman.

The President: You have heard the reading of this report, and you can quite see that the Committee on Revision has had a winter of very hard work, which has meant a great many meetings and a great many joint conferences. It has been really a stupendous piece of work, and we are under very great obligations to Miss Greener for acting as the chairman of this committee. What is your wish in regard to the report?

On motion of Miss Hilliard, and seconded by Miss Brown the report of the Committee on Revision was unanimously accepted.

The President: The recommendation which is made by the Revision Committee is to make an effort to secure a national charter by a special act of Congress, I am sure there will be a great many questions that you will all want to ask about this particular point. But to bring it to discussion, we must have this recommendation acted upon. May we hear from some of you in regard to this?

Miss Sly: I move that we consider the recommendation of the committee to secure a national charter by special act of Congress.

Seconded by Miss Gillis.

The President: May we hear from some of you in connection with this point?

Miss Allison: Madam President, I would like to ask, can we assume that this will be passed by an act of Congress?

The President: I think there is no question about that. It may take some months to accomplish.

Miss Hilliard: Madam Chairman, would Mr. Davis' letter be any help on that? It is very short.

The President: I think that it would. A national charter
seems to be the only method by which we can have as much latitude as we need in the work of our organizations. Every state has some points of difference in its corporation laws, which present obstacles, and it is only by a national charter that we can provide for what we want.

(Letter read by Miss Greener.)

To the Member of the Organizations Affiliated with the American Nurses' Association:

In answer to your questions in reference to the reincorporation of the American Nurses' Association, it seems that most of the points about which you inquired should be covered in a congressional statute, if you desire to reincorporate as a national corporation. The presidents of the National League of Nursing Education and the National Organization for Public Health Nursing might ex officio serve as members of the board of directors or board of trustees whether or not these associations were affiliated with the American Nurses' Association, if the charter so provided. The statute should indicate in a general way the various phases of activity in which the association proposes to engage. Similarly, the plan of membership should be specified. A national charter might be secured prior to annulment of the New York charter under which the association now operates. The national charter would be amended in the same way in which the charter would be obtained in the first place, namely, by act of Congress. If the association determines to induce Congress to pass a special act providing for its incorporation I would be pleased to consider any proposed bill with reference to its legal effect, upon request.

The present charter might be amended so as to authorize increased activities. Incorporation might be taken under the Code of Law for the District of Columbia, sections 599 et seq. But the District of Columbia corporation would, it seems to me, have no great advantage over the present form of organization.

Miss Greener: This is to the American Nurses Association, but the same thing would hold in regard to the League.

The President: Perhaps that answers your question. I would like to say, further, that the Board of Directors of the National League, recommend a national charter. They, of course, cannot decide the matter; the matter must be decided by the active members in the voting body of the National League. The Board of Directors, after studying the various plans presented, felt that this was the plan of organization which it would be most desirable to consummate and the one in which the greatest lea-
way and freedom would be possible. Are there any further questions?

Miss Sutherland: Madam Chairman, does it affect in any way our place of meeting?

The President: Not at all. Our place of meeting is now somewhat affected. The laws of the state of New York require that the annual meeting of any body incorporated within it shall be held within the state, and it is necessary for us to call our meeting a convention in order to avoid that technicality.

Miss Keith: Would it call for a legal campaign in any way?

The President: Not as far as I understand, we employ a counsel, and he presents this legislative measure to Congress and it is carried through in a formal way. I imagine it is more a formality than a legislative or legal campaign. Perhaps Miss Sly will speak to that.

Miss Sly: It may be introduced in either House. In order to secure a special act, it would need to be introduced in Congress by a Senator or Representative from some state, and it would need to be fathered in Washington. There is more technicality to it than that, perhaps, but other organizations have secured it, such as the American Red Cross, and the General Federation of Women's Clubs. It does take time.

Miss Brown: As I understand it, the constitution needed is simple?

Miss Sly: I am not a legal authority, but as I understand it the charter which we will secure will take the place of the present articles of incorporation. We will have our by-laws for the League. All that is necessary is that you should not put anything in your charter which in the years to come you would wish to amend, because it is not easy to secured an amended charter.

Miss Ayres: Would the incorporation necessarily mean anything more than an expression of the purposes of the Society?

The President: That is true as it stands now. The articles of incorporation include only the substance of our constitution. Under the national charter, it would be very simple to handle the affairs of the organizations as everything which we might wish to change would be in the By-laws which can be changed from year to year and amended at the annual convention by unani-
mous vote. You must also bear in mind that what we do the other organizations are planning to do. Both Boards of Directors of the other organizations are recommending to the delegates the national charter. Now we cannot do anything in the matter of revision until this body has acted on the national charter, and now is the time to discuss it, because after you have once committed yourselves to the national charter plan the question is what do we do next. The next thing is to proceed to get it, and we must get to work. Are there any further questions? If not, are you ready for the question? All those in favor of applying for a national charter by special act of Congress, kindly express it by saying "aye;" contrary? Carried unanimously.

The next question that would naturally arise, is if we are to get this national charter, what is the next step to be taken, how do we go about it? This is the question before us; how do we proceed? We want to act upon as many of these by-laws as possible so that we may have something tangible to present to our counsel when he applies for this national charter. Has any one any suggestions to make as to the best way to proceed in this matter?

Miss Hilliard: If the other organizations vote favorably on the same measure, could we not plan in some way to cooperate?

The President: That is what we want to do. We want to act together in this if we can. We feel that it would not only lessen the expense, but that it would be absurd for each one of these organizations to go down and plan separately and individually for a special act of Congress. If it could be presented at the same time for the three organizations, it would probably be a much simpler problem.

Miss McKeechic: Would it be in order, Madam President, to have a committee appointed to cooperate with the other bodies?

Miss Sly: I do not think we have gone that far.

The President: We might hold in abeyance the ways and means of proceeding, but it is important, I think, that some leeway should be given the Board of Directors for action between this and our next meeting. We should like, I think, next year, to come before this body, saying that we have our national charter, and we cannot call you together before that time. So we would like to give the Board of Directors power to conduct busi-
ness between meetings and some leeway as to the best means of taking care of this question.

Miss Sly: In view of that fact, may I offer the following resolu-
tion?

(Reads resolution.)

Resolved, That the Board of Directors be and hereby is authorized to endeavor to secure a charter from the Congress of the United States for the National League of Nursing Education; that in case such a charter is secured that they be and are hereby authorized to perform all such acts for the National League of Nursing Education as shall be necessary to annul the present corporation organized under a statute of the state of New York—to transfer all funds from the existing corporation to the new corporation and to make such changes in the by-laws and such only as may be found necessary in making the change and

Be it further resolved That the officers elected at the Convention of the National League of Nursing Education as incorporated under the statute of the state of New York shall be the officers of the corporation organized by an act of the Congress of the United States.

The President: You have heard the resolution Miss Sly has offered to enable the Board of Directors to act between these meetings. We are committed to a national charter. This does not necessarily mean that we get this charter between now and next year, but it does give the Directors freedom to act with the Directors of the A. N. A. and the N. O. P. H. N., in order to consummate that transaction before the next meeting, if it is possible. Is it seconded?

Seconded by Miss Clayton and carried.

The President: We now come to the question of revision. I will ask Miss Greener to read the constitution. How shall we take this up, article by article, or shall we read the constitution as a whole?

Miss McKechnie: I suggest that we have it read as a whole first, and then take it up article by article.

The President: It is, of course, very short. Miss Greener, will you read the constitution as it now stands and as proposed? Constitution and proposed constitution read by Miss Greener.¹

¹Old constitution in proceedings 1912. Proposed constitution in proceedings 1916 appended.
The President: You have noted the changes, that we have eliminated from the old constitution everything except the object, the Directors and the amendments. The members, the classes of members, the officers, have been brought over into the by-laws and enlarged. It is possible that the Directors—though I believe not the amendments—will be transferred to the by-laws, and that is why we need freedom for such changes and only such changes as would be required in securing the charter. Shall we take it up article by article. The first is the "object." There is no change. Is there anything to be said in regard to this?

Miss Logan: I move this be accepted as a whole.
Seconded by Miss Ayres.

The President: The question is open for discussion.

Miss McKechnie: In the article that takes the place of article 4, it is stated that amendments shall be proposed or presented by the Secretary one month previous to the next annual convention. In the old, it was two months. I suppose it all hinges upon whether we get a national charter, but the question in my mind is whether one month is sufficient.

The President: We consulted a lawyer in regard to this. The old method of amending our constitution made it absolutely necessary to take two years in doing it, and the result has been that it was almost impossible to carry a thing over such a long period. New officers coming in would forget all about the matter until it suddenly arose in the minutes. This was recommended to us as being a more workable plan and perfectly legal in all its aspects. We may never have to use it at all if we secure a national charter, but it was very carefully worked out in conference with a lawyer.

There is a motion before the house to accept this Constitution. Is there any further question? All those in favor, signify by saying "aye;" contrary, "no." Carried.

Now in order to complete our program for this morning, and as we have very little time, I shall suspend the study of the proposed revision until a little later, and call for the first paper on the program. We have decided to devote this morning to some of the problems pertaining to hospital administration. Many of our members are superintendents of hospitals, and we have been
severely criticized from time to time because we did not give more
time to this subject. The paper of Miss Lake on "Standardiza-
tion as Applied to Hospital Work," will be read by Miss Powell.

STANDARDIZATION AS APPLIED TO NURSING

By ALICE S. LAKE, B.S., R.N.

In every progressive hospital today the Superintendent and
staff are ever struggling to systematize the work in order to have
more efficient service with less expenditure of energy. This is
only a continuation of the endeavors of mankind since the begin-
ing of their existence which we know must have been, other-
wise things could not be even as we find them today.

To approach so large a field as standardization of nursing work
one feels at first entirely at a loss so large is the amount of infor-
mation to be found. Every report one opens, covering a period
of many years, has articles on this subject.

To go back to the beginning and trace the history up to the
present time would be an interesting task, but one which any
individual could do for herself, so in this paper I shall limit my-
self to some few things that have been done in the past few years.

Three years ago the Peter Bent Brigham Hospital in Boston
was opened to receive patients, with the Training School and
Domestic Department under the able management of Miss C. M.
Hall. I have watched with interest its development, not only
because Miss Hall is my friend, but because of the unusual advan-
tages a progressive woman has in that position. An article
written by Miss Sallie Johnson and Miss Jessie Clark, both of
the Peter Bent Brigham Hospital, and presented before the
National League of Nursing Education at San Francisco in 1915,
brings out clearly the many ways in which the nursing work may
be standardized.

Quoting from this article:

On whichever ward the pupil finds herself for duty, she knows that the
bath-basins will be found on the second shelf of the utility room rack, the
bathing lotion at the right-hand side of the lower part of the medicine
closet, and the tumblers on the middle shelf of the diet-kitchen rack. As
a result, much time and confusion are saved. It is well known that besides causing delay, when seconds count, disorder breeds restlessness in patients and carelessness in nurses.

Again:

To further simplify the supervision, definite days are set for the weekly cleaning of the several service-rooms. That is, all the diet kitchens are done on Monday, all the utility rooms are done on Tuesday, etc. As a result the supervisor knows the daily work of every ward and can readily discover just how it is being done.

Referring to diet kitchens:

It is evident this is the most difficult list to be kept corrected. Therefore the articles of the diet kitchen are counted weekly, while all other lists are made correct on the first day of the month.

Every Monday morning after the head nurse has made her dish count, an endeavor is made to make the diet kitchen equipment up to standard. This is largely accomplished by the usual hospital system of replacing breakage by exchange. For example, if the standard of cups is thirty, the count may show twenty-eight and two in the breakage. This would be checked correct as two new cups may be obtained from the store in exchange for the broken ones. As far as possible the head nurses endeavor to locate any missing articles in one another’s wards.

Having done this, any deficiency still existing is reported to the supervisor, and any surplus articles are given to her. These superfluous articles are turned into the store in exchange for their value in articles needed. For example, there may be turned in, 1 sugar bowl cover for 8 cents, 1 saucer at 6 cents, 1 salt at 10 cents, giving a total of 24 cents. In exchange may be obtained 1 cup at 6 cents, 2 glasses for 8 cents, 1 medicine mug at 10 cents, giving a total of 24 cents. On the first of the month the general inventory is brought to standard in a similar manner.

In this hospital after nine months of diet kitchen inventory the standard is correct. To do this it has been necessary for the store to issue only one dollar and a half worth of equipment ever and above the value of exchange. The general inventory has been done for five months. The standards are correct and without the wards being in debt to the store.

One may well ask how much time does this take? Less than it would seem. For the head nurses, three-quarters of an hour weekly, with a pupil assisting; for the supervisor one and a half hours weekly. On the first of the month it takes one and a half hours for the head nurses with pupil assisting, and four hours for the supervisor. The great task was at the beginning in placing the first standard. This took the supervisor from two to three hours a day for the greater part of two months. The result is worth the labor as it means a ward always fully equipped, and the
articles needed at hand without the delay of borrowing. A more far reaching result is teaching the pupil the care of and respect for the property of others.

The detailed arrangement to simplify the supervisors’ work, to fix responsibility, is also excellent as well as many other suggestions with which the article abounds.

The Henry Street Settlement has done a piece of work this last year that is really scientific—that of the proper cleansing of thermometers as told by Miss Amerman before the Alumnae Association of Teachers’ College in February of this year.

Bellevue Hospital has, in my opinion, the finest organization of planning—Miss Noyes has from the beginning of her professional life done much for standardization. I remember reading, some years ago (just where I cannot recall at the moment), an article on laundry work written by her, and the admiration I felt for the woman and the desire to meet her as a result of the reading was very great, and now, after two years of work under her direction, I still stand in awe of her ability in that line.

The following is but one of the standards she has made, showing the equipment of a diet kitchen:

Dishes for ward of 24 beds:

<table>
<thead>
<tr>
<th>Item</th>
<th>Quantity</th>
</tr>
</thead>
<tbody>
<tr>
<td>Cups and saucers</td>
<td>24</td>
</tr>
<tr>
<td>Cream pitchers</td>
<td>24</td>
</tr>
<tr>
<td>Sugar bowls</td>
<td>24</td>
</tr>
<tr>
<td>Plates, butter</td>
<td>24</td>
</tr>
<tr>
<td>Plates, large</td>
<td>24</td>
</tr>
<tr>
<td>Plates, tea</td>
<td>24</td>
</tr>
<tr>
<td>Plates, sauce</td>
<td>24</td>
</tr>
<tr>
<td>Soup bowls</td>
<td>24</td>
</tr>
<tr>
<td>Egg cups</td>
<td>24</td>
</tr>
<tr>
<td>Salt shakers</td>
<td>24</td>
</tr>
<tr>
<td>Pepper</td>
<td>24</td>
</tr>
<tr>
<td>Oil and vinegar each</td>
<td>1</td>
</tr>
<tr>
<td>Pitchers, 1 quart</td>
<td>2</td>
</tr>
<tr>
<td>Pitchers, 2 quarts</td>
<td>2</td>
</tr>
<tr>
<td>Tumblers</td>
<td>24</td>
</tr>
<tr>
<td>Silver knives</td>
<td>24</td>
</tr>
<tr>
<td>Silver forks</td>
<td>24</td>
</tr>
<tr>
<td>Silver D. spoons</td>
<td>24</td>
</tr>
<tr>
<td>Silver T. spoons</td>
<td>36</td>
</tr>
<tr>
<td>Marked with letter of ward</td>
<td></td>
</tr>
<tr>
<td>Special dishes for isolation</td>
<td>6</td>
</tr>
<tr>
<td>forks and teaspoons</td>
<td></td>
</tr>
<tr>
<td>6 plates (sauce, butter) cups</td>
<td></td>
</tr>
<tr>
<td>and saucers, bowls, salts and</td>
<td></td>
</tr>
<tr>
<td>pepper—different pattern</td>
<td></td>
</tr>
<tr>
<td>from others</td>
<td></td>
</tr>
</tbody>
</table>

Serving Dishes. (Burn name of ward on handles). 3 large spoons, knives and forks, 1 fruit knife, 1 soup ladle, 1 bread knife, 1 bread board.

Utensils. 2 quart tea kettle, 1 double boiler 2 quarts, 2 stew pans (1 pint, 2 quarts), 1 omelet pan, 1 frying pan, 1 tea pot, 1 coffee pot, 6 supply cans (tea, coffee, sugar, flour, 2 without marks for mustard, pepper, salt,
etc.), ice chest, dishes, 6 agate plates, 6 cups, bread box, 6 feeding cups, 2 bowls, 1 egg beater, 1 spatula, 1 egg poacher, 1 lemon squeezer, 1 can opener, 1 milk shaker, 1 cork screw, 1 ginger ale opener, 2 silver boxes, 18 bed trays, 6 nourishment trays (2 sizes), 1 ice pick, 1 ice mallet, ice bag, crusher, dish pan, draining basket.

Furniture. Gas stove, toasting oven, sink, table, 2 chairs, ice chest, steam table, warmer, fruit closet, dish closet, towel rack, soap dish, match safes, 2 (1 for new matches, 1 for old), 2 garbage pails.

Shape and size. Greenwood ware is made in Trenton, N. J. It comes in white and you can select any pattern you like. It takes three months to get an order filled. The rolled edges are best; in ordering make directions very definite and have a set of samples. White ware is good for isolation cases.

A fine piece of standardization in housekeeping which can well be applied to hospital work is that done by the Lake Placid Club, New York. The following are selected from chambermaids' directions:

Bathroom

Every day clean tub, basin, and bowl of seat. Wipe nickel fixtures. Keep supplied with toilet paper and soap. Put special bath soap in wrapper or one-half cake Ivory soap in nickel holder on bath tub. Leave hand soap in paper wrapper. Never use guests' soap nor disturb their wash cloths. Never throw hair, burnt matches, cloth, stiff paper, fruit stones, or any solid waste into water closet or jars. Do not pour dirty water into tub or lavatory, but into seat bowl. See that rim of tub, back and front, and top of lavatory slab are clean every day.

Bureau drawers

When people leave, dust drawers and put in clean paper if needed.

Cobwebs

Sweep down at least twice a week with long handled brush.

Rugs

Brush lightly every day. Use broom at least twice a week. Carpet sweeper may be used on large rugs in clubhouses if broom is used twice a week. Empty and clean sweeper each time. If possible, clean rugs out of doors. In removing rug from room, roll it up so dust will not fly out. Never shake rugs from ends. Follow the nap in sweeping. Rugs too large to take out should be brushed and folded over to allow sweeping under side and wiping floor beneath.
STANDARDIZATION AS APPLIED TO NURSING

Inspection

Form the habit of taking a quick survey of each room as you finish to make sure that nothing is forgotten and that all is in order and clean: e.g., see if
1. Sweeping and dusting are thorough.
2. Furniture and crockery are in order.
3. Gas shades and matches are in place.
4. Fire places are ready.
5. Writing desk or tables are ready.
6. Bureau and washstands covers are fresh and mirrors clean.
7. Bureau drawers and waste baskets have clean paper.
8. Color of rugs, draperies, puffs, blanket borders and crockery harmonizes.
9. Towels, soap and toilet paper are supplied.
10. Window shades are raised.

Nothing in existence today can compare with the work Miss Nutting and her assistants are doing at Teachers' College toward standardizing the nurses' training. A group of students under her careful and efficient leading go forth from Teachers' College each year to administrative or instructors positions; each one glimpsing her visions and trying their little mite to do for nursing some of the things she points out, in the way she directs.

As a result, each year all over this wonderful country of ours new hospitals and old hospitals under new administrators follow the advice and teachings of our leader, resulting in a more uniform curriculum—a training of nurses along the same lines, covering the same ground in much the same way.

Many years ago Mrs. Isabel Hampton Robb suggested a Central Training School for nurses that the nurses' education might be more uniform. This is one of the bright things in the future to look forward to. Meanwhile, one more of this noble woman's visions is being realized through Miss Nutting. If the Central Training School is not yet possible, a result approaching that vision is being obtained through instructors similarly trained.

In the past, the word "nurse" meant nothing and any person, whether capable or inferior, who took care of the sick was called that, so the word "trained" was added; but this title also was abused, for any woman who had a few cases under a doctor's direction felt herself justified in using this term, and then the word "graduate" was used. This also meant nothing as a di-
ploma from a four bed commercial hospital with no training other than practical work entitled one to the use of this word. Then state laws were passed and "registered" was the word used. In order, however, to pass the laws it was necessary to allow all women practising nursing at the time of passage to become registered, under the waiver (without examination), so even today the word may mean nothing at all, and just because a nurse affixes R.N. to her signature it does not mean she has had a good training; professional women, of course, know that, but the laity do not, and for that reason I mention it.

As a result of this situation, two things are being done; 1. Under the able leadership of Miss Goodrich and her colleagues an effort is being made to define the word nurse in such a way as to include only those people capable of doing scientific nursing work and to limit by law the use of the word nurse; 2. Under Miss Stewart to have a uniform curriculum for all states. The latest suggestions for this curriculum are in the March number of the *American Journal of Nursing*. If all training schools can be placed under the State Board of Education this will in time work out to the advantage of the entire nursing profession.

The standards made by Miss Maxwell and Miss Pope of the Presbyterian Hospital, New York, are accessible to all. Their book on *Practical Nursing* is pretty generally used in the training schools and is required in several states.

Miss Grace Watson gave an excellent paper on the Applications of the Principles of Standardization to Practical Nursing before the Alumnae Association at Teachers College in February.

To those not present let me endorse the reading of that article. It was rich in suggestions and the principles of Harrington Emerson, which, she quoted, could well be studied and applied to many other things than those she mentions. The work of Frank and Anna Gilbreth on Scientific Management as applied to hospital work is well known to you all, I am sure, and while many believe the use of the chronocyclegraph is not the way that nursing will be standardized to the point of highest efficiency, yet there are many of us who believe that the work that has already been done along that line is of too great a value to be entirely ignored.

How many of us, even today after our most strenuous efforts
to instil in our pupils the necessity of saving time and energy, see nurse after nurse walking back and forth round her bed eight or ten times instead of three in the simple act of making the bed; of turning her patient four or five times in place of once, of useless patting and poking and smoothing of pillows that do not require it. If all the time wasted each day by the nursing staff could be eliminated, I venture to say the nurses could accomplish one-third more work with a proportional decrease in fatigue to both themselves and their patients.

One of the many difficult things a busy superintendent has to contend with is to find a way of fixing responsibility. The average person does not seek responsibility. Many avoid it, when placed upon them and in our work so many things require this sense of responsibility one sometimes wonders if there is any end to it.

Miss Johnson has suggested some ways, in the paper already mentioned, in which responsibility is fixed, but take a busy hospital, with an ever changing nursing staff, as one finds with the eight-hour system, classes, relief, X-ray and a large number of private patients and their physicians, and it would tax the ingenuity of the most wise to attempt to solve this problem.

One of the greatest difficulties in all hospitals is lack of sufficient assistants to do an adequate amount of inspection. In the rush and hurry of a day’s work many things go by unnoticed, many things are neglected. The executive staff have so much actual work to do themselves they do not have the time to plan and supervise properly.

Gilbreth gives the following principles to which he says all hospitals must eventually conform:

1. The planning must be separated from the performing.

2. The superintendent must have such training that he is capable of investigating conditions all through the hospital on the exception principle, that is to say, he must, when a case of peculiar success or failure is brought to him, be able to deduce the cause and to see that desirable results only are repeated.

3. The planning must be divided into four parts, one of which shall include prescribing who shall do the work, where it shall be done, and when it shall be done; the second of which shall pre-
scribe how it is done; the third of which shall keep account of how much time it took to do it and how much it cost; and the fourth of which shall take care of the function of discipline and employment and induce and maintain cooperation by explaining the why.

4. The performing department must also be divided into four parts, the first and second of which shall consider different grades of teaching and the transference of skill and maintaining standard conditions, the third of which shall consist of preventing breakdowns and repairing, and the fourth of which shall consist of inspection.

5. A study of individuals to determine who had better work under each function and to what extent, will do much to hasten the speed of installation.

These principles are clear to us all and could be applied much better if we had sufficient assistants to do the work, as it is we struggle along in our vain endeavor to finish each day's work, hoping always for more leisure to perfect and see executed immediately much needed improvements.

Hospital accounting has also received much attention; F. C. Townsend, Public Accountant, New York City, and C. B. Grims- shaw, Superintendent of Roosevelt Hospital, New York City, have written a useful article on Hospital Accounting, which was presented at the American Hospital Association in St. Paul, Minnesota. Superintendents who have trouble with their accounting system would do well to read this paper. Dr. Louis H. Burlingham, in a paper before the American Association in San Francisco in 1915, gives very good advice on buying and standardizing hospital supplies.

And so one could go on from one department to another showing the great effort made on every hand to obtain efficient services from the highest to the lowest employee. With such a universal endeavor, eventually, an organization of unequalled standards must be evolved.

President Noyes: The discussion of this paper is written by Mrs. Hartridge, Superintendent of the Pine Heights Sanitarium, North Augusta, S. C., but as she is unable to be present it will be read by Miss Jammé.

Miss Jammé: Miss Lake's comprehensive paper brings forci-
bly to our attention the fact that the surprisingly marked progress made within the last few years along all lines of nursing endeavor has been largely due to the work of our national societies in defining and maintaining the principles of standardization in all matters pertaining to the pupil nurse; and that standardization, after all, means merely efficiency and achievement attained through the conservation of force and energy.

We hear much of the great need in industrial and commercial life for that coördination of effort which assigns to individuals the tasks and duties for which each is best fitted, with the view of securing the most out of the efforts of all, and we know that the demand for efficiency in every line of endeavor is being met by the application of scientific principles to vocation guidance, and that the principles of character analysis are being daily used in the employment departments of our great industrial plants, with the view of insuring the fitness of the employee to his special work. When we are told that a large western factory standardizes the employment of labor, and sifts, out of the forty to fifty thousand applicants yearly the five thousand needed, through a system which correlates certain principles of anthropology, anatomy, biology and ethnology and includes both mental and physical tests, we cannot but realize that the present haphazard manner in which we select our executive heads and accept our probationers may be largely responsible for our frequently faulty hospital machinery and misfit nurses. Efficiency experts claim that the average man or woman worker is only 25 per cent efficient, and that his inefficiency is largely due to his unfitness for the work he is trying to do. It is not quantity, but quality, that the world clamors for, and the manifold demands now being made upon the nursing profession make it imperative for us to study the question of this appalling waste of energy and effort in connection with our own output.

Our need for the application of scientific knowledge of human nature would seem to be as great in the hospital and training school as in a great business industry. The establishment of an employment bureau in connection with the school, and the employment of scientific routine methods for determining the general fitness of applicants, their special talents and qualifications, and their limitations, must surely result in benefit to the pupil
through the definite knowledge thus gained of her aptitudes, characteristics, and disposition, and also prove an economic factor in the efficiency and success of the hospital. The profession now embodies such variety of occupation that it is very possible for a very poor worker in one line to become a very successful and happy worker in another, and if her special talent could have been determined on her entrance into the training school, and her training in consequence conducted along the special lines needed for the development of her dominant qualities, she would probably have never been the "square peg in the round hole."

It is said that if we could order human material according to exact specification, as we do iron or steel, the greatest problem of modern industry would be solved. Unfortunately, while an expert can determine the exact force of a dynamo or the strength of steel, no test has ever yet been invented for measuring human capacity and brains. There are, however, certain well defined and thoroughly tested laws, which, if followed as a routine procedure, would indubitably aid greatly in the elimination of the unexpected in dealing with the human element, and a system whereby the applicant is graded and catalogued in accordance with the recognition of definite traits and fundamental characteristics, and in obedience to scientific principles, will be of value in pointing out the special line of work to which the individual may be expected to respond with the highest degree of achievement.

*The President:* I would like to call your attention to the fact that tomorrow morning at nine o'clock there will be a round table on hospital administration, where any subjects pertaining to the matter may be informally discussed. Miss Keith, who has had many years experience in hospital administration work, will act as chairman.

We will proceed with the next paper, which will be read by Miss Hilliard in the absence of Miss Rottman.
The planning of equipment and standards for surgical wards must differ, necessarily, with the character of the service. Urological or gynaecological wards would need all that is accessory in a general surgical ward, with much additional.

For want of time we will consider the equipment for but one service, that of a general surgical ward. We will take as a unit with which to work, a ward of twenty beds with its accessory rooms consisting of a kitchen, dining room, utility room, patients' lavatory, bathroom, linen room, house maids' closet, and dressing room.

The standard for such a ward would be:

- 20 beds; 20 mattresses; 28 hair pillows; 20 feather pillows; 10 small hair pillows; 4 knee rolls; 20 bedside tables; 10 straight chairs; 6 rockers; 4 steamer chairs; 2 rolling chairs; 2 wheel chairs with extensions; 2 desks with chairs; 6 foot stools; 2 invalids' tables; 2 desk lights; 4 portable lights; 1 ward table; 2 waste baskets; 1 medicine cabinet; 1 hat tree; 1 scale.

The selection of a bed would depend entirely as to whether or not the one in charge of the equipment is conversant with the requirements of a hospital bed. The bed should be, I think we will all agree, neither more nor less than 3 feet wide and the standard length is 6 feet 6 inches over all. It should have a fracture bar and be high enough to enable a nurse to work over her patient with the least possible strain on her back. This height has been found to be from 24 to 26 inches. The material used in construction should be seamless gas pipe tubing, white enameled. Where beds are kept out of doors the enameled spring is most serviceable. It prevents rusting and prolongs the life of the spring.

The woven wire fabric used in the spring is more satisfactory than the National fabric. Bedding, sheets and mattresses especially, soon show the wear and tear of the National. Then when a blanket foundation is ordered, as is sometimes the case, it is impossible to make on other than a woven wire fabric. The wire
should be gauge No. 20. The spring should be connected with
the head and foot by corner fastenings which form a positive lock.
Such a bed permits of setting up and taking down without the
use of tools, yet never comes apart accidentally.

The question of casters is rather a trying one, there are so many
different kinds on the market, and so few that are satisfactory
from the hospital viewpoint. Large casters, rubber tired, should
be used for beds that are taken out of doors onto balconies or to
the roof. For ward beds a turned maple floor tip is most satis-
factory. This glides over polished floors with the least possible
resistance and need not be replaced frequently.

The mattresses are most serviceable when made of horse hair.
The cost of white hair makes it prohibitive for hospital use and the
black hair is very often unreliable because of being mixed with
the Chinaman's queue. South American grey horse hair is most
satisfactory and while more expensive than many other mate-
rials, it will last indefinitely with good care. When necessary it
will stand sterilization, may be washed and remade and costs about
$8.00 per pound. The weight of the mattress would depend on
choice, but from 28 to 30 pounds is advisable. Weighing more,
they are heavy and cumbersome to handle and weighing less, they
very soon hollow out and make an uncomfortable, untidy looking
bed.

The hair pillows are of the same quality as the mattresses and
their weight varies according to dimensions. A pillow 20 inches
by 29 inches, should not weigh less than 3½ pounds. The feather
pillows should be of the same dimensions as the hair pillows, and
their weight should not be less than 3½ pounds. Goose feathers
serve very well. They are light and sanitary when properly
dressed. The covering of both mattresses and pillows should be
made of material of fast color and durable. The blue and white
A. C. A. ticking complies with these specifications.

The small pillows which are so essential to the comfort of bed
patients should measure 11 by 15 inches and weigh about three-
quarters of a pound.

Perhaps all hospitals have their own conception of what a knee
roll should be. Many use rubber covered pillows and fasten to
the head of the bed with a bandage or use blankets to form a roll.
A very good knee-roll may be made by a cylindrical roll 24 inches
long by 8 inches in diameter. This is filled with hair, through the center is passed a round stick 24 inches long and a piece of webbing about 124 inches long. At either end of this webbing should be fastened a buckle. Twelve inches below the buckle is fastened a piece of webbing 12 inches long. This piece fits into the buckle and serves as a means, when fastened to the head of the bed, to draw the roll into the proper position and hold it thus. It should of course be covered with rubber and a cotton case.

There are many styles of bedside tables on the market, and selection depends on individual choice. Mostly all, however, have what is commonly called the "claw foot." This style of foot is frail and noisy, and stands thus constructed are difficult to move. A much better foot might be made by extending the post the full length of the stand, and from the bottom shelf to the floor, have it rounded to form a tubular leg. Into this fit a turned, polished maple floor tip. This would glide over any smooth floor noiselessly and easily and would not have to be replaced as do casters or the rubber tips on the "claw feet."

Both rockers and straight chairs should be practical and substantial, as they are frequently left on balconies exposed to inclement weather. Solid wood saddle seats are both comfortable and durable.

The life of a cane seated steamer chair is, indeed, short. Why not substitute oak slats, for back, seat, and foot rest, and cover all with some sort of cushion? Long wearing, comfortable cushions may be made of pantasote over a regular hair cushion. Pantasote is the material used for upholstering automobile and yacht seats and cushions. It is water proof, inexpensive and wears well.

In wheel chairs, cane seats and backs should likewise be eliminated. The saddle seat is very comfortable and much more substantial. The back may be of slats covered with a back cushion, likewise of pantasote. If necessary a seat cushion may also be used. The back cushions of wheel and steamer chairs should have grommets made in a flap, which passes over the back of the chair and buttons on to carriage buttons attached to the chair. They hold the cushion firmly in place and permit of its quick removal when necessary.

Many times a nurse is hindered from writing her charts, or other records, by the interne who decides he wants to write a his-
tory at her desk. For this reason two desks should be provided in a ward.

Invalids' tables serve for bed patients to rest a newspaper or book on, or to play card games or checkers.

Portable lights which have a floor base are almost indispensable in this day of indirect lighting; for close examination or for the night nurse.

For kitchen equipment the standard is:

1 steam table; 1 refrigerator (recessed); 1 dish closet (recessed); 1 zinke top table; 15 bed side trays; 1 tray carrier; 1 food conveying box for regular diets; 1 food conveying box for special diets; 1 sugar bowl; 10 soup bowls; 3 1-quart bowls; 24 cups; 18 egg cups; 24 breakfast plates; 24 dinner plates; 24 bread and butter plates; 24 sauce dishes; 3 1-pint pitchers; 3 1 quart pitchers; 3 2-quart pitchers; 2 vegetable tureens; 2 small meat platters; 1 syrup jug; 24 saucers; 2 butter jars (1 for fat); 1 vinegar jug; 1 vinegar cruet; 1 oil cruet; 18 salt and pepper shakes; 12 tumblers; 1 bread box; 1 fruit box; 1 can opener; 1 cork screw; 1 measuring cup (8 oz.); 1 sugar can; 1 flour can; 1 coffee can; 1 flaxseed meal can; 1 tea can; 1 mustard can; 1 pepper can; 1 salt jar; 1 cracker jar; 1 dish drainer; 1 dover egg beater; 1 egg boiler; 1 nutmeg grater; 1 ice pick; 1 lemon squeezer; 1 measure (graduated 1 quart); 1 milk pail; 1 milk shake; 1 frying pan; 1 serving tray; 2 kitchen forks; 2 kitchen knives; 1 slicer; 1 fork; 1 carving knife; 1 paring knife; 1 bread knife; 1 mincing knife; 1 spatula; 1 steel; 20 clothes pins; 1 chopping bowl; 1 box for silver; 1 bread board; 1 meat board; 24 table knives; 24 table forks; 30 teaspoons; 6 tablespoons; 20 desert spoons; 2 serving spoons; 1 soup ladle; 1 milk dipper; 2 double boilers (1 large and 1 small); 2 berlin sauce pans; 1 soup kettle; 1 wire egg basket; 1 ice, mallet.

As a rule the steam table, refrigerator and dish closet will be installed by the contractor. The steam table, however, should have a good sized warming oven for dishes, a boiler for sterilizing isolated dishes, and the receptacles for meat and vegetables, besides a broiling oven and gas burners. It should be placed with the sink in the center of the kitchen, so that it is accessible from all sides.

The bedside trays with stationary legs are very serviceable. They may be made of metal, white enameled, but are less cumbersome when made of quarter sawed oak, filled and varnished. This tray can be placed across the bed and serves as a table on which the food is served. It does away with the soiling of the bed linen, caused by the passing of the food from the stand to the patient, which is necessary when a flat tray is used and the patient is able to feed himself.
The tray carrier needed for this particular type of tray is long enough to permit of two trays being placed lengthwise on the carrier; lengthwise because easier to serve. The surface of the carrier is made of Monel metal, the edges protected by a continuous rubber bumper. The carrier is mounted on four swivel wheels, which makes it very easy to move even when loaded. A carrier of this kind will carry eight trays beside the small flat tray with sugar and milk.

The dishes for a public ward should be of what is known to the trade as hotel china. If decorated the decoration should be underglazed. If possible the kitchen ware should be of aluminum. While the initial cost would be greater the difference would soon be made up, for replacement would be practically nil.

The sugar, flour and tea containers and the bread and fruit boxes are most serviceable when made of blocked tin. They may be obtained in japanned or white enameled tin.

The cutlery ought to be of the best quality, for nowhere does kitchen ware receive harder usage than in the hands of a hospital helper.

The question may arise "Of what use are clothes pins?" The clothes pins used are of the patented spring type. They may be used as napkin rings, each one labeled with the patient's name. They are also very useful in designating to whom an isolated blanket or bathrobe belongs. They are easily cleaned and may be boiled.

The dining room is almost an essential in a surgical ward, because of the large number of up-patients. It should be large enough for use as a day room as well as for dining purposes. Two rockers, eight straight chairs, a couch, a book case, and a dining table is the equipment for the dining room. It is much more convenient for the nurse to have her fracture cases, if up, and the convalescent patients of the ward have their meals served in the dining room rather than on trays. The rockers and straight chairs will be the same as those in use on the ward.

In the couch we would follow the same idea of construction as in the steamer and wheel chair. Instead of the perishable cane bottoms, oak slats two inches wide and two inches apart are used. Over this is a pantasote couch cushion. Such a couch is very comfortable for convalescents to rest on when tired from over exer-
tion. The dining table, eight by three feet, is covered with Vitrolite or Carrara glass. This is better known and recognized as the Childs Table Tops because used in so many of their restaurants. The saving in table linen or white oil cloth soon equals the cost of the top and in addition we have a good looking sanitary table. If this vitrolite top is to be used, the table should be especially constructed with strong substantial legs and side pieces. The wooden top is omitted and the glass top cemented to the frame. Extreme heat must be avoided on these tables, as they are, after all, only glass. With reasonable care they are very satisfactory.

If a bookcase is to be part of the ward equipment the sectional case with a sanitary base is advisable.

Most of the equipment in the nurses' utility room will be installed by the construction contractor. The linen and utensil sterilizers, the bed pan warmer, the specimen closet, lavatory basin and shelves should all be included in construction. When glass or tiled walls are used, marble shelves are too heavy to be held in place by the small wooden pegs, which are used for the screws.

Other things necessary are a table, an electric plate for poultice making, an irrigating pole, utensil rack, a wall stand, if there are no shelves, and a soiled dressing can. In this room are kept the necessary working utensils; viz., six bed pans of an approved type, 20 sputum cups, 2 foot tubs, a large, medium and a small enamel pitcher, 3 Smith basins, 12 face basins and 2 irrigating cans. The tooth mugs and soap dishes are kept in the patients' stands. All of this ware should be preferably of the Swedish enamel.

Where the pavilion type of architecture prevails, with loggias connecting the units, utility rooms should be located convenient to the loggias or balconies. When a nurse caring for a patient on the balcony has to traverse half the length of the balcony, the whole length of the ward and back again, to get a bed pan or carry the bath water, as much energy has been consumed as is necessary to give the bath. For this reason, if for no other, the superintendent of Nurses should be consulted regarding plans, which if executed without her knowledge and approval would add to the nurses' work two-fold. In these days when one hears and reads so much about the conservation of energy, let those who build hospitals look to the women who manage them for suggestions.
Again in the patients’ lavatory and bath room the contractor will leave them almost complete. Here a commode is often convenient, and a soiled dressing can will save many visits from the plumber. The soiled linen hampers should be placed in the bath-room, and if an ice coil stand is included in the equipment, here is a good place to keep it. The bathtub should be so placed as to make it accessible from all sides. It should not be too low nor should it be too high. A solid base, tiled, is more sanitary than the open base or legs.

This brings us to the linen room. Perhaps there is no question so vital to the welfare of a hospital as the question of linen. In the opinion of those who have studied the subject, a central linen room is the only feasible way of handling ward linen. Here the linen is mended, exchanged and replaced when worn out.

To conduct a room of this kind, the unit or pavilion should be standardized with linen according to its bed capacity. Where a hospital is small, one such linen room would suffice, but in a large institution it were better for each unit to be independent. The following standard has been carefully worked out and found to be generous.

Bed spreads ........................................ 2½ times the bed capacity
Large sheets ........................................ 5 times the bed capacity
Draw sheets ......................................... 6 times the bed capacity
Pillow cases ........................................... 8 times the bed capacity
Small pillow cases .................................. 3 times the bed capacity
Knee roll covers ........................................ ½ the bed capacity
Patients’ towels ...................................... 5 times the bed capacity
Dressing towels ....................................... 4 times the bed capacity
Roller towels ........................................... ½ the bed capacity
Napkins .................................................. 4 times the bed capacity
Pajama suits ............................................ 4 times the bed capacity
Night shirts ............................................ 4 times the bed capacity
Socks .................................................... 4 times the bed capacity
Underwear (suits) ...................................... 4 times the bed capacity
Wash cloths .............................................. 5 times the bed capacity
Nightingales ........................................... Once the bed capacity
Bath robes ............................................... ½ the bed capacity

All of this linen and clothing is kept in the central linen room and the wards are standardized from this stock as follows:
Spreads..................................................1£ times the number of beds
Large sheets........................................3£ times the number of beds
Draw sheets........................................2£ times the number of beds
Pillow cases.............................................3 times the number of beds
Small pillow cases....................................15 to the ward
Knee roll covers.......................................6 to the ward
Patients' towels.....................................1£ times the number of beds
Dressing towels.......................................24 to the ward
Roller towels..........................................4 to the ward
Napkins................................................Once the number of beds
Pajama Suits..........................................12
Night shirts............................................1£ times the number of beds
Socks....................................................12 pairs
Underwear..............................................12 suits
Wash cloths............................................1£ times the number of beds
Nightingales...........................................£ the number of beds
Bath robes............................................£ the number of beds

Here the exchange system would prevail. A piece of clean linen for a piece of soiled linen. In order to do this, each morning at seven o'clock the maids or attendants sort the soiled linen. A student nurse from the linen room makes rounds in all of the ward bath rooms, counts and has bagged all of the soiled linen, excepting the towels, wash cloths, underwear, napkins, nightgales, socks and pajama suits. These are laid to one side, to be taken later to the linen room for exchange. The towels are each designated by a color scheme. Patients' towels have a red border, dish towels a blue border, roller towels, for kitchen maids only, a blue border also, and dressing towels have a tan border. By this scheme the linen room nurse has little difficulty in sorting the towels and it is not easy to confuse the use of the different ones. They are laundered special and therefore are not put in with the ward linen. In this way it is also possible to curb extravagance in the use of linen. Blankets and spreads are sent to the laundry on Monday and Thursday after being inspected by the supervising nurse. The only blankets laundered are the bath, dressing and isolation blankets. All bed blankets, which never come in contact with the patient, are dry cleaned. The isolation blankets are used for ether beds and untidy patients, and are the only blankets, barring bath blankets, which do come in contact with the patient. All blankets are marked for the ward and the standard is:
Bed blankets..........................3 times the number of beds
Bath blankets....................................16 to the ward
Balcony blankets..............................16 to the ward
Isolation blankets.............................16 to the ward
Dressing blankets.............................4 to the ward

Blankets are not exchanged and when sent to the laundry are not replaced until they are returned.

There is a sewing and mending room in connection with the linen room, and any piece of linen damaged or torn is repaired before being sent to the wards. Buttons are replaced and stockings mended. Linen and clothing too badly worn to be mended is put into the exchange box and twice a month it is inspected by the supervising nurse and exchanged for new.

In the ward linen room are kept the rubber goods and slippers. Twelve pairs of slippers for a ward of twenty beds.

The standard for rubber goods is:

8 hot water bottles; 6 rubber rings; 12 rubber pillow cases; 4 rubber knee roll covers; 1 rubber apron; 6 ice caps; 1 Kelly pad; 6 floor rubbers; 8 long rubbers; 20 draw rubbers;

The pillow cases and knee roll covers are of double faced white rubber, the floor rubbers are black and all others are of maroon rubber. The long rubber sheets are made of double faced maroon 6/4 sheeting. They are cut 76 inches long and hemmed on four sides with a hem 1\(\frac{1}{2}\) inches wide. Grommets are fastened in, 8 inches apart on four sides. At very small expense the utensils for fastening grommets can be obtained and anyone can use them.

T binders, abdominal binders, slings, head triangles, and laparotomy suits may be ordered each day from the linen room.

The house maids' closet should be a place where all cleaning utensils are kept. There should be running water, a sink, shelves and hooks. Here are kept two scrub pails, one for kitchen maid and one for cleaner, two hard scrub brushes and one soft one for paint. One mop and mop wringer for balconies, one floor brush, one broom, two radiator brushes, one dust pan, one counter brush and a box in which to keep cleaning cloths and brass polish.

The dressing room is perhaps the most interesting part of the ward. Here are kept all of the trays and such appliances as are necessary to have on the floor.
Here should be installed the utensil and instrument sterilizers. Marble shelves near the sterilizers are convenient but not a necessity, for a wall stand is part of the equipment for this room. A dressing and instrument cabinet, a dressing truck, a dressing table, an examining table, a surgeon’s stool, a dressing chair, and heel rest complete the list for furniture. The glass on tables and wall stands is replaced by Monel metal. This metal is an alloy of copper and nickel and practically indestructible as far as breakage and damage from acids or solutions is concerned. It has a soft lustre and is easily kept clean with cresol solution, which is now being substituted for carbolic acid in the operating room.

The dressing truck is used for all bedside dressings and is equipped with a dressing pail, and a hand basin, four large glass jars, containing sterile towels, sterile fluffs, sterile cotton balls and leg rollls. Two other jars contain the piston syringes and irrigating tips in a solution of cresol 1–30, and the sterile dusting powders, iodoform gauze and sterile drains in test tubes. Four small jars contain rubber tissue, rubber tubing, swabs and safety pins. Besides this on the top shelf are three peroxide cups, two 7-inch basins, three kidney basins, two instrument basins and two sets of dressing instruments. A dressing set comprises a scalpel, an artery clamp, a probe, a grooved director, a mouse tooth forcep, a plain forcep, and a pair of scissors. Any special solution needed for a dressing is placed on the truck at dressing time. On the second shelf we have a bandage tray, adhesive plaster, basswood splints, cotton, absorbent and non-absorbent, two dressing rubbers and sterile dressings in packages. A canvas bag hangs at the side of the truck to receive the wrappers from the dressings. At the left hand corner of the truck is an irrigating rod from which is suspended an irrigating can. To the pole about 10 inches from the table of the truck is fastened a jar which contains the sterile forceps in solution, and the end of the tubing from the irrigating can.

On the wall stand are kept two enamel pitchers, and two 10-inch dressing basins, one 14-inch basin, a jar of sterile salt balls, and the articles on the dressing truck are here duplicated.

The trays are kept in the cabinet, and comprise the “Wassermann,” preparation, catheterizing, eye, ear, cupping, lumbar puncture, hypodermic and anaesthetic tray. Pasted to the back
of the cabinet is a list of articles necessary for each tray and they are always complete.

The Wasserman tray contains the following articles:

1 large tray; 1 small copper sterilizer; 2 Luer syringes (a 10 cc. and a 2 cc.); 1 test tube rack; sterile test tubes; 1 pair of thumb forceps; 1 tourniquet (rubber tubing); 1 small receptacle for iodine; 1 small receptacle for alcohol; 1 small jar for sterile cotton; 1 jar for waste; 1 bottle of iodine; 1 bottle of alcohol.

The preparation tray contains:

1 basin for antiseptic solution; 1 basin for sterile water; 1 small basin for sterile wipes; 1 small basin for green soap; 1 pitcher for soap and water; 1 kidney basin; 1 razor; squares of tissue paper, on which to wipe the razor; 1 dressing blanket; 1 dressing rubber.

The catheterization tray contains:

1 basin for solution; 1 basin for catheters; 1 small basin for sterile cotton; 1 kidney basin for soiled wipes; 1 kidney basin for urine.

The eye tray contains:

1 small basin for boric acid solution; 1 larger basin for ice; 1 pair of thumb forceps; 1 tray for the forceps; 1 jar of sterile eye compresses; 1 small paper bag for soiled compresses.

The ear tray contains:

1 otoscope; 1 angular forcep; 2 applicators; 2 ear knives; 1 small jar of sterile cotton; 1 small Erlenmeyer flask containing cotton and alcohol in which the ear knives are sterilized; 1 small jar for waste.

The cupping tray is composed of:

6 glass cups; 1 alcohol lamp; 1 bottle of alcohol; 1 jar for cotton; 1 jar for waste; 1 steel rod; 1 soft linen towel; 1 box of talcum powder; 1 small woolen blanket.

The lumbar puncture tray contains:

2 lumbar needles; 1 jar of sterile cotton; 1 bottle of alcohol; 1 bottle of iodine; sterile gauze wipes; sterile test tubes; 1 paper bag; 1 bottle of collodion; 1 sterile towel; adhesive.

The hypodermic tray contains:
1 small glass jar for syringes; 1 enamel jar for wipes; 1 enamel cup for waste; 1 alcohol lamp; 1 teaspoon; 1 small thumb forcep; 1 bottle of alcohol; 1 box of matches; 1 small jar of carbolic 1-20.

The anaesthetic tray contains:

1 Esmarch inhaler; 1 chloroform dropper; 1 jar of vaseline; 1 tongue forcep; 1 mouth gag; 1 small jar of mouth wipes; 1 paper bag.

These trays are almost an absolute necessity in a surgical ward. When it is necessary to do a lumbar puncture or a Wassermann blood test all the articles necessary are at hand, and besides avoiding the delay occasioned by gathering the materials together, there is not the possibility of having omitted a necessary article. After being used these trays are put away ready for use when needed again.

In connection with the pavilion and for use on all the wards is a splint and loan closet. Here are kept all kinds of splints, extensions, sand bags, back rests, Gatch springs, cranes, cradles, bed clothes supports, side boards, bed elevators and shock blocks.

These are loaned wherever necessary and later returned to the splint room. In the loan closet are kept the sterile emergency sets, flasks of sterile distilled water, saline and soda bicarbonate solution. The emergency sets comprise several infusion, hypodermoclysis, salvarsan and paracentesis sets, silk catheters and bougies. When the ward has finished with a set, the instruments are cleaned, needles oiled, soiled towels and gauze replaced and the set is returned to the supervising nurse's office where it is inspected for breakage. Broken and unfit articles are replaced and it is again prepared for the loan closet. Other things kept here for use on the wards are a tank of oxygen, a lung motor, record syringes, an aspirating set, a blood pressure apparatus, and a gas and ether apparatus. In this manner the sets can be depended upon to contain the necessary articles in good condition and all other articles and their condition can be accounted for.

*The President:* We will continue the proposed revision.
(Article 1 By-Laws read by Miss Greener.)

*The President:* You have heard the reading of article I. There are four important changes: First, that the meetings are called "conventions;" second, they are to be held biennially; third,
Board of Directors is mentioned instead of the Executive Committee; and, that the Council shall hold an annual meeting has been left out entirely, and is taken care of later in a by-law that pertains to the Advisory Council. It is a very radical change, to advise a biennial instead of an annual meeting. It is our wish, of course, to meet with the A. N. A., and whether we hold our meetings biennially or annually will depend on their action. They are now considering the same problem. We shall be glad to hear from any member concerning this matter.

Miss Keith: I would like to ask, Madam Chairman, the object: whether it is to develop the state organization, or whether it was some other reason.

The President: There are several reasons. Our state organizations have grown to be of so great importance and require so much time for their development and actual work that we can not afford to lose the opportunity of doing more constructive work in the state by taking so much time to attend annual meetings. That is one of the principal reasons. The New York State has a four-days' annual meeting, one day devoted to the affairs of the League and three to the New York State Nurses' Association, and I am sure that many other states have the same condition. The expense of conducting these meetings, the travelling expenses, etc., is getting to be a very great burden, not only upon the state organizations, but upon the national organizations as well, and it was very much the feeling of the Directors of the three bodies that now was the time to consider biennial meetings very seriously, and devote more time to constructive work in the states. These are the principal reasons.

Miss Keith: Suppose the state organizations should follow this plan and hold their meetings in the alternate years. Would that be detrimental or would it increase the usefulness of both organizations?

The President: Personally, I think it was never the intention to dispense with the annual meeting of the state organization, because there is so much local work that needs to be taken up in connection with legislative measures, with local schools, that I think each state felt, as far as I could determine from the deliberations of the Board of Directors, that the intermission of a meeting for the states would not be considered at all. They felt
that the whole purpose, in fact, of holding biennial meetings was to have more time to devote to the annual state meetings.

Miss Lawler: Would the meetings of the Board of Directors be held annually? How would the interest be kept up?

The President: They would continue their meetings as often as they needed to be held during the year. There are certain definite regulations so far as the Board of Directors are concerned for annual and special meetings. The business of the organization must continue between the meetings, and the Board of Directors would continue for two years instead of one. That also brings up the very important question of the terms of officers and that question has been taken up in a special by-law. I do not believe that we should decide definitely whether we will adopt the biennial meeting until we hear what the A. N. A. has done, but I am bringing this to your consideration and I would like to get the consensus of opinion.

Miss Lawler: If they vote for a biennial meeting, would it be absolutely necessary for the League to do so?

The President: Not absolutely necessary. We could go on with our annual meetings if we chose.

Miss Greener: Would it be in order to have a motion to the effect that we will adopt this article if the same provision is adopted by the A. N. A.?

The President: I do not believe that would be legal. I believe that we should discuss it informally and get an expression of opinion. You will remember, many of you, that the question of biennial meetings is not a new question. I think Miss Ayers will recall that in 1910, at the American Society of Superintendents, an amendment calling for biennial meetings was brought forward, and was voted down. In 1911, at the revision of the Constitution and By-Laws of the A. N. A., they brought it forward, and it was voted down. But the state association has changed the aspect of everything, and has brought about an entirely changed condition of affairs, and what was perhaps not then practicable—for the annual meeting seemed then the only way of bringing us together—seems now to have become quite practicable.

Miss Jamme: I was just going to say that the great stimulus we get in our yearly meeting is our food for the coming year. If we came to a biennial, I think that we should have some other way
of getting in touch with all our superintendents during the intervening time. I think that we all look forward to the yearly meeting. I am an old member of the association, when it was the Superintendents' Society, I found that the yearly meeting was my food and my drink in my training school and in my work since, and if we must have an interval then we must have something else to feed our superintendents during that interval.

The President: That, of course, has been our feeling in the past.

Miss Lawson: I want to endorse everything that Miss Jammé has said. As superintendents, we need this stimulus very badly.

Miss Logan: Do you not think that until our nursing education becomes more standardized, we must meet every year?

Miss Williamson: Don't you think we would develop our state leagues more if we did not have the annual convention; would not that put a little more enthusiasm into our state meetings?

Miss Clayton: I believe that our state organization will grow stronger, because we put so much energy into getting ready for annual meetings that we take from the energy we could put into our state work.

Miss Lawler: Two or three states from one section might have their annual meetings together.

The President: That has been suggested, district meetings; for instance, a meeting in the West, one in the Middle West, a meeting in the East. You must take into consideration those who are bearing the burdens of these great national organizations. It is a tremendous responsibility to carry on these meetings and work in the state also. I have found from my work in the last three years during which I have been President of the League, that it has taken more strength and time than I can possibly give to it and do any work in the state, and I cannot help but feel that there is such a tremendous opportunity for developing the state leagues and associations that we are, perhaps, losing sight of the forces that are nearest home and the material nearest to our hand, on concentrating upon the great annual meeting. There is not the same necessity, I believe, that existed ten years ago. I would be very glad to hear from Miss Russell.

Miss Russell: It has seemed to me that the state meetings need a great deal more attention and that we could get a great many
more people from the small hospitals, who would go to a state meeting but have not the incentive or, perhaps, the time and money to go to a national meeting. We must not lose sight of Miss Lawler's suggestion of district conventions, which would seem a very feasible plan.

A Member: Would the International have any bearing on the biennial meeting?

The President: No. That would have to be provided for, because the election of an international delegate is one of the prime reasons for the affiliation between the three national organizations, and the way in which that international delegate is to be elected is one of the important considerations in the revision of our Constitution and By-Laws. That is one of the very serious reasons for the maintenance of our present affiliation. That is taken care of in a by-law. The question of district meetings has been discussed. We did not feel that we were ready yet to propose it in our By-Laws. We felt that we must get the big piece of national machinery with the proper kind of charter into operation before we could develop this plan. Miss Sutherland, how do you feel about it?

Miss Sutherland: I think that many of us would miss the annual meeting very much indeed, particularly those in the smaller states. At the same time, the suggestion of having a number of states hold meetings together might provide a substitute.

The President: Are there others who would like to express themselves?

Miss Nichols: I feel that the real work is done by the state associations. Of course, we are working through states, and I should favor putting as much energy as we possibly can into the work of the state.

Miss Wheeler: I think, also, that it is through the state that the superintendents, in a good local league, get together, more than in the annual meeting.

The President: It seems to be resolving itself into the question of how much time busy women, at the heads of hospitals and training schools, can give to local, state, and national work. I know that there are many of our members who are not here because they could not afford the money and because they could not give the time.
Miss Wheeler: I believe with you that a great many people are staying away because they cannot afford the time. Also many of them have to give up their vacations to attend, and doing that year after year, although they would greatly enjoy coming, is a thing they can hardly be expected to do, they really do need something else occasionally.

Miss Russell: There is another suggestion that I think is to be considered. Since organizations are multiplying so, it might be a very great inspiration to many of us to be united with some of the other philanthropic and educational bodies and hold meetings in connection with them. A great many of the different health associations are holding district meetings and it might be a help to us and a help to them to work with them, or the Charities and Corrections, in the different states. It might give an opportunity to develop that affiliation between our work and the allied work.

The President: The N. O. P. H. N. has considered that side very seriously. They have felt that it might be a very good thing if the national organizations came a little more closely in touch with other national organizations in their work.

The Secretary: I simply want to say that in the last year's experience as Secretary, the letters I got from the members all spoke of the help they receive from the annual report, and I am wondering whether our members will feel, especially those who cannot attend all the meetings, that their membership is worth as much when they get a report only once in two years.

The President: That is a good point, and a very practical one.

Miss Jamme: That brings us back again to a point that I made, Madam President; that we should be giving out something from our parent organization into our state organizations, that we should not allow it to go a whole year without.

The Secretary: There is no reason why we should not have a bulletin. Of course, our report costs a good deal. But the point is that the letters I get always speak with great appreciation of the help they receive from the annual report.

Miss Lawler: To go back to the district again, could they not publish a report that would be of interest to the other sections of the country? There might be two or three of those.

The President: There is not nearly enough of transmission of ideas from one locality to another that we should have. The
National Educational Organization publishes a leaflet which gives in very brief way what they are doing here, there and elsewhere, and that would not be a particularly expensive thing.

Miss Ayres: Another organization which I think absorbs a great deal of interest of many of the women who are doing combined hospital and association work is the American Hospital Association, which, of course, cannot divorce training schools from its programs, because they are a vital part of the hospital, so that I think it has absorbed a good deal of the attendance of our women, who could not afford to go to both and from the business point of view could not, perhaps, afford to give that up. Speaking of the annual report, reminds me that the American Hospital Association sends out much cheaper reports than we have, and yet they have much larger funds to draw from. Theirs has just a pasteboard cover. I was wondering whether we might accept a lesson from that national organization on getting out our reports.

The President: We have been printing a few of these in paper covers, which we sell for fifty cents apiece, but for permanent files, they are not satisfactory. We have tried in every possible way to cut down the expense of this report, by eliminating such discussions as we are having today and putting in only papers and important business, but even so it costs us from $400 to $600 yearly.

Miss Lauver: If this were printed only once in two years, we would have resources that are now used?

The President: For that reason, we might issue a bulletin.

Miss Eldredge: I have felt that the report as it is now is worth all that it costs.

The President: I think that is generally the feeling. I am sorry that we must draw this discussion to a close. We must adjourn now until the afternoon meeting, which will be held at three p.m. Adjourned.

Friday Afternoon. April 23, 1916

Meeting called to order in the ball room of the Hotel Grunewald, at 3.25 p.m., Miss Noyes in the chair.
The President: The first paper to which we will lend our attention is one by Miss Katherine Tucker, Superintendent of the Visiting Nurse Association, Philadelphia—and she is also Chairman of the Standing Committee of the National Organization of Public Health Nursing—on this matter of public health work in the training school curriculum, "What is Required in the Training School Course for the Public Health Nurse?"
(Paper read by Miss Tucker.)

THE TRAINING SCHOOL'S RESPONSIBILITY IN PUBLIC HEALTH NURSING EDUCATION

By KATHARINE TUCKER, R.N.
Superintendent of the Visiting Nurse Society of Philadelphia

After all, the basis of suggestions for changes in the curriculum of training schools must rest in the last analysis upon our conception of the purpose of training schools. And so I wish to begin with a definition. To my mind, the training school should be the place where women are given, by means of theory and practice, the foundations for the most skilled and intelligent care of the sick. We are almost past the day of the so-called common-sense nurse who meets situations simply as her inherited instincts or acquired habits teach her with only the background of her own limited experience and the folk-lore of her people as basis for judgment. Now intelligent care of the sick must involve some knowledge of the modern scientific approach to disease—something as to causes and prevention as well as a knowledge of particular symptoms and special treatment. For disease no longer is looked upon as an isolated manifestation coming from nowhere and leading to nothing. Neither in diagnosis or treatment can the disease be separated from its causes and effect if thorough methods are being used. Today throughout the medical world we are seeing a revolt against treating hearts and lungs and an insistence on treating the diseased organs only in relation to the whole individual—his mental and social as well as physical self. It was in order that hospitals might meet this new conception and might themselves express this most adequate treatment that social service departments were created to render the work of the hospitals effective
and far-reaching by adjusting the environment to the medical situation.

In how far have the training schools kept up with this view of disease and enlarged method of treatment? Many have introduced field work either in the social service department or in visiting-nurse societies for one or two months. Only a few have included in their theoretical work lectures touching upon the social interpretation of sickness. I think it safe to say that the majority of such training schools have felt in doing this rather virtuous, as though they were exceeding what could really be required of them. And well they might, for certainly such a departure has not been required as yet and the schools which have acted on their own initiative in taking the first steps do deserve much credit. But it seems to me that what they have done is only what we should have a right to expect of them, and even more: in looking upon the introduction of such field work as rather an extra flourish, they have stopped short of making the training schools fully meet and express this new attitude toward disease. Training schools have not felt it their responsibility to incorporate in their courses, in proper proportion to the whole, practical and theoretical work on the social side as they have on the physical side of disease. But how is it possible for them to neglect that most important question, the relation of disease to the environment, if they believe the trained care of the sick involves some comprehension of the illness itself? Otherwise the training schools must be looked upon simply as a place where women learn the technic of doing certain definite things in a hospital. To be sure, that almost was the old idea from which we are gradually getting away. Not only in hospitals but in factories, department stores and other commercial establishments it is realized that the best results are obtained and the highest output reached from those who see their task in proper relation to the whole, which implies an intelligent understanding of the whole.

Therefore the question resolves itself into a consideration of what is now omitted from the curriculum that should be and, practically, could be included as to these larger aspects of the problem of sickness. The keynote of our health work today is the cause and prevention of disease. This at once implies a consideration of social problems because of their close interdependent
relation to disease. This is the emphasis that seems to be overlooked by our training schools. For all nurses to learn something of present-day knowledge as to preventable causes of illness is essential, for whether she be institutional, private or public health nurse, no nurse can escape the calling of educator. The public thrust it upon her and expect it of her. How many of us when first out of training or even while in training were asked to give advice in a hundred situations about which we knew practically nothing. It is no small responsibility to assume the title of nurse as it invariably means to the public that we have all knowledge in regard to all ills. While this is terrifying at times and a serious responsibility always, it is an opportunity most inspiring and one which as a profession and as individuals we cannot afford to lose. So that our position of educator may be assumed consciously and not accidentally thoughtfully and intelligently rather than carelessly, it seems to me the duty of the training schools to give the pupils the foundations of knowledge as to prevention which may serve at least to let them catch sight of this constructive approach to sickness and give them an incentive to know more through seeing how much there is to know.

In the suggestions that the Committee on Public Health Nursing Education of the National Organization of Public Health Nursing make, it had been their endeavor to always keep in mind a sense of proper proportion. As far as public health nursing itself is concerned, the suggestions are obviously inadequate, so little detail and so little time is asked, but for general instruction it seems very worth while. In the first year only a point of view could be given, only an attitude of mind could be expected, from a few days spent in the Social Service Department of the Visiting Nurse Society and five most generalized lectures on sickness as a social problem. And yet such a point of view may be sufficient to change entirely the emphasis and interest of the nurse throughout her course. To be able at the very start to visualize the homes from which the patients come, something of the forces at work that brought the patient to the hospital should, and does where tried, vivify and humanize all that otherwise might be impersonal and detached technic. The second year when tuberculosis, venereal diseases, mental diseases and the like are presented from the standpoint of their ravages upon the individual,
at the same time to know that there is a group of experts studying
the very foundation of these diseases, that is, their social causes;
to learn something of these causes, that many are known and can
be eliminated; to hear that for the most part these campaigns of
prevention depend for their ultimate success upon the work of
the nurse, certainly such knowledge will give the student a new
eagerness and increased devotion to each daily routine task. And
after all is it not the only logical method, to teach about these
diseases from the broadest point of view? The lectures should be
illustrated by material that the nurses themselves have seen both
in the hospital and if possible in the homes where the social em-
phasis may be made real by visits with the Social Service work-
ers. In the third year just as training schools endeavor to give
the pupils an idea of the openings in other lines of work, so the
committee suggests that five lectures be given on the main types
of public health nursing, with some development of the peculiar
problems and methods of each. Further, in order that these
women who are going out into the world as trained nurses may
know something of those larger social problems so closely related
to all health questions, the committee has asked for ten lectures
on modern social problems such as immigration, labor conditions,
prostitution, housing, etc. For the training school so organized
that it can offer electives at least to a few well chosen and partic-
ularly adapted students, an elective course of three or four months
in public health nursing to be given in affiliation with the local
public health nursing activities seems desirable. The whole
question of introducing electives into the curriculum would of
course have to be discussed in relation to the other specialized
types of nursing as well. The practicability of such an arrange-
ment would rest on the equipment of the individual training
school and the local opportunities.

You will see it is not a public health nursing course for which we
ask. We realize this is not the responsibility of the hospitals
nor are they equipped to give it, except in so far as they may
affiliate for the elective work. It is not even as public health
nurses that we ask for this rounding out of the course, though
doubtless it is public health nursing work that has emphasized
the great need and importance. As nurses and for all nurses we
want the training schools to include in their courses such subjects
and practical demonstrations as will give the pupils a thorough ground work in all that is implied when we say skilled and intelligent care for the sick, i.e., attention to the social as well as purely medical aspects of disease. The private and institutional nurse need this view and knowledge of the special problems met by the public health nurse as much as the public health nurse needs some knowledge of operating room technic. In this way the training schools would offer an all-round basis for further specialization in any line.

Sometimes I think the growth of Public Health Nursing has been so rapid it is felt by those outside that we wish to swallow up everything: training schools, public interest, even conventions! A pioneer field does bring a kind of leaping, thrilling interest that possibly leads to over emphasis of its own importance. Public health nurses probably have been and are not yet entirely free from this kind of absorption in their own work. However, in these suggestions to the training schools we have most consciously endeavored to put ourselves in their place and to ask only what we felt all nurses need and the training school of high standard could give.

The President: The discussion will be opened by Miss Mary E. Lent, Superintendent Instructive Visiting Nurses Association, Baltimore.

Miss Lent: Madam Chairman, Nurses: The criticism made by the public of the nurse in public health work has been that she is too medical—that is the term generally used. It is said that she cannot see the social side—cannot see anything except the physical side of the person or family with whom she is dealing in the home.

The reason is that for many years we have had women directly from the training school without any other preparation. It is necessary, we all know, for the nurse to have a good thorough training in order to be able to do nursing work of any kind, and it is not that we want to cut it down in the least. We do not want anyone to get the idea that it is our feeling that the training of a nurse in all branches should be in any way neglected, but we do want them, if it is possible, when they go out from the training school to take up this special branch of work in the
nursing profession, to be a little better equipped to do public health work and to be able to make a success of it.

My idea would be (I am sure that this will not meet with approval by all) to cut down the hours of ward duty in the training school and to give the nurse more time for lectures and reading.

I realize the responsibility and the numerous problems facing the superintendents—that they must have their patients nursed. We must have our patients studied from the social standpoint in the district home, in order to do better work; so we are "up against" a problem just as great as the superintendent of the training school; and we feel that together we ought to be able to work out some plan by which we can give perhaps shorter hours in the training of the nurses and a little more time to fitting her to undertake this special branch if it is what she wants to do.

We also feel that the nurse who is going into the field of public health work or going into other branches of the work, will be better equipped if she has the lectures that are planned for in Miss Tucker's paper.

I felt when I went over the program in New York in January with the committee, that it was better to wait until the second or third year for these lectures, but since then I have given it a good deal of thought, and after talking it over with nurses in different training schools I have come to the conclusion that they need after their probation period, during the entire course, lectures dealing with social problems. It need only be a few lectures. It will not only make them better hospital nurses, but will make them more appreciative of their responsibility to the public and their work in general as nurses. They will realize when we have struggled for months to get a patient into the hospital that the patient should receive the most thoughtful consideration to keep him there, and thereby help the whole profession—not only the public health nurses, because the private nurses are very often institutional nurses, and thus connected with the work of the public health nurses; or should be.

I repeat, that we want to help each other, and I have come to feel that we could easier work out some simple plan whereby we could give nurses a few lectures in their first year of training and more in the second and third years—possibly not more than they are getting, but by combining the social with the medical and
physical lectures they are already getting, they would come out from their three years' training with a better idea of their responsibility to the public.

The President: We might take a few moments of this time for further discussion of this subject. I am sure the committee who are working out this course would be very glad of any suggestions that this body might bring to them, I am sure that the training schools would, because we not only have to prepare our nurses for private work, but for public work, social service work, institutional work and everything else, and every one feels just as keenly about their own particular branch as Miss Lent and Miss Tucker do about theirs, as being equally important. I feel certain some of you have something you would like to add in the way of discussion. If not, we will pass to the next paper, by Miss Golding, on "What Can the Training School do to Prepare Nurses for Private Duty." You will hear another point of view on the omissions of the training school and what they might add to further this cause.

WHAT CAN THE TRAINING SCHOOL DO TO GRADUATE BETTER PRIVATE DUTY NURSES?

By ELIZABETH GOLDING

In these days of "preparedness" it is wise to look to a proper preparation of the nurse in the training school. Many are the problems that are before her and particularly many are the needs of the nurse expecting to do "private duty."

No matter how skilled the artisan or how perfect the setting for his work, the result is poor unless his material is of the finest. And so, first of all, the woman must be the first choice. Woman in large letters! For all the training in the world seems useless unless the character of the woman makes the perfect foundation for the superintendent to work upon. I need not add education as a requisite, for that is so vitally necessary that I pity the training schools where the choice is limited and the necessity of accomplishing the work of the institution causes more attention to be given to the number of the applicants than to their quality! I think each superintendent ought to be in closer touch with her pupils than the present formality of training school life permits.
This would permit of a full knowledge of the personality of her pupils. Then, later on, when she is asked to recommend a nurse for a case, she knows the special nurse's individuality sufficiently well to be able to say whether Miss Jones could nurse Mr. Grey, a susceptible young bachelor, or whether Miss Green would suit Mr. Harris, a miserly, particular old man, and so on down the list of requirements.

The foundation training we take for granted—bed making, care of patients in every way, how to handle a patient, how to turn her without hurting her, treatments, poultices, care of wards and closets, instruments, bandaging, surgical and medical training, anatomy, physiology, materia medica, preparation of room for operations in private houses, the consideration for fellow pupil nurses and patients, remembering always that no matter how poor, forlorn or dirty a patient may be, probably somewhere in the world some one cares for that patient and sorrows for his pain.

Pupil nurses have had unlimited use of linen; the finest and most expensive equipment, and the cost of them is sometimes an unknown quantity. The economical care of household linen and the personal property of patients in private homes should be taught every nurse. The domestic problem is so important to the poor, sick housewife, when perhaps the laundry work is done by the one maid who is house maid, laundress and jack of all work. It is so easy for a nurse in a hospital to "list the laundry—put it in a bag and down the chute." Perhaps if that nurse followed the process and was taught the meaning of the labor attendant upon the work she would develop a carefulness that would always be useful. The nurse should be taught not only the care of linens and household things but the cost of the many things needed in the home of the poor as well as of the rich. The proper disposal of things in apartments where only gas stoves are in use and the careful wrapping of soiled pads, placentas, etc., in maternity work, for burning in the large furnace in the cellar. The care and disinfection of linen, etc., (particularly in typhoid and tuberculosis) at the smallest outlay of time and money; also proper quarantine and protection of other members of the family in contagious diseases is most needful. In maternity work the minimum cost of the very necessary things should be worked out for the expectant mother, and economy in all its forms ought to be explained to the pupil nurse expecting to do outside work.
"How to pack a trunk." I suppose to the very busy superintendent this sounds like nonsense. Yet I was told by an instructress, connected with one of our largest hospitals, that many people had complained to their registries of nurses spoiling clothing by improperly packing them when traveling.

When and how to call an ambulance for emergency cases, how to secure wheel chairs, stretchers and attendants at stations. All these things are like mountains when not known; mere trifles to those who are experienced.

'Twas well said that "a sweet voice in a woman is a pleasant thing," and yet how few nurses can read well aloud, and how helpful to a convalescent it is to have a nurse who can read well and whose voice is soothing and not rasping. It might almost seem that a few lessons in reading aloud could be added to the training school curriculum.

I say again as I have said before, every superintendent of a training school needs to have done private duty nursing, for then and then only is she in a position to help and counsel the young woman about to go out into the world and carry the standard of her school. I have met nurses who have said, "I love my superintendent, she has meant so much to me." Others have said, "I have never had a kind or helpful word from mine." What a lost opportunity to impress her personality upon her pupils!

Private duty nurses need more preparation in many things, and yet some of our faults to which our patients object most are things that can hardly be taught. We must be "born" tactful and patient, unobtrusive and wise. We must have deaf ears and a still tongue, a ready sympathy, a skillful touch and on and on. I often wonder if a few talks from a private duty nurse of much experience would not be helpful to nurses about to graduate. In the hospital the nurse "obeys" orders, and while every woman is supposed to have initiative, what would the young graduate do who was called to a hotel and asked to eat in the maids' dining room, or asked in a private house to eat with the servants. What would she do if she went to a man's club or hotel and no wise and thoughtful doctor had stopped at the office and told of her expected arrival?

Do superintendents allow their pupil nurses to catheterize male patients, or are they instructed not to do so? Such apparently
trifling details spell “Morale” ethics. How are dietetics taught? I’m afraid that is one subject in which many nurses taking examination for state registration “fall down” and how necessary is a proper preparation?

How about diets for diabetes and Bright’s and all the ills to which flesh is heir? As Burns said, “Wad some power the ginvie us to see ourselves as ither see us.”

Learn thoroughly what you learn and teach it thoroughly! A half knowledge is a dangerous thing, and in this progressive age the patient and family are on the alert and the young mother (especially) knows symptoms and “why fores” well and a large magnifying glass is always focussed on the nurse. Train her well in all foundation work. Early after admission the nurse might be allowed to say whether she intends to specialize, and classes for “special work” might be organized. I know of a large training school where one pupil never worked one day in a woman’s ward in her hospital. She had her maternity work outside, but her superintendent could hardly say that nurse was properly prepared for her life work.

Teach ethics and so live; teach kindness and live it; discipline,—yes,—but personal contact, and interest and explanation of all alumnae and organization obligations, an intimate acquaintance with our nursing journal and the Guild of St. Barnabas, a large outlook on life and an avoidance of narrowness and the “personal.” These are just a few of the many “problems” of private work, the solving of which may help in making future graduates a joy and comfort to all mankind.

The President: As I sat here facing you, I wondered how many in this audience were doing private duty nursing. I think it would be interesting to ask for a show of hands. May we count them? 89. There may be more than that; it is very difficult to count hands as they are shown in this large room.

Miss Goodrich: May I ask how many have done private nurs-
ing?

The President: All those who have done private duty nursing rise. It is practically unanimous. That is very interesting. Now, is there any further discussion of this paper?

Miss Jammé: Madam President, I would like to ask a question.
Could it be asked of the nurses who are doing private nursing what they did not get in their training to prepare them for their private duty work? Is that a fair question?

_The President_: In other words, where did the training fail to prepare.

_Miss Arndt_: I think assurance is a great thing nurses lack when they come out of the training school.

_The President_: I think the experience of the average superintendent would be that she had never found a lack of it on the part of her pupils.

_Miss Eldredge_: I have had nine years of private duty and I think what I was most conscious of was to go out to a case and have to order things for my patient. The cost of supplies is one of the things that we fail to teach our pupils.

_The President_: I would like to say, in defence of a great many training schools, that they spend a great deal of time at present in teaching their pupils the cost of supplies and the use of supplies I think that schools are paying far more attention to this than they used to do.

_Miss Riddle_: Miss Jammé asked a question. May I ask a question? I asked Miss Lawler how soon the superintendents of training schools would have an eight-hour day under this regime, and she says, “Or an eight-hour night?”

_The President_: Is there further discussion? If not, we will pass to the next paper. Miss Cleland is not here, but Miss Johnson will read this paper for her.

**IS IT DESIRABLE TO INCLUDE TRAINING FOR EXECUTIVE POSITIONS IN THE THREE YEARS COURSE?**

**By HELEN CLELAND**

_Superintendent Decatur and Macon Hospital, Decatur, Illinois_

Should executive training be included in the three-year course? This is a question so often asked and so hard to answer, as there is so much to fill out the three years profitably, with preliminary course, class work, clinics, practice work, social service, district, and public health nursing. A nurse having charge of a ward for four or six months, if observing, can obtain enough executive
training to help her in the ordinary branches of nursing, but if she aspires to fill a more responsible position, as assistant or superintendent of a hospital, she needs more executive training and should take a special course of from four to six months in some well organized and well managed hospital. In so doing she spends so much time in each department, observing and seeking knowledge from those who have made it a study—who have had the experience and profited by their own and others' mistakes.

She is taken to the large markets and taught how to select and buy meats, fish, vegetables, fruits, etc. She is taught how to economize and to know the true value of everything she buys. The perplexing problems of the hospital are explained. The conferences held each week by the superintendent and his staff, where important subjects are brought up for discussion, are most instructive and helpful.

In taking this special course, one should have a good idea of what she wants most to learn and let that be known, then others can more intelligently assist her. She will be advised to visit other hospitals and ask intelligent questions, to find out what new methods and treatments they are using and what are their greatest problems and how overcome. It is helpful to take notes and to have a large book where she can paste charts and other valuable papers, which it is well to collect and which will help her later in forming new material and looking up data, addresses, business firms, etc. The paper should be such that she can write well with pen and ink, each evening writing out the notes taken during the day. This "Book of Knowledge" she will refer to very frequently and find most helpful when looking up furnishings, medical and surgical supplies, and in managing a hospital where she has to use good judgment in buying, or be rightfully criticized.

I speak from experience, as my executive training taken at the Massachusetts General Hospital last winter has been of the greatest assistance to me in furnishing and opening a new general hospital, also in organizing a training school for nurses.

Another question: Are we teaching and impressing upon our young nurses while in training the great cost of running even a small hospital—the cost of supplies and how to run a ward with enough of everything for the comfort and happiness of the pa-
tients, but without waste of food and supplies of every kind? The nurse who goes into private families must economize with bed linens and towels, also medical and surgical supplies; otherwise she is severely criticized, which must reflect upon her teachers or school.

There are so many important things that a nurse must learn within the short three years that she is in training, that it almost seems necessary for her to leave executive training until after she has graduated, filled a small responsible position, and found out just what will help her most in the branch of nursing she has decided to follow.

_The President:_ We shall be very glad to hear from the floor on the points that have been emphasized in this paper.

_Miss O'Bryan:_ I think a point is made in this paper which it would be well to emphasize; that is, that the pupil nurses in the three years they spend in training have very many opportunities of acquiring those special points of information that are so valuable to them later on.

_The President:_ Miss Sutherland?

_Miss Sutherland:_ In what hospitals may such training as the speaker outlined be obtained?

_The President:_ I have heard of some schools having an elective of three or four months in the last year where some experience in administrative or executive work could be obtained. It seems to me that one of the most valuable steps towards preparation for executive work is the position of head nurse after graduation. The pupil during her three years of class and practical work has been so hard pushed that there was very little time to think of real administration; but following the course, a year at head nurse work certainly is most valuable; from my own experience, I can speak very feelingly in that respect. Miss Goodrich was about to speak.

_Miss Goodrich:_ Well, she always wants to have a say, Madam President. I think we all recognize one point, and that is that we have so very generally lowered the age of admission that to say it is wise to get some executive work at the end of three years is to say something very different from what it was ten years ago. We had older and more experienced women then, we had com-
paratively few positions for the graduate nurse. Today, we have hundreds of positions for graduate nurses, as supervisors, etc., which you justly say will give excellent executive training. We now have very young women in most of the states; I think I would be correct in saying that the average age for admission is 21, as against 23 or perhaps 25. And I contend that these young women need a far different preparation than the older women who then entered, and that they really do need every bit of these three years and when they come out they will be younger than some of us were when we graduated or when we entered.

Miss Ayres: Madam Chairman, I think there is one point which Miss Goodrich overlooked. When we entered we only stayed in the schools in those days two years; so the younger applicant has one year's training in school more than the older applicant had.

The President: I think Miss Goodrich had not quite finished.

Miss Goodrich: No, she wants to "get back." I just wanted to say that while we say the average age is 21, it is fair to admit that in a large number of instances the pupils come in at 19 or 20. Some one has called attention to the fact that in those days we had twelve hours of duty, which possibly would make up for a year less in training.

Miss McKechnie: I think that any woman who has ability does have some opportunity to show what she can do when she relieves for the head nurse on the half-day and also, I think, it is a common custom in schools to take a senior pupil and allow her to substitute in the absence of the head nurse in summer. So I think she gets some opportunity for the demonstration of what executive ability she may possess that can be included in the three year's course.

Miss Greener: I must have misunderstood Miss Sutherland's question. I thought her question was, were there any hospitals in which this training was given, and I did not hear the reply.

The President: There are some schools that do have in their senior year an elective course of three or four months in administrative work.

Miss Powell: May I ask, does not the Massachusetts General Hospital offer an administrative course?

The President: Yes, to post-graduates.

Miss Powell: To their own graduates?
The President: Their own or any other that may apply.
Miss Powell: Does any other?
The President: There are others, I know. Ours does in a way. It is not as complete or well rounded as I would like, but it certainly gives an opportunity to learn something about administrative work.
Miss Van de Vrede: Madam President, I would just like to throw out this suggestion, that this body of women largely are expected to mould public opinion as to who should teach nurses etc., and that we should not only encourage nurses to take postgraduate courses, but we might more discourage hospital boards from employing nurses who have not had other executive training than their three year's course, because a hospital management often think that when nurses are graduates they are prepared to superintend and they look to them to do more than the three years course can possibly fit them to do.
The President: The next paper is that of Miss Lawler.

HOW MUCH TIME SHOULD BE ALLOWED FOR SPECIALIZATION DURING THE TRAINING SCHOOL COURSE?

By E. M. Lawler
Superintendent of Nurses and Principal of Training School, Johns Hopkins Hospital, Baltimore, Maryland

I have been asked to express my opinion on this most important subject and appreciate the opportunity, not because I feel particularly competent, but because I feel that the time has come for the administrators of schools for nurses to take part in this discussion.

For years, I think we may say, we have attended gatherings of nurses and have heard the social service nurse, the tuberculosis nurse, the district nurse, the public health nurse, the infant welfare nurse and the school nurse—all declare in emphatic terms that the training school was a failure as far as preparation for the particular branch in which she was interested was concerned, and that feeling of utter hopelessness and despair which I believe comes more often to the head of a training school than to any other human being, has almost engulfed me. However I must
confess that the gloom has been somewhat lightened by the realization that the speaker, doing successful work, has in many cases, had very little additional training and in spite of that was a most efficient and valuable worker.

From the point of view of the training school, this question cannot be decided by arguments presented by any one group of nurse specialists, for the specialist throwing herself heart and soul into her chosen field, sees more clearly the demands and possibilities of that branch of work, than of any other, and it is fortunate for us who must be neutral, that it is so, for we have thus presented to us expert opinion on every specialty, and as our schools provide the nurses who go into all of them, we cannot neglect one for the other, but must provide a foundation for any or all. I feel that unless we move carefully, we will be like the man and his ass that we read about years ago in our Aesop's Fables, that if we try to satisfy all the demands we will please no one and find ourselves with our schools in a state of chaos.

The question then for us to decide is, how can the period of training be arranged so that we provide for our students the broadest foundation for any phase of nursing work, and how best can we prepare them to meet the responsibilities that will come to them, and should we be expected to provide any special training?

There are certain features of the training about which there can be no discussion. I think we are all agreed that the course shall be three years, there should be an eight hour day,—shorter if possible, never longer. The lecturers and instructors should be paid; suitable teaching material and equipment should be provided; the living conditions should be satisfactory;—and as a result of all these things students of the proper type and with superior educational equipment shall be admitted to our schools.

In outlining a course of training there are certain subjects which we all agree are essential and in which the nurse must be proficient before she leaves the school. She must have had experience in the care of medical patients, of surgical, gynecological and obstetrical patients. Of children, surgical and medical, and she must know how to prepare for and assist with any variety of operation. In addition to these we feel that she should receive instruction in psychiatry and have some experience in an active
out-patient department, for to my mind it is an important and valuable part of her training.

The question that we may not all agree upon is, how long should be spent in these different departments. The following is a good basis on which to work:

<table>
<thead>
<tr>
<th>Department</th>
<th>Months</th>
</tr>
</thead>
<tbody>
<tr>
<td>Preparatory period</td>
<td>6</td>
</tr>
<tr>
<td>Care of children</td>
<td>4</td>
</tr>
<tr>
<td>Medical nursing</td>
<td>6</td>
</tr>
<tr>
<td>Surgical and gynecological</td>
<td>7</td>
</tr>
<tr>
<td>Private wards</td>
<td>3</td>
</tr>
<tr>
<td>Psychiatry</td>
<td>2</td>
</tr>
<tr>
<td>Obstetrics</td>
<td>2</td>
</tr>
<tr>
<td>Operating rooms</td>
<td>3</td>
</tr>
<tr>
<td>Out-patient department</td>
<td>1</td>
</tr>
<tr>
<td>Vacations</td>
<td>2</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>36</strong></td>
</tr>
</tbody>
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I have not mentioned night duty, as if this term of service is arranged as it should be, it is part of the period of training in the particular department to which the student is assigned. There is, as you know, a great difference of opinion as to how much time shall be spent on night duty, some going so far as to say that graduate nurses should be employed, as this should not be considered a part of the training. In this I cannot agree, for while I do feel that as night duty is arranged in many of our hospitals,—where pupils are on duty from 7 to 7 and are expected to care for an impossible number of patients—it is not training but drudgery, and should not go on. Yet I do feel that if properly arranged, night duty gives us an opportunity for developing our students in a way that nothing else will. In the busy wards of a modern hospital with all the scientific work that is done over our patients every day, with the presence of doctors and often of medical students, and where if the teaching of the nurse is kept foremost it necessitates close supervision of her work; the pupil, one of several, gets little opportunity to stand on her own feet and so shirks responsibility when it comes to her. At night it is different, and it is the time of the 24 hours when all sick people need more nursing, and granted proper hours and sufficient supervisors it seems to me that a short period (say three or four weeks) in the children's department, the obstetrical ward, the private ward
and a free ward, are valuable adjuncts to the training. Again sick people outside the hospital must be nursed at night and our nurses must expect to do it, though at times when one is told by a registry that there are four nurses on the list all registered against night duty, one wonders where the help is to come from.

The schedule that I have outlined is of course only an approximation, for any plan must be adjusted to meet the requirements and limitations often of the different students. I think you will agree with me that not one of these departments may be omitted, though I feel the value of the time spent in psychiatry may be questioned, but only because it has been possible for so few schools up to this time to demonstrate the value of this additional training. Surely no matter what particular specialty the nurse may elect—she needs some knowledge of how to best serve the mentally ill. On the other hand some will probably affirm that two months in this department is not long enough and to those I would say—not long enough to prepare to specialize in any form of psychiatric work, but long enough to get a working basis.

With regard to the length of time to be spent in each department, I hear some say that if the first object is to instruct the nurse, it could be done in shorter time, that a great deal of the pupils' time is spent in scrubbing and cleaning and similar tasks that might be relegated to maids, and thus time saved for other things. This is of course true, but I think you will agree that in the hospital of today, with its metal furniture, with utility rooms where wooden shelves have been replaced by marble or metal and will all the advance that modern hospital construction has made in improving working facilities, the amount of cleaning of this sort done by the nurses is a very different question now than a few years ago, and as a matter of training certain household tasks must be performed by the pupils. Many hospitals are endeavoring to employ maids to assist the nurses and find themselves with another problem on their hands. In the hospital that I am connected with, during the last year we have appointed three maids in different departments to relieve the nurses, and we have discovered that it requires eternal vigilance on the part of the supervisors to see that these maids perform the duties assigned to them and no more. Nurses change constantly but the maid is permanent and becomes familiar with tasks that she
should never have assigned to her, and we find the nurses letting her perform them.

Again a favorite criticism of the modern nurse is that she is careless of property, that she does not know how to protect polished furniture, floors and rugs, that she is careless of the linen and dishes and utensils that she handles, and expects to be waited upon. If, in the hospital, the care of all these things falls upon maids and the nurse has no such responsibility, we must expect this criticism, for certainly the modern young woman has had little of this practical experience before she enters the school, and I find that it takes careful teaching to impart this knowledge and skill, and constant supervision to see that it is carried out. Do we not find that the tendency of today is to select the interesting things, the part of the task that "appeals" and leave the less interesting but equally essential routine to be done by someone else? Now as a matter of training, if a pupil is allowed to do this in the school, will she not do it after she goes out, and this tendency is equally disastrous in social service work, public health work or any other branch of nursing. Then as to the maid, here again we have difficulty. As I have said, she becomes familiar with the work, nurses allow her to perform tasks that she should not do and before we realize it she has gained a valuable experience and she leaves, and we next hear of her starting out as a nurse.

Then again, to take one department—say medical nursing—does it not require longer today to become adept in all the nursing procedures than even five years ago? Then we instructed our pupils in the routine nursing care of the patient, the giving of sponge, pack, tub and sweat bath, the application of stupes, poultices, etc., the administration of different forms of enemata and the preparation for subcutaneous injections. Today in addition to this, our pupils must become familiar with the preparation for an operation, in intravenous injections, thoracentesis and blood cultures, must be carefully instructed on the subject of serumotherapy, be familiar with the administrations of the different sera and know what reactions are expected. She must become familiar with many and complicated diets so that she may intelligently assist the physician in all the metabolism work going on today; must know what is expected of her when any of the numer-
ous tests are being carried on, as to care of patient, diet and collection of the necessary specimens, and if these things are to be done intelligently, we all know how much teaching and instruction is required and what exact, careful attention to detail, it demands of the nurse. It is not only in medical nursing that we find our work added to and complicated, but in every single department, so it would seem not to be a question of less time, but more time necessary.

Then too, a certain number of weeks in a department does not constitute a training, for the student is required not only to know why and how a thing should be done, but to have done that thing herself over and over again until she is proficient, and some students require weeks more than others to acquire this dexterity.

We are fortunate in admitting to our schools every year more college women, more women who have spent the greater part of their time before coming to us in school and college. In a recent article by Dr. Charles W. Eliot, President Emeritus of Harvard University, on changes needed in American secondary education, he says that, “America’s secondary schools pay little attention to the training of the senses and provide small opportunities for acquiring any skill of eye, ear or hand or any acquaintance with the accurate recording and cautious reasoning which modern science prescribes.” He goes on to say, “In respect to the training of their senses, the children of well-to-do parents nowadays are often worse off than the children of the poor, because they are not called upon to perform services in the household or on the farm which gives practice in accurate observation and manual dexterity.”

This statement would make it seem that if we are bringing women of higher educational advantages into our schools, we would need with these students to lay particular stress on the work in the ward over the patient where they can acquire more quickly the qualities lacking, for no woman can be a successful nurse in any branch of our work without having “eye, ear and hand” under perfect control.

I have enumerated the different departments in which our students must have had experience, but have said nothing about the work going on in lecture and class room. Here too we find
that the number of hours devoted to lectures and classes increase every year. A course of lectures as planned last year, must be lengthened this year. New subjects of interest and value to the students are constantly being recognized, and we hasten to arrange that they receive the instruction.

But is this all that is expected of us, and what are some of the particular difficulties of the schools?

First, we are expected to send out "trained" nurses, not simply "informed" or "instructed" nurses, but nurses who have repeated intelligently all the nursing procedures so often that they are experts. And this can only be done by the nurse who realizes that no matter how superior her educational equipment may be, it counts for little if she has not learned to apply it so that every piece of work she does, no matter how simple, is the better for it.

Next, we must send out our students with some conception of the responsibilities of the profession they are entering, ready to take hold of a difficult task and stick to it till something is accomplished. We must help them to realize that when they leave us they are only beginning and must start at the bottom of the ladder and climb, as this is the only way to reach the top; that they are to do the nursing work of the world as well as teach others to do it, and that in their training they have been given the foundation upon which to build and that any foundation properly laid ensures the permanence of the completed structure.

To do all this, it seems to me that three years is little enough, and I cannot see how six months, as some suggest, or even three, could be set aside to prepare a nurse to specialize in any particular direction—but granted that it could be arranged, would it be fair to require this special training of all the pupils—for only a certain number would follow that specialty? I hear someone say, that brings up the question of electives.

During the last few years, I have approached a large number of my senior students on this question. I have endeavored to find out what plans or hopes they had for future work and if they desired to curtail training in one department so it might be lengthened in another, and so on. My experience has been that in the case of the most promising students—those who would be most capable of deciding wisely—they invariably preferred to leave the question of their training in the hands of the superin-
tendent, as they felt they were in no position to judge of what would be of most value to them and they preferred to have as full a training as possible in every department. I think it must be from students of this type that we base our opinions and not from students who might elect some particular department with the idea of "the lesser of two evils."

And is a student in training in any position to decide wisely? Have we any right to send them out equipped for one particular branch of work? For the chances are about even, I think you will agree, that after they start out they will not do the thing that we prepared them for. I have in mind now a student who entered our school with a very definite purpose in view. This was kept in mind during her whole course and she was helped over hard places and her training was planned, inasmuch as we could, to get her ready for what she wished to do and which we felt she could do. She left the school and less than one month after, I found her contemplating a piece of work as far removed from the kind of thing we expected her to do, as could be, and for which she was totally unfitted. Would not that be the case with a great many? There is also another point to be considered in this connection; if we endeavor to give the student during her training this preparation for a specialty, is there not the danger of making her lose sight of the chief object of her training, for she cannot possibly be a specialist before she has mastered her profession. In medicine, the profession most nearly akin to our own, the student cannot specialize before he receives his degree but must spend years often in additional preparation.

Because I do not feel that a certain time can be set aside to be devoted to preparation for a specialty and because I do not yet see how electives could be arranged advantageously, does not mean that I do not feel that some training for public health work ought not to be included in the three years, nor does it mean that I feel that we should be satisfied with the training we are giving our students now. I do feel strongly that a great deal can be done, but it should be a part of the general course, as it would be equally valuable in the preparation of any branch of nursing. Every good school today should arrange for lectures to be delivered by the superintendent of the District Nurses' Association, the nurse in charge of the Social Service Department, the nurse
in charge of the tuberculosis work, of the Infant’s Welfare Work, and so on, so that the students would be familiar with the different activities and the particular demands that each would make upon them. During the entire training, as each group of lectures are taken up, the social aspect of that particular disease may be discussed, and in the out-patient departments and in the wards, the pupils should be given the opportunity of observing the carrying on of the activities of the Social Service nurse, and so on. But my reason for feeling that more than this we cannot do is because, in my opinion, our schools are in no condition to undertake more than they have already assumed. We all know what our ideal school would be and we know how far short of it our present schools fall. We all know that we are striving to our very utmost to improve conditions, to make our schools the educational institutions that they should be, but we also know that we must reach that longed-for height by developing the schools we now have, and during the process of development must train our students to the best of our ability. If we undertake to give the student a working basis for any form of nursing work and strive night and day to improve our schools so that we may do that with some degree of satisfaction, it would seem about all we could safely undertake. Have we any right to suggest adding one more thing to our curricula, when the majority of schools are working the nurses 9 and 10 hours per day, and even longer?—and when so many of them are not really teaching the A. B. C. of the profession? If any school declares it can arrange to give their pupils 6 months field work in district work or public health work, I would like to suggest that it might be better for both school and pupil to take that 6 months to shorten the working hours of the remaining 2 years and a half, for would it not be better to give 2 months of 8 hour days instead of 6 weeks of 10 hour days in any department? Then too we say in sorrow that the hospital is utilizing the pupil nurse, that they are exploiting her for their advantage. How can we be sure that in the course of time we would not find the very same condition existing in District Nursing Associations, Social Service Departments, and so on? How long would it be before the pupil nurse would be there as an addition to the staff, with a definite place to fill, and not as a student? For we know that if the student is there as a stu-
dent solely, then the salaried staff should be increased instead of decreased on her account, as her teaching must be carried on in addition to the work.

Again, in the last few years the tendency has been to admit younger students to our schools—indeed I believe there have been those who advocated that they be admitted directly from high school. Quite apart from what our personal opinion may be on this subject, a glance at the state laws will show us that the majority of states require the nurse to be 21 before applying for registration, only 6 states requiring the nurse to be older, and 2 allow her to register younger, one at 18 and the other at 19. Thus many schools admit students of 19 and 20 and some younger, and is any young woman of 21 or 22 ready for such a responsibility as public health work, and could she not afford to spend some additional time in special preparation?

My opinion then on the subject is this, that the training school should provide for its students a broad and thorough training in the departments that I have mentioned, that we should make our students realize that additional preparation is necessary for certain definite specialties. If she has received in her course some training in psychiatry and in the care of private patients, she should be ready for private duty, but if she desires to take up institutional work, she is not ready to take charge of an institution but should begin as a head nurse and work up, that if she feels called upon to enter any of the many branches of public health work, she must prepare for it, and if in addition to this we can make them realize that they will make their best record when they are more deeply concerned in what they are giving to the work than in what they are getting from it, we will have gone far on the road to a solution of many of our difficulties. This is a commercial age, but surely all professions ours should be the last to become commercialized.

However if special training is required for public health work, I hear the question, how is it to be obtained, and where? This is a problem I think to be solved by us all, first, to decide what would be the most valuable preparation, and where should it be given, in direct connection with a training school, a district nurses association, or both? Then the next thought is, but we cannot get the required number of nurses now to do what must
be done and if we require additional preparation, what will be the result? For many years those nurses who have struggled in the interests of higher standards for our schools, have insisted that the desired end could not be reached so long as the exigencies of the work and the demands of the hospital were considered of the first importance, and have said that if the schools would insist on high requirements for admission, would provide the proper training and all necessary teaching facilities, there would be no shortage of pupils. This has I think without doubt, been demonstrated to be perfectly sound reasoning, for the best schools, that have worked on this basis, have had no difficulty in this respect. Why does not the same apply to the public health problem? and I feel confident that should definite preparation be required and a place be provided to supply that preparation, there would be no lack of nurses.

In conclusion, may I quote from an article read by Mrs. Robb at the Federation of Nurses Convention in Washington in 1905 on “The Affiliation of Training Schools for Educational Purposes?” That Mrs. Robb, eleven years ago saw so clearly that the very difficulties and trials we are struggling with now, makes us wonder again at her remarkable vision into the future and realize afresh all that the profession owes to her. She said,

Our great trouble has been that seeing all these many fields of usefulness ready for nurses and needing workers, for want of a proper system and classification, we have frantically tried to add on a little instruction in each, to the list belonging to the general nursing curriculum, with the result that no one of them is dealt with thoroughly, and that the special student is unsatisfied and the general student has one additional burden to carry. If we are willing to reorganize our training schools on the basis of a general theoretical and practical education that will embrace all hospitals and all subjects pertaining to the care of the sick and rigidly relegate all other subjects to their proper place as specialties to be taken up only by the women who have the natural ability and taste for them, we shall in the course of time reap some very satisfactory results in both the general nursing and the specialties.

The President: The discussion of this paper will be opened by Miss Riddle.

Miss Riddle: Madam President, Members of the Convention. There is very little room for discussion of a paper when the principles set forth in it are a part of one’s own creed, as those
elaborated by Miss Lawler are certainly a part of my working standard.

The first question raised by Miss Lawler, as to the criticisms offered by graduates of the training school that it is a failure because it does not train for specialized branches, cannot be proved. It cannot be a failure for the simple reason that where would these nurses have been without it and how would the nurse have been able even to make a criticism without it? These criticisms are good because they give the superintendent who hears them the results of many points of view and are to her educative and often influential in changing her own point of view.

I quite agree with her that a certain amount of housework in the hospital wards is valuable to the nurse, and her failure to do it is probably one of the causes of so much criticism being heaped upon her from patients and families under her care later on. She should have this knowledge in order to appreciate the domestic departments in both hospital and home. How can she even take charge of a ward without this knowledge, or how could she take charge of one of the so-called small hospitals without some simple, elementary knowledge of the time required, for instance, to accomplish a good piece of work? It may be argued that its only result is in its benefit to the hospital, but this is not true. Its benefit to the hospital, in the average, modern hospital, is only a by-product. Its special benefit is to the nurse herself, and one might just as well expect satisfactory conduct of an operating room from a nurse who has only theoretical knowledge of asepsis as to expect that the nurse without a certain amount of knowledge and practice in domestic work is going to be acceptable to the sick patient in her home later on. Destruction of property is most deplorable and she who deliberately sets a wet or hot glass upon a polished mahogany surface is worthy of criticism and deserves to have excuses made for her upon the ground of lack of appreciation by reason of non-acquaintance with such articles.

The point made by Miss Lawler regarding repetition to secure efficiency and proficiency is well taken. How do we learn the multiplication table? We do these things best which we do almost automatically. We do not, under ordinary circumstances, have to give our undivided attention to walking, because we have
walked almost all our lives, and the point might be illustrated in many other ways. The nurse should, however, have practice enough in each department of her work to make her proficient and no more; she should not be given that work simply because she has been found valuable in it.

Each of these being true, it seems difficult, as Miss Lawler says, to set apart time for specialties. I can see only one way to secure a speaking acquaintance with the specialties and that is by removing from our curricula and relegating to the bonfire some of the dead wood now encumbering it, and inserting in the vacancy some opportunities for knowledge of specialties, or a specialty; for it does not seem reasonable to suppose that any school could undertake all specialties any more than an individual could be a specialist in more than one branch. For instance, there is a school which does the district nursing work in its community; it does it with a view to serving the public and without much idea of its educational value to the nurse and she is too often allowed to get what she can take, or leave it at her pleasure. Now why not clean away the old rubbish, make that valuable to the nurse, and, at least, give her such a sound, elementary education in that branch that she can, with a little more, develop into a good public health nurse. If we can regenerate something we now have, perhaps we may have room for a specialty. We hear a good deal said against the hospital utilizing nurses, and this simple discussion of my own refers in the same way to the nurse who serves the district; but in this attitude are we not all a little inconsistent, for do we not all believe that in the great hereafter outside the training school the nurse must, and is willing to exist for the patient? Then why not assume the same attitude in the beginning? She should be drilled in it by a thorough training and education, and become so proficient in it that to fulfill it shall be only second nature.

Therefore, we believe that the training school cannot make specialties in the time now allowed to its courses. We do not see how anything we now have in the curricula can be cut out. We believe that the training school is the elementary school, from which the nurse must go on to the higher school to become the specialist. We do believe, however, that this elementary school should be as broad and cultural as possible and remove from its
courses that which is worn out or outgrown and substitute that which will be most useful to its pupils, whether a specialty or a more thoroughly rounded practical experience.

*The President:* There was so much that was splendid presented in Miss Lawler's paper that I wish we might devote some time to its discussion. The round table on Monday morning, at nine o'clock, will give you an opportunity to bring to that meeting any questions which might have been present to your mind.

Adjourned.

*Saturday Morning, April 29, 1916*

Meeting called to order in the Green Room of the Grunewald Hotel, at 10 a.m.

Miss Noyes in the chair.

*The President:* We will again discuss the constitution and by-laws for a few minutes beginning with the second article. We will leave Article I because we can make no final decision concerning it until after the A. N. A. have decided what they expect to do. I want to remind you, however, that the present incorporation of the National League holds until new incorporation, or articles of incorporation are adopted in its place; and moreover, that the changes proposed in the constitution do not go into effect this year. They must be presented in advance, and that accounts for the duplication in the proposed constitution and by-laws making it possible for us to conduct the association the coming year as we will ultimately wish to do.

You will notice that the second article on "membership qualifications" has been considerably changed, embracing all the old requirements, and bringing in some new. Though they are not so different as they seem, they make a more practical working basis. We have not all the problems of the A. N. A., as we organized on an individual membership plan. As the state and local leagues are only beginning their work, we have decided to delay such an organization until next year.

We will now hear the chairman on revision, who will read the second article, old and new.

(Miss Greener reads Article II.)

*The President:* What is your wish in regard to this second article? Shall we act upon it as a whole, or section by section?
Miss Lawler: Madam President, I move that we act upon it as a whole, but that we discuss it section by section. Seconded by Miss Brown. Carried.

The President: You will note as one of the essential points, that in New York State the league as a body is not eligible for membership. The only form of membership permissible is through individual membership, except by the association or district plan, so that we have made two classes of members—the active, and the associate who enter through a local or state league. It is a very simple form of membership, but gives opportunity to extend the activities of the league and its interests. We also advise individual membership, and this gives an opportunity to extend the work in a little better way, perhaps.

A Member: What shall be the fee for the associate members?

The President: That is to be settled by the individual state, for the present. There is little change in regard to active membership, except to include members of state boards of examiners, all instructors and supervisors of schools of nursing, so I ask, what constitutes a supervisor? What is the difference between a head nurse and a supervisor?

Miss McKechnie: Yesterday Miss Lake spoke of a supervisor and head nurse getting out the dishes in the diet kitchen, and accounting for diet kitchen articles. From that you would infer that the head nurse was head of the ward, and that the supervisor was supervising officer. I would like to know if that is the general interpretation of the title "supervisor"? This point has come up in connection with state leagues, and local leagues.

Miss Lawler: We think of a supervisor as an assistant with very definite charge, over the head nurse, because she supervises frequently the work of the head nurse.

Miss Greener: May I ask Miss Lawler whether her head nurses, or graduate nurses, do not very frequently work up to the position of supervisor?

Miss Lawler: Yes. The supervisors are general officers. The head nurses are in charge each of one ward. The supervisor may have three or four wards as her responsibility.

Miss Greener: We have head nurses and supervisors, each with their own definite work, as is usual in a large hospital. However,
in the smaller hospitals, the supervisor is often more of a head nurse. In a smaller hospital she has practically not as large a responsibility as the head nurse in a ward in a large hospital, where she has practically the entire responsibility for 35 or 40 patients.

The President: In the work of the Bureau of Standards in New York, in determining the grades for nurses in public health and institutional work in the municipal hospitals, the first grade was the head nurse; the second grade, a step higher with a higher salary, was called either supervising nurse, or supervising field nurse in public health work. The work of this bureau, difficult and uncomprehended as it has been in New York, will probably establish standards that will be accepted later by other municipal institutions, and groups of public health workers.

Would it be the feeling of this organization that it would be wise to introduce “supervisor” and let it work itself out?

Miss McKechnie: If we accept the term “supervisor” which has not been included in the early qualifications, we are of course going to admit supervisors into the local leagues under that same qualification. We ought to have some understanding about it, whether it is going to include head nurses without any question, or if we are going to accept “supervisor” as a step higher than “head nurse.”

Miss Brown: Miss McKechnie perhaps was impressed by the fact that we call the head nurse of our wards supervising nurse. But the responsibility of the nurse who is the head of a ward where she frequently has 50 or 60 patients, is such that she must be an executive woman; and we can call her our supervisor.

Miss Greener: It would seem to me that we recruit our superintendents entirely from our head nurses. If the head nurse in a small hospital, who might just as well be called supervising nurse, or the assistant in a small hospital or a large one, is sufficiently interested in executive work to desire to associate herself with an educational organization and is willing to pay the fees, I think that her interest should be encouraged, and that we should be careful not to draw the line too closely.

The President: I do not think we should quibble over words. We exist for a purpose, and would it do any harm, if a person who is called the head nurse came in under supervising nurse, provided her responsibilities were commensurate with her title.
Miss McKechnie: I should think it would be much better to say that supervisors and head nurses were eligible for membership, and that would obviate all our difficulties in the local league.

Miss Eldredge: Would not that practically cover all questions? Because if we were to be as broad as Miss Greener suggests—and certainly the league is an educational body and can do no better than to take these members—it seems to me that would cover it, for where hospitals do not have entirely graduate head nurses, their supervisors are in charge of the wards practically, and as a consequence, it would mean that only graduates are assistants to the superintendents, whatever size the hospital.

The President: Would you like to make that as an amendment?

Miss Eldredge: Yes, I would be glad to.

Seconded by Miss Hilliard. Carried.

The President: I think the rest probably would not require any further consideration unless you desire it.

Miss Riddle: May I ask how long this nurse on the Board of Examiners shall continue a member of this organization? Forever, or during her term of office?

The President: We make a provision for all past superintendents who are members while holding that position. Would you think it wise to make a provision for that particular instance?

Miss Riddle: I should think so. I think it might be considered as saying that she would be a member always after being a member once.

Miss McKechnie: Once a member of this organization, you are always a member unless you drop out.

The President: That is my own personal idea. If they have been members of the state board of examiners, and are sufficiently interested to join the National League and pay $3 a year, even if they are not on the state board, if they would like to continue, and are interested in educational matters, I do not think they would do the league any harm.

Miss Eldredge: It does not seem to me probable that any member who has once done anything in the education of nurses would ever be willing to drop out, or feel that she had lost her interest.

The President: So far there is no motion to limit this membership.

Miss Riddle: I want to be sure that she would always be welcome.
The President: All those in favor of accepting this article without further amendment will signify themselves by saying aye; contrary no.
Carried.
The President: In the next section, there has been some change. What shall we do with this section?
Miss Jammé: It is going to somewhat conflict with the work in California, for the reason that a member of the State League must be eligible for membership in the National League. We are trying by every effort to gain superintendents who are now in charge of training schools, and some of them have graduated from training schools that did not have a daily average of thirty patients. The ruling of the Board of Registration was that the hospital which has not a daily average of thirty patients should affiliate with another hospital. This does not permit, you see of the affiliation scheme.
The President: The point is the superintendent, and not the school.
Miss Jammé: Yes, but some of the superintendents have graduated from small hospitals, which are now affiliating with larger hospitals. Now in the state requirements, we find that very few of the states require the thirty-patient daily average.
The President: Remember that no law can be retroactive. If our schools are affiliating with and supplying the defects which existed previous to the passage of this law, it cannot affect those who graduated ten years ago, the standards must be brought up so that any woman graduating from now on shall meet the requirements of this law.
Miss Jammé: That would alter it.
Miss Davids: I move the acceptance of this section.
Seconded by Miss Robbins. Carried.
The President: There is practically no change in the third section. What is your wish?
Miss McKechnie: The only change is that an applicant shall be acted on favorably by the Board of Directors. I want to know if it is the intention that final decision rest with the Board of Directors, and if the applicant is acted on favorably, the applicant is then accepted into membership?
The President: I think this is taken up later in the section on credentials.

Miss McKechnie: If we have biennial meetings, that will carry the names over for two years.

Miss Greener: The point that Miss McKechnie makes was considered in making this section. At the annual meetings there are a number of applications just at the close of the meeting which cannot be acted on until the following year, and in the meantime, it is quite possible that the applicant would lose interest, or fancy that her name had not been favorably passed on. To refer the names to the Board of Directors, and if they passed favorably upon them, the applicant be notified after the quarterly meeting: that was the intention of the change.

Miss McKechnie: Is there any provision for the Board of Directors reporting these names at the meetings?

The President: The Board of Directors always make a report at each special meeting.

Miss Brown: I did not understand this as Miss McKechnie did. I understood that they were then elected members.

The President: That is the point. It has been the criticism that women joining at this meeting or a month later, knew nothing about their membership until the following year. It was suggested that the Board of Directors, acting upon the advice and investigation of the Credential Committee, should be in a position to accept these members, and present them for final ratification at the next annual meeting, so that the individual might know whether she was a member of the League. We have lost members because they said no attention was paid to them.

Miss Brown: I move acceptance of this section.

Seconded by Miss Dieson.

Carried.

The President: It is necessary now to defer this discussion until a little later. We will consider this morning, the dietary department in the hospital, and the first paper is by Dr. Warren Coleman of Bellevue Hospital. Miss Eldredge will read the paper, The Fundamental Principles of the Arrangement of Diets for Metabolism Studies.
THE FUNDAMENTAL PRINCIPLES OF THE ARRANGE-MENT OF DIETS FOR METABOLISM STUDIES

BY WARREN COLEMAN, M.D.

Professor of Applied Pharmacology and Clinical Medicine, Cornell University Medical College, Visiting Physician to Bellevue Hospital

The nurse bears an important relation to metabolism studies. She occupies an intermediate position between the investigator and the patient. The investigator sets the problem but it is the nurse who carries out the details. While it is possible for her merely to carry out instructions and thereby bring an experiment to a successful conclusion, her work is more helpful to the investigator and more interesting to herself if she understands at least something of the problem which it is sought to solve.

It was with these ideas in mind that I decided to speak of the fundamental principles which underlie the arrangement of diets for metabolism studies. There are many other considerations in the conduct of such experiments; some of these will be brought out in Miss Magill’s paper, for others reference may be made to the article by Drs. Gephart and DuBois which appeared in the Archives of Internal Medicine for May, 1915, Part ii, p. 829.

The need of accuracy. One of the greatest essentials in metabolism studies is accuracy. Without accuracy, no amount of effort avails. This concerns not only the weighing and measuring and calculating of the patient’s food, but the smallest detail connected with the patient. Every observation should be recorded no matter how unimportant it may appear at the time. Nothing should be taken for granted. Nothing should be left to memory. Every calculation should be checked up by some one else. Records should not be copied for any reason without preserving the original. Every copy increases the probability of error.

The uses of food. All the various foods we eat, when analyzed, are found to consist of protein, fat, and carbohydrate, which are called foodstuffs, and of salts and water. Before speaking of the amounts of these foodstuffs which persons who are ill require, it will be helpful if I refer briefly to the uses which food serves in the healthy body.

Food supplies the materials out of which the body is built and repaired, and is the source of the energy by which the body, considered as a machine, is “run.”
The active structures of the body, such as the heart, muscles, etc., consist in large part of protein. Fat is stored in depots as a reserve for emergencies. Only a small quantity of carbohydrate is present in the form of glycogen—it is exhausted after a few days of starvation.

After the period of growth is past, protein is used primarily to repair the waste which the body sustains from "wear and tear." Fat and carbohydrate cannot replace protein for this purpose, and it is important to realize that even some proteins do not contain all of the necessary "building-stones," as they have been called. Gelatin is such a protein; life cannot be supported on a diet in which gelatin is the only protein. Relatively speaking, the "wear and tear" of the body is small and is covered by a moderate amount of protein in the food. Carbohydrate and fat are the main sources of energy and in a well-balanced diet constitute the greater proportion of the food. In health when a person is taking a mixed diet, that is, one containing three foodstuffs, carbohydrate and fat are equivalent, calorie for calorie, as sources of energy.

The composition of foods. No experiment in metabolism is above criticism unless the composition of every article of food administered is known. For the purposes of such experiments one cannot rely upon published tables of analyses. These serve well enough for general clinical work, where it is only necessary to know approximately how much of the different foodstuffs the patient receives. But for accurate work, each variety of food must be analyzed—not each "portion" that is given but each "lot" that is used, for example, the run of fat in milk.

The extent to which foods vary in composition may be seen in any table which gives more than the average of the analyses of the different samples. Thus, in Atwater and Bryant's American Food Materials, we find that the protein in cooked roast beef varies from 15 per cent to 29 per cent; the protein in raw tenderloin steak varies from 19 per cent to 26 per cent and in raw round steak, from 19 per cent to 34 per cent. Chicken broilers vary in protein content from 19 per cent to 25 per cent, oysters from 4 per cent to 10 per cent, cooked eggs from 10 per cent to 15 per cent. The protein in rice varies from 5 per cent to 11 per cent, and when it is boiled, from 1.6 per cent to 5 per cent. The protein in home-made white bread runs from 6.8 per cent to 11
per cent. These examples, which relate only to the protein content of foods are sufficient to illustrate the point in question.

It should be added that it is just as important to know the composition of any food which is vomited as of the foods which are eaten. The function of the nurse under these circumstances is merely to preserve the vomitus for chemical analysis.

The care of the digestive tract. Diets should be arranged always with proper regard for the digestive organs. Any diet which persistently causes any disorder of digestion must be altered, otherwise the observation becomes unjustifiable from every standpoint. It need scarcely be added that the results under such circumstances are unreliable.

The amount of food. A satisfactory diet cannot be arranged for a person who is ill without taking into consideration the amount of food he requires when he is well. It will be convenient to consider protein, fat and carbohydrate, and energy requirement separately.

Protein. It has been pointed out that in health protein is needed chiefly to repair the “wear and tear” of the body and that the amount is not great. I shall not enter into a discussion of the much-debated question of the protein requirement in health. I shall merely state that, according to Atwater, a healthy man requires 125 grams of protein a day; according to Chittenden he requires only 60 grams. If the amount of protein falls below 19 to 31 grams, even with sufficient carbohydrate and fat in the diet nitrogen is lost from the body.

In disease, it may become necessary to modify the amount of protein. The quantity which is given should be gauged to meet the conditions which exist in the patient at the time. In nephritis, for example, it is often advisable to eliminate protein entirely from the diet for a short time or greatly to reduce the amount. It is rarely necessary to increase the amount of protein over the upper normal limit. In few diseases is it desirable to give a diet in which protein predominates. For this reason diets of eggs, milk, or meat broths are considered to be imperfectly balanced.

Fat is not a necessary constituent of the diet in health or in many diseases. It is, however, a valuable source of energy. By giving fat, less carbohydrate is required and, it is stated, less work
is demanded of the digestive organs. The amount of fat taken by the average healthy man is 50-100 grams a day according to the amount of physical work he performs. As has been stated fat and carbohydrate are equivalent calory for calory as sources of energy in health. I believe this to be equally true in fevers though it has not yet been proved experimentally. In conformity with this belief, it is my habit to give fever patients as large a proportion of fat as the circumstances demand or their digestive organs will tolerate.

The energy requirement in health varies so much, mainly as the result of muscular exertion, that is is necessary to have a starting point, or base-line, from which to make all estimations. By general agreement the amount of heat which a person liberates when lying perfectly still, 12 to 18 hours after his last meal is accepted as the base-line—it is called the basal metabolism. The relationships between the amount of heat liberated in 24 hours and the weight of the patient in kilograms (2.2 pounds), or between the amount of heat liberated per hour and the surface area of the individual's body are expressed as calories per kilogram per day, or as calories per square meter of body surface per hour, and represent the amount of energy which the person should receive in his food. The latter method is unquestionably the more accurate.

The basal metabolism of the average normal adult is 26 calories per kilogram per day, or 39.7 calories per square meter of body surface per hour. The variations from these figures in health need not be considered at this time.

Except for well-considered reasons, no person, sick or well, should be given a diet which furnishes less energy than his basal requirement. The alternative is to permit him to consume his own tissues, at least until a rate of metabolism is reached which is not compatible with robust health or speedy recovery from disease.

Metabolism in disease. There is much to be learned concerning the metabolic processes in the various diseases to which we are subject. A few diseases have been studied with great thoroughness, for example typhoid fever and diabetes mellitus, and something is known of the metabolic processes in a number of others. So that it is possible to formulate definite principles for the arrangement of diets for some diseases, and tentative princi-
pies for others. Some diseases increase the rate of the metabolic processes, some diminish it. In all diseases the amount of food administered should be based as far as possible upon the known needs of the patient. When a patient is restless, he may increase his metabolism by 50 per cent through merely muscular exertion.

The following examples will illustrate how metabolism may be modified by diseases.

Typhoid fever. There is an increase in the activity of the metabolic processes in typhoid fever; it may amount to 50 per cent. The increase is proportional to the height of the fever. In consequence of the higher metabolism, the typhoid patient requires more food than before his illness, unless he performed the heaviest physical labor.

It is an interesting and important fact that a diet which contains only enough energy to cover the patient’s heat production will not prevent the loss of body protein—that is, more nitrogen leaves the body in the urine on such a diet than is taken in with the food. It is obvious that the loss of such a valuable constituent of the body must sooner or later approach the danger point. The cause of the phenomenon has not yet been made perfectly clear but it is probably due to the injurious action of the toxin of the typhoid bacillus upon the structures of the body. Such loss of nitrogen may be prevented entirely, however, if the diet furnishes an amount of energy which represents an increase of 50 per cent to 110 per cent over the heat production. While there is not complete uniformity of opinion with respect to whether a typhoid patient should be given such a large amount of food, I am convinced that the patient’s best interests are met by doing so.

The nitrogen in the typhoid patient’s diet should not be allowed to fall below 10 grams a day, nor is there any advantage to be gained by raising it above 15 grams.

Though the metabolism of no other fever has been studied with the completeness of typhoid, the facts which have been ascertained suggest that the same general dietetic principles are applicable to all fevers.

Exophthalmic goitre is another disease in which the metabolism may be very much increased. DuBois has found that the in-
crease may reach 75 per cent and more in very severe cases. In all active cases the energy value of the diet should be raised. The protein metabolism of the disease has not been studied sufficiently to permit definite recommendations for the protein intake.

According to our present knowledge, very few diseases cause a reduction in the rate of the metabolic processes. The best known of these diseases result from loss of the thyroid function, namely cretinism and myxedema. According to the observations of DuBois and Magnus-Levy the metabolism in these diseases may be reduced as much as 25 per cent to 50 per cent and a corresponding reduction in the energy value of the food is permissible.

Protective dietetics. There is another phase of our subject which deserves particular mention, namely, protective dietetics. Under this principle the diet is so arranged that an overtaxed organ or function is spared as much work as possible. Such a diet often does not meet the energy requirement of the patient but the deficit is carefully taken into consideration. The two best examples of protective dietetics are illustrated in the treatment of certain types, or phases, of nephritis and of diabetes mellitus.

Nephritis. In acute parenchymatous nephritis and in certain phases of chronic types, when the functional capacity of the kidneys is greatly impaired or temporarily lost, the diet is arranged to reduce their work to a minimum. This is accomplished by limiting the protein or excluding it from the diet. The body lives from "hand to mouth" with respect to protein. When an excess over the immediate needs is taken in the food, it is not stored but is rapidly eliminated by the kidneys, mainly in the form of urea. Consequently an excess of protein in the diet means just so much extra work for the kidneys.

Similar considerations apply in many cases to water and common salt. Sometimes the kidneys are unable to excrete much, if any, water and but little salt. Under such circumstances the water which is given accumulates in the tissues and causes edema. Consequently in such cases water is reduced to a minimum and salt is excluded from the diet.

Diabetes mellitus is a disease of metabolism. The most striking feature of diabetes is the inability of the body to utilize the normal amount of sugar. In very severe cases no sugar at all is burned. In all cases that portion of the sugar (or starch) eaten,
which cannot be burned or stored as glycogen or fat, accumulates in the blood until it overflows in the urine.

In the majority of diabetics the cells which carry on the sugar metabolism are benefited by rest. As is well known, it has been customary for years to limit the sugar (and starch) in the food of the diabetic. From time to time the attempt has been made to afford the cells as complete rest as possible by partial or complete starvation. Only recently, however, has the starvation treatment of diabetes been placed, by Allen, upon a rational basis. Under the influence of rest, the cells re-acquire the ability to metabolize sugar, at least in part, after which, carbohydrate is added to the diet according to the patient's capacity to handle it.

**Summary.** Trained nurses should be familiar with the principles involved in metabolism studies. These principles include a general understanding of the composition of food and of the metabolic processes in the normal body. It is especially important to recognize the fact that metabolism may be profoundly modified by disease and that diets should be arranged with reference to each modification. In the application of protective dietetics, it may be necessary to disregard temporarily, at least, otherwise well-established principles of nutrition.

*The President:* It will be necessary for us to pass on without discussion of this paper, in as much as the consideration of the constitution and by-laws have taken up so much time. We thought it would be interesting to our members to learn how these diets are administered, since it is such a difficult matter to administer diets that must be so carefully prepared, and so carefully watched, so we asked Miss Magill, who has had charge of this work from the beginning, to send us a paper on the method by which she has been able to see that these diets were administered in a proper and scientific way. Miss Holliday will read this paper.
THE ADMINISTRATION OF DIETS

BY ESTELLE MAGILL, R.N.

Head Nurse of Metabolism Ward of the Russell Sage Institute of Pathology in Bellevue Hospital, New York

When a patient is admitted to the metabolism ward the nurses attempt to gain his confidence and note any special dislikes he may have for certain articles of food.

In the meantime, the physician in charge decides upon the patient’s dietetic needs and gives the order, specifying the protein ration and the number of calories to be given, also, in some cases, the proportion of fat and carbohydrate, the salt content of the diet and the amount of fluid to be allowed.

The diet is then worked out by the nurses each day to give variety and to suit the individual patient’s tastes as far as possible. The day’s allowance of food is divided into the requisite number of meals and the patient is expected to eat all of the food served to him. This is usually accomplished with little or no comment on the part of the patient and very little weighing back of food is done.

When a patient does not understand English, or is too ill to have an appetite for any food, his nationality is noted and the diet is arranged and prepared in the manner generally preferred by his countrymen. Many of our patient’s teeth are in poor condition; in these cases, the meats are finely divided and all foods prepared so as to need little mastication.

The diets are calculated from the weights of dry materials used and samples of these are sent for analysis from time to time. The foods used in preparing nearly all of the diets in this ward are furnished by the hospital and are the same as served in the regular hospital dietary. The composition of some fruits and vegetables are determined from average analyses in the tables of Atwater and Bryant, Bulletin No. 28. Egg whites and yolks are weighed separately. Milk and cream are measured in measuring cylinders. Lactose, cane sugar, cocoa and salt are weighed out by the night nurse and put up in packages of known weight to save time for the day nurses.

The meats used are round of beef, bacon and chicken. Beef
and bacon are weighed raw. Chicken is boiled until tender and
the skin and bones are removed before weighing.

White enamel dishes are used, marked with a serial number.
The dry materials are weighed in the dishes and cooked and served
to the patient in the same dish. This was done originally to save
the loss in transferring the food from one dish to another. Other
advantages are that the food is not cooled in the serving and the
saving of time and labor by using fewer dishes in preparing the
meals.

The name of each patient, the day and date are written in a
book which is kept in the kitchen during the preparation of meals.
Under the patient's name is written the ingredients contained in
each meal and the serial number of the dish used for each. In
this way errors are avoided. A. who is having a salt-poor diet
will not be served with B's dish of porridge which may contain
salt.

A special diet-sheet is used for each day on which the weights of
the dry materials taken by the patient are recorded. The nurses
calculate the grams of protein, fat and carbohydrate in each food,
also the total calories for the day.

All of the food supplied in the metabolism ward is prepared and
served by the nurses who also do the general nursing of the pa-
tients. The patients are closely watched to make sure that no
food is removed from the ward and no food smuggled in from the
outside.

When holding interesting cases for long periods of observation
it has been found that attractive meals are an important factor
in keeping the patients happy.

The ingredients and the approximate amounts contained in
some of the diets used in the ward are as follows:

**HIGH CALORIE DIET**

The high calory diet given to typhoid fever patients is made up
of milk, cream, eggs, bread, crackers, butter, cocoa, cereals, fruits
and potatoes. From 3000-4000 calories are given containing
60-95 grams of protein (10-15 grams of nitrogen). During the
first weeks of the disease the patient may have little appetite and
nourishment is given mostly in the form of cold beverages served
with bread and crackers. Solid foods are added as the patient's appetite improves.

When possible, all of the food is given in six feedings and the patient is allowed to sleep after 9 p.m. When diarrhea is present, the proportion of fat and carbohydrate is changed until the suitable balance is found. The feeding need not be stopped for moderate vomiting, mild tympanites, or a slight bleeding from the intestines, but when a pronounced hemorrhage occurs feeding is stopped until it ceases and then gradually and carefully resumed.

DIABETIC DIETS

During the fasting period the patient is allowed clear broth and, in many cases, whiskey. When the tolerance for protein, fat and carbohydrate has been determined, the physician orders the number of calories to be given.

The diets consist of meats, eggs, clear broth, tea, coffee, butter, small amounts of cream, olive oil and vegetables which contain not over 5 per cent carbohydrate. In severe cases the vegetables are cooked in three changes of water which is poured off; this removes nearly all of the carbohydrate.

SALT-POOR DIET

A diet which will contain approximately 5 grams of salt consists of cereals, milk, sugar, coffee, tea, eggs, bread, butter, potatoes, vegetables and fruits. All food is cooked without salt and the patient is given 1.5 grams of salt to use for dinner and supper as he pleases. In some cases the salt allowance is less than 5 grams. If salt-free butter is not provided, the salted butter may be washed and part of the salt removed; washing 200 grams of butter under running water for fifteen minutes will reduce the salt from 6 grams to 2 grams.

LOW PROTEIN DIET

A diet which will contain 2500 calories with 22 grams of protein (3.5 grams of nitrogen) is made up as follows: Hominy 25 grams, bread 30 grams, fruits 800 grams (including lemon juice), potatoes 150 grams, vegetables 200 grams, cane-sugar 135 grams, milk-sugar 50 grams, butter 40 grams, cornmeal 30 grams, thick
cream 75 grams. This diet contains approximately 4 grams of salt. The vegetables are taken from the diabetic list. The calorie value of a diet is raised by adding sugars, olive oil and butter.

The President: Are there any questions you would like to ask concerning this paper?

Miss Ayres: Madam President, I would like to ask how many patients are under observation at a time, and how many, and what grade of nurses are put into this ward?

The President: When we speak of the metabolism ward at Bellevue, you naturally think of a long ward with beds down both sides. But as a matter of fact, there are four beds in it. It is very difficult to get more than four patients at a time with the same disease, that is, of a kind on which they wish to make these observations, such as four diabetics, four nephritics, etc., who lend themselves satisfactorily to this work. So that sometimes there are two patients; there may be four; occasionally there is a fifth one.

The nurses employed are all graduates. The pupils do not go into this ward at all. The service is important; it must be continued and stable. And you could not put pupils in, because they must be changed at the end of a definite period. The pupils do, however, get some experience in the administration of these diets in the wards under this same division. They have three large medical wards in addition to this metabolism ward, where they are preparing special diets that are modified to make it possible to prepare in the wards, and there the pupils get some instructions under the head nurse. We have in this ward three graduates, one graduate in charge, and two assistants, and sometimes a fourth if they are running a particularly important series of cases. They are on an eight-hour basis, and are changed about, so that they will not get too tired.

Miss Ayres: Doesn't that include the night service?

The President: Yes.

Miss Taylor: May I ask where the kitchen is in which these diets are prepared?

The President: We have two rooms, one in which the calorimeter and all the paraphernalia for conducting the observations
are located and one for the patients. There is a hall between, in it a temporary kitchen.

Miss Johnson: Are these patients from the hospitals, or do you get in other patients for observation?

The President: From the hospital and occasionally the Rockefeller Foundation sends us a patient, because they have no calorimeter. The Allen diet, so much spoken of by both Dr. Coleman and Miss Magill, was worked out by Dr. Allen at the Rockefeller.

The next paper is by Miss Atwood, who has been the dietitian of Johns Hopkins for some years. It will be read by Miss Taylor.

THE PROBLEMS OF THE DIETITIAN AND HER RELATION TO THE HOSPITAL AND TRAINING SCHOOL

By A. P. Atwood, B.S.

Dietitian, Johns Hopkins Hospital, Baltimore

The problems of the relation of the dietitian to the hospital and the training school are of comparatively recent date. Ten or fifteen years ago only a few hospitals in the country had a specially trained woman in charge of the diets. To be sure every hospital had a housekeeper, or someone who was responsible for producing three meals a day, but she was a woman qualified for the position only by experience and what natural attributes she might possess. Very often she had previously been a satisfactory cook or a capable servant in some other capacity with a sufficiently forceful personality to dominate others with whom she worked.

So long as the hospital dealt with this type of woman the problems of her relation and value to the institution were comparatively simple, but there came a time when the superintendents of training schools realized the necessity for having women in these positions of sufficient intelligence and education to teach their nurses as well as to serve the hospital more efficiently in the supervision of food preparation.

As the trained dietitian has come into existence and as year by year the standard of educational preparation for such work has
been raised, the question of what her sphere of usefulness ought to be has become more complex.

It is now not the mere matter of preparing three meals a day but—

First, of preparing these meals for three of four classes of individuals in normal health, all of whose occupations and food requirements differ, due consideration of which should be made.

Second, of preparing meals for the patients of the hospital, both private and public ward, whose diets may be as varied as their number. This in the large hospitals, where the census varies from one thousand to fifteen hundred people, is a heavy task, especially if experimental work in nutrition is being done, which calls for an unlimited number of special diets.

Besides these things, whether she does the actual buying or not, she must have a thorough practical knowledge of raw foods and staple manufactured articles, together with their relative values from the standpoints of utility, availability and price.

In smaller hospitals she is often asked to assume the housekeeping of the entire institution, the management of all servants, and even the supervision of the laundry.

Then of very great importance is her relation to the training school as instructor of the nurses in their theoretical work in foods and nutrition and in practical cookery.

There is little doubt that in many cases the relation of the dietitian to the hospital is not in all respects what is most desirable. There is much to be said on both sides. The hospital has not called for the best development of the dietitian, nor has the dietitian, in all cases, prepared herself fully, from the hospital standpoint, for the work she undertakes to do.

It is a perplexing question as to what the readjustment should be.

At present there are hundreds of so called dietitians in various kinds of institutions in the country; but there is such a difference in the requirements of the institutions, as well as in the preparation of the women filling the positions, that the term "Dietitian" does not convey a very definite meaning to the mind. We not only need more definite requirements on the part of the institution, but a better standard of qualifications and preparation in schools training women for this work.
The lack of uniform, practical, and adequate training for institutional work on the part of many domestic science schools are points realized by the dietitians themselves and are at present objects of an organized effort on their part to formulate suggestions as to the ways in which such training can be made to better prepare them to handle the problems of an institution.

Some schools of good rank have heretofore considered that a dietitian's training may be less rigid or more abbreviated than that of their graduates who will teach cookery in schools, requiring two years of training for the latter class and only one year of training for the former.

It is quite probably due to this lack of appreciation by many schools of the amount and nature of the work required of a dietitian, and to the placing of poorly prepared women in the positions, that much just criticism has been heaped upon dietitians as a class.

At least two years of strictly professional training, based on a high requirement of previous academic courses, is no more than adequate to fit a woman to work out her own success in this line, and it does take hard work, application, and perseverance, for she can be of very little value to the hospital when she first receives her diploma from even the best school. Considerable actual experience in the hospital must follow before she can realize the meaning of the work before her. Personally I believe that a certain amount of her training should be received in an environment similar to the one where she will make use of it.

In this way pupil dietitian courses which are being offered by various hospitals to graduates of accredited domestic science and household arts schools are proving valuable aids. These are excellent in principle and when they are given under wise supervision, in surroundings of good practical working conditions, form an exceedingly desirable training for women who wish to do future hospital work.

Graduates are sometimes reluctant to give time for post-graduate training courses. They seem especially irksome to the new graduate because so many hospitals are willing to accept as workers anyone calling herself a dietitian without careful examination as to the thoroughness of her training and her general qualifications for the position. Of course even a partially trained woman
is better than one with no training, but if we are looking for a solution of some of the difficulties which at present exist, an adequately trained woman is a fundamental requirement.

Also many graduates fail to see that ultimately it will be to their advantage to serve a somewhat tedious apprenticeship as an assistant dietitian before assuming the full responsibility of the work.

It may not be amiss to mention some of the ways in which dietitians have failed to meet the requirements of the hospital. First, I believe it requires an older woman than for other fields open to domestic science graduates. As her duties must be largely of an executive nature she should have learned by experience wise methods of controlling situations and dealing with people.

The training of a dietitian gives much less opportunity for the development of executive ability than does a nurse’s training. Graduates of even the best domestic science schools are usually deficient in ability to plan and manage work and especially in ability to direct the work of others. In a nurse’s training these are considered points of great importance, and from her first year in the hospital until she graduates she is constantly being called upon to show some nurse who is her junior how certain things should be done, as well as to direct the work of servants upon the wards.

Probably one of the criticisms most frequently made by the hospital upon the dietitian’s work is her lack of housekeeping ability. She may have a great fund of knowledge on the subjects of foods and nutrition and be quite helpless when it comes to attaining a fair standard of housekeeping cleanliness with an inexperienced maid. A dietitian must learn this for herself after graduation which necessitates some years of experience.

It would seem very desirable if domestic science schools would devise ways for incorporating into their courses more opportunity for experience of this kind.

A nurse’s training also tends to develop a greater feeling of personal responsibility about her work and a more cheerful sacrifice of personal comfort where her duty demands it. This is due of course to the serious nature of her work. A dietitian usually has to acquire this after coming into the hospital environment.

Another point which our schools giving courses in institutional
management might emphasize even more than they do at present is the appreciation of promptness, neatness and definite routine as essentials in accomplishing a large piece of work.

Where many workers are all contributing to the same end, a wholesome respect for the schedule system is one of the greatest guarantees of successful results.

It is unfortunately true that a majority of the best equipped and most ambitious domestic science graduates are not willing to take up hospital work. Realizing that it does possess many desirable features I have been interested to find out upon what the objections are based.

I have discussed it with many domestic science graduates, as well as with instructors and directors of schools and the reasons given are mainly three—long hours—comparatively small salaries and the isolated position often held by the dietitian in the hospital.

Probably the long hours on duty would seem less formidable if there were sufficient compensations in other ways. The best hospital salaries do not compare favorably with the best of those paid to women at the head of domestic science departments in schools and colleges, and when, in addition, we consider that a woman in general educational work is entirely free on Sundays with comparatively few duties on Saturday, we must admit that hospital work does not appear wholly desirable.

Probably of the reasons given the third has as great an effect as any upon the really enthusiastic, conscientious worker. It is a discouraging situation for a woman to find herself in an environment where she realizes that she is an important factor in the working organization and yet receives comparatively little personal consideration. That we know this condition does not prevail in all hospitals does not alter the fact that this is the case in some, and in these the dietitian is largely thrown upon her own resources when she is off duty. Often her room is undesirably located and furnished with only the bare necessities. In one case which has come to my knowledge, although the dietitian belongs on the training school staff, and is responsible only to the superintendent of nurses, no provision is made for her meals in the nurses' dining room. She takes her meals alone in a room adjoining her teaching laboratories. It seems to me that no plan
of work should make this necessary and certainly no daintiness of preparation or service can compensate for the social isolation resulting from such an arrangement.

I know from personal experience that the dietitian’s position in the hospital may be made a very agreeable one. That it is not always so quite possibly is more the result of thoughtlessness than through any intention of neglect.

The training school and the hospital need the best types and the most thoroughly equipped women that domestic science schools can produce, but the general feeling among such women is that the work does not offer sufficient inducements to make it desirable.

Is it not possible that some improvement in these lines also may be worth considering as a harmonizing factor in the present situation?

When the dietitian is responsible for teaching nurses she should possess not only the qualifications already mentioned but numerous additional ones which are equally important. I think a woman should be at least twenty-five years old, otherwise she works at a disadvantage to herself and will seldom have developed the ability or the good judgment to act as a director of nurses’ work.

There is no doubt that the full normal course training for teachers is necessary for this position, and the course should be of such grade as to have included or required as prerequisites thorough work in physics, chemistry and physiology. In addition to this she can be of vastly more use if her academic work has been such as to give her a broad view of education in general lines. She may have many nurses in her classes with college degrees and it will be to her advantage if her own education has not followed too closely the technical lines of her major subject.

She should have had sufficient previous experience to make her methods of teaching and of dealing with people actually her own. Superficial class room experience or theories from her note book on teaching methods are inadequate. This does not mean that her ideas or methods are more valuable than others, but only that they are probably more in proportion to her working ability. It is seldom that one can present convincingly to others what they have not had personal experience with, and they can most
efficiently put into practice what they have planned in every detail.

Teaching dietetics is both a science and an art—a science because governed by definite fundamental principles and methods of procedure, while the art consists in the correct and efficient application of those principles. The first is useless without the second.

Teaching practical cooking to nurses differs from teaching it under other conditions. It is too important to admit of uncertain results.

In ordinary school work the chief object is the training of the pupil. It is possible that even experimental work on the part of the pupil may be desirable, leaving her to learn by her catastrophes the best method to follow in the future. In the hospital we must always have successful results if the food is being prepared for patients, which is usually the case unless all the teaching is done in the class room by the laboratory method.

As to the subject matter and methods used in teaching much depends on the individual hospital and especially upon the length of time devoted to it in the training school curriculum. If the instruction is distributed through the course the plan should be different from when it is all given in the preparatory term. Logically both theoretical and practical work given in the first year should bear definitely upon the work which the nurses will do in the hospital, as well as being the foundation for advanced work. That given in the later years of the course might well be that, which they may use after graduation when in charge of wards on private duty, or in district nursing work. The work given to the preparatory class should be very carefully planned to coincide as much as possible with general hospital methods and requirements.

The work room must not be regarded simply as a kitchen but as a laboratory where diets used in the treatment of patients are prepared.

Exactness and cleanliness are of more importance than under ordinary conditions. If a large amount of work is to be done, the value of promptness, neatness and routine as time savers should be emphasized. Every utensil should have special uses and be employed for no other purposes since this is the general
custom throughout the hospital. Unvarying routine is of great importance wherever a large amount of work is to be done with many people each contributing a share.

The theory of "Development of Individuality," which is stressed in the training of all teachers, is the basis of the experimental method of work which is in vogue in many public schools. Such work requires very close observation by the teacher and, when finished, very critical discussion with the pupil in order that she may realize in what ways it could have been better. Its chief value lies in its disciplinary effect upon the pupil and not in the production of accurate results.

When applied to the work of probationers it is capable of misinterpretation and serious misuse. It is undesirable to leave them with indefinite directions on the basis that they should be allowed to work things out for themselves. The special faults resulting are that if the instructor is busy and the results are passably good, generally the work is accepted without having its imperfect features made sufficiently prominent to the pupil. In this way we have a lack of exactness in the result, frequently a loss of time and effort on the part of the pupil, and bad working habits established.

One of the most desirable qualities for the teacher to possess is the ability to make her subject interesting. To many probationers who are ignorant of household affairs the thought of work in cookery is that of a wholly disagreeable task, but if the teacher is enthusiastic about her work, has a real interest in her pupils, and has a sufficiently wide range of information with which to explain the constantly arising questions and to make attractive apparently commonplace drudgery, she can usually succeed in getting a certain amount of response from even the least promising of her class.

I am a firm believer in the method of teaching practical work by working with the pupils, showing by actual example how the thing can be accomplished. Nothing wins so much respect for a hitherto despised task as to see that it is possible to do it quickly, neatly, with few utensils, without loss of time, and with an unsullied apron.

Nurses' theoretical work should include, among other things, the study of the composition, uses, and cost of common food
materials and manufactured products, the principles of cookery, making of menus, with proper regard for desirable combinations and variety of foods, the principles of normal nutrition and the variations made in common diseases.

Work given in the later years of training should include some study of purchasing problems, efficient and economical buying, and practice in making the best use of available materials; also economy of time and labor and consideration in dealing with servants. One of the serious faults of a nurse from a large institution is her lack of regard for the resources of the average family of moderate means. The great abundance of supplies always at hand in the hospital and the presence of many servants tend to make her extravagant and thoughtless when she faces the problem of a private family.

To help her in such conditions as these, she should have practice in meeting ordinary emergencies of cooking and housekeeping and be taught substitutions that can be made when the customary utensils and materials are lacking. Individuality of method and the ability to think for herself should be encouraged. Until she has thoroughly learned the meaning of her training she should follow the definite methods of routine for it is foolish to expect good results when the worker is not perfectly familiar with the object to be attained, but when she fully understands the meaning of what she has been taught she may bring her own individuality into the way of accomplishing it. When she leaves the institution she becomes dependent upon her own resources.

In many hospitals the dietitian is under the direction of the superintendent of nurses, but when this is not the case very close co-operation should exist between the training school and the dietary department.

The supervisors of nurses and the dietitian should work out a very definite method of preparing such nourishments as are made on the wards, of setting trays and of serving various foods, so that the theoretical instruction of the nurses and their practical work on the wards shall coincide. It is a most discouraging situation for the dietitian to teach carefully and in detail the preparation of certain foods and to find that as the nurses reach the wards each is following her own inclination or is being retaught an entirely different method by her supervisor.
If the nurses have originally been taught a method based on scientific principles, which gives satisfactory results and is sufficiently economical of the nurse’s time, it would seem to be reasonable co-operation on the part of the training school to continue the method on the wards. If, however, the method taught is impractical from the ward standpoint, then the dietitian should be sufficiently adaptable to hospital needs to modify her teaching to a standard that will give the best results possible in that particular case.

Theoretical instruction and ward practice should be the same and, as a means of accomplishing it, a considerable amount of “follow up” work is necessary.

Comparatively few supervisors have much definite knowledge of foods or principles of nutrition, and for this reason they often fail to appreciate the efforts made by the dietitian, or to understand reasonable claims that she may advance. However, as the amount of work given in these subjects in the training school course is increased, we may reasonably expect a greater interest in the subjects on the part of the pupil with the result of making her more efficient when in years to follow she is placed in a position of supervisor.

In large institutions where her duties are many the dietitian will seldom have time to attend to the serving of trays on the wards. In such cases this can best be done by supervising nurses.

I can see no great advantage gained by the dietitian coming into any kind of personal relations with the patients. It only serves to make complications on the ward and creates dissatisfaction in both departments.

Physicians in some diseases are using dietetic means as almost the sole treatment given to a patient. In these cases the diet is as carefully prescribed and the results as carefully recorded as in the case of medicines. It would seem to be the logical work of the dietitian to see that the food for these cases is given the same attention which a pharmacist gives to his prescriptions, leaving the administration of both to the nursing department. There are doubtless times where an occasional discussion between the doctor and dietitian might be desirable, such as special combinations of materials in a recipe to produce certain food values, or other matters of a general interest, but routine discussion of
cases only serves to create confusion of responsibility for the patients.

It has been a much discussed question whether the dietitian should be a nurse. Many feel that if this were the case most of the present difficulties would be overcome. It is only reasonable to suppose that a graduate nurse who has also had a full course in domestic science is much better equipped than one with half the training, but this means a minimum of five or six years of strictly professional training, which is more than most women will give. The temptation is to abbreviate one of the courses unduly, on the plea that something already taken may be regarded as an equivalent. On the whole a woman so qualified will be a rare exception. In general the best practical results will probably be accomplished by more complete equipment of the domestic science graduate who elects the dietitian's work, and a more thorough training of pupil nurses in foods and nutrition which will result eventually in better prepared supervising nurses.

These changes, with an increased appreciation and recognition of a capable dietitian, will result in solving some of the present problems and bringing about better relations between the departments of the hospital.

The President: We will now return to the By-Laws and continue Article 2, Section 4.
(Miss Greener reads Section 4.)
The President: Is there any discussion? If there is no discussion, we will take up the next section.
(Miss Greener reads Section 6.)
The President: I think there is nothing in regard to this section. Section 7.
(Miss Greener reads Section 7.)
Miss Ayres: I move that we eliminate the word "associate" from the first part of the section.
Seconded by Miss Keith. Carried.
(Miss Greener reads Section 8.)
Miss McKechnie: Madam Chairman, I move that the clause on life membership in the old constitution be included in Article 2 of the new By-Laws.
Seconded by Miss Keith. Carried.
Miss McKechnie: I move the acceptance of Article 2 as amended.
Seconded by Miss Taylor. Carried.
(Miss Greener reads Article 3, Fees and Assessments.)
Miss Stewart: I move to adopt this clause as read.
Seconded by Miss McKechnie. Carried.
(Miss Greener reads Article 4, Withdrawal.)
Miss Lawler: I move that this article be accepted as read.
Seconded by Miss Hilliard. Carried.
(Miss Greener reads Article 5, Officers.)
Miss Riddle: I move the adoption of this article.
Seconded by Miss Brown. Carried.
(Miss Greener reads Article 6, Section 1, Elections.)
Note: Discussion followed as to the practical working out of
the scheme of election suggested.
Miss Riddle: I move to accept this section with any adjustment that may be necessary to include the election of eight directors for each year.
Seconded by Miss Hilliard. Carried.
(Miss Greener reads sections 2 to 9 inclusive.)
Miss Clayton: I move these articles be accepted as read.
Seconded by Miss Brown. Carried.
(Miss Greener reads Article 7, Duties of Officers.)
Miss Taylor: I move the acceptance of this article.
Seconded by Miss Allison. Carried.
(Miss Greener reads Article 8, Board of Directors.)
The President: It has not been possible to include this section 6 under our present form of organization, but it would be desirable if the Association secures a national charter.
Miss Brown: I move to accept Article 8 with the exception of section 6.
Seconded by Miss Lawler. Carried.
(Miss Greener reads Article 9, The Advisory Council.)
Miss McKechnie: I move to amend section 2 by inserting the words "State or District League" in the end of the section.
Miss Francis: I move that we accept Article 9 with this amendment.
Seconded by Miss Burgess. Carried.
(Miss Greener reads Article 10, Representation.)
Miss Lawler: I move to accept this article as read.
Seconded by Miss Hilliard. Carried.
(Miss Greener reads Article 11, Standing Committees.)
Miss Brown: I move to amend by omitting the words "Publicity," "Vocational," and "Collegiate," under Committee on Public Education.
Seconded and carried.
Miss Clayton: I move to accept this article as amended.
Seconded by Miss Sutherland. Carried.
(Miss Greener reads Article 12, Quorum.)
Miss Hilliard: I move we accept this article, with the substitution of the word "by" for "of" in the last line of Section 1.
Seconded by Miss Lawler. Carried.
(Miss Greener reads Article 13, Amendments.)
Miss Francis: I move to accept this article as read.
Seconded by Miss Clayton. Carried.
Miss Riddle: I move that the amendments previously made be accepted in accordance with this new motion in regard to amendments.
Seconded by Miss McKechnie. Carried.
Adjourned.
Note: See Constitution.

Monday Morning, May 1, 1916

Meeting called to order in the Green Room of the Hotel Grunewald, at 11:30 a.m., Miss Noyes, the president, in the chair.
The President: The Treasurer's report has been audited by the two official auditors of the National League in addition to the professional auditor. Seventy new members have come into the National League this year. We have still a few applications that have not been presented and we hope to swell the number to possibly eighty before we leave New Orleans. This is one of the largest memberships that we have ever received at any meeting. We have one report that has been laid over until this morning, a report on the grading of nurses. If you will remember, the American Hospital Association for some years has been very actively engaged in the question of the grading of nurses. Two years ago, they asked us to appoint a representative from the National
League, asking also for representatives from the A. N. A. and the N. O. P. H. N., to act with their committee on this matter. A few weeks ago, the committee met in New York and as a result of that meeting, we are reading the report this morning.

(Secretary reads the report.)

MEETING OF COMMITTEE ON GRADING OF NURSES OF THE AMERICAN HOSPITAL ASSOCIATION AND REPRESENTATIVES OF THE THREE NATIONAL ASSOCIATIONS OF NURSES

New York Hospital, April 3, 1916, 11 a.m.

Present: Dr. Howell, Miss Aikens, Miss Greener, representing the American Nurses Association and Miss Crandall representing the National Organization for Public Health Nursing.

Owing to illness Miss Parsons was unable to attend for the National League of Nursing Education.

The meeting was entirely informal and no actions were recorded.

Miss Aikens had submitted several questions in advance which were discussed at length.

Prior to consideration of these questions, however, the work of Bureaus of Household Nursing, and especially the one in Detroit which Miss Aikens helps to direct, was quite thoroughly presented by Miss Aikens.

This led up to the discussion of the grading of nurses and brought forth the following points:

First. That mandatory nurse practice acts such as exist in Colorado and are pending in Maryland and New York, which forbid anyone who cannot produce satisfactory evidence of having received the minimum requirement of education therein provided for, to register or to practice or be employed as a trained graduate, certified or registered nurse, establish automatically and authoritatively one grade of nurse.

Therefore, for any private association or group of persons to attempt to establish another basis of system of grading cannot fail to increase rather than reduce the confusion already existing in the public mind.

Moreover, that no such self-constituted body could enforce its regulation nor hope to have it generally accepted, except
through legislation, and in this instance the laws above referred to could hardly fail to win public favor because of their directness and simplicity.

Second. That any system of grading of nurses can not possibly accomplish the two purposes for which its advocates designed it, i.e., the protection of the public against incompetents and imposters and to provide the public with skilled nursing service at moderate price.

Third. That the answer to those two needs is the grading of schools of nursing and provision for the necessary modicum of skilled care on a visiting nurse basis supplemented by unskilled care as demonstrated by the Bureaus of household nursing and some visiting nursing associations.

Fourth. That the nurse practice acts and the grading of hospitals and schools of nursing will exert a constant and effective influence toward affiliations of small and special hospitals for the purpose of providing an adequate education for medical and nurse students.

It was generally agreed that fairly satisfactory education, both practical and theoretical, could be secured in a three years' course, if the nurse were free to pursue her education unhampered by the economic requirement of maid-service.

The President: You have heard the report of this committee on the grading of nurses. What is your wish in regard to it?

Miss Hilliard: Madam Chairman, I move to accept the report. Miss Powell seconded the motion which was carried.

President Noyes: We will pass to the first paper on our program, "The Training School Prospectus and Its Educational Possibilities," by Miss Sara Parsons. This will be read by Miss Johnson, Miss Parsons not being able to be present.

THE TRAINING SCHOOL PROSPECTUS AND ITS EDUCATIONAL POSSIBILITIES

By SARA E. PARSONS
Massachusetts General Hospital

Of course, the prospectus of a school, no matter how attractive, will never take the place of real educational opportunities. The success of a school depends upon its graduates. If students are
carefully chosen and trained and find in their graduate work that their preparation fits them adequately for the duties that devolve upon them and that they compare favorably with graduates from other schools, these graduates will establish the reputation of the school and secure for it a continuous train of applicants. But a school must not rely wholly upon that advantage. To meet the increasing demands, it must progress and improve its curriculum every year, and be ready for intelligent scrutiny into its organization and educational advantages.

As all candidates cannot visit the school, the school must go to them by proxy in the prospectus. The prospectus may be a most useful instrument and serves not only the school which it represents, but is its legitimate advertisement, and best of all, it may be an educator of prospective applicants and of the general public as to the status of nursing schools in general and of opportunities in the nursing field.

We must not forget the value of first impressions when composing our announcements. The size, style, color and type must be considered as well as the subject matter. Much depends upon whether the school is new with its history to make, or old with an established reputation; whether the school is connected with a large or small hospital.

Much also depends upon the class of applicants to which the school makes an appeal. It is absolutely necessary that nothing but the truth be stated in the circular.

If the school is old enough to have established a definite curriculum it should be presented so as to give the inquirer a good idea of the time spent in lecture and class work (in points preferably), and the topics considered in each course.

It is safe to assume that any intelligent applicant will wish to know as much as possible about a place in which she proposes to spend three of the best years of her life.

Illustrations of the hospital, class rooms, nurses' homes, etc., will all be interesting to her. They may either be inserted into the circular or put in as loose leaves. She will be interested in the location of the hospital, its advantages and a brief sketch of the history of the hospital and school, and statistical data will enhance the value of the announcement. Emphasis should, of course, be placed on the educational advantages, but the hours
for work and recreation, equipment, expenses, etc., will be matters of vital interest.

If she is wise, she will want to know what her opportunities are to be afterwards and what the alumnae of the school stands for. The prospectus is an opportunity to educate the public as well as applicants to an extent never utilized. The public is pretty well informed as to other educational institutions, but knows little about schools of nursing or of the opportunities in the field of nursing. On the contrary, it is misinformed and has prejudices and delusions that are very detrimental to our profession. These opportunities should be presented with the usual ratio of compensation. Every well known school sends out hundreds of circulars every year.

Probably nearly every applicant sends to three or four schools for information—if each applicant and her friends read in every circular that desirable schools must provide theoretical and practical instruction in surgery, medicine, pediatrics and obstetrics at least; that schools connected with hospitals having less than 50 beds with a daily average of patients less than 30 are not recognized by the National Red Cross Association; by the Army or Navy Nursing Bureaus; such information would do more towards obliterating undesirable schools and in saving young women from wasting three years, than anything else that could be done.

This instruction should form the preface of the announcement. The names of those who control the schools should come next with the names of the officers and instructors. Under the name of each instructor should be given a summary of his or her qualifications for the position he holds. Such information will be considered by a thoughtful candidate.

Following that should come the descriptive or historical sketch of the hospital and school with the general information concerning required qualifications of applicants, expenses, illness, hours of duty and recreation, calendar of classes, details of curriculum during entire course. Scholarships, loan funds, elective courses and post graduate opportunities should be stated.

The living accommodations should be truthfully described and it is legitimate to call attention to special features of the school and locality that are especially desirable or peculiar to that particular school.
The prospectus as an allurement to attract desirable candidates cannot do better than to append a list of names of its students in training and the cities and states they come from. A good deal of useful information can be gleaned from such a list. Names and addresses of old graduates who are living in different parts of the country may be given for reference.

As an advertisement, the prospectus may be sent to vocational bureaus, schools and colleges and distributed liberally among doctors who are interested in the school.

The President: You have heard this paper. We will have a few minutes for discussion before we proceed to the next paper. Are there any questions? We should be glad to hear from any of the members who have any additional ideas to offer on this matter of circulars of information. If not, we will call for the next paper, "Text-Books for Nurses," by Miss Isobel Fleming.

TEXT-BOOKS FOR NURSES

ISOBEL FLEMING

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Ever since the art of printing was given to the world, books have been available as sources of information. Books, now, are felt to be a part of every rational life. Since the days of Comenius and his Great Didactic, a text-book has been regarded as an important instrument in the process of education. Through the text-book, what is valuable and substantial as an educative force in the past of human experience, has been preserved for us. In them, we find recorded the net results of the aggregate experience of the human race.

For a time, however, the worth of the text-book as an educational instrument was disputed, when Rousseau, in his celebrated treatise on education, stirred the thinking minds of all Europe to almost revolutionary depth by his words against the text-book. ("Let the pupil," said Rousseau, "learn nothing in books which can be taught by practical experience." "Our feet, our hands, our eyes, our ears," he continued, "must teach us philosophy.") To him, the sense-perception process of education was all-in-all.
Rousseau was the prophet denouncing the age-old evil of rote-memorizing. He saw the value of experience over the rote-memorizing method. He had a vision of the new order of things. Perhaps in attempting to find a way to remedy that age-old evil, he became too radical in wishing to abolish the text-book entirely.

Under the later educators, under Pestalozzi, Herbart, and Froebel, we find that the thinking minds of Europe were once more at peace in regard to this matter of text-books. These later educators, following in the trails which Rousseau blazed, accepted his sense-realism and attempted to remedy the rote-memorizing, formal method of education. Under their less radical views, however, text-books once more assumed a normal and valuable place in the process of education.

Once again, this time within a decade and a half of years, just since the new century began, the question of a wise use of textbooks is agitating our leading educators. In the introduction of industrial art subjects into our public school system, we find an indication of a re-shaping of values so far as book knowledge is concerned. (All this agitation leaves us wondering what elements of real value enter into text-book instruction.)

VALUE OF TEXT-BOOK INSTRUCTION

Text-book instruction is certainly a direct and effective method by which the student may get for her own, the valuable thought and experience of the author. (It may be a potent instrument for good. It may be a potent instrument for harm.) Probably the chief value of the text-book lies in the fact that it gives us a well-defined course of study. It furnishes a second exposition of subject-matter, of value to those students who gain a better idea of facts through the eyes than through the ears. By using a text-book, the relative value of different parts of the subject may be indicated by the amount of space devoted to any one part. A text-book usually furnishes illustrations, diagrams or drawings, which help in any study. It gives the instructor a means of holding pupils responsible for a definite amount of work. (A grave danger also lies in the use of a text-book, for a too zealous following of it creates a tendency to cultivate the memory rather than the power to reason.) The ability, on the part of the instructor to use a text-book to the best advantage is a very valuable accom-
plishment. Without the influence of a good teacher, the class recitation may become merely the occasion, by which it is ascertained how much of the text-book the pupil has memorized.

Good teaching, however, may be done without text-books. At Zürich, in Switzerland, is a school in which not a text-book is used. There the teacher is the substitute for the text-book. There is a growing tendency, at the present time, in some of our leading colleges and universities, to do away with the text-book. Extensive courses in bacteriology, biology, chemistry, and nutrition are being given without any definite text-book. The course of study, in such cases, is usually defined in mimeographed outlines. Abundant references are given and note-book work is required. This note-book building necessitates careful individual work on the part of the student. It means that the student has to construct her own text-book. Definitions, data, and summaries for the note-book must be gathered from various sources. This frequent reference to standard texts gives her an opportunity of becoming familiar with various points of view. The conclusions formed are more apt to be her own. The power to reason is strengthened. The danger of memorizing without the possibility of later recall, is lessened.

In one school for nurses which is an integral part of an adjacent university, the pupils are furnished with but one text-book—Anatomy and Physiology. Instruction in the other subjects is given from mimeographed outlines and the free use of reference books. I do not know of any real school for nurses where the instruction is given without the use of a single text-book. There may, however, be such a school. While one, then, seems to be the minimum number of text-books required, I would place the maximum number required not very much higher. Perhaps at three.

The use of a text-book in anatomy and physiology seems advisable for all the reasons previously stated in discussing the advantages of using a text. The content is limited and well defined in proportion to the amount of time available. Relative values of various parts of the content are conspicuously set forth in a book. Its illustrations and diagrams are remarkably useful. To the pupil who has not been engaged in study for some time before, a text-book of her own, in anatomy and physiology, furnishes a
valuable aid to study. To it she may go for a more frequent repetition of facts which have been stated in class periods.

Materia medica seems to be another subject demanding individual text-books. As was said not long ago, "Materia medica contains just so many hard cold facts." If these hard cold facts are well classified in an easily accessible form, as are some of our materia medica text-books, it becomes less difficult for the student to make these facts her own. The use of a text-book in materia medica is therefore suggested.

The third subject, in which the use of a text-book is probably advisable is Practical Nursing Methods and Principles. And yet, it is not with a deep rooted conviction of its advisability that this subject is suggested as one of those definitely requiring a text-book. Too many conflicting factors are apparent. For its psychic effect on the student, a text-book of her own on this subject, seems essential. However, the nursing methods of each hospital vary. The author, in her text-book, usually depicts the methods in vogue at her own school. Then, too, methods are constantly changing. The methods of today are not the methods of tomorrow. To be sure, the scientific principles underlying each procedure, do not differ, and there would seem to be a broadening value in being able to refer, in a text-book, to other methods than our own by which exactly the same result may be accomplished. Perhaps, when the day of complete standardization of nursing methods arrives, the value of the text-book on this subject will become more definite.

If we limit the number of text-books to three, how then, shall the other subjects be taught? In bacteriology, in chemistry, in nutrition and food values, in household economics, can we not follow the growing tendency in the higher educational institutions? Are our instructors not capable of outlining a course in these subjects—a course which would be peculiarly suited to the particular needs of each individual group of students? Are our instructors not thoroughly enough grounded in the subjects they are teaching to make selection from the reference shelf? Or is it that our reference shelves are empty and we are obliged, perforce, to confine instruction to one lone text-book in any one subject?

The student's knowledge about medicine and surgery, about gynecology and obstetrics, etc., will, I suppose, continue to be
gained from lecture courses given by those who thoroughly know their subject. Lecture courses at any educational institution, however, are valuable only as the knowledge gained from them is augmented by personal reading in well selected texts.

A book from which assignments are made, is called a text-book in the hands of the pupil. The same book, on the library shelf, becomes a reference book. If we decide that the school for nurses has need of only three text-books, it follows that all the other valuable books available for our use must be classed as reference books. What text and reference books are available for schools for nurses?

**TEXT AND REFERENCE BOOKS AVAILABLE FOR SCHOOLS OF NURSING**

Of writing text-books on general subjects, there seems no end. Schools and colleges have difficulty, very often, in making their text and reference book selection from the wealth of material offered them. The number of our nursing text-books, too, is beginning to reach fairly extensive proportions. We have not reached the point, however, where selection becomes a difficult problem to the same degree as have those other educational institutions.

An *Annotated List of Text and Reference Books Available for Use in Schools for Nurses*, presents an interesting study. Such a list was prepared by the Department of Nursing Health at Teachers College and was intended as "suggestive rather than critical or exhaustive." It bears the date of 1912 which may remind us of the fact that four later years have brought their contributions of text-books on nursing subjects to be added to this list.

About every subject, even remotely within the limits of our curriculum, we can turn to a text-book, in this list, which bears the endorsement of our national department of nursing education. A survey of each separate text-book available, or even a brief annotation about each, is practically impossible here. It would carry us far beyond the scope of this paper. Rather let us seek to know what the essentials of a good text-book are. If we then apply these standard essentials to every available text-book on our nursing shelf—some will measure up—a number may fail. The final task of deciding what each available text-book is worth as an educational instrument may be left as an individual problem.
WHAT CONSTITUTES A GOOD TEXT-BOOK?

The value of any text-book depends upon many factors. First of all, we are told that the content of the book must be pertinent to the subject. A well-organized arrangement of subject matter, should be general throughout the book. Thorndyke says, “A text-book should be logical”—each paragraph, each chapter, leading in proper sequence up to the next, thus embodying the universal principle of progress based on previous knowledge. Another author tells us that the statements, contained in a text-book, must be of recent date. They must be authoritative. The scientific principles contained in it must be true. A very important part of a text-book is its summaries and definitions. Definitions and summaries should be clear and concise and complete. With every summary, there should be a correlation to parallel or previous courses to study.

There is yet one more factor to be reckoned with in considering the qualities of a good text-book—the personality of the author. The personality of the author cannot fail to be reflected in the pages of his book. This, perhaps, accounts largely for the preference given to any one of several equally good text-books. The personal element enters into the making of every book. The way in which the author says the words which have to be said, the manner in which the author presents the items which have to be presented, may make or mar a text-book.

A GROUP OF QUESTIONS REGARDING TEXT-BOOKS

Not many weeks ago, a group of questions came to me from the chairman of your committee. These were the questions. “Who should write the text-books which are being used in our schools for nurses?” “In those subjects for which text-books are needed, shall we make use of standard texts on scientific subjects, or shall we use the abridged texts which have been prepared by some of our own nurses on these same subjects?” “Wherein lies the real value of those text-books which have been written by members of the nursing profession?” “Does a doctor, a nurse, or a layman write the most valuable text for nurses’ use?”

This whole group of questions is very much interrelated. A solution of the first question, as to who should write our particu-
lar text-books, would probably be an indication of our trend of thought in relation to the last question. If we are able to state the real value of the text-book written by a nurse, it will help us to decide for, or against, the standard, unabridged texts of the medical students. But so many conflicting factors enter into the consideration of each question, that no definite conclusions has been reached—no sweeping generalization has been attempted.

The limited amount of time which we are able to give, in any school for nurses, for the study of any one subject in the curriculum, possibly makes it seem unwise to select the standard unabridged texts on such subjects as anatomy and physiology, bacteriology or materia medica. With such a book, the pupils would simply flounder in a mass of detail, leaving the essential points completely lost. Such a text-book, however, has a clean-cut place of its own in our schools. These complete, standard, and accurately scientific texts should be on the reference shelf of every class-room. They can furnish valuable help as reference books. To them the student may be led for further information and aid.

Comparing such a book with the abridged type of scientific texts which are being compiled by bright women from among our nurses, the decision seems in favor of these latter. Such abridgement of the same subjects is peculiarly adapted to the needs of our schools. In them, all unnecessary material is eliminated. The mind of the pupil is not cluttered up by a mass of details. The essential points are prominent. There is a comprehensive view of the subject suitable to the limited time which may be allowed. Another fact of importance in this type of book, is the fact that there is usually a definite correlation of the particular subject to our practical nursing work. The danger with this type of book lies in the fact that it may be made too elementary. The subject matter may be too curtailed. Assuredly, in addition, any inaccurate statement of a scientific principle would render the book practically useless.

The real value of the text-book written by a nurse is probably due to several factors. A nurse seems to know what other nurses need. She has travelled the same path, herself, in previous years when fewer text-books were available, so she seems to possess the
happy faculty of weeding out the non-essentials. Her wise selection of the essentials comes from an intimate knowledge of what is needed. This power to grip the essential points of a subject and make them stand out clear and concise is a very material aid in any course of instruction. Every practical nursing procedure, every step in nursing education, is based upon a scientific principle. From her own experience in nursing work, the nurse author digs deep and is thus able to make a more direct and effective application of each scientific principle, to every phase of nursing. It would be absurd to suppose, however, that every nurse who attempts to write a text for nurses' use, turns out a successful book. But, other things being equal, it has been my experience that a nurse, in her writing, generally gets the matter over to the student-nurse in a clearer, more logical, and more easily applicable form than do most other writers. She wields her pen in a way that is more telling.

**IMPORTANCE OF INSTRUCTOR IN TEXT-BOOK INSTRUCTION**

The text or reference book, after all, is only one part of the process of instruction. Just as the value of each fragment of knowledge depends upon what goes with it, so the value of each text-book depends upon who goes with it. Text-books or courses of study may be well organized. They may be logical in every detail. The statements contained therein may be accurately scientific to the finest degree. It is, still, the instructor who must correlate the text-book theory with what has gone before and with what is to come in practical experience. Every text-book lacks a richness of detail which can only be supplied by draughts from the teacher's own experience. The great problem of making the subjects vital to the student remains the task of the instructor.

*Miss Gillespie:* We are very much interested and would like to know how many of the larger schools in the country have introduced chemistry into their courses of study.

*The President:* Perhaps some of the larger schools could tell us what they are doing.

*Miss Johnson:* Peter Bent Brigham Hospital has introduced chemistry into its course. Miss Watson is an instructor at the
Hospital and teaches chemistry. She has one hour a week for lecture or quiz and two hours a week for laboratory work.

A Member: This past year we introduced a course in chemistry. We have no laboratory and I asked the city board of education to allow me the use of the high school laboratory, and a professor there gives the lectures. They go for two hours twice a week.

Miss Greener: I would like to say that at Mount Sinai Hospital we give in the preparatory course a series of about twenty hours with a large amount of laboratory and practical work. We find that it helps very much in the study of materia medica and other subjects if they have this elementary course in chemistry.

A Member: The Binghampton City Hospital also gives a course of twelve lectures besides laboratory work.

The President: I think you will find that chemistry is being very generally introduced into the curricula of schools.

Miss Logan: I should like to say that at the Cincinnati General a course has been introduced in chemistry of fifteen weeks. It is conducted by the professor of chemistry of the Medical School, with two lecture periods a week and two laboratory periods a week. The laboratory periods are of three hours a week, the lecture of one hour.

The President: I find that Miss Bridge is to discuss this paper but it was not down on the program, so I did not call for her. Is Miss Bridge here?

Miss Bridge: My discussion of Miss Fleming's excellent paper will be limited as I agree with her in most of the points made. But I would like to add several suggestions. It does not seem necessary to me that we use text-books in teaching materia medica, and I disagree with the speaker when she says that materia medica is just a mass of hard, cold facts and think that it can be made a fascinating study.

In regard to the question, who should write text books for nurses, it seems logical that nurses should do this better than members of other professions.

But the just criticism, that they have been compiled, can be made of many books prepared by nurses. This is, I believe a serious defect since it seems that a good text-book would be one containing records of original investigations, made by a well trained individual under the direction of competent advisers.
Other factors which must enter into a discussion relating to the number of text-books to be used in a school of nursing are, the preparation of the student, the type of text-book available and the point of view of the instructor. Any text-book should answer the questions raised in the mind of the student by the teacher.

Under conditions such as exist in schools of nursing today, good teaching demands the use of a certain number of text-books and better teaching, the wider use of reference books. The value of the latter is, (1) it gives the student a broader viewpoint; (2) it teaches her to use the available sources of information; (3) it develops her power of reasoning and teaches her to evaluate properly, ideas and facts gleaned from various sources.

The question of obtaining books for a reference library is frequently a troublesome one. Schools having a budget should have a definite library appropriation; those connected with universities should have the same yearly appropriation for library use that is made to other departments.

Another channel that is available to all schools is the public library. While in many instances, librarians are reluctant to furnish technical books of the type needed in training schools, it has been found that it is only necessary to demonstrate that such books are widely used and the supply will be forthcoming.

The President: Any further questions or discussion? I should like to say that it is a very important matter to have duplicate books of those that are used a great deal. Are there further questions? If not, we will hear the next paper, which deals with "Libraries in Hospitals and Training Schools," by Miss Kathleen Jones. Miss Lawler will read this paper.

HOSPITAL LIBRARIES

THEIR RELATION TO PATIENTS AND TRAINING SCHOOLS

BY EDITH KATHLEEN JONES

Librarian, McLean Hospital, Waverly, Massachusetts

There is an old recipe for cooking hare which begins: "First catch your hare." In like manner, one can scarcely commence a dissertation on the value of the hospital library without the gentle reminder that first there must be a library. And this brings us to the question, "What constitutes a library?"
It has been iterated and reiterated so many times that a mere collection of books does not make a library, that one hesitates to repeat it again. Yet the idea still exists that anything printed on paper and bound between covers is a book, and such is the reverence for the printed word that still people are allowed to dump the useless contents of their attics on long-suffering hospitals and call it a gift to the library.

Let us see what the dictionary definition of a library is: "A collection of books, pamphlets, etc. kept for reading and consultation; especially, such a collection arranged to facilitate reference, as by classification and indexing." This disposes of the attic refuse, also other out-of-date books which no one reads and which are not of value for reference. It also suggests organization, for facilitating the use of books.

If, then, a library is a collection of books for reading, let us be brave and consign to the ragman or the furnace flames such volumes as are never looked at and are of no value historically. There are a few first editions and rare books hidden away on the shelves of some of the libraries in the mental hospitals, which should be given to a city or college library where they will be valuable, but the majority of the books may be discarded without a qualm of conscience.

Having cleared the shelves, let us arrange the books we have left by classes: fiction, biography, travel, literature, history, children's books, etc., and make a note of those we are strong in, also those in which we are weak. When we know what we have and what we need we can proceed systematically to develop our library along our own particular lines. Thus, a children's hospital will need plenty of the best stories for children, and lots of picture books. There are several splendid lists of literature for children issued by various librarians, the names of which may be obtained through your nearest public library. Don't forget cloth picture books for the very littlest ones, and do, if you possibly can afford them, have Rackham's illustrated Grimm's Fairy Tales, Mother Goose and Peter Pan; also Maxfield Parrish's and Wyeth's illustrated editions of some of the classics for children.

In a general hospital, where the patients stay but a short time, most of the books called for will be wholesome new fiction, light-
weight books of pictures and short stories and magazines. In hospitals for chronic cases or mental diseases, where many of the patients stay for months and perhaps for years, and where the right kind of reading is one very important method of treatment, to these must be added volumes on travel, biography, literature, history, science, fine arts, out-door books and topics of the day.

The selection of these books should be in the hands of someone who knows the needs and desires of the patients and who is well acquainted with the insides as well as the covers of the best literature. In other words, the ideal hospital library should have a trained librarian in charge of it, though, as a matter of fact, there are very few general hospitals which have librarians at all, or, indeed, any system. The importance of having some intelligent and interested person, trained or untrained, in full charge of the library and with no other duties, cannot be too strongly urged. Think of the relief to the nurses in a children's hospital, for instance, of a trained children's librarian and story-teller who would devote an hour a day to each ward! In one city there are two large general hospitals of equal merit and renown; one of these has a librarian who devotes all her time to the library, recommends to the purchasing committee the books called for by the patients, and spends an hour a day on each ward in succession, taking with her a little truck of books from which the patients can select what they want to read. The other has a large number of books, but no one in charge, and no attempt is made to get the books to the patients; if a nurse likes to read herself she may select a book and take it to her patient, but there is no system; books are not charged, staff and nurses help themselves and no one knows where the new books go. Which hospital, do you think, has the more efficient library?

As a librarian, with all the intelligence and ambition in the world cannot build up a library without money, each hospital, to get the best results, should appropriate as large an annual sum as it can afford for the purchase of new books. All books should be classified and catalogued in some simple but efficient manner and there should be a practical charging-system in order that the librarian may know where any book is at any time.

The importance of obeying the few rules of the library should be urged upon the nurses, for, frankly, they are the worst of-
fenders. They should be taught that if they take out books without registration, forget to bring them back on time or carelessly leave them somewhere and thus lose them; if they take them from each other's rooms without permission; if they take them from the wards so that patients are deprived of them; if they do not see that the magazines circulate properly; in short, if they are irresponsible in the use of books, the hospital suffers. A book misplaced is a book lost, and a book lost deprives many persons of their right to its use.

Moreover, the way a nurse uses a book stamps her immediately. If she is accustomed to them at home she will realize their value and be careful of them. On the other hand, if she leaves them lying open and face-down on the table or chair, or throws them around, or snaps them open so their backs are broken, the chances are that her home does not boast many books, or else she has not been taught careful habits.

One of the McLean Hospital nurses tells this story of himself: He was ill in a general hospital and had just got to the reading (also the irritable) stage. One morning his nurse came in to bathe him and carelessly placed the soap-dish on his beloved book. In spite of stitches and bandages, he arose in his wrath and said "Take that soap-dish off that book!" "Why," said the nurse in surprise, "it isn't wet!" "It might have been for all the pains you took to be sure it wasn't," was the reply, and he added, "It is plain you were not trained at McLean. They put the fear of the library into you there if they don't the fear of the Lord!" And though the joke perhaps comes back on the librarian of McLean—after all, the fear of the library and the careful and loving use of books is not a bad thing to instill into the minds of the nurses.

As the hospital library is, primarily, for the use of the patients, their needs should be considered first; but as the nurses are in such close and intimate relation with the patients, whatever makes a nurse better educated and more companionable and, therefore, more valuable, should be taken into consideration. Roughly outlined, the books for the patients will be light reading, for recreation and amusement; those for the nurses, educational; but the two classes will work in together in a well-selected library. As has been said, in a hospital where patients remain for a long
time, a great variety of books is needed for them and the nurses can avail themselves of these, and, therefore, do not need so large a library of their own in the nurses’ home. Indeed, it is question if they need any except on nursing and allied subjects; if a general library of their own will not tend to confine their reading to these books close at hand to the neglect of their greater opportunities in the large central library. One is inclined to think that in such a hospital the nurses’ library should be peripatetic rather than stationary. An unabridged dictionary, a large modern atlas, and perhaps a set each of Shakespeare, Dickens and Scott, Stevenson and Kipling; the best of Thackeray; a few of the great world masterpieces—these might be permanent; but the remaining shelves could be filled to better advantage by books on all subjects loaned from the central library for two or three months at a time, than by a lot of volumes which would remain there year after year. Nurses should be encouraged to frequent the library and make their own selections; there is much in direct contact with books.

Other hospitals, in which there is little but fiction in the central library, should provide a few of the best books on all subjects for their training-schools: the books referred to above, and, in addition, some good short histories, a few well-illustrated volumes of travel in all countries, the great poets, the great novels, and books on the social and economic questions of the hour. New volumes on these subjects should be added each year. There should be some one responsible for such a valuable collection as this and nurses should be allowed to take books to their rooms only by registration.

Just a word in regard to periodicals. Through these and the newspapers alone can one keep up one’s knowledge of current events, and there should be plenty of such papers and magazines provided by the hospital or, perhaps better still, by the nurses themselves. The Literary Digest, the Nation, the World’s Work, Outlook, periodicals like these are indispensable to general intelligence.

It is most important that a nurse, whose duties often lie in companionship rather than in actual nursing, should keep in touch with the questions of the hour and should know books and pictures in order to be able to talk, or at least listen, intelligently.
All such knowledge is an additional tool in the hands of a nurse, and especially of a nurse in mental cases, not only during her training in the hospital but even more in private practice. Suppose such a nurse goes with her patient to the art museums, or travels abroad with her; does she know one artist from another, or do all pictures look alike to her? Has she ever heard of Rembrandt and Botticelli or must she look perfectly blank when these names are mentioned? Does she know what her patient is talking about if she speaks of the Jabberwock, or Alice, or Sam Weller, or Becky Sharp, or Mowgli; of the Shavian theory, of Chesterton and Wells? If someone should suggest to her that "A Hill-top on the Marne" is a timely and interesting book, will she know how to spell Marne and what and where it is? You may laugh, but it is a fact that only five or six out of one class of some twenty nurses did know. The average lack of general knowledge of Young America is the despair, not only of the training-schools, but of the colleges throughout the country. There is this one consolation, however, each elder generation in its turn throughout the ages has held up its hands in horror over the general unintelligence of the rising generation, yet we do learn things somehow, and become, in turn, the critical, elder generation.

If, then, general culture is so admirable in the nursing profession, how shall we obtain it? We cannot fill our training schools with college graduates only, nor would it be at all advisable to try, for, rest assured, it is quite possible to go through college and obtain several degrees and yet have very little general culture. It is also not only possible but provedly probable that not all the best nurses are college bred; that tact, sympathy and common-sense, together with the ambition and the ability to learn, are traits in a nurse to be preferred to a knowledge of art and literature if one cannot combine them all. Yet it is true that general intelligence is a great asset. What are the training-schools going to do to help their nurses acquire this asset?

A good library with a competent librarian can do much by putting the great books into their hands; by posting lists of books which every one should read; by sending selected groups of books to the nurses' home. In this way, those nurses who love books and are not too tired when off duty will read. What of the others?
We all know how difficult it is to arouse any interest in private study or reading. With all the good will and ambition in the world, a course of study by one's self is hard to follow. But what about classes? Here the minds of teacher and pupils act as a stimulant upon each other. Books are read and discussed; likes and dislikes are hotly argued; there is the competition of good note-taking,—of good marks. Jane Austen's *Emma* is pretty dull to a girl who takes it up because it is recommended to her as something she ought to read, but it will be intensely interesting if she knows about Miss Austen, learns from the story the manners of her time, compares her style with that of Maria Edgeworth and Charlotte Brontë. She may be unable to read *Romola* until she learns something of Florence in the time of the Renaissance and of the wonderful influence of the monk Savonarola, but the chances are that she will then find it fascinating.

At McLean Hospital we have had for three years courses on books and reading and fine arts, and we know that they are successful. To be sure, not every nurse who takes the lectures does excellently, but to the majority of them a new world has been opened, and most of them appreciate their privileges. Moreover, these nurses improved not only in their knowledge of books and pictures, but they gradually wrote better notes; more concise English; learned to say what they meant; spelled more correctly; punctuated more intelligently; gained a larger vocabulary. And in each class for these three years there have been several who have done really remarkable work.

Now such classes as these cannot be given without an adequate library. While they are in progress the usual rule of "patients first" should be suspended and books needed for the training-school ruthlessly called in from the wards and reserved for the nurses. Your library is your laboratory in courses like these.

You may say, "But a large library is too expensive for the ordinary hospital; we cannot afford to buy books." Can you afford not to? Books are cheap, the cheapest thing there is, for they can be used over and over again and give entertainment or comfort or education to hundreds of persons. A hospital which cannot afford expensive editions can always find inexpensive ones, with fairly good print and paper. Given a certain annual sum—say from one hundred to three hundred dollars—and
a librarian who knows what books to get and where to buy them, it is entirely within the means of any hospital to build up a perfectly adequate working library. The efficiency of a library does not lie in the number of its volumes or in its expensive editions; it lies in the selection of books to the needs of patients and employees and the use it makes of them. If a hospital spends only one hundred dollars a year for its books and these books are of interest to its patients and of educational value to its nurses, its library is a success. If it spends five times that amount on books which are of little value or if it allows its books to remain idle on its shelves, it is a failure. The importance of good libraries in hospitals is beginning to be recognized; the thing for us to do now is to make them successful.

The President: This paper is to be discussed by Miss Allison, and I would like to say before she begins her discussion that in California there are twenty-four schools that include chemistry in their course of instruction, twenty-four schools out of the sixty-three in the state.

Miss Allison: Madam President, I disagree with Miss Jones in regard to the patients and nurses having equal access to the general library. I object to having books which are handled by patients taken to the nurses’ home. Patients seem to have a peculiar interest in looking up matters relating to their own diseases, and for that reason would not be in favor of granting them the use of the reference library.

I do agree that patients should have a library; but it should be general. It seems to me that we should have two libraries, in our hospitals, one for patients and one for nurses.

We have a system in our institution which seems to work quite satisfactorily. The lady board of managers have taken it upon themselves to provide a library for our patients, both private and open-ward patients. They have printed catalogues, and each private room is supplied with one. Also each open ward, so that patients may have access to all the books in that particular library and each may make his own choice. By the use of card catalogues, these books are accounted for.

I believe, from Miss Jones’ paper, that she objects to the use of religious books. In looking over our books that have been
used, lately, I found that we have a rather large demand for books of a religious nature.

In regard to the nurses' library, I think that freer use should be encouraged. I think that can be done by referring reference readings more than we have in the past. And to make pupils appreciate more keenly the value of the books in the library, I believe it would be a very good plan to encourage classes as a whole, and individuals, to make small contributions to the library; not so much for the material value, but for the more keen appreciation of the value of the books.

I heartily agree with Miss Jones that we should have a fund for renewing our books and placing in new books.

Another thing which I think is not conducive to the more general use of libraries is that of requiring books to be used only in the library. Some method should be devised, such as Miss Bridge has outlined, so that nurses may take reference books to their own rooms.

One thing has not been mentioned, and I think is neglected in our schools. We do not always provide a daily newspaper in our library.

A library should be very comfortable, and that point is not always emphasized as it should be.

The President: I would like to ask if any one has been successful in keeping the periodicals in the library?

Miss Brown: Yes, by a very substantial chain and padlock. I absolutely have had no trouble at all. I am rather ashamed to have to do it, but the magazines are there until I take them out myself.

Miss Lawler: We have the lock covers, but we have never been able to keep them there. I would like to ask if any one has been able to work out a scheme to keep track of the books and get them back. Our reference books are handled very well, because the clerk in the office acts as librarian and gives out books. Nurses are allowed to keep them for twenty-four hours, no longer; and as she distributes the mail also, the nurse is not allowed to forget that she has a book which must be returned. In the large general library we have a card filing system, but even with that we are unable to keep track of the books; and magazines,
it is perfectly remarkable; covers and all will be gone at times, but they always come back.

Miss Johnson: During the last four years we have lost but one book from the reference library of the School of Nursing of the Peter Bent Brigham Hospital. In that library we have about one hundred books and all of them must be in the book case at nine o'clock every morning. Three times a week a pupil in the preliminary course inventories these books. I think the fact that she often spends considerable time hunting unreturned books makes her more careful.

In reference to Miss Jones' paper may I say that the McLean Hospital cares for nervous and mental diseases only. There being no communicable diseases and as the patients are always there months and frequently years, the question of nurses and patients using the same library books presents a little different aspect in this special hospital.

Miss Eldrige: I would like to say, Madam Chairman, that we had the same difficulty Miss Lawler has spoken of. We were not able to keep magazine, cover, or anything else, even when we chained them until about a year ago, when we had the nurses appoint a library committee and this committee are responsible for having the magazines in the library. The nurses are allowed to take the magazines out and read them in their hours off if they bring them back, and this committee made themselves responsible for the return of the magazines. I do not know how long that has lasted, but up to the time I left it was working very well and the nurses were taking a part themselves in the library supervision.

Miss Lawler: How many pupils have access to the books?

Miss Eldrige: We have 139 nurses.

Miss Lawler: There are practically 600 people having access to our library.

The President: I am afraid we cannot continue this discussion. There are one or two announcements after which, if there is no further business, we will adjourn.
Meeting called to order in the Ball Room of the Hotel Grunewald, at 3 p.m., by Miss Noyes, the president.

The President: The meeting this afternoon, on the Mental Hygiene Movement and the Training of Nurses for Mental Work, is under Miss Goodrich's direction. We are very fortunate in finding Miss Goodrich willing to take charge of this meeting, as her work throughout the state as inspector has brought her into close contact with many of the problems and fitted her preeminently to preside over this meeting.

The Chairman: I certainly am deeply interested in the subject that is before us. I noticed, in going over the report of the Third Transaction of the International Council of Nurses, that a paper was presented there by a nurse engaged in mental nursing in Scotland. That was many years ago, the Third Transaction, which, as you know, met shortly after our organization came into existence. And that paper was called, "The Care of the Insane in Asylums," something of that sort. We now scarcely use the word "asylum" in connection with the subject of mental disease. But it was interesting to find this paper presenting a plea for the general nurse with mental preparation.

Some years ago, somewhere between 1907 and 1910—I don't just recall the year—in a meeting of the International Congress in London—you will perhaps remember that you sent me as your delegate, and to that meeting I carried a paper of one of our men who has been prominent in the work, Dr. Russell, who was then inspector of the mental hospitals in New York state, in which he plead for a wider preparation of nurses here for the mental cases. This paper was presented at a meeting presided over by the most prominent specialist in London, and a paper also was presented by a nurse from Scotland concerning the care of mental cases by women nurses; and while this Dr. Jones did not approve of the care of mental men cases, with women nurses—the fact remains that he said he had sent for one of the nurses conversant with that system to try it in one of the English hospitals.

Not long ago I read a quotation from Dr. Jones in the British Journal of Nursing, in which he said that possibly the only person whose mind was truly abnormal was the normal mind. Now,
if that is the case, we at once appreciate that there are a great
many variations of mental conditions, and I think we also must
appreciate the change in physicians’ views concerning mental
cases in the past few years, and we are beginning to see these var-
iou s differences; just as a few years ago—certainly within the
re collection of nearly every one in the room—when we heard of
a case of tuberculosis, we felt it was a hopeless case. And now,
today, we can look in the faces of a good many of these patients
with every intensity of hope and say, “If you do thus and so, it
is quite possible that you will be not only helped but permanently
cured.” So, today, I think that the alienists and neurologists
would say that we are beginning to look in the faces of those who
have mental troubles and say, “If you do thus and so, you will
be permanently cured.” And we can also do more than that: we
can start the children so that we shall not have to look into their
faces and say, “You will be permanently cured,” but we can get
them before they reach the stage of development that will need a
cure.

Consequently, I ask your most earnest attention and your
most sympathetic interest in this great problem, because it seems
to me it is a crying need. Perhaps I have taken too long, but I
am going to give you just one more little word. Not very long
ago, just a few months, a nurse whom I know broke down men-
tally and had to go for a few months to an institution for mental
diseases. On leaving it, for some reason or other, she wrote me,
and while expressing her keen appreciation of the kind and in-
telligent care she had received, in every way speaking most high-
ly of the institution, she did add one last paragraph which, as
nearly as I can remember, read thus: That the need of women
with general training, the kind of women we got in the general
school was very great in those institutions; that, indeed, the
care of mental cases would never be what it should be until they
came there. And she closed with these words, which I think you
will realize makes me feel it more intensely than ever before, “I
am sure that if you had appreciated this, you never would have
done so little about it.”

I would like to introduce Miss Taylor, who will read the first
paper on the program, “The Value of Mental Training to the
General Hospital Nurse.”
WHY DOES THE NURSE IN THE GENERAL HOSPITAL NEED TRAINING FOR MENTAL WORK?

BY E. J. TAYLOR

Johns Hopkins Hospital, Baltimore, Maryland

In Dr. Adolf Meyer’s address on “Where Should We Attack the Problem of the Prevention of Mental Defect and Mental Disease,” at the National Conference of Charities and Corrections in Baltimore in 1915 he emphasizes, as one of his distinctive ideals in constructive work, dealing with certain clearly defined issues, the importance of “making the attack at the source,” and this we would wish to do in the discussion of the problem involved in providing education in mental nursing for the general hospital student nurse, but the significant question is—what and where is the source?

Until within the last decade the nursing of the mentally sick was not an important part of the constructive and curative work of the hospital, and in fact, it is only of recent years that the medical treatment of mental disease has assumed its present attitude towards its possibilities and responsibilities, but experience is teaching the value of re-educative and constructive measures, and together with the advance in medical knowledge of how best to treat the mentally ill, comes the advance in nursing knowledge of how to nurse the mentally ill, and physicians everywhere are calling loudly for women prepared to assist them in putting into practice what formerly was spoken of as “what should be” but never was!

A general awakening of the community to the fact that hospitals for the insane are not simply retreats and asylums, where “peculiar people” can be segregated from other members of society, and kept in confinement till such a time as their Creator sees fit to remove them, is fast taking place, and experience is showing that something more than custodial care is required if scientific work is to be accomplished.

Today the term “Insane Asylum” is being replaced by “State Hospital,” an institution with a specific function, that of caring for, and treating patients suffering from mental disease, by modern methods, and such medical evolution calls for a corre-
sponding development in nursing, so that what is to be the character of this development becomes the problem of the State Hospital training school at the present time.

It is doubtful that even one physician, if asked in plain terms as to the relative value of the educated, cultured women, and the ignorant, uncultured woman in caring for the mentally ill, would pronounce them as equal, and yet in many of our mental hospitals today no provision is made for a nursing staff superior in education and training to that of domestics.

In Miss Tucker's splendid report, based on a questionnaire sent out to the hospitals for the insane in the various states, we are given a somewhat adequate idea of what conditions exist in our training schools in state hospitals, although only 71 replies from 154 questionnaires were received. Of this number only 41 had training schools of any kind, and, of the 41, a very small proportion of the women at the head of the schools were adequately qualified to fill the position.

It is very difficult to form a true judgment of conditions in a hospital from mere questions and statistics, for there are nurses and nurses, and attendants and attendants, and personal qualifications cannot thus be properly estimated, but when one realizes that with requirements for admission almost as flexible as desired—age requirements 18 years and less; hours of duty approximately from 12 to 15 daily; very little attention paid to theoretical work; little or no practical supervision of ward work; domestics transferred from the scullery to the training school; meals served more often than not in the ward dining rooms; with only 19 nurses' homes; and to add to the complications in the majority of cases, the superintendent of the training school possessing little or no authority, it is not to be wondered at that applicants of an ordinary type even, are difficult to obtain. Indeed to me it seems a miracle that there are as many splendid women as are found in state hospitals. However, this may be explained by the fact that many people know little about what conditions should exist in hospitals, and judge of their value by the size, salaries paid to pupil nurses, and the length of the training school course; when once in the institution a desire to accept a responsibility once assumed, and a resolve not to be overcome by defeat, has perhaps induced many women to continue a course al-
most unbearable. It is true also that the work itself is fascinating to many, and the feeling that one is a support and comfort to patients so dependent, somewhat compensates a good type of woman for her personal discomfort.

The conditions described in the report are not wholly typical of all state hospital training schools. While it is true that all more or less are bound down by laws, the regulations of the state, and of the Hospital superintendent, and with few exceptions little real authority rests in the hands of the Superintendent of Nurses, a few of our institutions have succeeded in climbing up far beyond the rest. Connected with some hospitals there are attractive nurses’ homes. The attendants are a separate group. The wards are supervised by graduate nurses. A fairly good course of study is arranged. Shorter hours on duty and longer vacations have been granted. Better admission requirements, and affiliations in several instances with the large general hospitals are made, by which the graduates become eligible for state registration. True it is, that even in these schools much is yet to be desired, but to those who are following closely the changes from year to year, great encouragement is forthcoming, and what some schools have accomplished by persistent endeavor, even amid trials and frequent discouragements, often with keen opposition, many others may also accomplish. The need in the work is for better equipped women, with higher ideals and more courage, to wrestle with the problems; women who by tact, patience, insight, foresight and judgment, can cooperate with the hospital superintendents and convince them that they are capable of being intrusted with the nursing affairs of the hospital, and the management of the training school. This is the hope for the future of state hospital training schools; and such women must be found. The field is full of teaching material and should be available to those who need it; and to the general hospital we must look for help in the solution of the problem. Perhaps we are nearing the source of the difficulty, and may make the “attack.” And now to ask the question: “Why does the nurse in general work need mental training?”

A great deal is being said at the present time concerning the curriculum in the training schools, and the question of specialization and election throughout the three years' course is being
discussed with enthusiasm. Miss Lawler, Superintendent of the Johns Hopkins Training School, expresses the opinion that the three years' course should be planned essentially to prepare the student for general nursing, and lay the foundation for the special branches to be perfected in a school equipped to deal with the particular problems involved in the special field of work chosen by the individual. The question naturally suggesting itself in this connection is—In what class shall we place the study of mental nursing? Judging from the consideration given the subject in the general hospital training schools, we feel certain that it does not belong in that class, for few schools recognize its importance beyond a few isolated lectures, generally given by one ill-equipped to discuss the subject. Apparently, therefore, we are to suppose that its place is in the special hospital, and for the present we will assume that this is true.

Again to quote from Dr. Meyer:

What is vaguely called insanity—a term which the physician would gladly leave to the lawyer if he can use it—is really a wide range of greatly differing conditions and diseases all playing havoc with our organs and functions of conduct and behavior.

What is our organ of conduct and behavior? Can we separate the brain and the body into two distinct organisms, or are they each a part of one complete whole? The answer is obvious; and this suggests the answer to our question, Why do all nurses need training in mental work? Our general hospitals, in the main at present, are taking cognizance of only one-half of the human organism. The illness of the bodily organs is studied and curative measures are taught, with little or no consideration for the illness of the brain; excepting in conditions where a definite pathological change is apparent. Illness which shows itself in an improper functioning of the organ, and in a lack of adjustment to environment, or in unusual behavior, is not a recognized identity in the general hospital, and yet, in every individual, there is the possibility that under conducive conditions, symptoms of an inharmonious functioning of one-half of the human organisms may develop, and we may go further and say that under conducive conditions which are present in every individual at times, an inharmonious functioning of the organ does develop; if this be true,
is it not safe to say that a nurse is incompletely and inadequately prepared to meet the every day demands upon her intelligence, if she has had no preparation for this important, and ever present type of illness? It is not altogether a special and peculiar condition, found only in the few, but to a more or less extent a constant condition found in the many.

Would one think a nurse well equipped if she said: "I can take care of a patient suffering from an illness of the lungs or heart, but I cannot take care of a patient suffering from an illness of the stomach or kidney;" "I can care for a patient with pneumonia, but I know nothing of typhoid fever." Is she not also badly equipped if she is compelled to ask, "Is it a physical or a mental illness?" We think "Yes," but I hear some one say, "You are not logical—you have the point of view of the specialist." "Mental nursing is an entirely different branch of work, and cannot be classed with general work." Or, "What is there for a nurse to learn in mental nursing?" To answer the first question—yes, we have the point of view of the specialist, and that is well, for the reason that it is only by studying carefully any subject as a specialty that one is in a position to generalize. It is only by completely mastering a problem that one recognizes its points of similarity and difference to allied or opposing problems. It is the specialist who learns the needs and discriminates. To answer the second question, mental nursing is not an entirely different branch of work, and can be classed properly with general work—in fact it is so much an integral part of general work that it is almost impossible to discover an abnormal physical condition without some corresponding abnormal mental condition associated with it.

In the general hospital wards associated with physical illness we see delirium, depression, excitement, neurasthenia, psychasthenia, paranoia, deterioration and other psychoses, in fact almost all conditions more or less defined which one finds in the special or mental hospital. And again you ask, "Why, then, does the nurse not get experience in mental nursing in her general training?" "For the reason that seldom does the general hospital physician or the nurse recognize these conditions, and they are left uncared for. The patient is bathed and fed and given the treatment and medication prescribed, but no time is taken to
inquire into the reason why he is cross or irritable, why he weeps or why he laughs, why he is listless or why excited, why he has ideas of unreality, fear and persecution, why he has cravings for this thing or that, or why he has questionable habits. He is frequently described as ungovernable, intolerable, disagreeable, impatient, selfish, and no effort is made to understand the why and wherefore. The other extreme is found equally often, where a patient is humored and encouraged in morbid fancies and desires, by over-indulgence and personal care, and the difficulty in the situation is the lack of an understanding of the underlying principles governing human life.

And is not this an important issue to the woman whose every moment is spent in the service of humanity? There is no abstraction about the nursing profession. It is a living vital thing. The nurse is brought into contact with the life of her patient in the most intimate way, and her influence is not to be estimated. It is the nurse who first takes care of the new-born infant. She sees the child as it grows up. She knows the home conditions as no one else does. She sees the boy and girl in school. She sees and is the friend of the girl in the factory, and in the shop. She is in the district, and she is in the home of the wealthy. She knows the ignorant and she shows the cultured. In what other profession do women have her opportunities? What, then, should be her equipment to meet these responsibilities and opportunities in her daily walk through life? “Prevention” is the watchword in mental work and to the well equipped nurse is given the opportunity. Why then do all nurses need mental training? Need I ask it? One cannot do preventive work if one does not know what should be prevented, nor can one observe without a knowledge of what to observe, and the mental and physical life are so closely related that one cannot consider one without the other.

In the early days, before hospitals for the insane were established in this country, the patients were frequently cared for in general hospitals, but the care and treatment was largely custodial, and the patients were released as soon as the excitement and confusion disappeared. Later, asylums in isolated districts were built, in which to confine the unfortunate persons suffering from mental disturbances. These illnesses were not understood,
and were looked upon in the light of a disgrace, and the patient as more or less a criminal. But now the trend of things is toward a revival of the first plan, that of connecting the general with the mental hospital, but with widely different methods. The hospital now has become a place of study and research, rather than one of confinement and detention, and mental illnesses are studied under the same scientific conditions as physical illnesses.

To be sure, hospitals for the care of the mentally ill cannot all be in close proximity to general hospitals. The nature of the illness of the patients makes it undesirable when certain conditions are present, but the fact that these conditions are recognized as a symptom of illness, and that those suffering may be induced to seek help early in clinics in general hospitals constitutes the most progressive step towards lessening what, according to statistics, is an overwhelmingly increased evil. In order to do the most effective work, which only can be accomplished in the beginning of these illnesses, medical students and nurses must be educated to recognize the earliest suggestions of abnormality in the behavior and conduct of the individual.

Dr. Henry M. Hurd, when writing on the care of mental disease in general hospitals, said:

Both physicians and nurses are filled with the spirit of the hospital which stands for constant effort for the cure of patients. General hospital nurses and physicians in their turn feel the mighty influence of a department which gives itself without reserve to the sympathetic care of those who are suffering in mind as well as in body and who need the highest devotion of both physicians and nurses.

If a general hospital is engaged in the education of medical men and nurses these are additional reasons why it is desirable that opportunities be afforded to these two classes of students to become familiar, on the one hand with the recognition of forms of mental disorder, and the best hospital methods of care, and on the other with nursing.

It is further important that the study of the phenomena of mental disease should be made obligatory upon medical students and nurses. Such disorders are encountered daily in the routine of general medical practice or of nursing. How few there are who are able to discriminate between a toxic delirium due to an infection, a fever, a poisoning by iodoform or some apparently harmless remedy used in medicine or surgery, etc., and a well developed form of mental disease requiring close study and watchful care. And yet the future of the patient may be permanently affected for weal or woe by the prompt recognition of the condition.
Unfortunately, perhaps, all hospitals have not mental clinics as a special or allied department, and consequently all hospitals have not the facilities for providing within themselves this very essential part of a nurse’s education, “So if the mountain will not go to Mohamet, Mohamet must go to the mountain,” and the inference is that if the hospital training school needs affiliation it must go after it.

The state hospital is fast recognizing an inadequacy within its own environment in providing a satisfactory and well rounded training for the pupil nurse in its training school, and is stretching out its arms to the general hospital for branches not available. And why should not the general hospital recognize its limitations and recognize its needs? Those who claim that this need cannot be met, give as one reason why there cannot be an affiliation of general hospitals with mental hospitals, the lack of proper provision in state and private mental hospitals for the housing and care of nurses. While this is true in the majority of our mental hospitals, there are institutions where the living conditions are most desirable and others are fast improving, or would improve, if sufficient pressure were brought to bear upon the matter by the authorities of general hospitals before making affiliations; but we cannot wait for the millennium to come, and meantime are losing golden opportunities for this important preparation in a field already white unto harvest.

It is evident to a close observer that the affiliation of general hospital training schools with mental hospital training schools, would assist in the solution of that very serious problem, of providing the best kind of nursing care for the mentally ill patient. In connection with this question also Dr. Hurd has said:

The nursing care of mental disease can never be adequately accomplished until it is placed in the hands of educated women who are trained for it and are familiar with general nursing, but who need an insight into the higher privileges of the nurse which are acquired only by actual contact with mental cases.

If the adequate nursing care of mental patients is to be accomplished through the educated nurse, it would seem that the plan of receiving students into the training school through the attendant class is not a very safe or sound one on any but a purely eco-
nomic basis. Students must qualify here, as elsewhere, and it is impossible when ten to fifteen hours of the day are those allotted for hospital duty, to spend much time in study. One of our advocates of higher standards for nursing education still writes:

I should of course encourage persons in the orderly or maid servant group to endeavor to rise to the higher or training school grade, but I should be inclined to give up the idea of putting "round pegs in square holes" by insisting on persons of all grades of intelligence going through the same training school.

We feel that round pegs are being put into square holes still, by encouraging this standard, and associating it with the training school. Democracy is a watchword in education, but while it is occasionally true, that unusual people with ambition and courage do enter into the humblest field of labor for a period long enough to enable them to procure means to attain to something better, these are the exception and not the rule, and it would seem that such isolated cases should be considered individually, if we are to encourage the best type of woman to enter our training schools, and raise nursing education to what it should be.

How can affiliation be accomplished and how can time be spared in the three years' course to provide for the additional training, are questions no doubt which will arise in the minds of those already struggling with an overflowing curriculum, and a consideration for the needs of the hospital, which under our present system we are forced to recognize, and provide for by our training schools. To enter into an adequate discussion of the plan would be a topic for another paper. Suffice it for us to remark, many greater problems than this have been solved by the splendid women of our beloved profession, and it is only for them to see the need, to make provision to meet it; and as was stated earlier in the discussion of this issue—the three years' course is designed to lay the foundation for all branches of nursing and not provide specialists in any, and it is to this extent only we claim that all nurses need some experience in mental work, if they are to intelligently meet the daily demands thrust upon each and all.

The decision as to how long a time should be spent in such study must be left at present to the individual schools, trusting
that they will make use of what is available, and, failing a present affiliation, that the educators in the training schools will appreciate the value of mental teaching and experience for general work, and will advocate a supplementary course until public sentiment has been created in favor of its introduction as a required course into the curriculum of every training school.

We have spoken of the value of experience in mental nursing to the student as a nurse, but there is another value which we cannot underestimate. It is the unquestioned value to the student as a woman.

There is no power greater than contact with one's fellows in a mental hospital to set one straight about one's self. Every nurse comes into the work with the feeling that she is associating with a group of people, one of which she could never become, but with a fuller understanding of the nature and causes underlying mental diseases comes a knowledge of one's own mechanism, and an appreciation of the difficulties with which each and all have to contend. To see one's personality in its true light, to recognize and appreciate ideas, and feelings otherwise a mystery, and to have courage to hold them up to view and accept them as definable and tangible, this in itself is a sufficient reason for desiring the experience. To be sure a great deal depends on in what the nurse's work consists, and whether or not in the mental hospital she is simply a means to an end. But in an institution where the nurse's education has an identity, and where she is instructed systematically, she cannot fail to gain an insight into life and its variations which will prove to be one of her greatest assets, irrespective of the field in which she elects to work.

It may seem as though we have not kept very closely to our subject, but these problems are so essentially yours, and mine, and are so inter-related that one encroaches on some other territory without realizing it. The care of the mentally sick has such varied phases and the hospital problems are so many that it is difficult to determine where one begins and the other ends, and when we face the fact that as institutional, private duty and public health nurses we come in daily contact with it in one form or another, it is important that we lay aside prejudices and ignorance and take time to consider, what is our personal responsibility, and to ask what do we know about it?
The Chairman: We are not only very fortunate in having such a splendid paper, but we are very fortunate in having Miss Taylor with us. Miss Taylor is not a specialist from the standpoint of a person who has begun and ended with her specialty. She was trained in the Johns Hopkins Hospital, and before taking up this work at the Phipps Department of Psychiatry, she went to various institutions in several states to study the problem, and I am sure that she could give you most interesting answers to any questions you might want to ask. We hope there will be some questions that you want to ask concerning this affiliation with the mental hospital. I am sure Miss Taylor would be very glad to answer them.

I would like to ask if there are any superintendents of nurses here, whose students are sent to mental hospitals—or who have affiliation with mental hospitals.

Miss Greener: We have affiliation with the Bloomingdale Hospital, by which we are enabled to send a limited number of pupils there for a three-months’ training in this particular line of work. I would like to say in regard to it, that the nurses are very enthusiastic. Those who take the course appreciate it greatly and come home with such glowing accounts of the benefits of the work that all the nurses are desirous of taking it. I wish it were possible to give the course to all those who desire it, but so far we have only been able to make it elective to a limited number in each class.

The Chairman: That is, you find that more would like to take it than you do send to that particular service, making it elective?

Miss Greener: Yes, there are more. I think if it were made elective, the entire school would like to have it, with very few exceptions. I think it could be made compulsory without the slightest objection on the part of the pupils, and they would be greatly benefited by such work.

Miss Whyte: I have charge of a city hospital. We have not a training school of our own, and the nurses come to us from another school, they like the work so much in our psychopathic service. When they are through with their training, they always speak in the highest terms of the experience they obtain, and they feel that without that branch of work their training would be incomplete.
The Chairman: May I ask how long a period it is for these nurses in the psychopathic ward?

Miss Whyte: Three full months, and I think they come more or less in contact with mental patients in doing relief work during the seven months they are with us.

The Chairman: Is there any one else?

Miss Lawler: All our nurses at the Johns Hopkins Hospital go to the clinic for two months. We first sent only the seniors— but later it was necessary to send some of the senior intermediates on account of class work. We were able then to very definitely observe the results of the work after that training. It helped them very much. I think there has been only one nurse in all that we sent, who did not take hold well and did not like it.

Miss Logan: Nurses in the Cincinnati General Hospital are obliged to take two months in the psychopathic wards.

The Chairman: Are there others?

Miss Johnson: Miss Parsons has been keeping two pupils at McLean Hospital a little over a year. When she first started it, she did it with a misgiving as to whether they would go or not, but she has more people applying than she can take care of.

Miss Whyte: May I say one more thing about this work? When we started this psychopathic work, I went to various hospitals to find out how they did their nursing of mental patients, I was told by the doctors in state and private institutions that I should start the work with women from insane asylums who had been experienced in handling those patients. I thought that was the best thing to do, but before a week was over, I found they were more like police standing guard and were incapable of administering any nursing care to the patient. So I had to dispose of them and then I started the work with the pupil nurses and found it very satisfactory during the last nine years.

The Chairman: I think Miss Taylor could tell us just a word or two about that, because she has had the experiences of working with nurses who have been only in the mental hospital, and also with the pupils in the general hospital. Won't you tell us a few words about that?

Miss Taylor: I think my experience very much like that of Miss Whyte. Nurses with only mental hospital training lose sight of the fact that it is with sick patients they are dealing.
Their attitude is as Miss Whyte says, "Policeman like." Custodial care is largely to what they have been accustomed and they have very little appreciation of the condition they meet from the standpoint of an illness. This is modified somewhat when general hospital training is added to that of mental hospital training, even though it may be very limited and given at the close of the course, but my experience would lead me to believe that nurses entering a mental hospital first with few exceptions, do not get the desirable point of view, which is that of the sick patient. In comparing the work of the general hospital pupil who receives mental training at the close of her course, or at the earliest in her intermediate year, with that of the nurse who has only training in a mental hospital, it is not a difficult matter to decide which has the advantage.

The pupil who has always dealt with the sick bed patient has a keener appreciation of illness and enters into the work with a more appreciative and sympathetic spirit, a necessary factor in dealing with the mentally ill.

I would like to advocate an affiliation for our state or private mental hospitals which would give the pupils their first education in nursing in the general hospital.

The Chairman: We will listen now, I think, to the paper on "Problems and Possibilities in the State Hospital Training Schools." This may give us some further light on the subject. It is written by Miss Ida J. Anstead, who is a graduate of the general hospital, and now principal of the training school, St. Lawrence State Hospital, Ogdensburg, N. Y. Miss Hilliard has kindly consented to read this paper, and Miss Hilliard as inspector of these training schools and former superintendent of the Neurological Hospital in New York, may be able to give us some interesting information in addition.

May I say now, since perhaps some who are here are only interested in this last paper—I hope that is not the case—that this last paper, on "Peculiar Mental Disturbances in Soldiers as the Result of Life in the Trenches in Europe," by Miss Mary S. MacInnes, of London, England, has only just come into our hands. It is to be typewritten and will, therefore, have to be read at a later session. We shall not have that paper this afternoon.
THE PROBLEMS AND POSSIBILITIES IN STATE HOSPITAL TRAINING SCHOOLS

BY IDA J. ANSTED

Principal Training School, St. Lawrence State Hospital, Ogdensburg, New York

The problems of efficiently training nurses in the average state hospital for the so-called insane, are many and varied. The opportunities for betterment, indeed, for the highest order of development is ours if we but look about us. Too often I think it is our habit, though perhaps unconsciously, to ape the general hospitals, when we have within our very walls abundance of the richest clinical and teaching materials, which are available only in hospitals of this character, and the exploitation of which is our privilege as well as our duty.

In attacking the problems let us begin by drawing a mental picture of the state hospital organization, with an average daily number of 2000 patients divided into groups of about 400 each at distances in some cases of half a mile. These groups are subdivided and classified according to the service, whether acute, chronic, infirm or tubercular. In the acute we have medical and surgical wards, admitting departments, wards for acutely disturbed and noisy patients, for suicidal and depressed cases, and for the convalescent. In the chronic infirm wards, crippled and paralyzed patients are sometimes bed cases for as many as ten years. The necessity for good nursing needs no emphasis here, while chronic cases not infirm require constant attention, and epileptics, Dementia praecox, especially the paranoid type, are the best developers of patience and tact that I know. The tubercular service is for the treatment of mental cases suffering from tuberculosis.

Many of our difficulties originate from over-crowding due to deficient provision for the rapidly increasing admissions. In New York State this over-crowding is approximately 25 per cent in the wards and even greater in quarters occupied by nurses and employees. This situation renders it difficult to maintain the proper separation of nurses and attendants and complicates the administration of the school in many ways.
It is idle to say as stated in a recent number of the *American Journal of Nursing*, that getting a sufficient number of well qualified pupils is merely a matter of providing proper equipment and instruction. If this were true, fewer advertisements of well-known metropolitan training schools would appear in country newspapers. If the general hospitals situated in the large cities experience difficulties in this respect, what might we expect of hospitals for the insane, many of which are in the country or in the small towns? The truth of the matter is that large state hospitals make necessary the employment of a large number of men and women of indifferent education and uncertain future, among whom the nurses and pupil nurses are only a leaven in a very large lump. A problem unknown to the general hospital, is the necessity for employing married couples. The wife may be a head nurse, the husband an attendant or otherwise employed, and vice versa. The plan is anything but gratifying and one I am happy to say we are fast getting away from. We consider it almost ideal if we can have three or more nurses on a ward assisted by a sufficient number of attendants. There are in the hospital with which I am connected about 300 men and women engaged in the actual care of the patients while many more are indirectly employed. From this number we select our training school pupils and the average state hospital presents a very wide variety of types. In New York State it is the custom to form new classes each September requiring these candidates not having high school work to pass an entrance examination. Usually the number of enthusiastic applicants is large, in some hospitals I am told, as many as 50 enter the junior class. If they are disciplined or find the studies too arduous or the wearing of the nurses’ uniform not such a fascination after all, many are quite content to drop back into the attendant stage. They see very readily the advantages which the nurses receive but lack ambition or the ability to acquire them. This, I believe, is one of our greatest mistakes. Would it not seem better for all concerned to begin with a class of ten carefully chosen earnest women, give them the best possible instruction, keep them on our best teaching wards, round out their training by some good affiliated work and when graduated place them in charge of our important teaching wards, where they in turn may prepare to train the incoming class?
When we hear of state hospital pupils spending six months in
the diet kitchen, nine months on a chronic ward, or the entire
period of training on wards which care for the physically ill only,
being deprived of the wealth of experience the acute excited
wards give and in which their most important experience should
be received, we may feel pretty certain a similar state of affairs
would exist with a class of 50 had they remained. While we
have great numbers of patients, we are not equipped to properly
train such large classes for the reason that we have not enough
teaching wards, nor wards headed and managed by graduate
nurses, under whom pupils may properly be instructed. Our
methods of class instruction may be the best, but we cannot hope
for good results without an opportunity to observe and practice,
nor without efficient supervision and follow up work.

Many times, indeed all too frequently, the superintendent of
nurses or the principal of the training school, and the training
school itself, are considered quite a secondary part of the system,
something to be tolerated, coming after other departments in
the hospital administration have received consideration. In
some hospitals the physicians assign the nurses to their duties
and the pupils are never changed without the physicians' con-
sent. Consequently, when a pupil is doing satisfactory work for
the doctor her entire experience is usually obtained on that ward.
A superintendent of nurses can hardly be expected to achieve
good results without the cooperation of the superintendent and
the medical staff. It is a recognizable fact that the successful
training school is a necessary adjunct to the successful hospital.
To the question, Are we not hampered because of state control?
I think not. If requests are legitimate ones they are generally
permitted or allowed. However, if the superintendent to whom
these requests come is not in sympathy with the training school,
he will hardly think the plan of furnishing wards, surgeries or
diet kitchens with proper teaching equipment, thereby increasing
the cost of maintenance per capita, a very feasible one.

Discipline is a large factor in any hospital, and in the state
hospital where the various departments are so divided and the
Superintendent of Nurses is not provided with competent aides,
discipline is not easily managed. The uniform is one of the first
items to attract attention and it would seem that the Superin-
tendent of Nurses is much to blame for this lack of uniformity in
dress. The wearing of rings, and other personal adornment,
exaggerated coiffures, and gum chewing may be mentioned, while
in some hospitals nurses go about their duties minus a cap or a
collar and think little of taking their meals with sleeves rolled up.
The small hospital is like unto a family; while in larger ones it
is society with which we must deal.

Too much housework is expected of the nurses, the general
hospital nurse, I fear, would never do it. A plan is yet to be de-
vised whereby the attendants on the wards will do the rough
work as maids; at present there is too little distinction in this re-
gard, which I think has a deteriorating effect upon discipline
generally.

The hours of duty seem very long, but the work is not strenu-
ous and not of the nerve wrecking variety so many nurses out-
side believe it to be. This is evinced by the fact that very many
men and women remain actively engaged in mental hospitals for
periods of 20 years and more. The popular idea that workers in
these hospitals grow queer may be true; but we believe these in-
dividuals, if any, would have become eccentric in any other capac-
ity. The attitude taken by student nurses in state hospitals to
the allowance or wages paid is contrary to good discipline, one
quite different from that of the general hospital nurse. The edu-
cation given should be the principal attraction, but the state hos-
pital system does not help to instill this, rather the contrary.
The pupil is placed temporarily in charge of a ward or transferred
from the female to the male service, her salary is at once in-
creased. She does not consider it a compliment to be selected
for this more responsible work, and should the increased pay not
be forthcoming, requests a return to her old work, thereby losing
an opportunity to develop and broaden her executive experience.
Affiliation has already changed this attitude in a degree and I be-
lieve when general hospital nurses affiliate with state hospitals
an entirely different viewpoint will be realized for the state hos-
pital nurse.

To the junior nurse at least, the care of the physical case is
certainly more attractive. Mental cases require a good deal of
insight and study before they hold the pupil’s fascination as do
accidents and the clang of the ambulance bell. In a measure
the reason for this is, too little emphasis is laid upon the mental case in mental hospitals. To the young nurse there seems often times little reason for the patient's being in the hospital, she is up and about, eating well, apparently enjoying life, no chart is kept for her, and no visible treatment given. This naturally is not her conception of nursing, and can we blame her? When a fracture occurs on our wards a clinic is held while the physician explains the symptoms, signs and treatment, but of the mental case little is told her, she makes her own observations, be they right or wrong, she never sees a history and consequently is unfamiliar with the condition of the patient.

We are a special hospital and so classed by the Department of Education. Are we giving our student nurses the knowledge they require regarding the patients they spend years learning about? A case of typhoid is reviewed so thoroughly, both in theory and practice, that our nurses are equipped to nurse a case with the best in the land. But I take it the physician who wishes to secure an obstetrical nurse will apply at the best maternity hospital, just as the physician or hospital looking for a well equipped psychiatric nurse will turn to the mental hospital for help.

Are we then, making preparations to supply this ever-increasing demand? According to Miss Katherine Tucker's report in the December Journal we are not. Or are we deceiving ourselves and the young woman whose professional career is being charged to our account?

The question of the advisability of admitting attendants to our training school has received considerable discussion, and many good points are to be made pro and con. The state hospital law in New York State requires that each person be employed as an attendant, the young woman wishing to enter the training is employed in May, the junior class forms September 1. She does the work of an attendant until that date when she enters the school as a probationer. In this hospital the average attendant is not of the housemaid type, but on quite an equal footing with the nurse as regards education and culture, so that were we to draw the line on attendants entering the training school we would, under the present arrangement, be seriously handicapped. In many respects the attendants in the state hospitals are like probationers in the general hospital. A regular
course of three months' practical and theoretical instruction is
given each and every attendant employed, whether with a view
to entering the training school or not. Frequently we find
young women with the equivalent education entering the junior
class after a year's experience as an attendant who make poor
students and cannot be retained.

In attempting to write this paper my idea was to generalize
along problematic lines regarding the state hospital training
schools, but since reading Miss Tucker's report a spirit of loyalty
to the state hospitals which have made advancement under simi-
lar conditions, impels me to enumerate a few of the difficulties
which have been overcome in this hospital, and to offer encour-
agement to those struggling. In the first place, the entire nurs-
ing force is under the direction of the Principal of the training
school. This includes supervisors, graduate nurses, pupil nurses
and nursing attendants, assignments to duty, interchange of
pupils, and discipline. In this hospital a graduate registered
nurse is in charge of each group of which I spoke at the beginning.
She is provided with an assistant, a graduate nurse, who is in
charge of a ward, but in the absence of the supervisor is available
for relief. Secondly, all applicants to the training school are
considered by the principal. They are retained or dismissed at
her discretion, and resignations, vacations, requests, etc., are ar-
ranged for in like manner. The course of training is three years,
including a probationary period of three months before the nurses'
uniform is donned, or the candidate considered a member of the
training school. We have a nine months' affiliation with Bellevue
Hospital, New York City which provides for experience in med-
ical, surgical, obstetrical and child nursing. This affiliation is so
arranged as to benefit the home school for a period of six months
before the pupil graduates.

The nurses' quarters are not ideal. However, they are sepa-
rated from employees as much as possible and we anticipate
within a year to have a model nurses' home, entirely for the use
of nurses. Separate dining rooms are maintained and the ser-
vice of food is a just cause for thanksgiving. The hours of duty
are not from 13 to 15 hours but average ten hours daily, which we
consider much too long. All wards to which pupil nurses are
sent for training and experience are headed and managed by
graduate or senior pupil nurses who are permanently assigned to the ward. A head nurses' class is held each week for the discussion of problems relative to teaching and training pupils, suggestions of all kinds are encouraged for the improvement of the nursing service and concrete cases of infringement of discipline are discussed at length, with a view to prevent possible future cases. Instructing head nurses who are really teachers in these departments in uniform methods of carrying out the various treatments, medications, charting, indeed all nursing measures, prevents great confusion where pupils go from one ward to another for instruction. In this way one learns of many conditions not otherwise thought of.

Play we consider equally as essential as work, every effort is made to provide entertainment in the way of healthy amusements. Class functions are encouraged during the winter, while a visit to this hospital during the summer season would speak for itself.

Affiliated, elective or post graduate courses would I believe do much toward raising the nursing standards in state hospitals, were the state hospitals ready to reciprocate by offering a well planned course in mental nursing. This is already recognized as a desideratum by both physicians and nurses, for the obvious reason that there is no hard and fast line between the mental and physical even in health, and how much less in sickness. Every typhoid delirium or hysterical phobia is a mental case, and the ability to read ariight the confused utterances of a patient may often make the difference between success and failure. The time when general hospital graduates will voluntarily seek the special training that can only be given in a hospital for mental disorders is not far distant. Until recently, surgery occupied the center of interest in medical science and nursing, but during the past ten years the advance has nowhere been so rapid as in mental diseases. Mental hygiene societies are multiplying in every part of the country. Mental clinics are being established with medical schools and dispensaries; thoughtful men and women everywhere are concerning themselves with the various aspects of the subject as never before. The nurse will have an important part in the campaign and must be ready.

The state hospitals are neglecting an important duty in that
they are not providing the facilities for this reciprocal training. What they lack in preparation for this change which will soon be demanded of them will be provided by the legislature when the weight of public opinion is brought to bear and the need emphasized. Surely here is an opportunity for the nurses' associations throughout the country to exert their influence.

Our problems are many, but I know they are surmountable. The future is pregnant with possibilities great enough to brighten many discouraging aspects.

The Chairman: I am afraid we shall not have time to discuss this paper; therefore, we will ask Miss Thomson, superintendent of the Mental Hygiene Society of Chicago, to give her paper on "The Mental Hygiene Movement, and Preventive Measures." I want to say that there will be a round table on Wednesday morning, I understand, at half-past eight, when these papers may be discussed; and if, of course, our next two papers are finished in time, we shall revert to the discussion of the first paper just read.

THE MENTAL HYGIENE MOVEMENT AND PREVENTIVE MEASURES

By Elnora Thomson

Superintendent of the Mental Hygiene Society, Chicago

The mental hygiene movement had rather a romantic beginning. Some few years ago a young man graduated from Yale University. Shortly after his graduation he became mentally ill and for two years he was cared for in public hospitals and private sanitariums in the state of Connecticut. During this period he was acutely sensitive to things going on about him and after his recovery had a clear remembrance of these things and of their effect upon himself. Being of a literary turn, it was quite natural that he should put these experiences in writing. When he had finished he sent his manuscript to several scientists and humanitarians asking that they review it and advise him as to its publication. Acting upon their advice it was published under the title A Mind that Found Itself, Professor James of Harvard writing for it a foreword in which he stated, "It was the most phenomenal exposition of abnormal psychology from the inside that could be imagined."
Largely as a result of this book and the persistent efforts of the author, Clifford Beers, there was organized a Society for Mental Hygiene in Connecticut which was incorporated in 1909. Shortly after there was formed a National Committee for Mental Hygiene, composed of prominent people from all over the United States which gave as its principal objects:

To work for the conservation of mental health; to help raise the standards of care for those suffering from nervous disorders, mental disease and mental deficiency; to promote the study of mental disorders in all their forms and relations and to disseminate knowledge concerning their causes, treatment and prevention; to obtain from every source reliable data regarding conditions and methods of dealing with mental disorders; to enlist the aid of the Federal Government so far as it may seem desirable; to coordinate existing agencies and help organize in each state in the Union an allied, but independent society for mental hygiene, similar to those already in operation in several states.

Within the year the New York State Charities Aid added to their organization a committee on mental hygiene and Illinois incorporated a mental hygiene society. Gradually other states have become interested until now there are societies, either incorporated or about to be, in Massachusetts, Maryland, Pennsylvania, North Carolina, Alabama, Louisiana, California, Rhode Island, the District of Columbia and Dayton, Ohio.

The activities of these societies differ according to the individual needs of the various communities but it is significant that all have medical affiliation of the highest character. The Medico-Psychological Society have twice given over their first evening session to a mental hygiene program, the papers being given by men of high rank in that society and who were also members of the National Committee for Mental Hygiene.

The movement was recognized by the International Congress of Hygiene and Demography held in Washington in the fall of 1912 at which time Dr. Lewellys F. Barker, President of the National Committee for Mental Hygiene said:

By a campaign for mental hygiene is meant a continuous effort directed toward conserving and improving the minds of the people, in other words, systematic attempt to secure human brains, so naturally endowed and so nurtured, that people will think better, feel better and act better than
they do now. Such a campaign was not to be expected before the rise of modern medicine. For only with this rise have we come to look upon states of minds as directly related to states of brain, to view insanity as disordered brain-function, and to recognize in imbecility, and in crime, the evidences of brain-defect. The imbecile, the hysterical, the epileptic, the insane and the criminal were formerly regarded sometimes as saints or prophets, sometimes as wizards or witches, often as the victims of demonia possession, on the one hand to be revered or worshipped, or on the other to be burned or otherwise tortured. Now, such unfortunates are looked upon as patients with disordered or defective nervous systems, proper subjects of medical care; some of them are curable; some are incurable, but still educable to social usefulness; a part of them are socially so worthless, harmful or dangerous as to make their exclusion from general society necessary or desirable. It is but a short step from such a reformation of ideas, to the realization that less marked deviations from normal thought, feeling or behavior, are also evidences either of brains defective from the start, or made abnormal in function by bad surroundings or by bodily disease. As examples of such marked abnormalities may be mentioned those met with in children who are difficult to educate, in young people arraigned in the juvenile courts, in adults, who inadequate to the strains of life, crowd our hospitals or sanatoria on account of "nervous" or "mental" breakdown, or who owing to anomalies of character and conduct provide material for the news columns of the sensational press. Modern medicine has taught us to recognize that the conditions necessary for a good mind include, first, the inheritance of such germ-plasm from one's progenitors as will yield a brain capable of a high grade of development to individual and social usefulness, and, secondly, the protection of that brain from injury and the submission of it to influences favorable to the development of its powers. Now if these doctrines of modern medicine can be true, the general problems of mental hygiene become obvious; broadly conceived, they consist first in providing for the birth of children endowed with good brains, denying as far as possible, the privileges of parenthood to the manifestly unfit who are almost certain to transmit bad nervous systems to their offspring—that is to say, the problem of eugenics; and second, in supplying all individuals from the moment of fusion of the parental germ-cells onward, and whether ancestrally well begun or not, with the environment best suited for the welfare of their mentality.

To carry on such a campaign there have been enlisted the services of physicians, psychologists, nurses and laymen. The National Committee have launched upon a campaign of education, sending out exhibits, publishing pamphlets, and are now making surveys of conditions surrounding the mentally ill and feebleminded in states requesting such aid, with the hope of stimulating action looking toward better and more scientific care of those already afflicted, and pointing out methods for prevention.
The first consideration of any movement for public health should be, and usually is, prophylactic, and in connection with the mental hygiene movement we must first consider the education of the general public to a proper conception of mental illness, for even yet many feel about it as did an old colored woman in Chicago whose sister was being held at the Psychopathic Hospital, who said, after answering the questions of the nurse from the social service department: "I don't know why she's crazy. I se done a'verthing I knows how to make her well. I se took her to church, I se made her read her Bible. I se had her pray by the hour and a'vbody knows the Lord don't send craziness—it takes the debbil to lunitic folks." The tendency to put the mentally ill in a class by themselves is the result of ignorance and while it is true that there are forms of mental illness, the cause of which is unknown, there are also forms of physical illness about which we are equally in the dark. From education we may hope for better hospital care, enlightened legislation, stimulation of research and prevention of mental breakdown in those forms of mental disease of which we know the cause—such as general paresis—and other forms which result from syphilitic infection, or the group predisposed to alcoholism. When people generally realize that the children of feeble-minded parents will be feeble-minded some means to prevent such marriages will be found.

This, then, is part of the function of societies for mental hygiene and well trained nurses are needed for the movement. These nurses should have experience in caring for the mentally as well as the physically ill and have had social service training. They must familiarize themselves with the laws pertaining to the insane, feeble-minded and epileptic and the commitment procedure in the state in which work is to be done. Almost all of the social service work of the state societies is being done by nurses and the newer societies are looking about for properly trained women for this branch of their work which covers a large field. There is the after-care case, the individual paroled or discharged from the state hospital who must re-adjust to normal living conditions and perhaps find employment; the borderline case, the individual not yet broken mentally, who must be taken to clinic or physician for examination and advice; the so-called constitutionally inferior individual, not an institutional case but in need of care,
direction and supervision. All these and many others will come to the attention of the Mental Hygiene Social Service nurse. To meet their needs she will have to assist in establishing clinics, if such do not exist, enlist the interest of the state hospital, as well as other physicians, and will probably find it necessary to establish an occupational department, for as occupations have been found to have a therapeutic value in the institution so they are proving of great value in the field of prevention. To be effective they must be under the direction of a skilled teacher or teachers who have understanding of abnormal groups. The occupations have to be of a great variety and very elastic but it is found that many people unable to compete industrially can in this way be made self-supporting, while others after this understanding direction and a period of training can take their place in modern industrial life. Some examples from such a department established in connection with a state society for mental hygiene may serve to illustrate:

A woman who had been a problem for years to a relief agency of the city was referred to the Mental Hygiene Society. She was diagnosed by a competent alienist as constitutionally inferior and it was recommended that she be given work in the occupational department of that society. After some weeks' instruction in plain needle work, she found a position for herself in a tailoring establishment. She is now earning $7 per week and the relief agency in a recently received letter say: "We feel sure that her present success is due to the training she received at your institution."

Another organized charity reported an old lady past seventy as being insane and in need of institutional care. It was found after examination that this old woman was not insane but naturally melancholy, having a few months before lost a son who was her sole support. She had tried various means for earning a livelihood, at each of which she had failed, and had come to the conclusion that there was nothing in life for her. It was found that this old woman did very good needlework and could be taught to make the most elaborate of the fashionable appliqué quilts. She has been self supporting for more than a year as a result of the sale of these quilts, the large ones having a market value of one hundred dollars each.
A woman about sixty, a trained nurse, incapacitated for active work because of lameness was becoming discouraged and melancholy. She had some knowledge of needle work and has been taught to dress dolls and make braided rugs. She is now practically self-supporting and a wonderful influence in the workrooms of this society because of her cheerfulness and general desire to help others.

A young man was referred by the social service department of a general hospital, both feet having been amputated. His history showed that he had been battered about from his early youth. He had been in seven schools and institutions, some of a semi-correctional character. An only brother a few years older was in the city prison for larceny. He was 22 years old, had a quick temper, an impediment in his speech and was very erratic. He never stayed anywhere any length of time and felt that life held absolutely nothing for him. He has been in the occupational department almost a year, does excellent cabinet work, has just finished a doll house valued at a hundred dollars, is entirely self-supporting and spends most of his off-time in a hospital visiting another former worker who is seriously ill. He says he does this “Because that poor guy is worse off than he is.”

Women capable of assuming direction of these occupational departments are not numerous. It is hoped that within a short time a department for the education of such workers will be established in connection with the mental hygiene movement. Nurses clever with their fingers after this training would make excellent instructors and might find this another avenue for their activities.

Inclosing this brief outline of the mental hygiene movement may I ask nurses to consider seriously the great need of the mentally ill for the highest type of nursing care and urge our women to give themselves the opportunity of discovering the great interest for them which lies in the study of this branch of nursing.

The Chairman: It really seems very sad that we cannot avail ourselves of the fund of information that Miss Thomson could give us, but I think we must not forget that she will conduct the meeting on Wednesday morning, and perhaps we can go back again after we have heard Miss Walsh’s paper, which I am sure will also be exceedingly interesting, “State Laws and Commitment procedures.”
As a preliminary, the gratitude of the writer must be spoken for Miss Elnora Thomson and Mr. Urban Lavery, who have given such valuable assistance in the preparation of this paper.

President Wilson once stated that he found it necessary to occasionally borrow other people’s brains, and the writer wishes to remark that she found it most beneficial to have followed his excellent example.

In approaching this important and vital sketch, it has seemed wise to give a brief sketch pertaining to the early history of these laws. We find in studying the matter, that at common law and in England today, to the King is given the care and guardianship of the mentally ill and their properties. This function of the crown being discharged through the chancery court.

The early statutes in England with reference to the treatment of this type of patient were meager. The present proceeding for commitment is traceable to the ancient writ “de lunatico inquirenda.” It is interesting to discover in this relation that the patient in connection with his commitment is considered as a defendant in a law suit. The public, represented by the attorney-general or some representative citizen, is regarded as the complainant. So it is important to remember that in essence, the finding of insanity is a judgment of a court. This comprehends two points: First, that the patient must of necessity have due and proper notice of the proceeding and is entitled to representation by an attorney, and second, that this patient has the right to appeal from the finding as to insanity. If this principle is kept thoughtfully in mind, one is apt to regard the wisdom of considering this person at all times a mere patient and not as is indicated in the preceding paragraph, a party of the first part in legal suit. In discussing this I wish merely to project the above idea into the minds of our professional women who might need to pursue thought along this line.

Of course, there has always been from the early history the jurisdiction over the insane person which involves control and if necessary his detention, and second, the guardianship of any
estate which might have been in his possession. This holds to-
day, and the normal practice in regard to the type of patient who
is likely to become permanently ill, involves a proceeding to ap-
point a conservator, which must take place subsequently to the
time that the finding of insanity is made.

STATUTES AND LAWS IN THE UNITED STATES AT THE PRESENT TIME

The practicability of analyzing each law of the different states
to a fine point, has not seemed advisable in considering this sub-
ject from a large and comprehensive viewpoint, so a general state-
ment in regard to the fundamental principles involved, will give a
clearer idea of the condition which prevails in our country today.
In examining the laws of the various states one discovers a con-
siderable similarity. This is not unusual and is to be more or
less expected when we remember that the inheritance of our legal
system has descended very largely from England, and more or
less uniformity prevails in other fields. However, the practice
and method of dealing with mentally ill persons, presents a more
cohesive aspect than that pertaining to other groups of laws per-
taining to what might be regarded as similar subjects: for instance,
in the matter of laws relating to divorce, to the subject of ille-
gitimacy of children, etc. In many of these matters there exists
a wider diversity and a greater variety of provisions than is found
in the laws relating to the mentally ill. One apparent reason is
probably due to the fact that legal action pertaining to this type
of patient is more or less recent and the legislators in the different
states have been willing to be guided by precedents established
in their sister states relating to this important matter. So we
find that in this regard certain states like Massachusetts and
New York have been used as patterns in the matter of legislation
pertaining to this subject.

This following brief outline of what might be considered char-
acteristic statutory provisions found in the United States with
reference to the care and treatment of these persons, is as follows:
As a general matter a state board of charity and corrections is
created and is generally appointed by the governor, which board
has supervision over all of the charitable and correctional insti-
tutions, including, of course, the state hospitals for the mentally
ill. This vital principle of proper control over the institutions is
a more than wise measure, and the importance of it can never be
questioned, but we find that a number of states including Alabama, Arkansas, Georgia, Mississippi, Delaware, and perhaps others, have no unified board of control. The significance of this is immediately apparent to thinking people; a patient may be committed to one of these unsupervised institutions and is left entirely to the mercy of sometimes poorly equipped people in authority. As a contrary measure, Massachusetts, New York, Tennessee, California, and Illinois have carried this matter of organization one step further. In the first named state, the board of insanity is given control over these patients generally. In New York there is a state hospital commission whose jurisdiction includes hospitals for the insane and general hospitals as well. This indicates that patients being cared for in a hospital otherwise than a state institution for the insane, will have proper supervision. One finds in going over this matter that the practical working out of these laws in New York and Massachusetts is excellent. Each commission is responsible to its own board and they are all directly responsible to the governor of the states.

These boards whether general or special, with jurisdiction only over insane hospitals, are given the executive and administrative control of said hospitals. This includes the business of supervising and the proper maintaining and operation of the hospitals in addition to the provision of rules and by-laws for their operation. It is interesting also in regard to this to discover, that as a general matter the laws do not cover any definite instructions pertaining to the rules of the commissions. This gives each commission more or less elasticity in providing for the institutions in their own immediate environment. As a general rule, these commissions more or less control appointments of the superintendents of the institutions and the employees. Each state hospital is generally under the management of a governing board, which in turn reports to the state board. It is also worthy of emphasis that three states, Illinois, Massachusetts and New York provide specifically for a psychopathic institute in connection with the hospital for the insane for their different states. In this way the study of the care and treatment of the mentally ill patients can be carried on in an intelligent manner. In passing, one would wish to make the statement that in Illinois this has done more to educate physicians in the
actual care and treatment of these patients, than perhaps any other factor in relation to their medical practice. In bearing upon this subject also, one would wish to make the declaration that Massachusetts provides more elaborately for its dependents than any other state and even in consideration of this factor, one-fifth of the population of the state are not mentally normal. Of course it is regarded as an accepted fact that the general number of states have institutions which provide for the care of this type of patient. Again to look toward Massachusetts and New York, one is able to make the statement, that there are fourteen such institutions, but there are unfortunately a number of states where only one hospital is provided. The general number of southern states provides separate treatment of white and colored patients.

Now as to commitment. The general method is as follows: The affidavit of a relative or some other responsible person alleging the insanity of the person in question, is filed with the county or probate court, which in turn serves notice on the person or his family of a hearing to be held to determine the sanity of the individual. At such hearing the court may or may not be assisted by a jury. A group of professional women will be very apt to see at a glance how more than impossible it would be for lay people to determine the significance of a state of mind which bears such close relation to a pathological condition. This condition perhaps having prevailed over a long period of time; for that reason, one is so glad to see that in some states, a physician is called to give the court expert advice on this matter. The Illinois Society for Mental Hygiene has left its impress in a forcible and far-reaching manner which will have a significant bearing upon the attitude of mind of the general community toward the mentally ill patient in this generation and one hopes for many years to come. It was through the initial efforts of this organization, whose first president was a woman of such wide and intelligent sympathies, Miss Julia Lathrop, that the interpretation of the condition of these unfortunate patients has been put to such a practical use. This organization, through the intelligent appreciation of its utility by Hon. John E. Owens, at that time sitting as judge of the county court, inaugurated the custom of having a nurse attend the session of its proceedings and give to the doctor and jury the result of the social conditions which had surrounded this patient
prior to his or her commitment to the jurisdiction of the court. This had a remarkable effect upon the members of the jury, all of whom at that time were laymen. It taught them to regard these people at all times as patients, and not merely as a menace to the community, or simply dangerous types of human beings who needed something more than hospital care and treatment. If, after the proper trial of this patient, he is found of unsound mind, he is generally committed to a proper state hospital.

As to the cost of care and treatment of the patient, the rule is very general, that the estate of the patient or his family must contribute toward the maintenance of such person in the hospital. If this is impossible, many states provide that the expense will be borne by the state. It is interesting to note that Minnesota assumes the entire financial responsibility of the hospital and does not call upon the patient or his family to defray any portion of the expense. Whether this complete paternity of the state in this regard is a wise measure or not, is distinctly an open question as it relieves the family from all responsibility toward this patient.

Just a few words on the subject of the special treatment of the criminal insane. This subject properly considered, would have two classes of persons: first, those who may have been convicted of crimes and subsequently become insane, and second, those who are found to be insane either prior to or during the conviction of crime. The provisions of the statutes in many states with reference to this type of persons are unfortunately not as satisfactory as they should be. This phase of legislation with reference to the mentally ill, has been very much neglected and overlooked. Once more to allude to Massachusetts, provision is made that a person who may be charged with a crime and is found to be insane, is sent to the hospital for treatment. In the event of his restoration to sanity, he must then be returned to the custody from which he was removed and held in accordance with the terms of the process by which he was originally committed.

If a person indicted for murder or manslaughter, is acquitted on the ground of insanity, the court is compelled to order him sent to the state hospital from which he may be discharged after proper investigation and conclusion that his release may be had without danger to other persons. The State Board of Insanity
designates two experts to examine the prisoners in the state prisons who may be alleged to be insane and if this is the result of their examination, the prisoner is removed to the proper insane hospital. This interesting provision follows: If he subsequently regains his sanity, he is again taken to the prison to serve the remainder of his term, but the period during which he was held in hospital is computed as a part of the time of his sentence. This measure seems most humane and should carry excellent results.

As to the matter of the discharge of patients—this is usually left to the superintendent of the hospital. We find that in Massachusetts the superintendent may permit a patient to leave on temporary parole for a period not exceeding six months, and that if such person should require to be returned, he may be sent back during this time without a new commitment. If at the termination of this period of six months, he is still allowed his liberty, he is held to be discharged. During this time of parole however, reports are frequently sent to the superintendent and doctors in regard to his condition and behavior.

One hails with great satisfaction the recent news that a law pertaining toward the securing of high grade hospital service and the even greater development of an ideal system of preventive medicine under competent state control may be endorsed by the American Medico-Psychological Society. If this becomes a practical fact, let us feel as professional women that our plain duty and privilege will be to uphold and endorse the passage of any act suggested by such a high grade organization, in the states where such a bill appears.

As no paper can be considered complete without a recommendation, let this be the message carried to the ears of the women listening to this discussion today. We are a mighty force and the good that we can accomplish in this way is almost unlimited. Let us yield our interest and give our stimulation in such a wise way that we can feel that constructive work has actually been done where it is so sadly needed.

It has been very interesting to hear since coming to New Orleans that there is in this city a state charity hospital where we have heard that 25 per cent of the patients have been discharged as cured. This is a tonic to our tired sensibilities when we have so many discouraging points to consider as bearing upon the
neglected patients we know so well need efficient and proficient nursing and hospital care.

It is during the period of after care that one feels the intense value of the services of a properly equipped graduate nurse. These patients need encouragement and moral support, appreciation, understanding and a strong and sympathetic viewpoint of their difficulties. The Illinois Society for Mental Hygiene conducts clinics for the benefit of these patients, and doctors from the state institutions attend and examine the patients, and provide for their proper care and instruction. What a tremendous gap this bridges. One who looks into the future feels that where the helping hand is stretched out and is grasped by one who feels the need of such support, the stumbling feet can be once more trained to walk on paths long forgotten, and the satisfaction of seeing a patient returned to the community which he left utterly discouraged and broken in spirit, should be an inspiration for more of our profession, and a realization that here also is a field for our best endeavor.

There is one phase of this most important subject to which one feels reference must be made otherwise the matter would not be definitely covered. It is the announcement that the Illinois State Board of Nurse Examiners was the first state board to include the subject of nervous mental diseases as a matter of examination. True, this seemed a hardship at first and was not entirely understood, but the board felt the wisdom of its provision which directed the attention of the superintendents of training schools towards this much neglected division of the nurse's education. It is only a beginning and it is still in the pioneer stage, but the student nurse and the graduate nurse in studying this subject, may occasionally feel an attraction toward this field of usefulness and only when these patients are better understood, will they receive proper attention, and when we know that the possibilities for good which rest with us, are almost without limit in this regard, we may be willing to buckle on our armour and go forth to fight the good fight for those victims of disease and social conditions who need us, very, very much.

The Chairman: I am afraid that we shall have to consider this meeting adjourned, as we have another question before us of im-
portance. I think you will all be interested to know that probably there will be a mental hygiene section formed—at least, I hope so—with the American Nurses’ Association, with committees from the other two organizations. I think we shall have to go into executive session on a subject over which there is a little mental disturbance.

Adjourned.

Tuesday Morning, May 2, 1916

The meeting was called to order in the Green Room of the Hotel Grunewald, at 11.30 a.m., by the president, Miss Noyes.

The President: We completed our revision of Constitution and By-Laws with the exception of the article on meetings, which we were obliged to postpone until we learned what action would be taken by the A. N. A. Now we learn that they have agreed to hold biennial meetings. We are now in a position to consider the question. Miss Greener will read the article.

(Articles read by Miss Greener.)

Miss Wheeler: I propose the amendment read, “The convention of the National League of Nursing Education shall be held biennially and conjointly with the Convention of the American Nurses Association after 1918.”

Seconded by Miss Hilliard. Carried.

The President: What is your wish in regard to this amendment, with the proposed revision?

Miss Clayton: I move the adoption of the whole of Article 1, as revised and amended at this meeting.

The motion was seconded by Miss Brown and carried.

The President: If there is no further business, I very gratefully resign this meeting into the hands of Miss Wheeler.

The Chairman: The meeting will please come to order. It is in our methods of teaching that we are most at variance, and we know how important it is that we should meet the situation in teaching. Probably each is lacking in some respects, because we cannot cover all the various aspects. Miss Stewart has a paper this morning on “The Teaching of Home Nursing and First Aid.”

Miss Stewart: I may say that this paper has been suggested because there have been so many inquiries from all over the coun-
try during this past year in regard to the teaching of this subject. It is simply a tentative discussion and I hope that there may be something on which we can work, perhaps, for the coming year.

THE TEACHING OF HOME NURSING AND FIRST AID

BY ISABEL M. STEWART

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I am using this term because there does not seem to be a better one. It is not a good name, because it can be interpreted in so many ways, but the sense in which it is popularly used is fairly well understood. Like "home" carpentering and "home" dressmaking, "home" nursing is applied to the work of the amateur as distinguished from that of the professional or expert. The name "Home Care of the Sick" is preferred by many, but this narrows the subject down to the consideration of sickness only, while "nursing" in its original and broadest sense means the care of the well and the prevention of illness quite as much as the care of the sick. According to Florence Nightingale "the very elements of what constitutes good nursing are as little understood for the well as for the sick. The same laws of health, or of nursing, for they are in reality the same, obtain among the well as the sick. The breaking of them produces only a less violent consequence among the former than among the latter."

She called this art "health nursing" and insisted that it should be a part of every woman's education and that the dominant idea must be the conservation of health rather than the treatment of illness.

The problem before us is whether we agree with Florence Nightingale that systematic instructions in this kind of elementary nursing is either necessary or desirable. Whether we approve or not matters very little so far as the existence of such courses is concerned, because they are already being given in all kinds of schools, societies and clubs in all parts of the country. In the bulletins on "Education for the Home," prepared by Dr. B. R. Andrews for the Bureau of Education in 1914, it is stated that out of 163 colleges giving instruction in home economics, 35 were giving distinct courses in home nursing, and 10 in the care of children; 42 elementary schools were giving courses in home nursing
and 37 in the care of children, and practically every one of the hundreds of high schools where the household arts are represented, includes under this general title, similar instruction. This is only a fraction of the courses being given through outside clubs and societies, and though the numbers of these are not known, there is every evidence that the demand is increasing rapidly.

Requests come from all kinds of groups, from school children and college students, camp-fire girls and boy scouts, Y. M. C. A.'s and Y. W. C. A.'s, factory girls and society women. Intelligent mothers who have been impressed by their hopeless ignorance and incompetence in the presence of some common household need, girls who are expecting to be married and want to be prepared for the duties of family life, people going into social work and church work of various kinds, who want to be ordinarily intelligent (or intelligently ignorant, as one persons puts it), when confronted with problems of sickness, boys and girls who are simply interested and want to learn things that will be useful and helpful—all these and many others are clamoring for such instruction. Undoubtedly less admirable motives are sometimes found, particularly since the spread of the "war-nursing" craze of the last two years, but occasional evidences of abuse or perversion should not blind us to the real demand. In all such cases we have to consider and provide for the needs of the average person, not the exceptional person, and the common, not the exceptional situations of life.

The suggestion of any kind of nursing course outside of the hospital is apt to meet with so much doubt and distrust that it may be better to consider here a few reasons, apart from the public demand, why it seems to be advisable to provide some such instruction.

We will all agree that in spite of the undoubted progress in the prevention and care of sickness, the average person is still ignorant of the commonest means for keeping people, especially children, well, or caring for them if sick. We no longer believe that people learn these things by instinct, and we know that the casual and popular sources of information, which most people rely on, are untrustworthy. For lack of positive scientific teaching in such matters, people are led into all kinds of foolish and dangerous superstitions and practices, often with serious results. Such
ignorance can be relieved only by a more comprehensive general education which will distribute broadly the necessary facts, according to people's needs and capacities.

Then, too, in spite of the multiplication of hospitals, and the extension of visiting nurse services, there are still many families where expert nursing care is an economic impossibility, and where more or less heavy responsibility may have to be borne by sisters, mothers and other members of the family. This is especially necessary in long chronic illnesses, in convalescence, and in the minor diseases of childhood. Even where there is no economic problem, on farms, in camps and rural settlements, situations may arise at any time that require prompt and intelligent care if life is to be saved. Indeed, such emergencies may occur on the streets of crowded cities or in any home, without a physician or a nurse at hand. What can we do to make human life safer? Is it better to trust to the specialists entirely, even though they are not always available; or is it better to give every man, woman and child such information as he needs and can safely use?

We are all agreed on the desirability of giving the public sound teaching on hygiene and sanitation. We believe that good courses on physiology and on hygiene, and even on bacteriology should be a part of every person's education. But where it comes to the border line between health and disease, we always wonder whether the dangers are not greater than the possible gains. We remember the long struggle we have had to demonstrate to the public that expert nursing is as important as expert medical care in saving life and reducing suffering, and to convince them that devotion and intelligence alone are not sufficient guarantees of nursing ability and skill. We have had many evidences of the too-common tendency to take chances with illness, and just when we are beginning to get people educated up to the point of believing in hospitals and extending nursing care to all classes of the population, we wonder if it is wise to encourage them to feel that amateurs should meddle in such matters at all.

It is not astonishing that we should feel this way, because as a rule we as nurses deal with acute, serious illness, and with conditions where critical situations are apt to arise at any moment. But it is undoubtedly true that there are many kinds and degrees of illness, which do not require expert nursing care, and many
simple nursing measures which do not require extensive knowledge and skill to be used safely. A number of the things we do for patients are really household and sanitary measures rather than medical or nursing measures. They have been used in households for generations and are used every day by all kinds of people. We have perfected them and standardized them, but that is no reason why they should be considered as our own sacred mysteries to be jealously cherished, like trade secrets.

It is encouraging to feel that we are getting free from this narrow guild spirit which used to be so common in the medical profession and which is not unknown in our own. It is being penetrated gradually by a broader social spirit which considers the common good first and foremost, and the prestige and advantage of the professional group as secondary. Medical bodies are more and more abandoning the policy of secrecy and mystification, and even at the sacrifice of some of their cherished traditions and probably at some pecuniary loss, are taking the public into their confidence as fully as possible in all matters where the spread of knowledge will help to prevent disease and save suffering. It is a high type of altruism, which works for the elimination of one's own profession, but that is what the best physicians are doing and what we are doing, only that with us it is a transformation rather than an elimination that is taking place. While our field is contracting on one side, it is expanding in many other directions. Just as medicine has standardized and passed over into our hands one after another of its time-honored functions (grudgingly sometimes we will admit), so it seems to me we must be ready and willing, I hope, to pass on into general currency any of the commoner measures that we have worked out which will prove serviceable and safe for other people to use. We have had to struggle so long to secure the knowledge which would enable us to administer our own duties safely that we should be particularly sympathetic with those who are feeling their way to a better understanding and a more skillful handling of their very necessary duties.

Many people fear that the opening up of such courses would tend to increase the numbers of half-skilled, so-called "practical" nurses, who now impose on the public. I am inclined to think that the semi-trained or untrained nurse whose prestige in the
community depends on a small stock-in-trade of technical terms and "hospital" tricks, will not be so much in demand if these simpler things, such as bed making and temperature taking, become matters of common knowledge. If any school child can apply a sling or a simple roller bandage, a first-aid certificate will not serve so easily as a passport to war hospitals. On the other hand it has been proven that when people get a little insight into the difficulties and dangers that attend even the simpler forms of treatment, and some appreciation of what real nursing skill involves, the respect for professional work is increased rather than diminished, and they are less likely to assume recklessly such responsibilities. There is no doubt that such courses skillfully handled will serve also to attract into the profession many high school and college women who would otherwise never think of this field of work.

Of course, every nurse is teaching "home nursing" whether she is aware of it or not. Every patient who leaves a hospital carries with her new standards of comfort and cleanliness and the administration of common treatments. Every mother who sees the visiting nurse or private nurse bathe her baby and prepare its food and who follows her directions in the necessary treatment and care is having a very practical course in "Home Nursing." The neighbors get it too, with excellent and far-reaching results. Whether we like it nor not, then we cannot escape our teaching function, which is part of the business of being a nurse. If we ignore or shelve it, some other person will step in to satisfy the demand. This is what has been happening in courses on Home Nursing in the past. Because we were not interested enough, or because better qualified people could not be found, the teaching of this subject in schools has been very generally intrusted to teachers of biology or domestic science. While we would not think of asking physicians to teach our courses on nursing in training schools, we have allowed the public to assume that it is a perfectly logical and proper thing for physicians to teach the technic of nursing to amateurs. It is perfectly possible that such teachers have assets which we do not possess, and that on the whole or in certain cases they can do better than we can in getting the desired results. Adverse criticisms are by no means confined to the unprofessional teacher of these subjects. We have had
our full share and quite justly, because while others may be
deficient on the technical side, we have been deficient often on
the teaching side.

But even though it should be proven that we are less successful
in the formal kind of teaching than we are in the informal and
practical kind, that seems to be no reason why we should sit down
calmly and let the whole matter drift along as it will. Why not
decide at once whether we are going to stand for this kind of teach-
ing at all, and then find out how it can best be handled and pre-
pare ourselves as best we can for our part in it? It is becoming
a very insistent problem, and one that we cannot solve all at
once. The difficulties are innumerable and perplexing, and we
are bound to make many mistakes. All we can do at this time is
to outline a few of the main points of discussion and draw up a
general policy for your consideration.

In order to get various points of view on these matters, and to
balance up my own observation and experience with that of
others, I have gathered together the opinions of a number of
representative teachers, physicians, nurses and other citizens,
which will be summarized in the discussion following. To begin
with, practically every person consulted agrees that there is a
distinct need for instruction in Home Nursing, First Aid and the
Care of Children, and that some place should be found for these
subjects in the regular scheme of education. One or two disap-
prove of Home Nursing unless nurses are to act as instructors,
and one or two would confine such instruction to especially se-
lected groups.

The general aim would be to meet every-day needs so far as
health is concerned, in a practical and efficient way, to help peo-
ple to act intelligently and promptly in emergencies that threaten
life and health, and to develop a sense of social and civic respon-
sibility for community health and for the care of those who are
ill. A few, mainly teachers, suggest that such courses should
also help in preparing specially qualified girls to act as children’s
nurses, mothers’ helpers or convalescent nurses. This vocational
type, of course, will be discussed later, but in the meantime we
will speak only of the education which would be suited to the
general public.

It is assumed by those who are familiar with the school system
that the teaching of hygiene will have been begun in the kindergarten and continued up to about the 6th grade in the form of incidental and informal teaching rather than through set textbooks and exercises. By the time the child is 12 years of age he should have formed habits of personal cleanliness and care, and should know something of the essentials of home and community health. At the age of 13 or 14 many children will be helping at home in the care of younger brothers and sisters, and often will be depended on for much more responsible duties in cases of a mother’s illness or special family emergencies. A few of those who replied feel that this condition of things is abnormal and altogether undesirable in the interests of free, unhampered childhood, and that the school curriculum should not seem to encourage the employment of children in such home labor any more than they would countenance factory labor for young children. Others say that the child of 13 or 14 has not yet reached the psychological stage where even an elementary knowledge of infant care and home nursing is of any interest or value to her, that we must wait till later adolescence when she will have a better basis both in experience and understanding to build on, and when she can apply her knowledge with less chance of injury to herself and others. It seems to be the consensus of opinion, however, that since the vast proportion of elementary school pupils never reach the high school, if they are to have any systematic instruction at all it will have to come before they graduate from the common school. Moreover, among our great foreign population particularly, the only way to reach the parents seems to be through the children, and the authority of the school helps to secure a readier hearing for the facts we wish to carry into the home. It is suggested that special classes (such as “little mothers’ classes”) might be held for those who really need this instruction early, leaving the regular instruction till high school age at least; but this would mean that only a small fraction of the school population would be benefited and these only girls who are actually in charge of small babies.

Several who are familiar with the school situation say that it is perfectly possible to select out a few essential principles and procedures which can be grasped by the seventh and eighth grade children, and to incorporate them in the regular course in hygiene,
or in the course in domestic science (which, however, reaches only the girls). It is suggested by several that boys and girls should be taught separately, modifying the subject matter to suit their special needs and interests. It is frequently insisted that whatever is taught should be given in a concrete and practical way and that the pupils should actually carry out the things they are taught to do. Most feel that it is unwise at this stage to bring in much formal teaching of physiology and anatomy, but such fundamental facts as are necessary to explain and emphasize the right methods of doing things, can well be brought in incidentally. I have seen courses in Infant Hygiene arranged for seventh and eighth grade pupils which with some few modifications would not seem out of place in a nursing or medical curriculum, and I may say to you that such courses are far more likely to be arranged by nurses and doctors than by school teachers.

Instead of formal topics such as "Infant Feeding" and "Common Diseases and Disorders of Childhood," the school child should be considering some such concrete problem as "How to help in keeping a baby well in summer," or "How to help when there is sickness at home." The ordinary matters of bathing and dressing and sleep, etc., both for the baby or the slightly ill person, might equally well be discussed when the regular hygiene lesson is taught. The making of a bed for a sick person, and keeping the room fresh and clean, the cooking of a few simple invalid foods, and the methods of making people comfortable in bed, these are not complicated or technical matters, and can well be grasped by seventh or eighth grade pupils. "The principles of asepsis" sounds alarming, but there is no reason why any intelligent child should not know the harm that comes from dirt in cuts and burns, and how to put on clean dressings and keep them on with simple bandages. There is no need to enter into lengthy discussions on diseases or treatments, but it is important that every one should be made to feel the need of isolation and prompt care when certain symptoms appear, and that they should know where to go for advice on treatment. We can use the lessons of the tuberculosis campaign which was waged, not always wisely, to avoid the harrowing and morbid type of "health" teaching, while retaining the measures which bring effective results.
It seems to be the general opinion that in the elementary school this teaching will have to be handled largely by the grade teachers, since even where school nurses are employed, it would be impossible to take their time from their more pressing duties. It is generally admitted that the grade teacher lacks specific information, that she rarely knows how to do the commonest of these things herself, and that the "talk" method usually employed in such subjects is not only useless but often ends in a lack of respect for the subject and in serious misconceptions. The domestic science teacher (if there is one) is usually little better prepared in the technical side of the work and speaks with no more authority, though she is far more likely to make the subject concrete and practical, because that is her way of teaching. Where doctors or nurses are employed they often make the mistake of giving technical lectures instead of using the far more natural and effective method of discussion and demonstration. Their message comes with more weight, but they have not usually mastered the technic of teaching sufficiently to have it carry over. Sometimes the teacher and the nurse work together very effectively, and this seems to be the most satisfactory method to use in these elementary courses, until teachers generally can learn these things as they are now learning the elements of agriculture and household science, or till the staff of school nurses is enlarged sufficiently to allow for regular teaching duties.

Toward the end of the high school period when the girl has covered some elementary work in science and has reached a stage at which she may safely be intrusted with wider knowledge and more responsibility, the consensus of opinion is that a second course should be given which would be based on good sound physiology, with some knowledge of bacteriology, sanitation and dietetics. Whether this course is called "Home Care of the Sick" or "Home Economics" or "Applied Biology," does not matter so much; but it is important that the information given should be soundly scientific, and that any procedures taught should be actually carried out in as careful and thorough a manner as possible. Such a course might include any of the more elementary nursing procedures that are usually taught to probationers in their first few weeks; the planning, furnishing and care of the sick room, the making of a bed, devices for comfort,
bathing and attention to ordinary physical needs, the giving of medicines and common treatments such as a simple enema and a mustard plaster and cold and hot applications, the observation of important symptoms, and first aid treatment in fractures, sprains, cuts, burns and common injuries. The purely theoretical course is inadequate here, as it would be in drawing or music or domestic science. The purely practical course which teaches only the ways of doing things is equally futile, and perhaps more dangerous because it is so easy to learn the trick of doing things without learning how and why they are to be used.

The primary object, however, is to make the pupil understand and appreciate the whole problem of sickness, not only as it affects her and her home, but as it affects the community and state. This is the time to show her the results of ignorance and quackery and to give her sound facts regarding the various causes which produce ill health and the measures which have proven most effective in safeguarding human life. All of this can be made concrete and dramatic, supplemented by actual studies of conditions in her own community. If the much discussed subject of sex hygiene is to be taught, there is no place where it can be brought in more naturally than in such a course as this; but the general prejudice of parents against such teaching has to be considered.

The care of normal children can be included as a branch of Home Nursing and First Aid, or be given separately. It would, of course, take up the physical requirements of the child, the surroundings and routine daily care, clothing, feeding, sleep, exercise, etc., and the management and training of young children. Pupils should be familiar with the appearance and behavior of a normal healthy child, the symptoms which indicate a departure from normal and common measures to employ in slight or sudden illness.

Finally any course of this kind given to high school girls, should give them a clear idea of the difference between amateur and professional nursing and the modern developments of both medical and nursing work. I find that they are much impressed by a sketch of the history of nursing and by the always thrilling story of Florence Nightingale. I usually take them to visit a hospital and point out the elaborate precautions that have to be
taken and the complicated services employed in caring for sick people. This serves two purposes; it awes them and impresses them deeply with the highly technical nature of a real nurse's work, and it also shows them the vocational possibilities in nursing in a concrete and usually attractive way. I have never taken a group of girls to a hospital without having a number confide their secret ambition "to be a nurse." It must be remembered that girls of this age are highly impressionable and extremely susceptible to "horrors," and that anything that is morbid or sensational should be strictly avoided. Health rather than sickness should be emphasized. This is one very general objection to the teaching of doctors and sometimes nurses, that they get carried away by the enthusiasm of their classes and indulge their thirst for morbid details far beyond the margin of safety. Another rather strange comment which I have heard of the teaching of nurses, particularly in Infant Hygiene, is that they are inclined to be sentimental and do not tie their teaching up directly to the home life of the pupil. I could only explain this by assuming that the nurse was doing her best to follow what she thought was the regular classroom method.

Poor teaching, an unwise selection of subject matter, a superficial or purely academic presentation, or, on the other hand, a course that is merely hand work and nothing else; these are mentioned as the main dangers and difficulties to be avoided. Bungling work would soon upset confidence in such a subject and it would be speedily replaced by some other course. From our own point of view the greatest danger is that of inaccuracies and misconceptions creeping in and the possibility of students assuming responsibilities which they are not competent to perform. This is more likely to occur where the teacher is not a graduate nurse. Students of such courses have told me that they studied out of Maxwell and Pope and could pass a complete examination on it, also that they had taken up quite fully such subjects as the nursing of typhoid fever or pneumonia and the preparation of a private house for operations. It is quite possible to teach any bright class all that is contained in the average nursing text book, but it is not safe or practicable because the pupil has no background of experience into which she can fit her facts, and she is not prepared to give the necessary time for observation and
practice under supervision, which alone would render her competent to apply her knowledge. On the other hand, there are certain serious conditions which require immediate action if they are to be helped at all, and rather than teach pupils first-aid by rule, I feel that it is safer to explain the condition that is present as simply, but as clearly as possible, and to take the risk of amateur assistance rather than to leave a person absolutely helpless in the absence of a physician. The justification for teaching early care in such serious conditions as fractures, hemorrhage, shock and poisoning, etc., is that lives are actually saved, in spite of some inevitable bungling. It is a choice of two evils.

The problem of the normal or college course in Home Nursing, First-Aid, and the Care of Children is very similar to that of the high school, except that here we can usually depend on a wider experience, greater maturity, and a sounder scientific basis. College women are not entirely free, however, from many of the traditional superstitions that affect other people, and they often need, as well, the most practical and elementary kind of instruction with extensive reviews and applications of physiology, bacteriology and hygiene. One of the most serious charges against the education of the present age is that a girl may run the whole gamut of the elementary and secondary school even normal school and college without knowing anything of physiology and with no practical knowledge of hygiene. I believe that a good course in physiology should be required of all those who take the course in Home Nursing in high school, normal or college. If possible, courses in hygiene and sanitation, in bacteriology and nutrition should also precede this work. This does not mean that this course is to be advanced, but it does give it a scientific basis which helps to command respect and makes it safer and of more value. While the ground covered need not be essentially different from what is given in high school, the college course should go further along social and economic lines, considering the history of nursing as a social movement, the advances of modern medicine and all the newer preventive and educational movements connected with Infant Welfare and the conservation of human life. Students in such courses should be valuable recruits in extending and advancing the work of hospitals and dispensaries, visiting nurse associations and nursing education. Many of them could be
interested in nursing as a profession, and they will at least know what such work represents.

These three age groups—elementary school, high school and college—would cover the main types to be considered. Of course, every class is different, and subject matter and method will both have to be adapted to meet the needs of individual groups.

Desirable as it might be to secure the cooperation of hospitals and dispensaries and day nurseries, etc., in giving the practical side of such courses, it is rarely possible because groups are fairly large and schedules are more or less rigid. The work will have to be done largely in the school or college building, with a simple equipment for demonstration, or, if at all possible, a well-equipped laboratory where each member of the class can carry out each procedure. The cost of such an equipment will depend on the number of students in the class and the method employed. It might range all the way from $50 to $300. The lecture and demonstration can be carried on with a class up to about 40 members, but for practice the number should not exceed 12 to 16, or at the most, 20. For demonstrations it is best to secure a "live" patient or subject, but a large doll can be used fairly satisfactorily for many procedures. Students usually use each other for subjects as far as possible, though this has its disadvantages because so much time is likely to be wasted. A two-hour period is almost necessary, and in many cases a three-hour period is not too long. Fifteen such periods or 45 hours is a fair time to devote to a course in Home Nursing and First Aid.

It is not necessary to repeat procedures here to the point of high proficiency, since the purpose is more to enable the pupil to grasp the idea of the thing and to apply the principles taught, rather than to develop skill. A simple text book on Home Nursing, such as that which is published under the auspices of the Red Cross, is helpful if the teacher is inexperienced, but a more satisfactory way is to assign readings from a variety of sources and have pupils take notes on the nursing procedures. Frequent quizzes are needed to clear up misconceptions and fasten important facts in mind. It is well to have reviews of the practice work from time to time during the course. If the pupil is to keep her head in emergencies and carry out the necessary meas-
ures promptly, she will need to have some practice in responding quickly to varied situations. This has to be done altogether by "make-believe," but it is possible to reproduce some situations fairly well in the classroom if one has some dramatic instinct to fall back upon.

The question of who should teach these courses cannot be settled arbitrarily, so much depends on where the course is given and the people who are available. It is generally recommended that physicians should teach any formal or extended course in First Aid, since this is a form of amateur medical practice. Courses in the Care of Children are given by domestic science teachers, by physicians and nurses. I would be inclined to say that for very elementary courses the teacher who has had herself special instruction in the Hygiene and Care of Children could quite safely teach the subject, supplemented perhaps by one or two talks by the school nurse. The high school course and the college course demand a wider knowledge and greater skill and on the whole, would be more satisfactorily handled by a woman physician or a nurse. Home Nursing, I would consider a purely nursing question, and ordinary First Aid can very well be included in such a course. If there is a school nurse or a resident nurse in a school or college dormitory she would seem to be the logical person to teach the subject. But in spite of her greater interest, larger experience and skill and the fact that she should be more closely in touch with all the latest methods and theories in this special field, the teaching of either doctor or nurse is not likely to be acceptable to school or college people unless she can come into line and follow the accepted principles of good teaching. There is no doubt at all that if we had enough trained teachers ready, we could go to school boards everywhere and ask to have such courses as these introduced into the curriculum and given by trained nurse teachers. The schools are ready for such courses, but they need the advice of some authoritative body to say how they should be developed. Some tragic mistakes have already been made, because no one was interested enough or wise enough to get in the right word at the right time.

Vocational courses in nursing have been started in several schools with the idea of training convalescent nurses, nurse maids, or attendants. Some of them have assumed somewhat alarm-
ing features, and at best they seem to be futile and wasteful attempts so far as any really serviceable training is concerned. We have worked so long at the business of training nurses, and our principles are firmly enough established by this time, for us to approach Boards of Education on a question like this with some assurance. If attendants or convalescent nurses are to be really trained, they must have a practice or training ground, and the school cannot supply anything equivalent to a hospital or day nursery or convalescent home which can be used as a laboratory. It is possible that some affiliation between these institutions and schools might be worked out, but it is perfectly plain that the plan must be formulated with great care and that school men cannot do it alone.

It seems to be clear that this whole situation needs careful consideration and that we as nurses must agree upon some definite policy which can be recommended to the many who inquire. Our recent affiliation with the National Education Association gives us an excellent opportunity to get before that influential body our point of view so far as it concerns the school. Would it not be wise to have a representative committee from our three national organizations, working on this question; and to have it confer with representatives of other bodies who are most vitally interested, and make a report to us next year? Outlines of the various types of courses that might be recommended could also be worked out. I would remind those who are teaching such courses that an excellent outline was prepared some years ago by a special committee on Home Nursing and published in a League report. So many requests have come for an outline of the course as we give it to college women at Teachers College, that a copy is appended to this paper. The main difference between this and the outline before referred to is the indication of reference readings, which are suggestive merely. Required readings are usually starred by students.

The list of equipment, which is also added might be modified considerably, depending on the size of the class and the accommodations.
ELE­MENTARY HOME NURSING AND FIRST AID

Forty-five hours given in periods of three hours each period, divided about equally into lecture or class, demonstration and laboratory work.

LESSON I

INTRODUCTION


References. Sedgwick, Principles of Sanitary Science and Public Health, Chap. I-II; Nutting and Dock, History of Nursing; Cooke, Life of Florence Nightingale; Nightingale, Notes on Nursing; Hough and Sedgwick, Human Mechanism, I, II and XVI; Lee, Scientific Features of Modern Medicine, I; Fisher, How to Live; Councilman, Disease and its Causes, I and II; Delano and McIsaac, Home Care of the Sick, I, IV.

LESSON II

PREVENTION AND GENERAL PROVISION FOR THE CARE OF ILLNESS IN THE HOME


References. Hough and Sedgwick, Human Mechanism, Part II, XXVI to XXIX; Pyle, Personal Hygiene, pp. 351-381; Chapin, Sources and Modes of Infection; Nightingale, Notes on Nursing, IV; Macdonald, Home Nursing, III; Delano and McIsaac, V, VI, and IX.

LESSON III

SYMPTOMS OF ILLNESS


References. Nightingale, Notes of Nursing, XIII; Macdonald, Home Nursing, II; Lee, Scientific Features of Modern Medicine, II; Delano and McIsaac, VII and XIV; Mackenzie, Health and Disease, I, II, III; Hough and Sedgwick, Human Mechanism, IX-XII.
LESSON IV

HOW TO MAKE A SICK OR INJURED PERSON COMFORTABLE


References. Pope, Home Care of the Sick, p. 15-34; Macdonald, Home Nursing, V to p. 49; Delano and McIsaac, IX, X, XIII; Morrow, Immediate Care of the Injured, XX; Lynch, First Aid, X; Gulick, Emergencies, III.

LESSON V

BATHING

Functions of the skin. Special use of bathing in illness. Kinds of baths, the bed bath and toilet. Care of the back and prevention of bed sores. Changing bed linen with patient in bed. Making of pads and improvised bed-rings.

References. Hough and Sedgwick, Human Mechanism, XI from p. 181, XXIV; Pyle, Personal Hygiene, pp. 52-72; Cavanagh, Care of Body, III; Galbraith, Personal Hygiene and Physical Training for Women, I and II; Delano and McIsaac, XII.

LESSON VI

FOOD FOR THE SICK AND CONVALESCENT


References. Hough and Sedgwick, Human Mechanism, VIII, XIII, XIX; Farmer, Foods and Cookery for Sick and Convalescent; Fisher and Fisk—How to Live, II; Hall, Nutrition and Dietetics; Spring, Individual Recipes; Holt, Care and Feeding of Children; Chapin, Infant Feeding; Pattee, Practical Dietetics; Delano and McIsaac, Appendix.

LESSON VII

THE TREATMENT OF DISEASE


References. Hough and Sedgwick, XX; Lee, Scientific Features of Modern Medicine, II; Nostrums and Quackery; Lawrence, Primitive Psychotherapy and Quackery; Courtenay, Conquest of Nerves, V, Adams, the Clarion; Morrow, Immediate Care of Injured, XIX; Lynch, First Aid, VI, Section 7; Delano and McIsaac, XV.
TWENTY-SECOND ANNUAL CONVENTION

LESSON VIII

SOME COMMON REMEDIES IN SIMPLE INFLAMMATORY CONDITIONS


References. Hough and Sedgwick, Human Mechanism, XXI; Pope, Home Care of the Sick, p. 59–62; Emerson, Essentials of Medicine, p. 20–30; Delano and McIsaac, p. 191–198; Councilman, Disease and its Causes, IV.

LESSON IX

CARE OF SLIGHT INFECTIOUS AILMENTS IN THE HOME


References. Hurtt, Hygiene for Health Visitors, p. 294–297; Lee, Scientific Features of Modern Medicine, IV and V; Hough and Sedgwick, Human Mechanism, XXX–XXXI; Chapin, Sources and Modes of Infection; Rose neau, Preventive Medicine, Sec. XII; Councilman, Disease and its Causes, V–IX; Handbook of Help.; Dept. of Health, New York; Adams, The Health Master.

LESSON X

SPECIAL POINTS IN THE HOME CARE OF SICK CHILDREN, THE AGED, CHRONICS AND CONVALESCENTS

Ways in which these patients differ in symptoms, nursing and management. Importance of diet, occupation and mental hygiene.

References. Lee, Scientific Features of Modern Medicine, VI; Council man, Disease and its Causes, III; Hough and Sedgwick, Human Mechanism, XV, XVIII; Holt, Care and Feeding of Children; Campbell, Practical Motherhood; Tracy, Occupations for Invalids; Clouston, Hygiene of the Mind; Courtenay, Conquest of Nerves, VII–X.

LESSON XI

EMERGENCY TREATMENT OF INJURIES TO BONY AND MUSCULAR SYSTEMS


References. Morrow, Immediate Care of the Injured, XV and XVI; Lynch, First Aid, XIII; Doty, Prompt Aid to the Injured, VII.
Lesson XII

Emergency Treatment of Injuries to Skin and Underlying Tissues

Causes, symptoms and treatments of bruises, wounds, burns and scalds, frost-bites, chilblains, etc. Dressings, antiseptics and disinfectants. First-aid outfits. Principles of Bandaging, Applications of the roller bandage.


Lesson XIII

Emergency Treatment of Injuries Involving Circulatory System

Symptoms and treatment of hemorrhage and shock. Emergencies connected with reproductive systems. Application of tourniquet and roller bandage.

References. Hough and Sedgwick, Human Mechanism, IX; Morrow, Immediate Care of the Injured, XII; Lynch, First Aid, p. 78-90; Doty, First Aid to the Injured, X; Galbraith, Four Epochs in a Woman’s Life; Latimer, Girl and Woman.

Lesson XIV

Emergency Treatment of Injuries Involving the Nervous and Respiratory Systems

Symptoms and first-aid treatment of fainting, apoplexy, concussion or compression of the brain, drunkenness, convulsions, epilepsy, hysteric and convulsions in children. Sunstroke and heat prostration. Asphyxia from lightning or electric shock, drowning, choking, etc. Artificial respiration.

References. Hough and Sedgwick, Human Mechanism, XV; Morrow, Immediate Care of the Injured, XVIII; Lynch, First-Aid, p. 104-131; Doty, Prompt Aid to the Injured, XIV, XV, XVI.

Reference Books on Diseases for general use. Ditman, Home Hygiene; Black, Medical Dictionary; Winslow, Home Medical Library; Roseneau, Preventive Medicine.

Equipment for Classes in Elementary Home Nursing and First-Aid

The following list is suggestive merely. The prices quoted are from the catalogues of standard houses dealing in hospital supplies, furniture, dishes, etc. These vary, however, from time to time, and can be computed only approximately. The number of articles and the amount of supplies required will depend on the character of the course and the number of students enrolled. If the practical work is confined mainly to demonstra-
tions by the teacher, only one set of equipment will be needed. If the pupils are expected to carry out the various procedures themselves, they should have as far as possible individual equipment as in a cookery or chemistry laboratory. For all the commoner procedures, at least one set for every four pupils would be required. Many of the more expensive articles of sick-room equipment listed below, are intended only for demonstration, the students using improvised articles wherever possible. A reduction in prices can usually be secured when quantities are ordered.

<table>
<thead>
<tr>
<th>Article</th>
<th>Price each</th>
</tr>
</thead>
<tbody>
<tr>
<td>Bedsteads (Iron, white enamel, woven wire or national spring. Height of spring from floor, 24 inches to 30 inches)</td>
<td>$10.00</td>
</tr>
<tr>
<td>Mattresses (Hair preferably)</td>
<td>10.00</td>
</tr>
</tbody>
</table>
| Pillows, feather \[
| \{ large.                                    | 2.50       |
| small, about 8 inches by 12 inches.          | 1.00       |
| Hair \[
| \{ large.                                    | 1.75       |
| small...                                     | .75        |
| Bedding, Mattress cover                      | 2.00       |
| Mattress pad                                 | .95        |
| Sheets cotton (2 yards by 3 yards—four to a bed) \[
| wool, single white                            | .65        |
| Blankets \[
| wool, gray                                   | 1.50       |
| outing flannel                               | .50        |
| Spread (Allendale or dimity)                 | 1.25       |
| Pillow cases \[
| \{ large.                                    | .20        |
| small                                        | .15        |
| Rubber sheet (1 ½ yards by 1 yard)           | 1.50       |
| Towels \[
| Turkish                                      | .35        |
| Face                                         | .35        |
| Wash cloths                                  | .10        |
| Night gowns \[
| \{ closed.                                   | 1.50       |
| open                                         | .50        |
| Dressing gown                                | 2.50       |
| Slippers                                     | .75        |
| Stockings                                    | .35        |
| Nightingale or bed-sack                      | .75        |
| Oil muslin (per yard)                        | 1.00       |
| Flannel for fomentations (per yard) \[
<p>| (old flannel or thin blanket preferable)     | .50        |
| Crash towels (heavy for wringing out fomentations, per yard) | .10        |
| Bed tray                                     | 2.50       |
| Back-rest                                    | 6.00       |
| Bed-criadle                                  | 3.00       |
| Bed-side table                               | 6.50       |
| Bed-ring or air cushion                      | 2.00       |
| Bed-blocks (four)                            | 3.50       |</p>
<table>
<thead>
<tr>
<th>Article</th>
<th>Price each</th>
</tr>
</thead>
<tbody>
<tr>
<td>Screen or clothes horse</td>
<td>$3.00</td>
</tr>
<tr>
<td>Foot-stool</td>
<td>1.00</td>
</tr>
<tr>
<td>Bed-pan</td>
<td>1.00</td>
</tr>
<tr>
<td>Bed-pan (perfection)</td>
<td>1.00</td>
</tr>
<tr>
<td>Bed-pan (square or douche pan)</td>
<td>3.00</td>
</tr>
<tr>
<td>Slop-jar or pail</td>
<td>2.50</td>
</tr>
<tr>
<td>Urinal</td>
<td>1.00</td>
</tr>
<tr>
<td>Irrigating can (enamel)</td>
<td>1.60</td>
</tr>
<tr>
<td>Fountain syringe (rubber)</td>
<td>1.50</td>
</tr>
<tr>
<td>Foot-tub or child's bath</td>
<td>3.00</td>
</tr>
<tr>
<td>Pitchers, (enamel, 1 quart)</td>
<td>1.00</td>
</tr>
<tr>
<td>Pitchers, (enamel, 1 pint)</td>
<td>0.60</td>
</tr>
<tr>
<td>Graduate glass, 1 pint</td>
<td>0.50</td>
</tr>
<tr>
<td>Enamel funnels, medium</td>
<td>0.25</td>
</tr>
<tr>
<td>Stew pan (for poultice) medium size</td>
<td>0.40</td>
</tr>
<tr>
<td>Stew pan (large enamel)</td>
<td>0.90</td>
</tr>
<tr>
<td>Basins</td>
<td>0.40</td>
</tr>
<tr>
<td>Basins (curved)</td>
<td>0.50</td>
</tr>
<tr>
<td>Bowls, enamel (small, varied sizes)</td>
<td>0.10</td>
</tr>
<tr>
<td>Soap dish, enamel</td>
<td>0.35</td>
</tr>
<tr>
<td>Hot water bag</td>
<td>1.50</td>
</tr>
<tr>
<td>Hot water bag cover (outing flannel) rubber (regular size)</td>
<td>1.00</td>
</tr>
<tr>
<td>Ice bag (for neck)</td>
<td>0.60</td>
</tr>
<tr>
<td>Ice bag (paper Japanese)</td>
<td>0.10</td>
</tr>
<tr>
<td>Croup kettle</td>
<td>2.00</td>
</tr>
<tr>
<td>Tin kettle (small for improvised croup kettle)</td>
<td>0.10</td>
</tr>
<tr>
<td>Thermometer (clinical)</td>
<td>1.00</td>
</tr>
<tr>
<td>Thermometer (bath)</td>
<td>0.35</td>
</tr>
<tr>
<td>Eye cup</td>
<td>0.35</td>
</tr>
<tr>
<td>Scissors (straight (medium))</td>
<td>0.50</td>
</tr>
<tr>
<td>Scissors (bandage)</td>
<td>1.00</td>
</tr>
<tr>
<td>Forceps, dressing (medium)</td>
<td>0.50</td>
</tr>
<tr>
<td>Applicators (wooden, 1 box)</td>
<td>0.60</td>
</tr>
<tr>
<td>Tongue depressors (wooden, 1 box)</td>
<td>0.60</td>
</tr>
<tr>
<td>Tooth picks (wooden, 1 box)</td>
<td>0.10</td>
</tr>
<tr>
<td>Comb and brush</td>
<td>1.50</td>
</tr>
<tr>
<td>Nail file</td>
<td>0.15</td>
</tr>
<tr>
<td>Nail brush</td>
<td>0.10</td>
</tr>
<tr>
<td>Whisk broom</td>
<td>0.15</td>
</tr>
<tr>
<td>Teaspoon (kitchen)</td>
<td>0.10</td>
</tr>
<tr>
<td>Tablespoon (kitchen)</td>
<td>0.10</td>
</tr>
<tr>
<td>Spatula (medium size)</td>
<td>0.15</td>
</tr>
<tr>
<td>Spatula (medium size) (large enamel or papier mache)</td>
<td>1.50</td>
</tr>
<tr>
<td>Trays (medium enamel or papier mache)</td>
<td>1.00</td>
</tr>
<tr>
<td>Trays (small enamel or papier mache)</td>
<td>0.50</td>
</tr>
<tr>
<td>Article</td>
<td>Price each</td>
</tr>
<tr>
<td>------------------------------------------------------------------------</td>
<td>------------</td>
</tr>
<tr>
<td>Tray service (breakfast set with a few additions about)</td>
<td>$10.00</td>
</tr>
<tr>
<td>This outfit can usually be secured from the cooking laboratory.</td>
<td></td>
</tr>
<tr>
<td>Salt and pepper shakers</td>
<td></td>
</tr>
<tr>
<td>Sugar bowl</td>
<td></td>
</tr>
<tr>
<td>Cream pitcher</td>
<td></td>
</tr>
<tr>
<td>Tea pot</td>
<td></td>
</tr>
<tr>
<td>Cup and saucer</td>
<td></td>
</tr>
<tr>
<td>Dinner plate</td>
<td></td>
</tr>
<tr>
<td>Medium plate</td>
<td></td>
</tr>
<tr>
<td>Small plate</td>
<td></td>
</tr>
<tr>
<td>Bouillon cup and saucer</td>
<td></td>
</tr>
<tr>
<td>Covered plate (for toast, muffins or vegetables)</td>
<td></td>
</tr>
<tr>
<td>Sauce dish</td>
<td></td>
</tr>
<tr>
<td>Tumbler</td>
<td></td>
</tr>
<tr>
<td>Egg cup</td>
<td></td>
</tr>
<tr>
<td>Silver</td>
<td></td>
</tr>
<tr>
<td>Knife (silver plate individual set about)</td>
<td>$2.00</td>
</tr>
<tr>
<td>Fork (silver plated)</td>
<td></td>
</tr>
<tr>
<td>Teaspoon (silver plated)</td>
<td></td>
</tr>
<tr>
<td>Dessert spoon (silver plated)</td>
<td></td>
</tr>
<tr>
<td>Tablespoon (silver plated)</td>
<td></td>
</tr>
<tr>
<td>Linen</td>
<td></td>
</tr>
<tr>
<td>Tray cloth</td>
<td>.75</td>
</tr>
<tr>
<td>Table napkins</td>
<td>.50</td>
</tr>
<tr>
<td>Doily</td>
<td>.35</td>
</tr>
<tr>
<td>Drinking cup (Ideal)</td>
<td>.50</td>
</tr>
<tr>
<td>Drinking tube</td>
<td>.10</td>
</tr>
<tr>
<td>Hot water plate</td>
<td>3.75</td>
</tr>
<tr>
<td>Small vase or rose-bowl</td>
<td>.25</td>
</tr>
<tr>
<td>Milk shake</td>
<td>.10</td>
</tr>
<tr>
<td>Medicine glass</td>
<td>.15</td>
</tr>
<tr>
<td>Medicine glass (minim)</td>
<td>.35</td>
</tr>
<tr>
<td>Wine glass</td>
<td>.10</td>
</tr>
<tr>
<td>Medicine dropper</td>
<td>.05</td>
</tr>
<tr>
<td>Stirring rod (glass)</td>
<td>.05</td>
</tr>
<tr>
<td>Medicine cupboard for the home</td>
<td>6.00</td>
</tr>
<tr>
<td>Drugs (small quantity only are needed; prices vary greatly)</td>
<td></td>
</tr>
<tr>
<td>Alcohol (per pint)</td>
<td>.45</td>
</tr>
<tr>
<td>Aromatic spirits of ammonia (per ounce)</td>
<td>.10</td>
</tr>
<tr>
<td>Boric acid powder (per pound)</td>
<td>.25</td>
</tr>
<tr>
<td>Epsom salts (per pound)</td>
<td>.10</td>
</tr>
<tr>
<td>Seidlitz powders (per dozen)</td>
<td>.25</td>
</tr>
<tr>
<td>Bicarbonate of soda (per pound)</td>
<td>.05</td>
</tr>
<tr>
<td>Castor oil (per ounce)</td>
<td>.05</td>
</tr>
<tr>
<td>Olive oil (per ounce)</td>
<td>.05</td>
</tr>
<tr>
<td>Camphorated oil (per ounce)</td>
<td>.05</td>
</tr>
<tr>
<td>Article</td>
<td>Price each</td>
</tr>
<tr>
<td>---------------------------------------------</td>
<td>------------</td>
</tr>
<tr>
<td>Vaseline (per ounce)</td>
<td>$0.05</td>
</tr>
<tr>
<td>Boric ointment (per ounce)</td>
<td>$0.10</td>
</tr>
<tr>
<td>Zinc ointment (per ounce)</td>
<td>$0.10</td>
</tr>
<tr>
<td>Capsicum vaseline</td>
<td>$0.15</td>
</tr>
<tr>
<td>Turpentine (per ounce)</td>
<td>$0.05</td>
</tr>
<tr>
<td>Picric acid, solution (per ounce)</td>
<td>$0.05</td>
</tr>
<tr>
<td>Carbolic acid (per pint)</td>
<td>$0.40</td>
</tr>
<tr>
<td>Lysol or cresol (per pint)</td>
<td>$0.85</td>
</tr>
<tr>
<td>Tincture of iodine (per ounce)</td>
<td>$0.25</td>
</tr>
<tr>
<td>Lime water</td>
<td>$0.05</td>
</tr>
<tr>
<td>Green soap (per ounce)</td>
<td>$0.05</td>
</tr>
<tr>
<td>Listerine (per ounce)</td>
<td>$0.20</td>
</tr>
<tr>
<td>Tincture of benzoin (per ounce)</td>
<td>$0.10</td>
</tr>
<tr>
<td>Collodion (per ounce)</td>
<td>$0.25</td>
</tr>
<tr>
<td>Chloride of lime (per pound)</td>
<td>$0.15</td>
</tr>
<tr>
<td>Linseed meal (per pound)</td>
<td>$0.15</td>
</tr>
<tr>
<td>Flour</td>
<td>$0.10</td>
</tr>
<tr>
<td>Salt</td>
<td>$0.10</td>
</tr>
<tr>
<td>Mustard</td>
<td>$0.10</td>
</tr>
<tr>
<td>Mustard plaster (per dozen)</td>
<td>$0.25</td>
</tr>
<tr>
<td>Soap</td>
<td>$0.25</td>
</tr>
<tr>
<td>Talcum powder</td>
<td>$0.20</td>
</tr>
<tr>
<td>Bandages, gauze, 1 inch, 2½ inches, 3½ inches, per pound</td>
<td>$0.75</td>
</tr>
<tr>
<td>Bandages, muslin, 2½ inches, 3½ inches, 4½ inches, per pound</td>
<td>$0.75</td>
</tr>
<tr>
<td>Triangular bandages</td>
<td>$0.20</td>
</tr>
<tr>
<td>Splints (basswood and improvised) per dozen</td>
<td>$0.60</td>
</tr>
<tr>
<td>Gauze, (in small packages of one yard)</td>
<td>$0.10</td>
</tr>
<tr>
<td>Absorbent cotton (one-ounce packages)</td>
<td>$0.05</td>
</tr>
<tr>
<td>Cotton (non-absorbent per roll)</td>
<td>$0.15</td>
</tr>
<tr>
<td>Cheese cloth, per yard</td>
<td>$0.05</td>
</tr>
<tr>
<td>Pins and safety pins</td>
<td>$0.10</td>
</tr>
<tr>
<td>Needles and thread</td>
<td>$0.10</td>
</tr>
<tr>
<td>Adhesive plaster (1 inch width, 5 yards)</td>
<td>$0.25</td>
</tr>
<tr>
<td>Tourniquet</td>
<td>$0.05</td>
</tr>
<tr>
<td>Bandage, roller</td>
<td>$2.50</td>
</tr>
<tr>
<td>First aid cases (various types for household, factory and school use)</td>
<td>1.50 to 6.50</td>
</tr>
<tr>
<td>Stretchert (also poles for improvised stretcher)</td>
<td>$5.00</td>
</tr>
<tr>
<td>First aid charts (Am. Red Cross—two sets)</td>
<td>$5.00</td>
</tr>
<tr>
<td>Infants outfit (moderate-priced, layette—about)</td>
<td>$10.00</td>
</tr>
<tr>
<td>Bands (knitted and flannel)</td>
<td></td>
</tr>
<tr>
<td>Shirts (different weights)</td>
<td></td>
</tr>
<tr>
<td>Diaper</td>
<td></td>
</tr>
<tr>
<td>Stockings</td>
<td></td>
</tr>
<tr>
<td>Petticoats, flannel or outing flannel, muslin</td>
<td></td>
</tr>
<tr>
<td>Dress or slip</td>
<td></td>
</tr>
</tbody>
</table>
Night gown of outing flannel
Socks
Mittens
Coat and hood (baby bunting)
Towels, wash cloths, soap tray, etc., included in general supplies above
Clothes basket or cot (with trimming and fittings—about) .... $5.00
Muslin lining (washable)
Mattress
Cotton pad
Sheets
Blanket
Spread
Hair pillow (small)
Nursing bottles (different types—good and bad) .............. 0.25
Rack for bottles .............................................. 0.10
Brush for bottles ............................................. 0.10
Doll for demonstration, life size and washable .............. 8.00 to $25.00
(Home-made rubber covered doll can be made for about $4.00)

The Chairman: It might be interesting to know how many of the women here have had demands made upon them for taking up this work in home nursing and first aid, and the care of children. How many of you have had demands made upon you? Not a great many, considering the audience. Another question: Have we a responsibility toward the people making these demands, as a group of nurses, rather than letting it go into the hands of lay people; all those who think we have this responsibility please raise their hands. Quite a large number. We will continue with our program. "The Importance and Place of Ethics in the Program of Nursing Education."
(Miss Clayton.)

THE PURPOSE AND PLACE OF ETHICS IN THE CURRICULUM

By S. LILLIAN CLAYTON

During the past few years many requests have been made that a book be written on "Ethics," to be used in our schools for nurses.

Hearing this request so often, one is led to inquire as to the reason why there should be such a demand. When a profession
demands a book written upon any special subject, it is usually
because there has been a great change of methods, or more scien-
tific knowledge has been acquired, thus necessitating revision of
the old matter, or entirely new material has been written.

Having this in mind, we ask, "Why is there a need for such a
book?" There is no fundamental change today in our ideas of
right and wrong conduct so far as that conduct is directed toward
the individual, but with our complexity of social ideas has come
a need—not for new books, but a reaching out for some standard
of determining what is right and wrong. Such standards are not
by any means fixed. We cannot hope to set forth standards
which we shall be willing to accept twenty years hence, but what
we wish is to determine where in our ethical ideas of twenty years
ago there is need of revision, and the purpose and place of such
revision in our profession today.

We are all familiar with the well-known fact, referred to so
constantly, that as a profession, we are narrow in our ideals of
relationships of one school to another, of the profession in one
state to that of another, and of the profession as a whole to soci-
ety. This has been a source of sorrow to those who have felt
that they have met this obligation to their school, and to the im-
mediate community, because of common traditions, and who
have learned that the truest conception of right and wrong is
gained by mixing with those traveling on one common road.
Recently a prominent member of our profession, returning from
administrative service in Europe, where she had been directing
80 American nurses, from different training schools throughout
the United States, made a statement, setting forth the idea that
the technic and skill of our American nurses was recognized by
her, and by the Europeans as being above criticism, and yet,
when placed before the world's gaze these same nurses were seri-
ously criticized. Why? Because of their lack of ethics.

They would doubtless have been satisfactory when dealing
with the members of their own school in their own community,
but they had not learned the broader or social ethical relation-
ships.

We see something similar in the family that has been trained to
love and loyalty in all domestic relationships, whose conduct is
above criticism when judged by abstract right and wrong, but
who fail when the demand made upon them is, that they understand and appreciate the needs of the community. They have been so absorbed in self-development, that they have not recognized the claim of social obligations.

We know that no application of professional Ethics can, in any manner, take the place of those fundamental principles of right and wrong which have existed from the beginning of time, but as members of a common profession we can, with profit, apply some of these moral principles, not alone to the individual nurse, but to the community of nurses.

The purpose of ethics would be, first of all, to teach our students the application of ethical principles to their relationship with their patients. The place for this instruction would be in the beginning of their professional education, and as their conception of their own powers and responsibilities develops, such instruction would extend throughout the entire course of an ever broadening gauge. The subject matter of such instruction is already familiar to all.

We believe that the proper methods to pursue in moral education are essentially the same as those laid down for intellectual development in the schools. These should be closely related to the sciences. The broader we can make the student's knowledge of psychology, the more sure we shall be of her appreciation of certain facts of human nature and the laws governing them.

For instance, she will soon understand that ethics is the science of human conduct in personal relations, that we live in society, that unless this social law is obeyed, the family would not endure — then extending the thought further, she soon realizes that, just as she must obey the law of the family, so she must obey the law of society.

We must dwell upon the conceptions of modern thought, the universe governed by one law, the uniformity of nature, and the including of all human life under this law.

We have not, as a profession, sufficiently impressed upon our students the ethical responsibility existing toward society and toward the profession as a whole.

The older professions of law and medicine have made considerable progress in the development of their systems of ethics.

Nursing is a young profession, and can learn much from its
elders. On the other hand, it is not hampered by tradition, which, while it lends dignity, frequently impedes progress. We have, therefore, opportunity to set up our own standards, thus showing the older professions that we have profited by the excellences they may have, but that we have added the results of our own experience and observation, and that we, in turn, will hand down to succeeding generations the aggregate of theirs and ours.

The thought of a profession carries with it the idea of personal service; a relationship different from that offered in commercial life, and, when considered from the nursing point of view, shows a personal relationship that is three-fold.

The purpose of the study of ethics to our profession should be to place before the student the underlying theory, upon which these laws of conduct toward the community, as well as the individual are based.

We can only discover truth by a rational and democratic interest in life. Our interest must extend outward to the community, to other schools, to the nursing profession at large. I would urge that the ethics taught in our schools include these broader relationships, as well as the personal, basing such instruction upon the truths proved by science, that the great forces governing human conduct are the same as they always have been. Is it not true that out of the desire for the welfare of those we know, develops the broader desire for the welfare of our community.

We do not desire to teach new motives, but how to maintain and develop advantages already acquired.

A sound system of ethics is desirable in order to give greater definiteness to our aims and methods. Happily we do not have to wait for a perfect system to be placed before us, until we begin.

What place in the curriculum shall this instruction occupy? The teaching of ethics should be based upon psychology, sociology and history, beginning in the preliminary course, and occupying a definite place throughout the three years. There should be no separating line between the training in technical subjects and those dealing with the moral or ethical.

The true code of ethics is based upon a knowledge of the working of one's own mind, the development of society, the events of the past as found in history.