2. Antitoxins, serums and vaccines—illustrating active and passive immunity produced by them.

3. The Widal test; the Wassermann test.

4. Character as developed by the study of bacteriology.

The first three should be given by a physician practicing serum-therapy, if possible; the last by the teacher of the class work. Such a course should yield a fair and workable knowledge of bacteriology to the nurse from her own standpoint. A reference library including all available textbooks for nurses on the subject would prove of great value. The nurse is of great economic value and hospital training schools are being called upon to produce specialists in many fields of endeavor. All of these demand a broader and more systematic study of the various branches relating to nursing. There is no more important subject among them, nor one more far-reaching in its influence upon the ultimate success or failure of the character and work of the individual nurse than bacteriology.

It is closely related to many vocations, sanitary engineering, agriculture, domestic science, dairying and cheese-making, preserving pickling and canning of foods, the making of vinegar, liquors and wines, and all the fermentation industries; the manufacture of biological products, the transmission and control of communicable diseases, sanitation, susceptibility and immunity; all these are based upon the principles and practice of bacteriology.

An understanding of the rudiments and underlying principles common to all branches of its study can be fitted into the various special lines and subjects more strictly limited to commercial interests or to medicine.

The writer earnestly pleads for the practical, but also for the more intelligent and more thorough understanding of the subject in its relation to nursing. It cannot be accomplished until we are able to secure proper teaching, prepared teachers, a longer period in the curriculum devoted to its study and the provision of facilities for carrying out the demonstrations and experiments.

_The Chairman:_ Miss Van de Vrede speaks of the one-hour class. Does that include your laboratory work?

_Miss Van de Vrede:_ Yes; that includes the laboratory work.

_The Chairman:_ How many find that one hour of class work in
to me that we shall never get real government and real control until the students learn to govern and discipline and lay down their rules.

*The Chairman:* Have any of you tried student government with a council of the students to meet with members of the staff?

*Miss Brown:* For the last three years in forming the senior class organization they have been requested to elect from their number three representatives who can come to me for conference, or for whom I can send in regard to the class or the school in general. I think that is probably an entering wedge which may do some good.

*Miss Clayton:* I would like to say that we have an organization in each class, beginning with the junior class. As soon as probationers are accepted, they organize. We have given over to the students this year all the social life of the school. They plan the social activities, which are submitted to us, of course, but they make their own plans and the carrying out is left to them. In regard to dealing with moral problems, the nurses themselves have taken up that problem and all the reconstruction that we have been able to do has come from the student body itself.

*Miss Allison:* I would like to ask if Miss Clayton has a social director.

*Miss Clayton:* We have not a social director. The plan in the beginning of the year was that each class would be responsible for the social activities of one month; the seniors, the juniors, the intermediates and the head nurses, each would have it for one month, and—what will shock a good many of you, the internes would have one month. They were, also, invited to the nurses’ parties. We have had absolutely no trouble concerning the matter. These classes plan their entertainments, and of course, bring their plans to the office. We asked them at the beginning of the year to plan their entertainments on an economical basis. We found they were being very extravagant, and we did not approve of that. That was a difficult point, because each class wanted to excel the other, but when we showed them that they could excel in their cleverness they very soon saw the value of this point.

*The Chairman:* May we hear from Miss Riddle?
Miss Riddle: I have wondered just how this matter of ethics is presented to the school in the abstract, and I have wondered whether we teach by precept or example or both.

The Chairman: That brings up the point about the teaching of ethics outside the curriculum. That is a question for each superintendent of nurses to decide. I am sorry to close the discussion, but we have to go on to our next paper.

Miss McKechnie: I believe there is a social director in the audience. Would you like to hear from her?

Miss Logan: We have just introduced the social director into our school at the Cincinnati General Hospital. I have not very much of a report as yet. She allows the students to do their own planning and she discusses the plans with them.

The Chairman: Is there some person here representing the Children’s Memorial Hospital in Chicago? They have had a social director and might tell us about it. Are there other schools that have had social directors? Miss Riddle.

Miss Riddle: I might say that in our school we have a social director, whose duty it is to confer with the students and help them manage their class organizations and carry on their activities. Its principal object is that it relieves the administration. It gives the students also the benefit of the intelligence of this social director, who has always been a college woman and never a nurse, and some one who has been associated with young women and knows their needs and desires.

Miss Brown: May I ask a question? Is the social director a paid employee of the school, or is it some one who volunteers?

Miss Riddle: I might say that this was tried as an experiment. This is our third year. We had long felt its need, and had presented it to our executive body with the explanation that our nurses needed to come in contact with some one who really understood the world and knew the needs and the tendencies of the time; and, of course, it looked as it if might be an expensive proposition, which it was, but a generous member of the trustees said, “We see the need and I will finance this scheme for one year, and if you make it a success the hospital will after that take it up.”

Miss Jammé: I think it is with us certainly business, the schools which have a social director will profit by it in many,
many ways. I should like to ask, should we apply the term "social director" to the position that has been known as "house mother?"

Miss Riddle: We had no precedent. We did not know what to call her, and so we called her physical and social director, because she gives a great deal of attention to the physical development of the students, outdoor exercise, etc.

Miss Goodrich: I would like to ask if it would not be possible for two or three small schools to unite and have one social director between them. Would that seem a possible thing to you, Miss Riddle? At the Hotel McAlpine, in New York, which is a very prominent, but entirely commercial hotel, they have a most charming college woman, who acts as a social director for their employees, and it seems that if that rule is being made by such business corporations as that, we surely ought to consider such a movement ourselves. Could it not be considered in the way of two or three schools coming together for that purpose?

Miss Greener: I am afraid we are all so selfish that we would each want her at the same moment, any large school has enough work within its own bounds to occupy a social director's time, especially if she combines physical direction with social.

Miss Stewart: Could there be a volunteer social director? I am sure that in all cities there are large numbers of college women who would be glad to undertake some kind of definite work of this nature. They probably would enjoy it themselves, and I should think if we could not afford to pay the salary of a social director, we might try a volunteer who would help in that direction.

Miss Logan: I would like to say that our social director is a volunteer.

Miss Knapp: May I ask what the social director is paid?

Miss Riddle: She is paid only $60 a month and maintenance, but she is glad to do this because she is developing something and establishing precedents. I want to emphasize particularly the value of physical direction. This director has paid so much attention to outdoor exercise for the nurses, and insists upon everybody getting outdoors each day. The night nurses, for instance, are not allowed to go to bed until they have done something outdoors; and it really has, I think, paid for itself in the
way that it has lessened illness among the nurses, and it has
paid for itself so far as the administration is concerned in the
way it has lessened requests for absence from the hospital, es-
pecially for what we call “late in at night.” The nurses are so
much more apt to find their pleasures and entertainments at
home.

Miss Knapp: What are the hours, Miss Riddle?
Miss Riddle: She has the control, largely, of her own hours.
She has about the same hours off duty that the nurses have, but
she plans to take her hours off when the nurses are on duty so
that when they are off duty she is there in the home.

Miss Meader: Grace Hospital, in Detroit, has a house-mother.
as we call her, who looks after all the social entertainments and
she looks, as Miss Riddle says, after the night nurses and sees that
they all go out when they come off duty for a time, at least. We
also have a student council of two nurses from each class. They
are the most serious-minded nurses. We have a very sensible
girl and one who is considered very serious. It helps out in
many ways in deciding questions.

The Chairman: This discussion is interesting, but we will
need to pass on to the next paper, on “Bacteriology in the Cur-
riculum of the Training School, by a nurse specialist in that line,
Miss Jane Van de Vrede.
(Miss Van de Vrede.)

BACTERIOLOGY IN THE CURRICULUM OF THE
TRAINING SCHOOL

By JANE VAN DE VREDE
Assistant Bacteriologist, Savannah, Georgia

The purpose of this paper is to deal with the teaching of bac-
teriology to the student nurse with special reference to the small
hospital and training school. From a somewhat limited experi-
ence and a wider observation the writer ventures to state that
the subject has not been well taught in the smaller schools up to
the present time.

First, The system of instruction has been faulty.
Second, Teachers have not been provided.
Third, The textbooks have been too technical and material not well arranged for the development of the subject.

Fourth, Sufficient time has not been allotted to it in the curriculum, nor facilities furnished for carrying out instruction.

The general plan for the teaching of bacteriology to nurse students has been a course of lectures given by a physician, usually a member of the hospital staff, and though valuable time and energy have been generously given by the instructor, poor evidences of success are usually obtained. Why? Because we are expecting the impossible. No subject can be adequately taught to academic students by a system of lectures alone—and especially not to nurse students coming from various institutions of elementary instruction with no opportunity for grading such in the training school.

Lectures should be given to nurses as comprehensive, complementary, instruction after careful class work has been accomplished. The fragmentary more or less disjointed lesson plan being supplemented by logical presentation of the subject in its entirety. The class work should embody some general scheme co-relative with the rest of the nurses' training, attaching new knowledge to old wherever possible.

The logical teacher for this subject in the small training school is the surgical nurse. The daily practice of sterilization, disinfection, and contact with infectious materials, and the administration of immunizing agents afford abundant opportunity for the repetition of principles to specific procedures. Unfortunately, most nurses specializing in surgical and executive hospital work in the smaller institutions have received their training and instruction in bacteriology under the present plan and practice the underlying principles involved in the discharge of their duties by the simple "rule of three," as it were. Bacteriology is to such rules what the higher mathematics are to arithmetic; the processes and rules are explained and justified. It makes intelligent individuals of nurses rather than automatons.

In order then that the teaching of bacteriology shall be made immediate—more satisfactory in the small training school, what can be done?

The need could be met by a teachers' manual of bacteriology. Such a manual should be written by a nurse especially prepared
in bacteriology and trained as a teacher or born one. Written
correlatively with a textbook for nurses on the subject it would
go far toward solving a problem which many have realized but
have been unable to deal with successfully. While there are
many admirable textbooks on the subject, most of them for one
reason or another are not ideal for the small training school.
A nurse’s knowledge of bacteriology needs usually to be de-
veloped from the very foundations.
Where a high school diploma or its equivalent is required
preliminary to hospital entrance familiarity with the subject
has been acquired through courses in elementary bacteriology,
zooology and biology, but where these advantages cannot be
commanded the training school must attempt to make up the
deficiency. The whole subject should be considered in its rela-
tion to health and disease and approached along the more familiar
processes of vegetation, fermentation and putrefaction. In-
struction should begin in the preparatory period and continue at
intervals through the entire time of training. A suggested course
is here outlined covering three periods; thirty hours of class work
and ten lectures. During the first year, sixteen lessons of one
hour each, twice weekly, with two introductory lectures. Dur-
ing the second year, eight lessons, of one hour each, once weekly,
with four lectures. During the third year, six lessons, of one
hour each, once weekly, with four lectures. Notebooks should
be required throughout the course and corrections reviewed in
class. Each class may be divided into quizz review of past
lessons, fifteen minutes subject matter of the day’s lesson with
demonstrations thirty to thirty-five minutes, brief explanation of
next lesson, giving references for study, ten to fifteen minutes.
The first period should cover: 1. Two introductory lectures,
one on the history and development of bacteriology and one on
bacteria, their sources and uses in the world.
A brief outline of the development and history of bacteriology
should be given for their notebooks, embracing the two theories
of the dark ages of medicine, heterogenesis, that life and disease
originated out of nothing, spontaneously, “de novo” and biogene-
sis that all life must proceed from other life “Omne vivum ex
vivo,” resulting in fruitless controversy until certain discoveries
lifted the veil.
1. In teaching the facts of history if certain facts and names are made to stand out in brief bold outline they will be remembered, VonLewenhoek, as the father of microscopy, Henle, as the father of the germ theory of disease, Lister, as the father of antiseptic surgery, Pasteur as the father of modern bacteriology, Koch, as the originator of the laws by which bacteria are determined as the specific causes of diseases. Koch proving for all time the fallacy of heterogenesis and the truth of biogenesis. The work of Pasteur and Koch gave opportunity for the discovery of specific bacteria and between the years 1879 and 1890 most of the known pathogens were discovered. With the discovery of antitoxin for the control and cure of diphtheria a new era dawned in medicine; and an army of investigators have been evolving the science of immunology and serum-therapy since that time.

2. An outline for the scheme of the study of bacteria in general should be given to be used throughout the entire course.

Bacteria are studied according to:

1. Morphology
   - Size
   - Shape
   - Arrangement
   - Appearance

2. Motility
   - Flagella

3. Spore formation
   - Capsule
     - Simple stains
     - Gram stain
     - Special stains
   - Bouillon
   - Agar
   - Gelatine

4. Structure
   - Milk
   - Blood sera
   - Special media
   - Essential
   - Favorable
   - Inimical
   - Mode of entrance
   - Morbid processes produced
   - Modes of exit
   - Modes of destruction
   - Immunity

9. Pathogenesis for animals and man
Such an outline used as a skeleton and filled in for all bacteria studied during the different periods, recorded in notebooks, will give data that can always be elaborated for special study and furnish a ready help for reference.

3. The simple technic of laboratory procedures in staining and culturing bacteria, demonstrating their different shapes, and arrangements, should be taught. Materials yielding bacteria for smears and cultures should be secured from familiar sources; the dust of the room, exposed instruments, dressings, etc.

The keynote of all class work should be “see it and do it yourself.”

Simple stains may be secured through drug stores or made up in the drug room of the hospital. Media, such as milk and broth may be made by the nurses. Solid culture media may be secured at small expense from one of the many commercial laboratories.

4. Disinfection and sterilization, by chemical and physical means. Technic should be given and then the reasons demonstrated by cultures, showing perfect and imperfect technic. Stress should be laid on the importance of intelligent procedure. The culture is the detective that reveals the criminal nurse.

5. The sterilization of hands by different methods should be demonstrated by cultures. The proper handling of infectious materials. The collection of specimens for examination. Repetition of demonstrations of infectious materials cultured, and methods of disinfection of same cultured, will educate and quicken conscientious service. The important duties of disinfection and sterilization resulting in the destruction of the unseen foes of human health and happiness, are worthy of the best efforts of study and practice. To rob motherhood of the terrors of the past, prolong human life, increase human happiness, these are the opportunities for service than which there can be no greater that are thrust upon every nurse—and if she has been well trained in bacteriology and surgical technic she cannot fail to accomplish the desired results.


During the second period the pyogenic bacteria should be studied, fitting into the skeleton outline the characteristics, modes of
entrance, morbid processes produced, modes of exit, and modes of destruction.

Smears should be made of available materials yielding pus cocci, or slides may be secured through physicians connected with the hospital. A little ingenuity on the part of the teacher will reveal many interesting sources of material.

Outlines should be made for the following common pathogens, the tubercle bacillus, pneumococcus, typhoid bacillus, dysentery bacillus, diphtheria bacillus, Neisser’s organism and spirochaetae pallida. A number of diseases infectious in character, but whose specific causes are as yet unknown, are smallpox, rabies, scarlet fever, measles, whooping cough, mumps, yellow fever. They are being diligently studied by many investigators and one by one, will yield their secrets to the causes of education and humanity.

Certain diseases are caused by organisms of animal origin: protozoa. The two most common, malaria and amoebic dysentery, should be included. Lectures covering this period may be given by one or more physicians.

1. Pyogenic infections,
2. Specific infections,
3. Infections of unknown cause,
4. Protozoan infections.

The third period should cover immunity, serotherapy and urinalysis. Natural and artificial immunity. Active and passive immunity. Illustrations should be given making the different processes as clear as possible. The preparation of immunizing agents and the administration of each should be explained. The Widal test should be explained and demonstrated if possible. Qualitative urinalysis showing the simple tests for albumin and sugar. The use of the specific gravity spindle. The reaction to litmus. The microscopic examination of sediment for casts, blood and pus should be explained and demonstrated. The hygiene of the nurse, the sickroom and the patient. The students should be required to write a short essay upon this subject in the knowledge of the work covered.

The four lectures following this period should cover:

1. Immunity—Ehrlich’s theory, the theory of opsonins and phagocytosis.
the laboratory is quite sufficient? If you have your students get
the materials and put them away, instead of having somebody
do it for them, is the one hour long enough?

Miss Lawson: Would that not depend on the size of the stu-
dent group? It does not look enough for large groups.

The Chairman: What would be the size of the groups that we
should take into the class room at one time? How many can
we handle successfully?

Miss Van de Vrede: It depends upon the number of instructors.

The Chairman: How many of us have more than one instructor
in the class room and laboratory at one time? Very many of us?
How many have you, Miss Allison?

Miss Allison: We have the instructor and a physician at one
time.

The Chairman: And how large a class do you handle?

Miss Allison: I think we have sixteen to eighteen students.

Miss Van de Vrede: May I speak to that myself? I believe
that with student groups of from six to twelve in a class we can
handle the material for demonstration and recitation in forty
minutes easily.

The Secretary: May I say that it depends, does it not, on the
equipment? We find that in hospitals where we can secure only
one microscope, you have to take your class in very small groups
or else you lose a great deal of time. If you have a number of
microscopes, if you are fortunate enough to have four, five or six,
you can carry a group of twelve very well in the class room.
As a rule, we take the whole group, it may be twenty or thirty
or forty, at a time for class and quiz, and then divide into sec-
ctions of from twelve to sixteen for the laboratory work.

The Chairman: The questions coming up all the time are:
"Where can we get a good laboratory course; how long does it
take; how much will it cost; where can we get such laboratory
course as will be of value in bringing up topics of interest to our
student nurses; are we making it too elementary or too advanced?

Miss Goodrich: I wonder if any one is here from Boston who
can tell us of the work that is being done in that way at the
Huntington Cancer Hospital. I think Miss Gibson is carrying
on a course there for graduate nurses who desire just such training.
Miss Nichols, could you not speak to that?
Miss Nichols: Miss Gibson started her work at the Boston City Hospital in a small way. She became very much interested in bacteriology, urinalyses and things that pertain to the laboratory. She went as assistant to the Huntington Hospital, and due to the fact that they could not afford both a superintendent and an assistant pathologist she went into the laboratory to assist and is now the pathologist. She does everything that a regular pathologist would do. She has started a course of postgraduate work, and it is certainly very interesting. The pupils who attend are fitted for laboratory work or for a pathologist in a hospital. Her book on that work has just been published and is out. It is drawn up so that any one can do the experiments, can do the work without too much research work. I might also add that at the City Hospital we have a laboratory course for the pupil nurses, and if they obtain a good mark, between 85 and 90, in this, they are then put on the list for out-patient laboratory work. We found that the medical men, particularly, in the medical out-patient work, were not satisfied with the work of the medical students, and they came and asked if it would be possible to arrange for the training school to have all the laboratory work in the medical out-patient done by the pupils. So that is the plan, and it helps those who like it to get on a little further than the regular laboratory work.

Miss Powell: May I ask how long the course is; how long before they go into the out-patient?

Miss Nichols: They have a regular course of, I think, fifteen lessons in the laboratory, and then they stay out possibly two or three months.

Miss Goodrich: I was very much interested in the course offered by Miss Gibson, because I happened to be in Boston and visited the class. It is a wonderful opportunity with a very fine equipment. She takes only a few students at a time and they give part of the time to the pathological work in the hospital. That does not mean so very much, because there are only twenty-five patients; it is purely a research work. Then they have part time in the laboratory. As she takes not more than five students, she can give them very close attention, and it would seem that the course would be very helpful.

Miss Keen: May I ask what is the length of this course?
MISS GOODRICH: I am not sure. I do not remember.
MISS KEEF: What is the approximate cost?
MISS GOODRICH: I think it is according to the service given by
the students. I think it is very little, if anything, I think their
services for the patients are considered a return. They have
board and lodging and then this course. Am I correct, or do
they pay a small amount?
MISS JOHNSON: I think they pay nothing. The only real
knowledge I have is that one of our pupils who has just graduated
at Peter Bent Brigham is going there.
MISS GOODRICH: From discussing the amount of work with Miss
Gibson, I have the impression that they have two hours in the
classroom, then about two hours for the preparation of the course
of study, and the remaining hours given to the hospital, with a
fair time for rest and recreation.
THE CHAIRMAN: The meeting necessarily stands adjourned.

TUESDAY EVENING, MAY 2, 1916

Meeting called to order at the Atheneum, at 8.15 p.m., the
President, Miss Noyes, in the Chair.

THE PRESIDENT: I call the convention to order tonight for the
purpose and the privilege of listening to papers from four eminent
members of their respective professions, all of whom are pecu-
liarly well fitted, both by experience and attainment to present
the subjects allotted to them. It is interesting to note that the
first speaker is an eminent surgeon of both national and interna-
tional reputation; the second, an educator widely known; the
third, a great woman, and what is more important to us, a great
nurse; the fourth, a sanitarian of splendid attainments.

It is indeed a rare privilege to listen to people who are willing—
and it seems to be the busy people who always find time to do
one thing more—I repeat, then, it is a great privilege to listen to
busy people who are willing to spend their time and strength to
bring their special message to us for our pleasure and our profit.

That doctors and nurses have educational problems of mutual
interest, we are firmly convinced. One need hardly be associated
with a teaching hospital to understand this. We are all so cer-
tain that very definite educational, ethical and legislative prob-
lems and questions, almost identical in their nature, are constantly confronting the two professions for adjustment. We shall, therefore, listen to this first speaker with special interest, and I am sure with special profit. I do not think that Dr. Matas needs any introduction to this audience, but it gives me great pleasure to present him to you.

SOME EDUCATIONAL PROBLEMS OF MUTUAL INTEREST TO THE PHYSICIAN AND THE NURSE

BY RUDOLPH MATAS, M.D.

Professor of Surgery, Tulane University of Louisiana, New Orleans, Louisiana.

Madam President, Ladies and Gentlemen:

In accepting your gracious invitation to contribute to the proceedings of this evening’s function, I did so with considerable trepidation. I felt that I could scarcely hope to add new light to the many questions that, for the past few years, have been crowded upon the nursing profession, as these have been ventilated and threshed out with great vigor and intelligence by the leaders of your tripartite federation at each one of its annual meetings. In the few weeks that have followed my acceptance, I have come to realize that even the feeble hope that I had fondly nursed that I might be able to say something that could materially contribute to your progress, has been hopelessly shattered by the results of my assiduous efforts to acquaint myself with the inner life—the central or nuclear thoughts—that are guiding and controlling the immense forces which you have mustered and organized with such phenomenal success in the furtherance of your purposes. The impressions I have gathered, and the facts that I have learned by the perusal of your published transactions, and especially those of the National League of Nursing Education, which is the embodiment of the highest aspirations of the nursing world, have convinced me that there was scarcely any angle from which I could view your work and your aims that had not been discovered, investigated and utilized for purposes of discussion by your own alert members, as well as by the experts whom you have invited to your sessions. These, with infinitely
better vision, have so thoroughly threshed the great issues and subjects which interest you, that I fear that whatever I might have to say would appear to you trite or threadbare.

In addition, I have had occasion to peruse much of your professional literature as it has appeared in your admirable journals, and in so doing, have not only learned many things, but have been edified by coming in contact with many fine minds whose written and spoken messages have given me a new insight, a broader perspective and, I am free to confess, a far more liberal interpretation of the statesmanship and leadership that is guiding the nursing world so steadily and unalteringly onwards to its future destiny. For the opportunity and the occasion to familiarize myself with this comparatively new and fascinating world of thought, I feel both thankful and regretful; thankful, because it has widened the scope of my horizon far beyond the limits that my purely personal and professional relations with your profession had, up to the present, circumscribed my vision; and regretful that I could not help you more effectively in shaping and leveling the rugged path that must be traveled before you can reach the high peak which you have set yourselves to conquer, as the resting place of your legitimate ambitions.

Needless to say, that I have not come here to play a Nestorian or monitory rôle or to presume to enlighten you upon matters in which you have shown such superior competence. I have come, rather, as a simple representative of the medical profession—a profession of which you are, in virtue of your calling, one of its dependent, or rather, integral parts—a profession with which your destinies are inseparably linked from its very beginning; and, because your guild sprang into existence in response to the same social and humanitarian instincts, impulses, and necessities that gave birth to the healing art. I have, therefore, come here in the spirit of collaboration, as an ally, in the fullest sympathy with your purpose, willing to labor for your advancement and solicitous for your welfare as co-workers in a common cause.

And what is the common cause? The most efficient, highest service that the trained physician and the trained nurse, in their manifold relations, can render the community.

When I contemplate the splendid spectacle presented by this
large assembly of the nursing world, by the presence of nurses who have come to this meeting place from every state of the Union, from every representative hospital from the St. Lawrence to the Gulf, from the Atlantic to the Pacific, and even from foreign countries, and when I see about me your great leaders and realize what their names stand for in the nursing world of today, and, then, go back, not even a half century, to 1873, when the first nurse was graduated from the training school at Roxbury—your justly honored Linda Richards—I have to rub my eyes to convince myself that I have not been dreaming—so prodigious and revolutionizing have been the transformations that have taken place in this short lapse of time.

Well may we exclaim: Tempora mutantur et nos mutamur in illis, as we visualize this miracle of organization!

It was my fortune to have begun my professional career just when the first abortive attempt was made to inaugurate a training school for nurses in this city, at the Charity Hospital, in 1880, during the administration of that progressive physician and citizen, Dr. Daniel C. Holliday, and during the house surgeonship of my honored friend, Dr. A. W. de Roaldes, whose clear vision and courageous efforts to meet the needs of that big hospital were not rewarded with the success which they deserved. It took a lapse of 14 years (1894) before the much abused and censured attitude of these pioneers, in regard to the nursing question and their far seeing judgment were vindicated and confirmed by the establishment of the present training school at the Charity Hospital. A better fate attended the efforts of the New Orleans Polyclinic, now the Graduate School of the Tulane University, and as one of its founders and first teachers, I am glad that I participated in the foundation of the first successful training school for nurses, established in this city at the site of the New Orleans Sanitarium in St. Joseph Street, in 1889, and now continued as the Presbyterian Hospital. The school was organized under the auspices of a number of prominent, progressive and public spirited ladies, headed by Mrs. William Muller, whose numerous enterprises in the interest of charity and philanthropy are still gratefully remembered. The Touro Training School for Nurses then followed (1895) through the energetic efforts of the distinguished house
surgeon, Dr. Frederick Loeber, after which, the Sisters of Charity at the Hotel Dieu inaugurated their school in 1899.

And now we see that from these comparatively recent beginnings, fully 1100 nurses have been graduated from these and a few other institutions, of whom probably 890 are now officially registered as graduate nurses on the records of the Louisiana State Board of Medical Examiners, 547 of whom are practicing in the city alone. And it is not only in numerical expansion but in the changed attitude of the community, in the recognition of the trained nurse as a necessary and indispensable element in the social welfare, that we must consider the progress of the nursing movement, especially in a community as conservative as ours, as a marvelous accomplishment. But it is in the still more phenomenal transformation, during the same brief period, that has taken place in the nurse herself, not only in education and training, but in her new and multiplied relations to the community that the nurse's rapid advancement must compel our respect and admiration. From what was a a most elementary beginning, in which the mere physical aptitude and moral ability of a nurse to become a trained attendant upon the sick—whose place in the educational program gave her vocation a mere occupational position—to the present standards of her education and the prerequisites for admission to the best training schools—we must realize that she has been lifted by leaps and bounds to the ranks of a highly differentiated profession. I remember quite distinctly how in speaking to nurses, not so many years ago, I was embarrassed in choosing between the words "occupation," "vocation" and "profession," as applied to nursing. I also found it difficult to speak of a nurse's education as synonymous with her training. When we consider the qualifications required of women admitted to the best training schools, and of the curriculum that is mapped out for them in the three years of their training, also, the elevated character of the teaching they are given at the post graduate schools, especially at the Teachers College of Columbia, there is now no longer a question—as to the proper use of the word "profession" as applied to a nurse's vocation; and when we understand the difference between the words "train" and "educate" as your distinguished teacher, Miss Isabel Stewart, would apply these terms (in her discussion, last year, on the "Ideal
Nursing School" we must unequivocally admit that the modern nurse is educated as well as trained for her profession.

As medical men, we must recognize that the evolution and history of nursing as an art and science, has followed very closely upon the rise and development of medical education in this country. The only difference is, as pointed out by that acute and thoughtful observer, Miss Sophia Palmer, that you have covered in 49 years practically what it has taken the medical profession to accomplish in 135. The quicker pace with which nursing progresses has been accomplished, as compared with medical progress, is easily understood when we consider that nursing is only a comparatively recent, and, perhaps, the youngest offshoot of the Hippocratic Tree; and that nursing, growing under the protecting shade of medicine, has not only profited by the vigorous sap of the parent trunk, but has enjoyed the constant protection of its dense and umbrous foliage. Nursing schools have multiplied in the same lawless way as medical schools, and, in the same way, have been commercialized. We all recognize the utilitarian as well as humanitarian development of nursing in this country. When the training schools were first established they were started purely from the hospital utilitarian standpoint, and not from the nurse's point of view; not always with the idea of making nurses as they are today, but for the purpose of realizing urgent necessities. But all this is now happily changing and for the better; the hospitals are considering the nurse's problems from an entirely different and generous point of view, and in this pressing reform the nurses' organizations are doing more than their yeoman's share of work. Organization has been the great compelling force in rectifying the faults of the pioneer period in nursing, as in medicine. The same evolutional forces working for betterment have operated on both, in the same way. Only nursing, as the younger organization, has profited by the example and expansion of the older. The pioneers laid the foundation for the present high edifice of medical education and have raised the ethical efficiency of the doctor to a level that would have seemed chimerical and an unattainable dream but a few years ago. So the pioneers of the nursing world have laid a foundation upon which the nurse of the future will build—if we interpret aright, the spirit which guides your present tendencies—to a superb and
commanding profession. And all this is the fruit of organization. The National League of Nursing Education, beginning as the Training Schools' Superintendents' Association, was organized in 1893 and now numbers 500 individual members or more, and 13 state league affiliations. The American Nurses' Association was established in 1897, and now has a membership of over 30,000, the graduates of over 1600 training schools.

The course in nursing and health at Columbia was opened in 1900 and has graduated more than 200, quite a number of whom have this year received college degrees. State legislation leading to the creation and establishment of the Board of Medical Examiners, for the proper licensing and registration of duly qualified nurses, began in 1903, and now covers 42 states of the Union. The National Organization for Public Health Nursing was organized in 1912 and already numbers over 1500 members. In this way, a sharp line of cleavage has been drawn between the trained and the untrained, or better, the educated as well as trained nurse, and the qualified and the unqualified. State registration is now well established. In Louisiana, we have the good fortune of possessing a board composed of earnest, zealous and intelligent officers, who are vigilantly watching the opportunities for advancing the educational requirements of applicants for admission in the nursing schools. Up to the present it has not been possible to demand a higher qualification than the eighth grade, public school teaching; but next year, the first year of high school will be demanded as a necessary pre-requisite of all applicants. State registration is not to be regarded as a sort of high intelligence office, but a bulwark to efficiency as expressed in educational standards. Then there is the Army Nurse Corps. There is also a Navy Nurse Corps, with all that these institutions mean, for the protection and care of the soldier and sailor in time of war. The most encouraging and important detail in organization history is the growing relationship between the nurses' national and state societies and the national and state societies of the American Red Cross. And this is especially emphasized in speaking of the Red Cross nurses, the trained nurses, who are everywhere aiding the surgeons on the bloody battle fronts of the present fearful European conflict; in the army hospitals and camps of each and every one of the belligerent countries—where the surgeon
and the nurse are incessantly at work, side by side, in the labor of mercy. One of the few encouraging and redeeming features of the present world-war is that while at no time the forces of destruction have drawn more prodigally from the intelligence and inventiveness of man and from his command of the physical and chemical sciences, in order to effect their destructive aims—never before have the same scientific agencies been called upon to yield their secrets more lavishly in the effort to conserve and preserve life. Just as there never have been such countless millions of men engaged in the destruction of their kind, so do we contemplate the armies of men and women, who are utilizing every agency by which suffering may be assuaged and life spared. The war has also demonstrated that of all the professions, that of medicine and nursing occupy an almost unique relationship to warfare; that among all the citizens of a country at war, medical men and women, including in this category the nurse, occupy a peculiarly distinctive and humane position.

No discovery in the medical sciences has been utilized to destroy or harm an enemy. Medical men and women in each of the warring countries are as courageous and patriotic as other citi-zens; they are as ready to die or to be crippled for life in the serv-ice of their country as any other class of their fellow country-men. But, with this difference, that they willingly make these sacrifices in ministering to the sick and to the injured, and in providing for their sanitary needs (Meltzer). Every day we read in the modest columns of the medical press of the unheralded acts of heroism of the surgeons and their helpers on the firing line, in their efforts to recover the wounded and bring them to places of safety in order to attend to their immediate needs. In each one of the belligerent countries, the number of graves that mark the last resting place of the medical heroes of this devastating war, can already be counted by hundreds. In these heroic and humanitarian acts friend and foe are treated alike. Whatever may be said of the inhumanity and barbarity of the war, no one can gainsay that the doctor and the nurse have failed in the discharge of their duties or have been deaf to the call of a common humanity. If any class of people can help to restore the bonds of human fellowship which at present appear so hopelessly and utterly shattered by the excesses and atrocities of the present
conflict, it is the doctor and the nurse. As well put by Miss Hulme, the British delegate to your convention at San Francisco, last year: "When the dawn of a new day breaks, and when peace and charity are again restored, then we trust that the sisterhood of nursing (like the brotherhood of medicine)—may be one of the surviving bonds that will once again unite the nations of the world."

From what has been said, it is evident that the nurses have been unceasing in their efforts to better themselves and to elevate their professional standards and that they have done so by the most systematic and intelligent methods of organization. In this upward movement they have met, however, with innumerable difficulties, arising chiefly through their efforts to adjust themselves to the continually growing and changing demands of modern medicine; they have felt the constantly growing stimulus and importance of the multitudinous specialties into which medicine is being rapidly differentiated. In addition, they have been sensitive and responsive to the growing complexity of social conditions, which have come to alter the popular, and even the professional concept of the nurse’s mission and training.

As long as the conservation and welfare of human life were the main consideration—the direct ministration to the sick—in its simple and primitive form, it was possible for even women of the most elementary instruction to discharge the nursing function acceptably. This is a concept of the nurse which is fast vanishing in the mists of the past and will soon remain only as a relic in history and tradition. Today it is universally admitted that the best interests of society are conserved and advanced by a much higher type of woman; one who acts, as Miss Isabel Stewart puts it, "as a scientifically trained assistant to, not the servant of, the physician or the sanitary expert, one who is fitted to lead in certain important branches of social work." The distinction in the aim of the older methods of a nurse’s education and that of the present is fundamental. It is the difference between a training for a more or less skilled handicraft and the training for a profession. As my distinguished friend, Dr. Dock, also puts it:

The nurse is no longer a mere maker of beds, administrator of medicines, a Soother of pain, just as the doctor is no longer a mere maker of pills and potions. She has become the eyes and hands of the doctor in
hundreds of details, besides the elementary function of pulse counting, temperature taking and medicine giving. The more learned and expert the doctor, the more can he and the patient profit from the accomplished nurse. The nurse cannot do her duty without also taking part in the essential features of the doctor's work, the prevention of disease, the conservation of health, not only in the abstract, but in every patient cared for. Then, just as the doctor is compelled to specialize, the nurse, too, often finds it proper and necessary to limit herself to certain lines to perfect herself in certain details. But she cannot avoid going to still other lines of work. From her training, she now becomes a chef, a housekeeper, a manager of an asylum, sanitorium or other great institution in which executive and administrative capacity is especially required; she becomes a school nurse, a health inspector, a factory or sweat-shop nurse, milk, station manager or assistant, insurance nurse, anesthetic nurse, operating room nurse, hydrotherapist, clinical laboratory assistant, social service expert; a charity aid organizer, the organizer of complex and extensive movements in times of war, flood, pestilence and other calamities.

But in addition to this expansion into innumerable specialties, there are several influences at work within the old familiar branches which put a greater demand on every nurse. The increased elaboration of technic, the radical change in the conception of diseases, the methods of treating it, as we see in the cases of yellow fever, typhus, malaria, typhoid, pellagra, uncinariais, etc.—in which the sanitary, as well as the therapeutic knowledge of the nurse is made to serve new concepts of the cause and transmission of these diseases—are well in developing new duties. All these, unknown to the graduates of the earlier schools, and many other developments, have called for a revision of the curricula in preparing the nurse of today and tomorrow.

Granting that all the numerous specialties which we have mentioned are vastly expanding the domain of the nursing profession, and making it more attractive to the great mass of educated and desirable women, it is still a question how the hospitals and the training schools can adjust themselves to the new and difficult demands put upon them. The problem presents itself in two ways: How is the curriculum to be arranged so that the matriculants, once accepted, may be given the benefit of the most systematic and logical instruction in the fundamentals; and, secondly, how can they be best prepared towards the end of their hospital and school terms, so that they may be given elective courses—if they choose to adopt them, as their final objective—
in any of the specialties in executive or administrative work, public health, social service, teaching, etc.? This evidently can only be done by the establishment of central schools, or still better, by an alliance of the training schools which already exist, with universities, where all the preparatory, as well as elective or postgraduate instruction may be given most conveniently and advantageously. The importance and urgency of this problem is well reflected in the reports of your Collegiate Committee, in the papers of Miss Louise Powell (Trans., 1895, p. 107) on "Existing Affiliations Between Training Schools and Universities," and in Miss Sophia F. Palmer's excellent paper, "On the Power of the Professional Press" (Trans., 1915). This need of the complete reorganization of the method of training nurses has been apparent to all of us as medical men, as it has been to Miss Palmer and to all your great leaders for many years. In 1912, in an address to the Touro nurses, I advocated the establishment of central schools, or, preferably, affiliation with the universities, and I am glad to observe that she has taken up the question independently with her accustomed vigor and intelligence. She believes in the establishment of simple schools for the preliminary and the theoretical training of nurses, where candidates shall be prepared in all the departments which do not require actual hospital experience, thus relieving the hospital of all responsibility of training with the exception of all those things that require actual administrative experience; where pupils from all hospitals, large and small, general and private, and for the insane, shall receive the same preparation, just as the physician is prepared for a medical school, only making an adequate term of service in the hospital compulsory before the granting of a diploma by the college and a certificate of registration by the State. In this way, not only the ideals of a nurse's training could be more surely realized, but the administrative and hospital staff, as well as superintendents, would be relieved of a grave and burdensome responsibility, which is, at best, and with the most sincere intentions, most inadequately discharged. At the present time, the superintendent of a nursing school is already over-burdened and her own legitimate hospital duties, economic, administrative, disciplinary and social, to permit her to discharge continuously and efficiently the duties of classroom instruction.
While in the discharge of her administrative duties, as superintendent in the larger hospitals, she is aided by some of her equally hard worked assistants, she is helped by the doctors of the staff, who take time they can ill afford over gratuitous teaching, and yet, who are expected to discharge their duties with the punctuality of regularly paid instructors. Those of us who have taught in training schools, know how cheerfully and willingly the medical man is ever ready to aid and cooperate in the training of a nurse. But, we must also admit, that in spite of our good will, this work is most unsatisfactorily performed, often in a way just as unsatisfactory to the instructor as to the instructed. It is unreasonable to expect a busy doctor to refuse an interesting and remunerative out-of-town consultation, rather than put off an important lecture, which, when postponed, however, plays havoc with a closely regulated and scheduled course of study. And yet a superintendent can scarcely be so ungracious as to remonstrate against this attitude to one whose favor and good will is essential to the welfare of the hospital with which she is connected. But the greatest objection is, that the corps of lectures and teachers of training schools are most often, themselves, tired men whose energies have been sapped and exhausted by the routine of their day’s labor, by the time that the bell rings for the discharge of their teaching duty to their pupils. On the other hand, we who have taught, best understand how difficult it is to impress the mind and to absorb the attention of the weary brain of the unfortunate pupils who must sit down at attention, at the close of a 12-hour day of the most strenuous and trying physical, as well as mental exertion at the bedside. The remedy for this unfortunate state of affairs is plain enough. It is for the nurses themselves and their leaders to secure the cooperation of the superintendent of the training schools, and of others in control of their education, and to apply to the universities and to medical schools and ask these to establish departments for the training of nurses which shall be empowered to grant a degree such as that of "Graduate in Nursing," as is conferred by the University of Minnesota and other institutions of learning. To bring about such a complete change, Miss Palmer believes that "the public must be educated, the hospital, the medical public." She seems to apprehend greater difficulties in the accomplishment of this pur-
pose, than are now apparent to me, but she has in view the estab-
ishment of independent central colleges, endowed by the State
or by private subscription, which, of course, would be a very
different matter from securing affiliation as a department, in a
fully equipped and established university.

If this step could be accomplished, you would have done more
to bring your profession abreast of ours than has been done in
all the decades that you have traveled since the Rev. Theodore
Fielder founded the historic home for the Deaconesses at Kaiser-
werth.

But this is no idle dream. This ideal method of educating
nurses is not only a possibility, but a tangible reality, demon-
strated by the success of the well established Waltham School
for Nurses in Massachusetts, by the success of schools for nurses
with preparatory courses at Science College, Boston, Drexel In-
stitute, Philadelphia, the Toronto Territorial School, the Kansas
State Agricultural College, by the University of Michigan, of
Iowa, of Virginia, Washington University of St. Louis, and George
Washington University, of Georgetown, and by that most com-
plete and typical model of the nurses' colleges, the University
of Minnesota, in 1909. I should not fail to mention the Nurses'
Training School attached to the Universities of Indiana, of
Missouri, at Columbia; of North Dakota, and last but not least,
the Teachers College at Columbia, established in New York in
1909. All of these apparently recent creations present different
types of organization, different curricula and variable conditions
for admission, but they all agree in the collegiate character of the
work, and with few exceptions, in the high standards required
for matriculation, and, especially, in the fact that a responsible
university is back of the school and back of the education given
to its nurses, just as it is for its teachers, doctors, lawyers, engi-
neers, etc.

I agree with Miss Powell, from whose excellent report in the
Transactions of 1915, I have quoted many of these references, in
saying "our universities all over the country, especially those
supported by the taxes of the people, owe it to the public that
they should take a hand in the training of so important a public
servant as the nurse is getting to be."

I am satisfied that if a carefully digested plan for the establish-
ment of such a school were submitted by the authorities most nearly concerned in this problem, to the President of Tulane University or to the Dean of the Medical School, such a proposition would be given earnest and sympathetic consideration.

In all that I have said, I have dwelt largely upon the benefit of organizations that have for their aim the betterment and the uplift of the nurse and the increased happiness of womankind as well, and for this reason I am a sincere advocate of your local, state and national societies. I have also been thoroughly converted to the view that the nurse's function is no longer a merely specialized occupation, a vocation, or an art, but that it is a profession with all the attributes that go with it; and having advocated this much, I can accept no other view of the nurse's preliminary qualifications except those which befit and are necessary for the proper understanding and exercise of a dignified professional life. For this reason, I am in hearty sympathy with your efforts to secure the best educated women, the high school graduate and the college graduate as the most desirable material with which you are to build the great social edifice that is represented by the nursing world and that is to stand as one of the greatest accomplishments of the twentieth century—the professional trained nurse.

Among the problems that are still awaiting solution, the great needs of your guild are: that all training schools for nurses in America, shall adopt uniform standards for matriculation and graduation. You need a reform in the length of the practical hours during the period of training. You have thoroughly considered this subject, and we all must agree that 8 hours of direct practical work, instead of 12 hours, is not asking too much. You need, urgently, a society corresponding to an insurance company adapted to your peculiar needs and that shall protect you in the days of misfortune and infirmity, which comes soon enough to the most devoted and best of you. You need a careful investigation and careful survey of the new specialties that are now multiplying at a prodigious rate, and that are being coupled with your profession, in order to determine their true relations to a nurse's education. Some of these are so far removed from the original purpose contemplated in the nurse's curriculum, such as clinical,
chemical and bacteriologic, pathologic and other laboratory assistants, anesthetists, and radiologists, etc., and in fact, are so removed from the original purpose of a nurse's education that they cannot be considered as integral parts of it by the longest stretch of the imagination. They only serve to embarrass and clog the curriculum. There is plenty of room for all these specialties and they offer admirable inducements to the highest class of educated women, as they do to properly qualified men, and no one is more heartily in favor of interesting properly qualified women in these branches than myself, but the best training schools or post graduate schools cannot fit women for them unless the nurses are satisfied to be relegated to the mere rôle of helpers and subordinates under the supervision and control of their fully licensed employers. Medicine offers the best opportunities to properly qualified women who wish to enter these thoroughly differentiated specialties. It not only gives them a dignified work, but opens the doors for an independent and remunerative existence. Anxious as I am to see the best intelligence and culture seeking admission into the nursing world, I feel that in the zeal to secure the best material, courses will be opened to nurses or inducements offered them which are in no sense related to their proper calling and which can only tend in the end to disappointment and unhappiness. The question of financial and social compensation for the great sacrifices in money and time that are involved in obtaining high academic and collegiate qualifications, is undoubtedly a great bar to many eligible and desirable women who would otherwise seek admission to your ranks. No one has presented this important phase of the nursing problem better than Miss Isabel Stewart in her admirable analysis of the reasons why so large a majority of high school and college graduates fail to consider and recognize the opportunities offered by nursing as the life work of an educated woman. I fear that in her report she has failed to lay stress upon one important reason, a practical business reason, which has been admirably presented by Miss Ruth Sherman in her excellent paper on "Education and the Earning Power" (Am. Journal of Nursing, March, 1914). The advantages of the trained nurse's career from the practical business point of view furnish abundant food for reflection, and, to my mind at least, is one of the obstacles to be overcome more urgently even, than those presented by
Miss Stewart in her impressive report in the Vocational Guidance Committee, last year, at the San Francisco meeting. It is indeed a matter for the serious attention of your excellent Collegiate and Publicity Committee, who by their past efforts, have shown extraordinary ability to cope with existing difficulties. The committee are most competent to deal with this undoubtedly grave obstacle to the enlistment of the desirable college and high school graduates in your ranks. When adequate compensation and independent livelihood, not only financial, but social and professional—shall be found for the high school or college graduate, the difficulties now in the way of enlisting their interest in the nursing profession shall cease as if by enchantment, and no Publicity Committee will be required to advertise or urge the advantages of the nursing profession.

Another problem, which is of the greatest interest to the public as well as the nursing and the medical profession, is the proper nursing of the great middle class of people. Your thoughtful President, I am glad to observe, devoted a considerable part of her Presidential Address to this vital subject at the St. Louis meeting. Her suggestions are timely and wise, but for obvious reasons, still leave this much controverted question in the same state of doubt and uncertainty as it has been in past years. It seems to me that the only solution to this problem lies in a proper classification and grading of nurses according to their different capacities and special qualifications.

These and many more, are the problems which mutually interest the medical profession and the nurse. I have merely skimmed over the surface of some of these without attempting, or even hoping for their immediate solution. All that I could hope to do tonight was to show how much your problems concern us and how we doctors must join hands with you in the effort to overcome the difficulties in the way of their solution. In this rambling talk I have far exceeded the limits I had originally assigned myself. I trust you will indulgently interpret my trespass solely as an evidence of my enthusiasm and good will in the success of your great cause. In this connection, I am reminded of a recent story told by a speaker who was placed in a similarly apologetic position. President Hadley of Yale, when asked by the speaker how long he would talk, replied: “That is at your
discretion, but there is a tradition here that no soul is saved after 20 minutes."

I fear that the hands of the clock have long passed the salvation point, and I can only hope for my salvation through your benevolent and generous intercession. At the risk of forfeiting further claims upon your indulgence, I cannot leave without a final word of personal and heartfelt appreciation of the great good your splendid meeting has accomplished, and how I, as one of the senior members of the medical profession of this city, feel that I can most cordially voice their sentiments in renewing the invitation, with the hope that you may come to us again, soon and often.

_The President:_ It is not often that we have such a sympathetic appreciation of our problems. When we are prone to feel discouraged at the rate of progress that we make, all we shall do in the future is to think of this address, admonition, advice and sympathy from Dr. Matas.

Before we can finally evolve a good nurse we must first have a good woman, and that woman must be suitably educated; for without the proper characteristics, or a sufficient number of suitable characteristics and a well-balanced preliminary education, we can hardly be expected to develop an efficient nurse. We are fortunate indeed to have with us a speaker, one who has been engaged in educational work for many years, and who for twenty-eight years has guided the affairs of the Sophie Newcomb Memorial College. I believe that he has been identified with that school from its origin, when it started with a body of ten pupils, and is still identified with it when it has reached a student body of five hundred. It gives me great pleasure, therefore, to introduce Dr. Brandt Van Blarcom Dixon.

_Dr. Brandt V. B. Dixon:_ Ladies and gentlemen: The topic which I read as assigned to me for an address is, "What is the Present Status of Women's Education in the Preparation for Trained Nurse?" Now, Dr. Matas has already answered that question very largely and said many things that lay in my own mind to say. Unfortunately I have not been able to prepare a paper on the subject, and I therefore must speak to you those ideas which casually occur as I stand before you.
I read in that question practically this: What have the colleges of this country, especially those devoted to the training of women, to offer as an adequate preparation in education for the technical work and the special subjects for the training of nurses which is to come afterwards?

I read in it also this thought—and if I am wrong you in your minds can correct me—I read in it a dissatisfaction with the present status of preliminary education among the nurses themselves. I read in it a desire for such training as shall introduce nurses into the field of culture and intellectual refinement and preparation to meet the social and cultural relations forced upon them in their profession, such training as will render them equal to emergencies as they arise, ready to undertake the unexpected affairs as they occur in their experience. In other words, I read in it a desire on the part of the nurses themselves for the emergencies of life that they will not be merely the trained experts, taught to perform certain tricks deftly, securely and wisely, but to meet people as human beings on their own level, their equals in culture, in refinement, in all those tastes, sentiments, feelings, which go to make up a splendid cultivated womanhood; equal to meet the emergencies of life, of whatever character they may assume.

I once heard a speaker in a medical association make this remark; that there were places in this country where a physician would not be employed unless he were not only an expert in his profession, but able to discuss Browning with intelligence and appreciation. Now while that is told somewhat as a joke, there lies behind it a great truth. We take the measure of people not from the standpoint of expertness, not from the standpoint of skill or efficiency, but from the standpoint of a broad, trained humanity. We deal with them as cultivated people, our equals intellectually and emotionally; trained in their sympathy, trained in their appreciation of noble ideas, ready to meet us as equals outside of their specialty as well as to prove their efficiency within it.

Now I believe another feeling, and perhaps a distinct sentiment, underlies this question. There is a feeling that no specialty can attain great proficiency, that no medium, narrow training can attain the highest excellence, unless it is built upon
a broad foundation of large culture. An artist who merely learns to paint or carve never attains the excellence which would be possible to him had he in addition to his skill such a keen insight into the broad relations, into the finer human sensibilities, into the larger and nobler ideals of life which belong to the cultivated or trained man or woman. And so, in another way, I do not believe the physician or the surgeon or the nurse can possibly reach the efficiency in their own specialty which would be possible if that specialty were placed upon a broad, fine, humane trained foundation.

It has been said that some of the states require at least one year of high school training. I do not know a sadder commentary on the intelligence of a legislature which makes the preparation so high! They must simply have a very unsatisfactory appreciation of the duties and possibilities of the nursing profession. There was a time when the medical schools in this country would receive people into their classes who had no high school training at all. After a long and somewhat severe struggle, it is now, I believe, a requirement in every high grade medical college that applicants shall have at least a high school standing and one or two years of premedical training, practically a junior college course, before they can be admitted into full standing. And that precisely is what in my judgment is necessary for the preparation for any vocation which aims to be a profession.

Now why? I have studied girls a great many years. I have watched their development, mentally as well as physically, with a great deal of sympathy and interest; and while the conclusions that I have drawn may not be final, even to myself, and may not bear an extremely critical analysis, yet I believe on the whole they are just and reasonable.

In early life girls, more often than boys, but all children, are or should be subject to unquestionable authority. They grow up under authoritative direction and this authority is maintained much longer with girls than it is with boys. Through the grammar school grades, obedience is the great principle. When the children come to high school years the individual principle asserts itself, especially in boys, and because teachers in high schools do not appreciate this moral transformation which takes place in a young man, boys all over this country leave the high
schools because they resent the imposition of a moral principle which is not suited to their expanding temperament.

What is the new principle, the principle which supplants the old one of direct obedience of authority? It is that of loyalty. The boy or the girl who enters a high school at the age of fourteen or fifteen years acquires a new outlook upon life and her or his relations to their fellows. Boys acquire it, through their independent temperament, rather earlier than girls. And this spirit of loyalty, following leaders, the choosing of some one person to whom they shall devote themselves, is a principle which is ignored very largely in our education. It is not until after high school graduation that a new principle again establishes itself in the growing mind of the young, and that is the principle of personal ideals. Between the ages of eighteen (or in some cases earlier, say sixteen or seventeen) and about twenty, there is a great, expanding, mental development. It is the rise and struggle of three ideals in the minds of the young person; and this is the most precious period in the life of any student or in the life of any young woman; because it is precisely there that she is to acquire that independence of judgment, that freedom and self-assertion, coupled with responsibility, which makes college life so attractive and so dear to the young mind, if it is properly administered and if it recognizes this principle of free judgment and free expanding power as the one controlling ideal of their lives.

Now right there, if we are to have self-developing women in the profession, is the most important training period in their whole career; and, for that matter, in the career of any young woman who goes to any profession. If the nursing profession is to be a great profession, recognized as such by yourselves and by the community at large, right there is to be the educational training which is to become most valuable. Of course, there are many who are driven into the profession by reasons that are compelling. They must make a living, they must go on and achieve for themselves physical independence. Special conditions demand it of them. But so far as it is possible for them to do so they should never sacrifice those two precious years of what would be called a junior college life. Right in those years are to be given the most valuable pre-technical training, training which should broaden their sensibilities, enlarge
their sympathies, enoble their ideals and expand their spiritual consciousness, give them a clear vision of life, give them a better human relationship to all that is noble and fine that has gone before. And it is right there that they meet men and women and associates of the highest and finest culture and so develop their lives into greater and better possibilities for the future.

Now in that two years also it is possible to introduce an intellectual training which would be most advantageous later on. A little science, a little cultivation of habits of observation, of keen induction and deduction, may be taught to pupils of high school years, but as yet they have not had enough incentive, that deep strong motive, to search out things for themselves, that consciousness of personal worth and of personal value which comes to the young woman at about the age of eighteen, that application which is true at that period of life; and it is just there that whatever she does is appropriated and taken into her inner consciousness in the most intimate and valuable way.

And so, if I may be allowed to express merely personal opinions a little further, let me say that right there should be laid a basis of training and education which will be immensely valuable whether a young woman goes into professional work or not; whether she is called upon to leave it for other vocations or not. She should have, first of all, a strong course in English; because in English we can give such a training as will command, as will compel a recognition of culture wherever a trained person uses it. We can give her an introduction and an appreciation of the great minds that have contributed to the building up of our literature. We can give her a love of high and fine ideals, such as she will find expressed in our noblest writings. And we will give her the possibility of self-development later on, such as she cannot get, or only the rare person can ever get, basing it, as she must, upon a grammar school or a high school preparation.

In the next place, she should have a modicum of science. Biology, not simply human physiology, but biology in its great modern and broader aspects, as will teach the great truths from nature as they are carried on in plants and animals, so that she will recognize later on in her technical training relations of all these matters to the great life of the world and come to see through her profession all those deeper and wider relations which are sus-
tained by the great living universe: The chemistry of foods, especially in its relation to dietetics; domestic science; psychology as a preparation for mental hygiene, as a preparation for the understanding and the appreciation of human motives, human feelings, human sympathies. And, perhaps, if it were possible, a foreign language. She needs all these broadening, remoulding sources or agencies which shall give her such an outlook upon life, such an orientation to humanity that she will never be daunted in the presence of new situations, that she will be prepared to meet on an equal footing any of the people whom she may later on be called to meet, that she may not only deserve, but compel recognition as a skilled member of an advanced and worthy profession.

Now these things impress me as an educator, and I know that I have set the standard rather higher than is immediately possible in the present condition of education of nurses. But I believe in placing the standard at least so high that in the future we can work towards it and we can develop in all our activities a closer and closer approximation of the standard which we have set up. When this standard has finally been set up, so that every training school for nurses shall require a junior college preparation for those who are admitted to it, you will find the finer, the better trained, the college graduate, and perhaps the post-graduate students, choosing a professional education as a trained nurse. With the ever widening and increasing advantages of that profession, with its wide range of activities, with its deeper and stronger call to service which is coming every year from a distressed humanity, with the finer appreciation on the part of that humanity of the nobler work that it is doing, there will come an increased desire for the best of our young women to enter the ranks.

Every age has its deep, inspiring motive. There was, as you know, a great military age; then there came a great school-master age, a scholastic age; then has come a great industrial age, animated by the desire for wealth, for producing and distributing the products of its activities. But there has dawned now a higher motive; there is coming into this century, at least, a deep passion for humanity, a strong desire for the noblest and highest service; and I consider that it is to this profession we are to look for the wisest and noblest and most helpful example of them all.
The President: In this inspiring address of Dr. Dixon’s, it sets for us an ideal standard which is worth striving for.

We will now listen to a paper by Miss Nutting on “The Ideal Training School.” I have asked Miss Taylor, a former pupil, to read the paper for her, but before reading it I wish to read a telegram that I received tonight from Miss Nutting. A few nights ago a dinner was given by the members of the Teachers’ College Alumnae who happened to be present at this meeting, and I think there were some twenty-six or twenty-seven graduates from the Department of Nursing and Health present at this convention. They chose that moment to send a telegram to Miss Nutting, as did the members of her alumnae association at a more recent dinner, and this is the reply:

“Deeply grateful for kind messages. Return my affectionate good wishes to former students and old friends. Success to your efforts in behalf of our cherished work.”

We will now listen to Miss Nutting’s paper by Miss Taylor.

SOME IDEALS IN TRAINING SCHOOL WORK

BY ADELAIDE NUTTING

Director of the Department of Nursing and Health, Teachers College, New York City

In attempting to present to you some thoughts about an ideal training school for nurses, I found myself in the somewhat difficult position of having to choose between two kinds of training school, each of which in its own way seemed to me to be an ideal. I think I shall have to call one an ideal of the future and the other the ideal of today. One school aimed at the perfect or nearly perfect thing, the highest and best in our work which we have as yet been able to conceive. There could in the nature of things be few such schools, and the number of women they could train and send out would be small. The other school would take the ground that what we need today is not a few exceptionally highly educated and skilled women who could be produced through a few schools of unusual standards, but the larger output of many schools which will meet in some reasonably adequate way the varied needs of a very great number of people.
It should not be a remote or seemingly unattainable ideal and should be not only within the range of our vision but also of our practical realization.

It is the latter school which I have had to choose as the one toward which it seems to me we should today direct our energies. This school also aims high. It exists solely for the purpose of educating nurses, and any other ends it may serve are subsidiary to its main objects. It has powers and resources enough of various kinds to enable it to carry out its purposes adequately. Its work is sound and thorough in every particular, broad in range and outlook, and based upon the carefully ascertained needs of society for the work which nurses can do. It is tied neither by institutions nor greatly by traditions, and is capable of expansion in any rational direction. A school answering fully to such general standards would, I think, have to be accepted as a genuine ideal, so far ahead would it be of the ordinary training school of the time. To put before you a carefully worked out plan for the creation of such a school, would carry me far beyond the limits of time allowed, and into details which should not occupy the attention of such a body as this. I shall therefore not attempt to present to you a complete picture of an Ideal School, but rather with what I believe to be the more important ideals toward which we should steadily aim in the upbuilding of our schools.

Let me take first the purpose for which our schools should be established. It is clear that if the real purpose of the school is to educate, then its whole scheme of work will be planned and conducted with that end in view. It will not be primarily concerned with the conduct of the nursing service of any hospital or sanitarium, free or private, or of any other kind of institution. It will not be created for the purpose of saving expense to any institution or of enriching any individuals or body of individuals. Such considerations would have no place whatsoever in the object and plan of an ideal school. Incidentally, perhaps, and as a by-product of the student nurses’ activities as a student, expenses in hospitals and elsewhere might be lessened, but the situation would be diametrically opposite to that which now obtains in which the student’s education is largely a by-product, and an indefinite and uncertain one, of her activity as a working nurse. The habitual use in hospitals of the word “nurse” in speaking of
a student by physicians, patients and the public, is a correct indication of her status, showing where the emphasis lies, and how little she really is looked upon as a student. In this connection it is interesting to note the scrupulous care with which we withhold the title of "doctor" from medical students until they have completed the work leading to it, and to observe how universal is the use of similar precautions in other professions.

Assuming that the object of the school is clearly established, let us look to the conditions which should be provided to carry it out. Among the first will be the creation of a body, call it what you will, trustees, directors, managers or committee, who will be responsible for the general direction of the work and affairs of the school; who will give constant and serious attention to its particular problems, aid in securing funds for its maintenance, and will in every way try to forward its proper growth and development as an important educational institution. At present the entire control of training schools is, with few exceptions, vested in hospitals, but the purposes of the two institutions are not identical. On the contrary, they diverge, and widely at many points, and there is therefore that conflict which is inevitable under the conditions. Such friction, which is fairly prevalent, is an effort toward a better adjustment, and is by no means the worst evil to be feared. A far greater evil, in my opinion, is that state of perfect harmony brought about by the complete subordination of the interests of the training school to those of the hospital. A body of persons definitely concerned with the welfare of the training school will of course not permit this. It will be in a position to define and establish proper conditions of work for students, to maintain equitable relationships, and to make the necessary adjustments as need arises, with the hospital and such other institutions as are now entering into the scheme of education for nurses. Some such body as this should exist wherever there is a training school. I know that this point of view is not altogether popular. It is in fact squarely and quite sincerely opposed by some of those actively engaged in hospital work whose eminence in their own field is unquestioned. Yet so vital do I deem it that some such way should exist of ensuring the consideration of training school matters on their merits, apart from hospital affairs, that I would place the provision of such a body
as has been mentioned as a fundamental condition in training
school government. For the ideal control of training school
work in the future we shall, I am confident, turn to the university,
as have other professional schools, seeking there the educational
resources freely available—teachers, scientific laboratories, li-
braries and other equipment. And we would seek there also,
and would find, that spirit which, loving knowledge, desires to
share it with others. There are already several training schools
for nurses carrying on their work more or less directly and suc-
cessfully under the control of universities, and the advantages of
such a relationship are obviously very great. The whole work
of nursing takes on a new status and dignity in the public mind
when it is brought into university interests, but the most precious
and important gain is that which comes in freedom and oppor-
tunity to develop the intellectual aspects of our work. While this
is the way we hope to grow, leaving no effort unmade which will
bring us into connection with the various universities in our sev-
eral sections of the country, yet I think we must realize that
progress in this direction is not likely to be rapid, and that it will
be many years before any appreciable number of our training
schools can come anywhere near university standards. Nor do I
for one moment believe that there is no other ideal than that
which can only be reached through the university. Looking at
the admirable and useful work which has been done for many
years by such institutes as the Drexel in Philadelphia, Pratt in
Brooklyn, Mechanics in Rochester, and by Simmons College in
Boston, one would hardly be justified in assuming that training
schools could not be developed upon some such lines. The ques-
tion of funds would be of primary importance. For, wherever
the training school may be placed, under whatever control or
direction, it is quite certain that it needs funds to carry on its
work. At present, training schools are entirely dependent upon
the hospitals to which they are attached, for funds for any pur-
poses whatsoever. And since hospitals almost universally find
difficulty in meeting their current expenses, it is obvious that few
of them are in a position to supply appropriate funds for the
maintenance of training schools. At all events, none that I
have ever heard of has ever attempted to do so. Consequently,
a tradition has grown up that training schools do not need any
money for their work; that they are a peculiar kind of institution which can be carried on without any appreciable expense to anybody. No other kind of school in the world is suffering from any such delusion, and we must get rid of this wholly, so far as training schools are concerned, before we can hope to make any very substantial progress.

There is no doubt whatever that the time has come when training schools for nurses must begin to conduct their work in accordance with modern accepted and established methods. With the pressing needs of their hospitals ever before them most training schools will hesitate to present their own needs. They cannot bring themselves to ask for money for even the most obvious educational necessities. Many schools indeed have grown so accustomed to the poverty of their conditions that they have settled into a passive acceptance of them as necessary and inevitable, and finally have become unconscious of the need or possibility of improvement. Nor will improvements in this direction be made without a very great and continuous effort. Hospitals cannot make them, as the experience of the last half century clearly shows, since instead of providing means for the conduct of their schools, they have had to establish them everywhere for the very purpose of lessening their own expenses. We must therefore go beyond hospitals in our efforts to secure funds to carry on our training schools. Endowments can probably be as readily built up for our schools as for any other form of education, and the ideal school for nurses must be the properly endowed school. Further help toward the maintenance should come from tuition fees, and these should be required for at least the first year of instruction. In addition, during that period at least, the student should pay for board and lodging and she should not be rendering services of any such value to the hospital as will justify it in meeting these expenses. The assumption is, and it should be a correct one, that the student is receiving a good grounding in the fundamental sciences, instruction in the principles underly- ing her work, and is gaining some familiarity with the first steps in nursing as a preparation for her further work. Such instruction has been given freely with the idea that the student’s subsequent work in the hospital would compensate for it. The sounder method would be to require the student to meet the full expenses
of the time devoted solely to her instruction, irrespective of the arrangements governing her later work. The student's work in the hospital should never be looked upon as a method of paying for previous or current instruction. Every hour of it should be an essential and indispensable part of her education, and her work should be so looked upon by the hospital, and by herself, as an invaluable opportunity which cannot come again, for observation, study, training. We should expect hospitals to provide such conditions, such supervision, as will enable students to reap the fullest possible benefit from every "hour of duty." And I go so far as to believe that students should pay for such training and get it, and ultimately I think it will work out this way. What an increase in expert supervisors and teachers of nursing such tuition fees would make possible. At this point I expect to be met with the poor girl who will be shut out of all opportunity in life if she cannot enter this useful profession, and secure her training for it without expense. With the vision before me of nearly two thousand students working in our own College, paying full tuition and meeting the heavy expenses of life in New York, and doing this in many instances for four consecutive years, I cannot be so disturbed over this question as I once would have been; for I am confident that a considerable number of students in any training school could perfectly well pay for their expenses, and that most others could pay the larger part of them. A good many nurses, indeed, have told me that they would have preferred to pay for their training. A good working system of scholarships and loan funds would provide for those other desirable candidates unable to meet the expenses.

The time must eventually pass when students of nursing should be expected, or should themselves expect, to pay for their professional education in a coin so difficult to evaluate accurately as their labor; for some of it is excellent, some is fair, and some is wretchedly poor. Yet it buys the same kind, quality and amount of instruction, and the student who pays the most appears to need, and usually gets, rather less than the one whose services are least valuable. And in the same way this inequitable arrangement is unfair to the hospital which provides for the same training and opportunities in equal measure for all, yet which in actual fact must devote its time and energy far more assiduously
to the incompetent and the "slacker" than to others. So it turns out that the conscientious, capable and industrious student who requires least instruction and supervision does actually pay more and get less than other students. Where uneducated and otherwise ill qualified candidates can no longer lean so heavily upon training schools to make good their many deficiencies, without paying for the additional time and instruction they require, they may perhaps feel the importance of making some more energetic attempt to qualify before entering. It is this aspect of training school work which is so constantly questioned by college graduates. They say that a system of education is not intelligently ordered which admits to its schools, on precisely the same basis, a student bringing one or two years of high school and one bringing a college degree, and then requires each of them to take precisely the same course of training and instruction, covering precisely the same total length of time. And I think that, on the whole, they are justified in that contention. We should either provide a somewhat different scheme of training for women with college degrees, or else a shorter one, and we should begin at least to experiment in that direction without delay. We would be supporting truly high ideals in training schools by making it possible for more college women to enter them. There is crying need in the various branches of our profession for every soundly educated woman we can bring into it. I would look upon it as a step forward, therefore, if our good training schools could arrange to give credit in time, equivalent to one academic year (which means about eight months), to all candidates bringing the degree of a recognized college and otherwise qualifying for admission. They would then be required to cover a period of about twenty-seven months of training out of a three year course, but we must not forget that twenty-seven hospital months is the equivalent in time of three full college years.

Since a profession cannot rise above the character of those who practice it, it is certain that the real foundation of all of our work lies in the general education and character of our students, and no superstructure we may rear will stand unless that foundation is sound. We must work steadily to lift our requirements for admission, and we should not rest on anything less than that
amount of mental training gained in four years of high school work, or in a similar time spent in a good private school. Many of the best women in nursing have come from private schools, but the great differences existing between them make it necessary to look carefully into the quality of their work. The young women who in this day of free education have not had the ambition, energy or good sense to carry them through high school or its equivalent, are not the material out of which we should expect to make nurses. The classic exceptions to this ruling can always be dealt with on their merits, and should of course be provided for. With a general standard of admission set at high school, or a genuine equivalent, and with provision made for advanced standing, we shall have reached in these respects an ideal.

As to the course of study and training, that is a subject of itself, and can only be very generally dealt with. We have done well in developing and elaborating preliminary courses; that step forward in a more logical organization of our work and in securing sounder instruction in the preliminary sciences, was sorely needed. We shall also do well, I think, eventually to drop the term "preliminary" and to look upon whatever instruction we give during that period as a necessary part of the first year's work, varying somewhat in accordance with the previous education and training of our students.

It is interesting and encouraging to note the recent improvements in the courses of study as outlined in the announcements sent out by training schools, and only those who have struggled with such problems know what heroic efforts these advances represent. Yet since the best curriculum can easily be rendered ineffectual by unfavorable conditions it is important here to point out the need of continued attention to the question of hours. We are a long way from any ideal in that matter in most of our training schools, but we are particularly guilty in three ways: we have brought a heavy body of theoretical work into the first six months, but we have failed to reduce the hours of practical work during that period in any suitable degree; we still have twelve hour night duty, and from one-fifth to one-sixth of the student's whole time is spent in night work; we still permit outrageous hours of special duty to exist. There is no one thing in which our training schools are more distressingly in need of re-
form than in this matter of hours of students. There is, however, an ideal before us if we will but realize it, and we shall find it in the State of California. That state has the distinction not only of establishing an eight-hour day for its young student-nurses, but it has gone farther—it has declared that they need one day in the week for rest. The training schools of the country are indebted to California for a long stride forward in the development of the proper ideals of training. The length of the yearly vacation is the next matter of pressing importance, and we should work toward such a system of paid relief in our schools as will enable every student to enjoy one full month of vacation.

With the improvements in the course of study, the need has arisen for teachers capable of handling the situation, and we are beginning to meet that need. There are now on the staff of a good many of our training schools trained nurses who are also fully trained teachers, working devotedly for their students, helping them to gain that sound foundation upon which all good nursing work must be based and without which it is impossible for any nurse to arise to the full height of the opportunities which may later come to her. I think we may confidently look for much fresh, new life and thought in our training schools through the introduction of better methods of teaching and of the respect for the intellectual aspects of our work which trained teachers signify. We should be careful to make conditions such that they will be able to render their best services, and will feel satisfied to continue in the teaching field. The questions of status, of salary, of such an adjustment of work as will give time for proper preparation for classes—the questions also of tools for the teacher, such as books, and other teaching material, as important for the right conduct of her work as proper appliances are in nursing—many of these are new elements which have entered the training school life along with the teacher and are in need of thoughtful attention and steady adjustment. We have now reached that point where we have teachers trained to handle the elementary sciences, and to teach practical nursing, and a system established for the training of such teachers. There seems to be no reason why the idea should not be carried into other branches of training school work, and such subjects as the nursing of children, for instance, or mental and nervous diseases,
be taught by nurses who are not only expert in practical work and capable of handling a ward or department, but who have also been specially prepared to teach. There are other subjects, too, in which the foundation of a training in nursing could not fail, other things being equal, to be of great value. Dietetics, for instance, could be admirably taught by nurses to nurses. Occupations for invalids is already being successfully taught by a nurse who has made notable contributions to the development of that subject. This subject expands in one’s thoughts as one realizes the rich opportunities available for fields of instruction in hospitals. I hardly know where, for instance, given the right teacher, one could hope to obtain a course of instruction providing a surer and clearer insight into modern social problems than in a modern hospital, which is itself a symptom of social conditions. Through the dispensary and admitting offices what illuminating phases of life could be presented to the young student who wishes, for instance, to devote herself especially to public health nursing, and how superb an opportunity for teaching—now almost entirely unused—lies in the administrative and domestic departments of the hospital. But this would form another chapter.

I had hoped to bring into this paper some thoughts on the subject of discipline, which is today very seriously occupying our attention, but time forbids. We need to get clearer ideals before us on this vitally important aspect of our work, and to secure a better understanding of the meaning and purpose of discipline. We need to see clearly that there is no quality more precious in human life than initiative, and that a discipline which crushes instead of wisely developing and directing it, is not good; for the problem of the training school is not merely to ensure the training of nurses to work under direction, but to provide for the training of many women who will pass on into other fields where the power for independent thought and action is essential. Out of our training schools must come those who can lead, teach and develop others, and carry on the torch as the hands of the nurses of this generation relinquish it. This must be so or our work cannot stand. I have dwelt here at length only upon certain large general principles and basic conditions rather than upon methods and details. Such
matters as the purpose of the training school, its control, its resources, and the quality of its students, seem to me to lie at the heart of our problem. If we can reach our ideal in these matters, the other things will, I believe, be likely to follow.

**The President:** We will finish our program for the evening by listening to a paper on "The New Profession of Public Health Nursing, Its Educational Needs," by Professor Winslow, of Yale University. Any one who has lived in New York the last few years will have become familiar with Dr. Winslow's enthusiastic and loyal support of the nursing profession. Miss Crandall will read this paper and I know of no one who is better able or can read it with greater sympathy.

**Miss Crandall:** Friends, I am sure Miss Stewart will bear me out when I say that I have always protested against long programs for our evening sessions. And while I was led into being guilty of the same error in treating you to as long a program as we had last Friday night, my retribution comes speedily, when I am asked to read a long paper in the latter part of the evening. At the same time, in spite of my perfect respect for Dr. Winslow, I am sure he would say, "We will excuse you," and you can read this paper in *The Modern Hospital* in the next few weeks.

**The President:** We will then omit this paper.

Meeting adjourned.

*Wednesday Morning, May 3, 1916*

Meeting called to order at 9.30 a.m., in the Green Room of the Hotel Grunewald, the President, Miss Noyes in the chair.

**The President:** We have routine business that we must transact this morning. The first is a recommendation from the Executive Committee for a life membership and an honorary membership. For honorary membership, Mrs. William Church Osborn, who has been president for many years of the Women's Board of the Bellevue Training School for Nurses and who has given the Club House "Osborn Hall" to the graduates, and, in addition, a gift to the Isabel Hampton Robb Fund $5000, a woman deeply interested in nurses and nursing problems. What is your wish in regard to this recommendation?
Miss Jamme: I move its acceptance.

The recommendation was seconded by Miss Sutherland and carried unanimously.

The President: For life membership, Miss Mary Snively, who has been for many years superintendent of the Toronto General Hospital Training School and who has sent out so many able workers in the profession. We felt that we would like to make Miss Snively a life member, if that is the wish of the members present.

Miss Sutherland: As one of Miss Snively's graduates, I would be very glad to move that we make Miss Snively a life member.

Seconded by Miss Whyte, carried unanimously.

The President: We will have the report of the Chairman of the Committee on Resolutions.

Miss Clayton: I move the adoption of the following resolution:

Resolved, That the Board of Directors be and is hereby 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 this 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 authorized by an act of the Congress of the United States.

Whereas the program prepared for the Convention of 1916 represents a contribution on the part of scores of women already overburdened with the duties of their own positions, and

Whereas the papers and discussions have brought us all inspiration and suggestion for renewed effort and progress during the coming year, in every line of nursing work,

Be it resolved that appreciation be expressed to all who have participated in the program, to the chairman and acting chairman of committees, and to the executive officers for their untiring service in behalf of the National League of Nursing Education.

Whereas the splendid success of the 1916 Convention has been largely due to the comprehensive plans and unceasing work of state and local committees on arrangements, and

Whereas our meetings have received generous and dignified recognition and interpretation from local and Associated Press representatives,
Be it resolved that the sincere gratitude of the National League of Nursing Education be expressed to the local and associated press, to the local and state committees of nurses especially to Miss Wall and her associates, to the Training Schools of the city who have furnished such efficient ushers, to the Grunewald Hotel and to the Y. M. H. A. for their cordial hospitality and to the Women's Federated Clubs, and the Sisters of Charity for their special contributions to our pleasures.

Whereas the Revision Committee has given almost unlimited time and thought and personal service both to the task of rewriting the Constitution and By-Laws and to the far greater task of interpreting the changes and the necessity for them, to the members,

Be it resolved that the American Nurses' Association, the National League of Nursing Education and the National Organization for Public Health Nursing separately and collectively, acknowledge their debt of gratitude to the Committee.

Whereas the nurses who have attended the sessions on the revision of Constitution and By-Laws realize the inadequacy of words to express their debt to the Committee, but

Whereas the further task of interpretation to our local associations remains to be accomplished,

Be it resolved that we undertake this task with the same devotion and patience shown by the Committee on Revision and thus render effective their service to all the national associations.

Whereas the National League of Nursing Education feels a sense of loss in the deaths during the past year, of four of its members, Miss Adeline Henderson, Miss M. E. Johnstone, Miss F. E. S. Smith, Miss Alice Gorman.

Be it resolved, therefore, that an expression of its sympathy and sorrow be extended to the family of each and a copy of this resolution be placed upon the minutes of the organization.

Whereas the National League of Nursing Education feels a sense of real loss in the deaths during the past year of Dr. Richard Baird Favill, and Dr. Theodore Sachs, both of Chicago,

Be it resolved that this association express its sincere appreciation of their undertakings, their unfailing sympathy, their ready assistance in all nursing problems, and their personal service in behalf of many women of our profession, and

Be it further resolved that a copy of this resolution be spread upon the minutes of the organization and a copy sent to the family of each.

Whereas the National League of Nursing Education values most highly post graduate study for nurses in preparing them to give their best service in any line of work, and

Whereas it also realizes that it is exceedingly difficult for many nurses to finance such preparation without some form of assistance,

Be it resolved that the National League of Nursing Education express its appreciation to Mrs. William Church Osborne for her recent gift of $5000 and to all the nurses of the country who have so generously responded to the call for subscriptions, to the Robb Memorial scholarship fund.
WHEREAS the American Nurses Association, the National League of Nursing Education and the National Organization of Public Health Nursing representing 35,000 professional women, are vitally interested in problems relating to women in industry, and the effect of industry upon women, especially from the standpoint of health,

Be it resolved that these organizations register their hearty approval of the Jones Bill S. 5408, creating a Woman’s Division in the Department of Labor, and

Be it further resolved that a copy of this resolution be sent the author of the bill and also to the Committee on Education and Labor of the Senate, to whom the bill has been referred.

WHEREAS bills relating to health insurance have been brought before several state legislatures during the past year, and

WHEREAS the enactment of such bills will, by their inclusion of nursing care among their benefits, constitute America’s great contribution to the whole question of insurance against sickness

Be it resolved that the National League of Nursing Education urge the Legislature in the states in question to appoint commissioners to make a thorough study of the possibilities of Health Insurance, and

Be it further resolved that the National League of Nursing Education urge its members to make a serious study during the coming year of the problems of health insurance in its local and national aspects, in order that we may intelligently discuss the matter in our own communities and also at our subsequent meetings.

WHEREAS our retiring President, Miss Clara D. Noyes, has so graciously and ably presided over the National League of Nursing Education during the past three very important years of its existence,

Be it resolved that we express our sincere appreciation of her splendid service as demonstrated by her keen interest and untiring efforts in behalf of this Organization.

The President: You have heard these particularly full resolutions. It seems that nothing has been omitted. What is your wish in regard to them?

Miss Francis: I move that the report of the Committee be accepted as read.

Seconded by Miss Davids. Carried.

The President: We will now hear the report of the discussions of the round tables. We have had, I think, six round tables. The first dealt with Hospital Administration. Is that report ready?

(Report read by Miss Stewart for Miss Ayres.)
REPORT OF ROUND TABLE ON HOSPITAL ADMINISTRATION, HELD AT 9 A.M., APRIL 29, IN THE GREEN ROOM

The Chairman, Miss Keith, of Rochester City Hospital, called the meeting to order, gave the purpose of the gathering, and the following subjects as suggestions for discussion:

1. The old problems: Our form of administration, and with what officers shall we surround ourselves. Our relations to our governing boards. The visiting staff with a rotating or continuous service. The interne situation. The laundry. The ambulance. The hospital grounds.

2. The newer problems: Departmental responsibilities, which are both old and new. Standardization—an old idea with a new name. The new drug law. Compensation or insurance cases. Medical inspection of those who handle food. Campaign for courtesy.

As no one chose a topic for discussion, Miss Keith called upon Miss Ayers to speak on departmental heads. A brief summary of the value of well organized departments in large hospitals was given, which called forth inquiries as to how the smaller hospitals could arrange their affairs in some such manner, with fewer people in charge. The Chairman gave an account of the evolution of the hospital, of which she is head, from a small to a large institution, how the work was divided in its earlier days, and the changes gradually inaugurated to accommodate its growth. Questions were asked concerning the administration of the school for nurses, housekeeping, etc.

Hospital purchasing received attention; brands of cotton, sheeting, substitutes for rubber sheetings, the buying of blankets ahead because of the future possibility of scarcity were topics discussed.

The next session hour arrived before further subjects could be mentioned concerning which many were interested.

LUCY C. AYERS, R.N.,
Secretary.

The President: I do not think that any special action will be required on these reports, as they are always more or less informal,
unless it is your wish that we should accept them. The next round table was on the Training School Curriculum, Miss Bridge, secretary.

TRAINING SCHOOL CURRICULUM

On Monday, May 1, a round table was conducted by Miss Riddle to offer an opportunity for the discussion of problems in connection with "The Training School Curriculum."

The question, "Who should be teachers in schools of nursing," was proposed. It was the opinion of the nurses in session that in addition to the instructor, all head nurses should be teachers, each one being responsible, under supervision, for a definite part of the teaching program. It was suggested that, as a preparation for such work, the head nurse should have a sound fundamental education, should have had experience in teaching, and be a member of the local, state, and national associations. In order to secure the best results from following such a plan, the introduction of classes in methods of teaching for head nurses seemed advisable. It was thought that such a scheme would increase the cooperation between the head nurses and the director of the school, to the advantage of both and to the pupil.

The second important question to be offered for discussion was: "What is the responsibility of the school of nursing in presenting to its students the social aspects of certain disease problems?" The interesting discussion which followed brought out the question of what the school should do toward the preparation of the student for the field of public health work. The general idea seemed to be that, while the school could not prepare the nurse for specialization, it was responsible for giving her a sound preparation for her future work, which preparation should include the training necessary to introduce her to the field of Public Health Nursing. The subject of field work in connection with such training was brought up, and it was the opinion of the majority that this could be given efficiently only when provision was made for careful and adequate supervision. The introduction of such courses seemed to present difficult problems. But it was especially significant that while only ten superintendents and teachers said they were giving such work to their students at present,
every one signified their belief that such instruction was desir-
able and necessary, and left the meeting resolved to carry back
to their respective schools the idea, as expressed by Miss Riddle,
"Whatever has to be done, can be done."

Respectfully submitted,

HELEN L. BRIDGE,
Secretary.

The President: Miss Bridge will also read the report of the
round table on Training School Records and Grading.

TRAINING SCHOOL RECORDS AND THE GRADING OF
PUPILS

At the round table held on Monday, May 1, at 5.30 p.m., to
discuss, "Training School Records and the Grading of Pupil
Nurses," Miss Clayton presiding, several important questions
were introduced.

The first of these was, "Is it desirable to institute a uniform
system of records for use throughout any one state; and if so,
what should be the nature of such records?" The consensus of
opinion was that a uniform system was desirable and that such
records should be simple, accurate, and permanent. It was sug-
gested that some method of weighing the reports of head nurses,
supervisors, and the superintendent of nurses, was desirable.
The use of the card system was advocated, together with the plan
of filing a duplicate of the pupil's permanent record with the state
board of nurse examiners. This plan seemed advisable for the
following reasons:

1. Permanency.
2. To give an arm of support to the superintendent of the
Training School.
3. To give an added impetus to the work of the student nurse.
4. To give the state board of examiners an opportunity to use
these records in the final grading of the pupil.

The second important point brought up for discussion was,
"How shall pupils in schools of nursing be graded?" In answer
to this the majority of those present advocated the use of a sys-
tem of group classification as being a better plan than the use of
percentages. This was thought advisable for these reasons: It can be used with a greater degree of fairness to the pupil; it gives the instructor more leeway; it is more accurate. The result of a study of inaccuracies in grading among high school teachers was presented, showing an individual variation of 23 per cent. It was suggested that the adoption of definite standards of grading according to the group classification be adopted, as, for example, the following system of lettering: A, 93–100; B, 86–93; C, 79–86, average; D, 72–79, condition; E, 65–72, failure. The use of the plus and minus signs would indicate slight individual differences.

The nurses in session voted to recommend to the National League of Nursing Education that a committee be appointed to considered standard methods of record keeping and systems of grading in schools of nursing, the same committee to report at the 1917 meeting of the League.

Respectfully submitted,

HELEN L. BRIDGE,
Secretary.

The President: This report of the round table on records and gradings, has a definite recommendation for a committee. I think if it is your pleasure, we will leave the appointment of such committee to the new officers, as they come in.

Miss Hiliard: Might I ask if it would be possible to have these summaries published in the American Journal of Nursing?

The Secretary: We hope to have a number of these topics discussed under the Department of Nursing Education in the Journal, but there is no reason why they should not also be published in a summarized form.

The President: I am quite sure that Miss Palmer would be glad to consider them as a part of the reading matter. Of course, they will be published in the proceedings. The next is the report of the round table on Mental Nursing. I do not know whether that is ready, as it was held only this morning. The next is the report on Instructors and Their Problems, which will be read by Miss Fleming after which we will hear the report on University Affiliations by Miss Powell.
INSTRUCTORS AND THEIR PROBLEMS

At the round table on Instructors and their Problems the first question presented from the floor was the vexing one of "Shall the hospital train attendants at the same time as it educates pupil nurses, with all the troublesome complications arising from such an arrangement?" The group were agreed that there was a very definite and urgent need for an attendant class, but a few doubted the wisdom of placing the burden of their training on the training school for nurses. Others felt that if the community needed this type of helper, the hospital and training school must take it up. Still others cited the Household Nursing Movement in Detroit and the scheme in operation at Brattleboro, Vt., as a suitable means by which such a class could be trained.

Question No. 2: How many hours of teaching should be done each week by an instructor who is devoting her whole time to the work? A conclusion was finally given that as 20 hours per week was the maximum number required in high schools, and even less from college instructors, we could hardly expect efficient work if more than 20 hours per week were demanded in our own schools.

The preferable time for holding night-nurses' classes was held to be between five and six in the afternoon, rather than from nine to ten in the morning.

The question of the value or otherwise of note taking by the pupils and later correction by the instructor was left undecided. It was thought to be of value to the student in that it emphasized the importance of the subject, and was a help to her by the organization of facts. Its consumption of time on the part of the instructor was a decided disadvantage. A few thought that it was not sound educationally.

The providing of class work for affiliating students without the school affiliation was decided to be a difficult problem to work out. The consensus of opinion seemed to be that such a problem must revert back to the school from which the affiliating students come.

Isabel Fleming, 
Secretary.

The President: University Affiliations.
Miss Powell.
AFFILIATIONS

A goodly number gathered to discuss the university affiliations at present existing and those affiliations for which we earnestly hope. Differences in the bases upon which university affiliations have been made by schools for nurses were brought out.

At the University of Minnesota, affiliation is on a distinctly technical basis. The University confers the technical degree of Graduate in Nursing upon a student who has satisfied their entrance requirements, who has taken one semester's work, covering certain definite subjects in the academic department of the University, and who has then completed the remainder of her three years in technical hospital work.

Other affiliations are made on a more cultural basis, by which the University gives definite credit for theory and practice in the hospital, and requires a further two and a half years in the Arts Department of the University, all this finally leading to a diploma in Nursing and a Bachelor of Arts degree, the entire period covering five and a half years.

The problems and difficulties of adjustment arising in each mode of affiliation were helpfully discussed.

The School for Nurses at the Cincinnati General Hospital reports that they are still battering at the doors of the Cincinnati University. They wish to make affiliation through its medical school on the basis of two years collegiate credit for their three years of training school work, thus making it possible for the student to get in five years her nursing diploma and B.S. degree. While they are hoping for this broad affiliating basis, Miss Logan is willing, she says, to enter on a technical basis rather than lose identity with the University altogether.

Again the oft-repeated question of just how many academic credits might be allowed by any University for our practical nursing work was discussed, and once again it was suggested that with a total requirement of 128 credits for a Bachelor's degree, one point of credit for every month of practical work might be regarded as a basis upon which to work.

A logical suggestion was made that new University affiliations be sought on the basis of asking from the University definite credit for adequate hospital theory and practice, which, with
additional collegiate work in same, would lead with a total of four years' work toward a B.S. in Nursing. Just as, after four years' work, degrees are being conferred by leading Universities which read B.S. in Engineering, B.S. in Household Arts, B.S. in Education, so a B.S. in Nursing.

The question of the desirability and feasibility of securing university affiliations by the Instructive Visiting Nurse Association was brought up and discussed briefly. No definite conclusion stated.

Louise M. Powell, Secretary.

The President: It may be of interest to you to learn that we have accepted 81 new members this year. We have a letter from Miss MacInnes, from the Mandsley Hospital in London, England, describing some of the nervous conditions as the result of shock in the soldiers. Miss Taylor, I think, has this letter. She will read it. It is exceedingly interesting.

My Dear Miss Taylor:

I joined the Territorial Force Nursing Service on my arrival in England and in October was called up for duty in the Neurological Extension of the Fourth London General Hospital.

This extension includes the Grove Lane School Hospital opened July 1915, and the Mandsley Hospital opened February, 1916. The Mandsley building, just completed, is loaned to the government for the use of neurological patients. It is the property of The London County Council, through the gift of Sir Henry Mandsley and is to be equivalent in London to the Phipps Psychiatric Clinic in Baltimore. Major F. W. Mott, M. D., is in charge. There are six wards, each with a capacity of twenty-seven beds, a small number for war time. A Sister, two trained nurses, two probationers and two orderlies, make up the day staff in each ward. The work is full of interest—crowded with opportunity for good care, good cheer, understanding, and for the right word—if one has the wit to find it—at the right moment.

It is of the patients themselves I think that you would most like to hear. Such human natural beings; middle-aged and young—terribly young; I have a lad now eighteen, who went to Gallipoli a year ago. Old soldiers and new—regulars, "Kitchener's," and "Colonials," farmers, actors, miners, teachers—"All sorts and conditions of men" caught together in the maelstrom of war. In the early days of the conflict, it became apparent that some special provision must be made for these men, who without wound or visible injury, were yet showing symptoms of grave disorders. Many hospitals and wards came into being in response to this
need, and during the past twenty months there has passed through them a constant stream of patients, tragic witnesses to the dire results of modern warfare with its trench life, high explosives and its unprecedented strain on mind and body. At first these cases, were practically all diagnosed as "neurasthenia", but later the term "shell shock" came to be applied to those showing certain characteristic conditions. To quote Major Mott, "The varying groups of signs and symptoms, indicative of loss of functions or of disorders of functions of the central nervous system, arising from exposure to forces generated by the detonation of high explosives, are classed under the term, shell shock. In just what way these forces act and produce the disorder, is still a matter of discussion. Major Mott feels that, in addition to their shattering moral effect, they may also cause definite physical injury to the central nervous system and that certain chemical and pathological changes may result from the inhalation of the noxious gases. Another neurologist regards the real causative agent as a "conscious realization of the sensory symptoms of the shock. Where the shock sufficient to produce immediate unconsciousness, not this train of symptoms would follow, but an altogether different one, as is seen when the shock is accompanied by a severe wound." It is generally conceded that, if the explosion is of sufficient severity shell shock may be produced even in a previously healthy individual, the mental shock being greatest in those who are most wrought at the moment of the explosion. It seems evident, however, that an inborn or inherited neuritic disposition is the probably vital factor in promoting and fixing these functional disorders, and that in most cases the shock must be measured, not in terms of the trauma, but of the sensitiveness of the individual. These men have been subjected to a strain for which, it may be said, that nothing in their previous experience had prepared them. Trench life, loss of sleep, hours of watching and responsibility, long stretches of inactivity under bombardment, the bursting of shells with the resulting carnage and destruction, the loss of comrades, the mad excitement of attack and counter attack, the imminence of a violent death! Some there are who go through it all without loss of self-control, others break almost at once, and still others, confessing to themselves stark fear and horror, loathing the situation and with a sickening sense of their own failing powers, hold yet by a supreme effort of will to their responsibilities until some special shock trivial perhaps in itself, breaks finally the strained resistance. One cannot write of what these men endure. On arrival at the hospital in England, the patients may show only comparatively mild neurasthenic symptoms or they may be visibly shaken in nerve, jumpy, emotional, they may be unable to walk because of extreme tremor of the limbs, they may be hemiplegic or paraplegic; a few are blind; many are deaf, mute or stuttering; all are subject to terrifying dreams, memory and concentration are impaired, confidence and decision are for the moment lost.

The tremors constitute a serious disability, they may cause a constant lateral movement of the head or an extreme trembling of the body or of the extremities. They are constant in the waking hours, absent in sleep, are
rythmical, slow to disappear and show a distressing tendency to recur upon the smallest excitement. "A true functional tremor, as opposed to a malingering's tremor, is not altered in its rhythm by taking away the patient's attention, that is for instance, by making him count slowly or quickly." Memory is subject to marked disturbances, in severe cases this may amount to a loss of consciousness except for the immediate present. As a rule the patient can give a clear history up to the moment of the shock, even to the describing of the particular kind of explosive, the flash and the sound. The subsequent events however, are often extremely difficult to recall. We have one patient who has a clear cut amnesia for the period from January 20th when the parapet of the trench was blown in, to March 6th. He had been transferred to Mandsley from a hospital in France March 1st. At this time he was unable to walk, talked very little and when he did so, spoke of himself in the third person like a child, as, "Me get up," "me stay in bed." He could feed himself and could make known his physical wants but could give no account of himself. During the night of March 6th, he suddenly wakened to a consciousness of his surroundings and a complete recollection of events up to January 20. He was amazed to hear how long he had been ill and immediately dictated a letter to his people, explaining his long silence. He is apparently quite well now but is still unable to remember anything of the lost weeks.

Music frequently supplies the stimulus that awakens memory, as it does also in overcoming mutism. A patient who has been dumb for a longer or shorter period will suddenly, to his own surprise and that of his companions, find himself joining in a familiar chorus. Mutism is a most distressing condition—"it is due to emotional shock and is a psychic trauma of hysterical nature." It is most frequently broken down by a sudden emotional disturbance in many cases trivial but attended with surprise, taking attention off its guard. These patients can make no voluntary sound; cannot laugh or cough; they sometimes call out in their sleep. Hypnotism has been successfully employed with many. One of our patients from Gallipoli has just recovered his speech and hearing after having been deaf and dumb for seven months. He was admitted to Mandsley February 12. He was extremely nervous, hypersensitive to touch, subject to great variation of mood and to terrifying dreams. Every night he would in pantomime go through a certain past experience, would bayonet the enemy, and receive a thrust in his own arm, would signal his men, lead a charge and finally, leaning far over the bed, first on one side and then on the other, seek out those who had fallen. During this performance he never made a sound, until the night when an over-vigorous thrust of the bayonet carried him out of bed onto the floor. He then called out in a loud voice and afterwards continued to talk, narrating slowly and distinctly experiences in Gallipoli. He was deeply unconscious, his eyes fixed and staring, his body almost rigid. He responded to no tests, but after half an hour relaxed and seemed to sleep. Shortly he opened his eyes and in reply to the question, "Can you hear me?" he answered, "Yes, Sister," and burst into tears. This patient had been hypnotized on sev-
eral occasions but without apparent effect. A few days before his speech returned, he had begun to whisper a few words. He is doing very well, though, unhappily, he is not without fear that he may again lose his recovered faculties and last night when the hospital was suddenly plunged into darkness, because of the believed nearness of Zeppelins, he fell into a panic, declaring that with the first bomb he would become deaf and dumb again. Fortunately the raid did not occur, at least not in the neighborhood of the hospital.

Terrifying dreams are almost an invariable feature and prove how powerful an influence the psychic trauma is exercising on the mind. In unusually severe cases, the mind cannot even in the waking state, rid itself of the horrors experienced, so that hallucinations may be provoked. One such patient, a young captain 24 years old, was brought in suffering from an acute of motor delirium. His experience had been terrible. He had come back from an attack, one of 17 out of 1300. He moved continually about the bed, passing his hand back and forth before his eyes, moaning and talking of what had occurred. He would answer questions quietly and rationally, but would immediately return to the compelling scene. His improvement was rapid though he showed a tendency to relapse at any excitement. He is one of the many who should never have gone to the front, his history shows a prolonged attack of chorea when a child, as he said, “One could not tell a medical officer that, it would have looked as if he did not want to go!”

As to treatment, psychotherapy, psychoanalysis, and hypnotism, all have their upholders. According to Major Mott, “The prime essential is an atmosphere of cure,” together with good food, complete rest for those who need it, plenty of diversion for those who can bear it, and freedom from responsibility. Happily there is a strong tendency toward recovery. It is such a joy to see them change. They come in tremulous and undone, but presently they begin to say, “I feel better in myself” and shortly their extraordinary cheerfulness is in process of re-establishment. Cases there are, alas, many which do not run this satisfactory course. Patients innumerable whose recovery will never be complete. In many of these men, often the most sensitive and the most conscientious, there exists a painful self-criticism. To bring this to frank discussion is often to rehabilitate and to cure.

Another condition even more difficult to deal with, is the perfectly natural dread of a return to the scenes of horror. It is certain that no man who has seriously broken under fire should ever be subjected to it again, but it is unhappily true that most of the patients at some time or other are likely to be returned to the front. It ties one’s hands and wrings one’s heart not to be able to remove this dread.

I have written at great length, but how inadequately. No more than of the vast immeasurable tragedy of the battle fields, can one realize the individual struggle to meet the unimagined demands or grasp the moment’s poignancy and power.


M. S. MacInnes.
The President: There are certainly many sides to this terrible war which is devastating Europe. When we hear of the horrors of it, it makes us loathe and despise the question of preparedness in this country, to think that we could be pushed into a position when such things might happen to us.

We will now hear from the Committee on the Election of Officers.
(Report read by Miss Bartlett.)

REPORT OF TELLERS—NATIONAL LEAGUE OF NURSING EDUCATION

President, Miss Sara Parsons, Boston.
First Vice-President, Miss A. C. Jammé, Sacramento.
Second Vice-President, Miss Lillian Clayton, Philadelphia.
Secretary, Miss Effie Taylor, Baltimore.
Treasurer, Miss Mary McKechnie, Philadelphia.
Auditor, Miss Katherine Brown, Philadelphia.
Executive Committee: Miss Louise Powell, Minnesota;
Miss E. M. Lawler, Baltimore.

ALICE G. STEWART,
EUNICE A. SMITH,
VASHTI R. BARTLETT.

The President: You have heard the report of the Tellers. The following officers, therefore, appear to be elected:
President, Miss Sara Parsons.
First Vice-President, Miss A. C. Jammé.
Second Vice-President, Miss Lillian Clayton.
Secretary, Miss Effie Taylor.
Treasurer, Miss Mary McKechnie.
Auditor, Miss Katherine Brown.
For Executive Committee, Miss Louise Powell and Miss E. M. Lawler.

One very important matter is the question of the meeting place for next year. It has been our custom for the last few years, especially since our affiliation with the American Nurses Association, to meet with them. I believe they have selected Philadelphia for the next place of meeting. I am sure you will be pleased
to know that we are going to Philadelphia. The invitation is one of long standing, and although a great many others have been received, which the Secretary might perhaps give you, the fact that Philadelphia's invitation has been so long before us decided us to go there.

The Secretary: We have invitations from Cincinnati, from Cleveland, from Baltimore, from Providence, the District of Columbia, and several invitations from chambers of commerce. We had no special invitation from Cleveland, but I believe it has been in for some time.

The President: We look forward to going to all these places ultimately.

Miss Russell: I move that a vote of thanks be given to the retiring officers.

The motion was seconded by Miss Hilliard and carried unanimously.

The President: In retiring as President of the League after three years of service, I was going to say that I retired with a good deal of pleasure, but that does not sound quite courteous, does it? As a matter of fact, it has been not only a great opportunity to be President of this League for three years, but a great pleasure, and I really retire with a great deal of regret. It has been a very great privilege and pleasure. I am quite sure that you will be in able hands when you have Miss Parsons, because she is familiar with the work of the League, having been Secretary for two years, Vice-President one and associated with the old "Society of Superintendents" for many years.

I should like to announce a meeting of all the new officers at four o'clock this afternoon, and of the Advisory Council at five.

Is there any further business? If not, we will adjourn, to convene in Philadelphia next year.
THE NATIONAL LEAGUE OF NURSING EDUCATION

CONSTITUTION

Revised April 27, 1916

ARTICLE I

NAME

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

ARTICLE II

OBJECT

The object of this association shall be to consider all questions relating to nursing education; to define and maintain in schools of nursing throughout the country minimum standards for admission and graduation; to assist in furthering all matters pertaining to public health; to aid in all measures for public good by cooperating with other bodies, educational, philanthropic and social; to promote by meetings, papers and discussions cordial, professional relations and fellowship and in all ways to develop and maintain the highest ideals in the nursing profession.

ARTICLE III

DIRECTORS

The directors of this organization shall be thirteen in number.

ARTICLE IV

AMENDMENT TO CONSTITUTION

This constitution shall not be amended or annulled except as hereinafter provided.

To amend or annul this constitution it shall be necessary that such amendment or annulment be presented in writing by the secretary to each member at least one month previous to the next annual convention at which meeting the proposed amendment or annulment shall be presented and a vote taken thereon. A two-thirds' vote of the members present shall be necessary for amendment or annulment.

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TWENTY-SECOND ANNUAL CONVENTION

NOTE. Annulment of Articles III, Article IV, Article V and Article VI and adoption of new articles, to be acted upon in 1917 unless a national charter is secured. If so, a special resolution gives the officers the power to make such changes as will be required.

BY-LAWS

ARTICLE I

MEETINGS

The convention of the National League of Nursing Education shall be held after 1918 biennially and conjointly with the convention of the American Nurses' Association. The time and place of each meeting shall be determined by the Board of Directors and reported to the association for its action at the convention next preceding. A printed announcement shall be sent to each member of the association at least one month in advance of the convention.

ARTICLE II

MEMBERSHIP QUALIFICATIONS

MEMBERSHIP

SECTION 1. Active members of the National League of Nursing Education shall include members of the preliminary organization; all past superintendents who were members while holding that position; all present superintendents and assistant superintendents of schools of nursing and of hospitals; instructors, supervisors and head nurses in schools of nursing; members of state boards of nurse examiners and head workers in various forms of social, educational and preventive nursing.

SECTION 2. Active members must be members of the A. N. A. and shall be graduates of training schools connected with general hospitals having a daily average of thirty patients or over and a continuous training in the hospital of not less than two years. This training must include practical experience in caring for men, women and children together with theoretical and practical instruction in medical, surgical, obstetrical and children's nursing. In those states where nurse practice laws have been secured, registration shall be an additional qualification.

SECTION 3. A candidate for admission to active membership shall make application on a blank form furnished by the secretary and return such application to the chairman of the eligibility committee. When any such application shall have been acted upon favorably by the Board of Directors and upon payment of the initiation fee of $2.00 and the annual dues of $3.00 for the first year, the applicant shall become an active member of the association.

SECTION 4. Any person who at the date of the adoption of these by-laws is either a charter or permanent member in good standing shall become an active member of the association.
SECTION 5. Individual members who have performed noteworthy service to the Society and the profession who have been active members and who have resigned, may be made life members with full privileges.

SECTION 6. Associate Membership. Any member of a state league whose membership qualifications accord with the requirements for individual membership in the National League shall be eligible for associate membership.

SECTION 7. A State League, the members of which desire to become associate members of the National League shall make application on a blank form furnished by the secretary. This application together with a copy of the constitution and by-laws of the State League applying for membership, shall be sent to the chairman of the eligibility committee. When any such application shall have been acted upon favorably by the Board of Directors, then upon payment by the said organization or its members of $10.00, dues for one year, the members of such organization shall become associate members of the National League. States not large enough to form a district organization may unite to form a league with adjoining or adjacent states.

SECTION 8. Any associate or active member having withdrawn from this association or whose membership has lapsed on account of non-payment of dues, may be reinstated within two years by payment of all dues to the time of re-admission. If two years have elapsed since withdrawal or lapse of membership a member may only be readmitted by making application in regular form and by paying, in addition to the annual dues, a membership renewal fee of $2.00.

SECTION 9. Honorary membership may be conferred by a unanimous vote of all delegates at the annual convention on persons who have rendered distinguished service or valuable assistance to the nursing profession, the name having been recommended by the Board of Directors. Honorary membership shall not be conferred on more than two persons at any annual convention.

ARTICLE III

FEES AND ASSESSMENTS

SECTION 1. The initiation fees for active members shall be $2.00 and the annual dues $3.00. The annual dues for state organizations shall be $10.00.

SECTION 2. The annual dues of individual members and state organizations shall be payable on the 1st day of January of each year, except that for the first year dues shall be paid at the time of admission. Any member or organization failing to pay annual dues by April 1st shall receive special notice from the treasurer, and if the dues are not paid within three months from that date they shall have forfeited all privileges of membership, unless such dues shall have been remitted by the council for good and sufficient reasons. The fiscal year shall be from January 1st to December 31st.
TWENTY-SECOND ANNUAL CONVENTION

ARTICLE IV
WITHDRAWAL

Any member of the association may withdraw from it on signifying her desire to do so in writing to the secretary, providing that she shall have paid all her dues to the society. Any member who shall be declared unfit for membership by a two-thirds' vote of the members of the Board of Directors present at any meeting of that body shall have her name presented by it for the action of the association at an annual convention and shall be dismissed, if it is so voted by two-thirds of the members present.

ARTICLE V
OFFICERS

The officers of this Association shall consist of a board of thirteen directors, one of whom shall be president, one first vice-president, one second vice-president, one secretary and one treasurer.

Note. Article V cannot go into effect until after the adoption of the suggested constitution or such action by officers as may be required to secure a new charter.

ARTICLE VI
ELECTIONS

SECTION 1 The president, the first vice-president, the second vice-president, the secretary and the treasurer shall be elected annually. The president, the secretary and the treasurer are eligible for re-election.

At the annual convention held in (1918) the eight directors not elected as one of the above named officers shall be elected as follows: Two for four years; two for three years; two for two years and two for one year. At each subsequent annual convention two directors shall be elected by ballot for four years.

SECTION 2. A nominating committee consisting of three members shall be appointed by the board of directors at its mid-year meeting. This committee shall select one name for each office to be filled and shall post this list at the afternoon session of the day previous to election. Additional nominations for any office may be made from the floor. The election shall be by ballot.

SECTION 3. A majority vote of those present entitled to vote and voting shall constitute an election.

SECTION 4. On the first day of the convention the president shall appoint inspectors of election and tellers.

SECTION 5. The secretary shall furnish to the chairman of the tellers a list of the officers, presidents of state leagues, active members and the number of delegates present, also the number of votes to which each delegate is entitled.
CONSTITUTION

The teller in charge of the register shall check the name of the delegate or active member voting.

SECTION 6. The teller in charge of the ballot box shall place her official mark upon the back of the ballot and the voter shall then deposit the ballot.

SECTION 7. Polls shall be open for such a period of time as shall be specified by the board of directors.

SECTION 8. Each officer shall hold office until the adjournment of the annual convention following that of the election.

SECTION 9. In the event of a vacancy in any office the president shall appoint a member to serve until her successor is appointed.

ARTICLE VII.

DUTIES OF OFFICERS

SECTION 1. The president shall preside at all annual and special meetings of the league or if absent the vice-presidents shall act in their order. The president shall be president of the board of directors and advisory council and member ex-officio of all committees. She shall prepare an address to be delivered at the opening session of the annual convention.

SECTION 2. The secretary shall keep the minutes of all meetings of the Association, the Board of directors and the advisory council; preserve all papers, letters and transactions of the association and have custody of the corporate seal. She shall present to the Board of directors all applications for membership in the association, with a report of the eligibility committee on the same. She shall turn over to her successor within one month after the annual convention all association property in her possession.

SECTION 3. The treasurer shall collect, receive and have charge of all funds of the association, shall deposit such funds in a bank designated by the board of directors and pay only such bills as have been approved by the president. She shall report to the board of directors the financial standing of the association at each annual convention. (She shall give a bond subject to the approval of the board of directors for the faithful performance of her duties.) Her accounts shall be audited annually by a certified public accountant approved by the board of directors. The retiring treasurer shall within one month after the close of the annual convention turn over to the treasurer all money, vouchers, books and papers of the association in her custody, with a supplemental report covering all transactions from January 1st to the close of the annual convention.

SECTION 4. All officers except the secretary and the treasurer shall on the expiration of their term surrender all property belonging to their office to the new board of directors.

SECTION 5. Necessary expenses incurred by officers or committees in the service of the association may be refunded from the general treasury by order of the board of directors if previously approved by them.
SECTION 1. The board of directors shall transact the general business of the association in the interim between annual conventions. It shall provide for the proper care of all books and papers of the association and for the payment for a place of meeting when necessary. It shall publish papers and transactions in such a manner as it shall determine and decide upon expenditures subject to the approval of the association. All arrangements for the annual convention shall be made by the board of directors.

SECTION 2. The board of directors shall have power to select a place of deposit for funds and shall provide for their investment.

SECTION 3. The board of directors shall hold a business meeting immediately preceding and immediately following each convention and shall meet at other times at the call of the president or at the request of five or more members of the board.

SECTION 4. Meetings of the board of directors between annual conventions shall be arranged so as to coincide in time and place with the board meetings of the American Nurses Association in order to give opportunity for joint meetings of the board of directors of the national nursing organizations.

SECTION 5. The International Delegate shall be elected by the three national boards of directors at their first joint meeting following the annual convention, one member being previously nominated for the appointment from each national board. The majority of votes cast by those present or by proxy constitutes an election.

SECTION 6. The presidents of the American Nurses Association and of the National Organization of Public Health Nursing shall by virtue of their offices be members ex-officio with power to vote, of the board of directors of the NATIONAL LEAGUE OF NURSING EDUCATION.

NOTE. Section 6 cannot go into effect until after the adoption of the suggested constitution or such action by the officers as may be required to secure a new charter.

ARTICLE IX

THE ADVISORY COUNCIL

SECTION 1. The officers of the association and the presidents of state leagues belonging to this association shall constitute an advisory council. The duties of the advisory council shall be to keep the association informed of the progress of nursing in the states represented and perform such duties as the National Association may require.

SECTION 2. Meetings of the advisory council shall be held in connection with each annual convention, at such time as shall be designated in the program. The members shall be prepared to report on the work of their respective state and district leagues.
CONSTITUTION

ARTICLE X

REPRESENTATION

SECTION 1. The voting body at an annual convention shall consist of the officers, presidents of state leagues, delegates and active members. (Delegates and state presidents must be active members of the National League in order to vote.)

SECTION 2. Each state league shall be entitled to one delegate with power to vote (in addition to the president). Before registering, the delegate or proxy must furnish a credential card signed by the president and secretary of the National League showing that annual dues have been paid.

SECTION 3. No vote as proxy shall be allowed except in the election of officers. No person shall be allowed to represent in person or by proxy an organization of which she is not a member.

SECTION 4. A delegate may be represented by an alternate elected in the same manner as the delegate.

SECTION 5. No person shall be entitled to more than one vote except in the case of an active member who is a delegate for a state league.

ARTICLE XI

STANDING COMMITTEES

The standing committees shall be appointed by the board of directors unless otherwise provided for and shall be as follows:
Committee on Finance.
Committee on Membership.
Committee on Program.
Committee on Department of Nursing and Health.
Committee on Isabel Hampton Robb Fund.
Committee on International Affairs.
Committee on Public Education.
Committee on Education in Schools of Nursing.

ARTICLE XII

QUORUM

SECTION 1. A quorum of the board of directors may be formed by five members and of the advisory council by one-half of the members.

SECTION 2. A quorum of the Association shall consist of thirty members.

ARTICLE XIII

AMENDMENTS

SECTION 1. These by-laws may be amended at any annual convention by a two-thirds' vote. All proposed amendments shall be in the possession
of the secretary in sufficient time before the date of the annual convention to be appended to the call for the meeting.

SECTION 2. These by-laws may be amended at any annual convention by a unanimous vote without previous notice.

Last Revision June 3, 1912.
See Report N. L. N. E. 1912.
LIST OF MEMBERS

HONORARY MEMBERS

BOARDMAN, MABEL T.  
CLEMENT, ANNA G.  
JONES, (MRS.) M. CADWALADER

KIMBER, DIANA C.  
OSBORNE, (MRS.) WM. CHURCH  
RICHARDS, LINDA

ACTIVE MEMBERS—INDIVIDUALS

AHERNS, MINNIE H. .......... Supt. Infant Welfare Society, 104 S. Michi- 
gan Ave., Chicago, Ill.


ALBAUGH, R. INDE. .......... Sec. & Treas. State Board Exam., Pleasant 
Valley, Conn.

ALLEN, BERTHA W. .......... Asst. Supt. Nurses, Newton Hosp., New-
ton Lower Falls, Mass.

ALLINE, ANNA L. (Life mem-
ber). .......................... At Home, Harrington, Maine.


ALLISON, GRACE E. ......... Prin. School for Nurses, Lakeside Hosp., 
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ALLISON, AMY ............... Supt. Nurses, Methodist Hosp., Omaha, 
Neb.

ALLYN, HARRIET J. .......... Supt. Griffin Hosp., Derby, Conn.

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325
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TWENTY-SECOND ANNUAL CONVENTION


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Prendergast, Sister Mary Gonzaga .... Supt. Mercy Hosp., Hamilton, O.


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TAYLOR, MINNAHANA ......Instructor East Bay San., Oakland, Cal.
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WATERS, LOUISE M. Head-Nurse, Clara Barton Hosp., Los Angeles, Cal.

WATSON, GRACE. Instructor, Bellevue Hosp., New York City.

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Wilson, Margaret S.......Supt. Nurses, Children's Hosp., San Francisco, Cal.
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Wolcott, Grace L..........Supt. Waterbury Hosp., Waterbury, Conn.
Wood, Evelyn..............504 W. 112th St., New York City.
Wood, Helen..............1036 Walnut St., Newton Highlands, Mass.
Wormal, (Mrs.) Frances A..Lynn Hosp., Lynn, Mass.
Young, Alida..............Supt. Nurses, Providence Lying-In Hosp., Providence, R. I.
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MISS LOUISE DARCHÉ...................... Died June, 1898
MISS FLORENCE HUTCHINSON............... Died December 26, 1902
MISS EVA MARY ALLERTON............... Died January 5, 1907
MISS ELLA UNDERHILL.................... Died August, 1909
MRS. ISABEL HAMPTON ROBB............. Died April 15, 1910
MISS A. A. CHESLEY..................... Died November 7, 1910
MISS CONSTANCE V. CURTIS.............. Died December 12, 1910
MRS. J. E. SNODGRAS.................... Died April 20, 1910
MISS CORA OVERHOLT.................... Died July 25, 1911
MRS. CHRISTINA BANKS WRIGHT......... Died November 30, 1911
MISS LUCY ASHBY SHARPE.............. Died March, 1912
MISS FLORENCE BLACK................... Died March, 1913
MISS EDITH W. SEYMOUR................. Died October, 1913
MISS ISABEL McISAAC................... Died Sept., 1914
MISS A. C. ROBERTSON............... Died April, 1915
MISS M. E. JOHNSTONE................. Died ——, 1915
MRS. F. E. S. SMITH.................. Died ——, 1915
MISS ADELINE HENDERSON............... Died November, 1915
MISS ALICE A. GORMAN................. Died February 6, 1916

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kansas

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Sister Augusta Margaret
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   DRISKO, ELLEN

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   HOGLE, ELIZABETH C.

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   BOWEN, SARA A.
   PINDELL, JANE M.

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   BURGAR, DONNA L.

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   EBERSOLE, SARAH C.
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   JAQUITH, LUCIA L.

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   COCHRANE, ISABELLA

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   PEMBERTON, FANTAINE

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   MIDGELEY, JESSIE E.

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   CARSON, AGNES D.
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   HARRIS, (MRS.) B. L.
   MCLAUGHLIN, E. A.

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   SCHILL, ANNA M.

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   APTED, (MRS.) R. G.
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LEE, (MRS.) WALTER E.
LOBB, ELIZABETH V.

McKECHNIE, MARY W.
McNICOLL, (MRS.) JAMES P.
MILNE, I. C.
MURRAY, SARAH M.
PRINGLE, MARTHA E.
SIMONTON, EVA
SUTTON, ANNE K.
WILSON, MARGARET S.
WORRELL, ANNA R.

Pittsburgh
GRISWOLD, ALICE A.

HEATLEY, GERTRUDE L.
HENDERSON, MARY F.
ROSTANCE, MARY A.
ROTH, MRS. JOHN E.
STEWART, ALICE E.

Pumgutawney
HEITZENRATER, SUSAN A.

Scranton
ARNOLD, IDA D.

GRANT, JANET GORDON

South Bethlehem
BROWN, MARIE SCHLEY

Waynesboro
FLANAGAN, NETTIE L.

West Alexander
BEECROFT, LAURA A.

Wilkes-Barre
MILLER, MARY B.

PORTO RICO

Ponce
ROBBINS, ETTA L.

SAN JUAN
BEATY, M. LOUISE

RHODE ISLAND

Newport
PATerson, MARY H.

Pawtucket
SUTHERLAND, MYRAL L. M.

Providence
BARRY, SARAH C.

GARDNER, MARY S.

LORD, INEZ CLARK

McINTYRE, GRACE LINA

YOUNG, ALIDA

Woonsocket
AYRES, LUCY C.

SOUTH CAROLINA

Charleston
MCKENNA, MARY C.

Columbia
SMITH, FANNIE C.

WILLIAMS, ISABEL N.

TENNESSEE

Chattanooga
CREEKMAR, ETHEL E.

KNOXVILLE
TEMPLETON, (MRS.) K. C.

Nashville
WOOTON, NINA E.

TEXAS

Dallas
HOLLIDAY, HELEN T.

Fort Worth
BEATY, (MRS.) F. M.

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COWLES, ANNETTE B.

Galveston
SCHACKFORD, CLARA L.

Houston
BURNETT, (MRS.) J. P.

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FARWELL, MARY F.

Hartford, (MRS.) J. F.

San Antonio
WALTHALL, (MRS.) I. J.

UTAH

Salt Lake City
DANCY, CHARLOTTE
LANE, SUSAN

VERMONT

Brattleboro
SCHUMACHER, MARY E.

Proctor
ALLISON, CATHERINE H.

Rutland
AITKEN, ANNIE A.

VIRGINIA

Alexandria
KLIPSTEIN, (MRS.) G. T.

Danville
BRIAN, CELIA E.

Glen Carlyn
CLEMENT, FANNY F.

HARRISBURG
BISHOP, FLORENCE A.

Richmond
ATKINSON, WINNIFRED W.

McLEOD, JOSEPHINE

Meyer, ELIZABETH M.

RANnOLPH, AGNES D.

ROBERTSON, RUTH T.
LIST OF MEMBERS

Struthers, Florence
Van Vort, Rose Z.

WASHINGTON

Billingham
Wilkinson, Ella A.

Seattle
Hall, E. H.
Newburg, Hilda

Spokane
Burns, Johanna S.

WEST VIRGINIA

Wheeling
Phalen, Harriet M.
Wilson, (Mrs.) Andrew

WISCONSIN

Kenosha
Northway, (Mrs.) Millicent B.

La Crosse
Zuppenn, Eleanor

Madison
Hastings, Harriet

Milwaukee
Casey, Nellie E.
White, Regine

Neenah
Krueger, Mathilde H.

Wauwatosa
Good, Mary E.
Nifer, Cora V.

ADDRESS UNKNOWN

Hanson, Elizabeth
Loker, Margaret E.
Mattice, Brenda F.
Purman, (Mrs.) W.
Stewart, Mary C.