Twenty-third Annual Report of
The National League of
Nursing Education
1917
Property of the Society
PROCEEDINGS

OF THE

TWENTY-THIRD ANNUAL CONVENTION

OF THE

NATIONAL LEAGUE OF NURSING EDUCATION

HELD AT

PHILADELPHIA, PA.

APRIL 26 TO MAY 2, 1917

BALTIMORE
WILLIAMS & WILKINS COMPANY
1917
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OFFICERS OF THE SOCIETY

President
S. LILLIAN CLAYTON
Philadelphia General Hospital, Philadelphia, Pennsylvania

First Vice President
SARA E. PARSONS
Massachusetts General Hospital, Boston, Massachusetts

Second Vice President
GRACE ALLISON
Lakeside Hospital, Cleveland, Ohio

Secretary
EFFIE J. TAYLOR
Johns Hopkins Hospital, Baltimore, Maryland

Treasurer
M. HELENA Mc MILLAN
Presbyterian Hospital, Chicago, Illinois

Directors—Three years
MARY M. RIDDLE, Newton Hospital, Newton Lower Falls, Massachusetts
ANNA C. MAXWELL, Presbyterian Hospital, New York City
M. ADELAIDE NUTTING, Director, Department of Nursing and Health, Teachers College, New York City
CLARA D. NOYES, Director, Bureau Nursing Service, American Red Cross, Washington, D. C.

Directors—One year
LOUISE M. POWELL, University Hospital, Minneapolis, Minnesota
LAUDEE SUTHERLAND, Hartford Hospital, Hartford, Connecticut
ANNA C. JAME, State Board of Health, Sacramento, California
MRS. RALPH APTED, 40 Ransom Street, Grand Rapids, Michigan

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MENIA S. TYE, Sparks Memorial Hospital, Fort Smith, Arkansas
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MARTHA J. WILKINSON, 34 Charter Oak Avenue, Hartford, Connecticut
LUCY MINNIEGERODE, Columbia Hospital, Washington, D. C.
MARY C. WHEELER, Illinois Training School, Chicago, Illinois
TWENTY-THIRD ANNUAL CONVENTION

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MARY JENKS LOVERING, 500 Virginia Park, Detroit, Michigan
ADELAIDE NORTHAM, Milwaukee County Hospital, Wauwatosa, Wisconsin
FRANCES SHOUE, 508 N. Water St. Butler, Missouri
CAROLYN E. GRAY, City Hospital, Blackwell's Island, New York
LAURA R. LOGAN, University of Cincinnati, Cincinnati, Ohio
MRS. J. E. ROTH, 1051 Negley Street, Pittsburgh, Pennsylvania
S. LILLIAN CLAYTON, Philadelphia General Hospital, Philadelphia, Pennsylvania
INEZ C. LORD, Rhode Island Hospital, Providence, Rhode Island
CATHERINE ALLISON, Proctor Hospital, Proctor, Vermont
COMMITTEES

Committee on Program

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State Education Department, Albany, N.Y.

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8 East 8th Street, Cincinnati, O.

AMY TRENCH,
Mt. Sinai Hospital, New York City

ELLA P. CRANDALL
600 Lexington Avenue, New York

S. LILLIAN CLAYTON
Philadelphia General Hospital, Philadelphia, Pa.

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Garfield Memorial Hospital, Washington, D.C.

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Presbyterian Hospital, Chicago, Ill.

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Boston City Hospital, Boston, Mass.
TWENTY-THIRD ANNUAL CONVENTION

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Newton Hospital, Newton Lower Falls, Mass.

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223 Newberry St., Boston, Mass.

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ISABEL M. STEWART
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Illinois Training School, Chicago, Ill.

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Newton Hospital, Newton Lower Falls, Mass.

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Johns Hopkins Hospital, Baltimore, Md.

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University Hospital, Minneapolis, Minn.

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380 Monroe Building, Chicago, Ill.

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State Education Department, Albany, N. Y.

MARY W. MCKECHNIE
420 West 118th Street, New York City

SUSAN E. TRACY
818 Center Street, Jamaica Plains, Mass.

Committee for Revision of Constitution and By-Laws

ELIZABETH GREENER, Chairman
Mt. Sinai Hospital, New York City

MARSHA RUSSELL
Sloane Hospital for Women, New York City

AMY TRENCH
Mt. Sinai Hospital, New York City
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(Standing committee composed of representatives of the League of Nursing Education, the American Nurses' Association, and the National Organization of Public Health Nursing. First five members form executive committee.)

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Jane A. Delano
Red Cross Nursing Service, War Department, Washington, D. C.

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American Journal of Nursing, Rochester, N. Y.

E. M. Lawler,
Johns Hopkins Hospital, Baltimore, Md.

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Presbyterian Hospital, New York City

Georgia M. Nevins
Garfield Memorial Hospital, Washington, D. C.

L. L. Dock
Honorary Secretary International Council of Nurses.

Clara D. Noyes
American Red Cross, Washington, D. C.

Anna C. Jammé
State Board of Health, Sacramento, Cal.

Mary Beard
Instructive Visiting Nurses' Association, Boston, Mass.

Mathilde Krueger
Neenah, Wis.

Margaret Dunlop
Pennsylvania Hospital, Philadelphia, Pa.

Mrs. Lystra Gretter
District Nursing Association, Detroit, Mich.

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Washington University, St. Louis, Mo.

Inez Lord
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Harriet L. P. Friend
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Mrs. Mary J. Lovering
500 Virginia Park, Detroit, Mich.

Jane E. Nash
Church Home and Infirmary, Baltimore, Md.

Committee on International Affairs

Isabel M. Stewart, Chairman
Teachers College, New York City

Committee to be formed
TWENTY-THIRD ANNUAL CONVENTION

Committee on Grading of Nurses and Standard Records

SUSAN C. FRANCIS, Chairman
Jewish Hospital, Logan Station, Philadelphia, Pa.

HELEN L. BRIDGE
Barnes Hospital, St. Louis, Mo.

HARRIET L. P. FRIEND
State House, Columbus, Ohio
AMERICAN SOCIETY OF SUPERINTENDENTS OF TRAINING SCHOOLS FOR NURSES

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

Miss Alston, President, Miss Darche, Secretary, Miss Drown, Treasurer.

Officers for years following have been:

1894 New York, January 10-11.
  President, Miss Alston; Secretary, Miss Darche; Treasurer, Miss Drown.

1895 Boston, February 13-14.
  President, Miss Richards; Secretary, Miss Darche; Treasurer, Miss Drown.

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

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

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

1899 New York, May 5-6.
  President, Miss McIsaac; Secretary, Miss Dock; Treasurer, Miss Drown.

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

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

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

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

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

1906 New York, May —.
  President, Miss Goodrich; Secretary, Miss Nutting; Treasurer, Miss Alline.
1907 Philadelphia, May 8, 9, 10.
President, Miss Banfield; Secretary, Miss Nevins; Treasurer, Miss Alline.

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

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

1910 New York, May 16-17.
President, Miss Nutting; Secretary, Miss McMillan; Treasurer, Miss Alline.

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

1912 Chicago, June 3-5.
President, Miss Wheeler; Secretary, Miss Catton; Treasurer, Miss McKeechnie.

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

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

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

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

1916 New Orleans, La., April 27 to May 3.
President, Miss Noyes; Secretary, Miss Stewart; Treasurer, Miss McKeechnie.

1917 Philadelphia, Pa., April 26 to May 2.
President, Miss Parsons; Secretary, Miss Taylor; Treasurer, Miss McKeechnie.

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

OF THE

TWENTY-THIRD ANNUAL CONVENTION

OF THE

NATIONAL LEAGUE OF

NURSING EDUCATION

PHILADELPHIA, PA., APRIL 26 TO MAY 2, 1917

BELLEVUE STRATFORD HOTEL

Thursday Morning April 26, 1917, Business Session

The meeting was called to order at 10.28 a.m. by the President Miss Parsons.

Miss Parsons: We will call our meeting to order and listen to the report of the Secretary, Miss Taylor.

REPORT OF SECRETARY, 1916–1917

The minutes of the last meeting are included in the Proceedings of the Twenty-second annual convention which has been distributed to the members.

Briefly the report of the Secretary’s work including the executive meetings for the year 1916-1917, is as follows: Executive Board meetings, four, held in New Orleans, May 3, 1916; New York, November 2, 1916; New York, January 18, 1916; Philadelphia, April 25, 1917.

At the first executive meeting the chairmen of committees were appointed, to carry on the work during the year.

According to the revised constitution the work of the Publicity, Vocational Guidance and Collegiate Committees was consolidated under a new committee on Public Education.
Delegates were appointed to the annual meetings of the affiliated organizations. No new affiliations have been made during the year.

The 1916 report which you have received was more expensive than in years previous owing to the increased cost of paper and the lengthy program, and the estimate for printing for the present year is still greater. The Secretary discussed with the publishers, the advisability of using a less expensive binding and paper. The only thing which would materially lessen the cost would be a paper binding; this of course, would not be a durable volume for a permanent file. Another consideration would be to print only a limited proportion of the proceedings, but the members who are not able to attend the annual meetings depend so much on the report and estimate its usefulness as invaluable, that much elimination of material might prove a decided loss to the members.

The Secretary has had requests for a large number of complimentary copies of reports from public libraries and from colleges. This question was brought up at an Executive Board meeting and instructions were given that the Secretary find out from other educational organizations how they proceeded with reference to similar requests. It was learned that almost without exception, volumes were distributed only to members who were in good standing and that a price, in many cases somewhat exceeding the cost was charged for all other copies. An explanation in some instances was given that formerly a free distribution had been made, but increased cost in publication and number of requests for complimentary copies made this proceeding prohibitive. It was therefore, decided to curtail the present complimentary list and to send no free copies to public libraries. It is interesting to note that several libraries hitherto supplied gratuitously thought the volume of sufficient value to pay for it. Thirty-two cloth and twelve paper copies have been sold during the year and complimentary copies sent to the associates who contributed to the program at New Orleans. There are still a number of reports available for sale, a list of which was printed in the Journal. The Secretary will be pleased to send these out upon request.

The correspondence has included such a variety of topics that one indeed would have to be versatile to satisfactorily reply to it
and as the Secretary last year suggested, to keep in touch with the work and every thing pertaining to it, and be the assistance to the members that the secretary of such an important organiza-
tion should be, would take the service of a full-time officer. The work now is very inadequately done.

Letters requesting "In what report can I find an article on such and such a subject?" come frequently from members and in order to reply quickly and helpfully an index has been made this year of all the articles and discussions contained in the reports to date.

A small pamphlet which would be of material help to pros-
ppective members and of great assistance to the Secretary might be printed on "What the National League of Nursing Educa-
tions stands for" and "Why I Should be a Member." Little more than a paragraph would suffice and would save a great deal of time. In order to increase the membership a circular letter was sent to each member asking for her help and coopera-
tion. The response was very generous and the result shows an increase in interest and activity. Seventy-six individual applica-
tions have been received and 64 more have been sent out within a very recent period and are daily being returned. Four new states have affiliated and two are almost ready to file applications.

At the request of the Executive Board, a circular letter was sent to each Training School Superintendent asking for names of hospital superintendents and training school committees to whom invitations might be sent to attend the open sessions at the annual meeting of the National Organizations now in progress. Almost 600 cards of invitation were sent in response to replies received from members.

The Executive Board also suggested that a letter be sent to each State League urging coöperation by it in presenting the necessity to Hospital Superintendents of all training schools being represented by the Superintendent of Nurses at the annual meeting and suggesting that some consideration be made on the part of the hospital in meeting the expense and that the time be allowed in addition to vacation.

Resignations have been received from 9 members during the year and we have lost two other members by death. The pres-
ent membership is almost 550.

E. J. TAYLOR,
Secretary.
Miss Parsons: What will you do with this report?
It was moved and seconded that the report be accepted.
Miss Parsons: I would like to say that the Secretary remarks
the work is done very inadequately now. This may be true so
far as the Secretary sees the possibilities, but the Secretary's
work has been done very efficiently and very effectively. A very
good deal of time and thought has been put into it and the League
is going to profit by that, I am sure. But it does bring home to
us the great need of an executive Secretary or an interstate sec-
retary who could do a great deal for the League that cannot pos-
sibly be done by our Secretary. The matter of funds is going
to be a serious one, and this we shall have to consider later on.
We will next hear the report of the Treasurer, Miss Mckechnie.

REPORT OF THE TREASURER
JANUARY 1, 1916—DECEMBER 31, 1916

To balance on hand January
1, 1916
To credit of National League
of Nursing Education
General Fund.......................... $942.91
Special Fund (Education
Committee).......................... 137.27 $1,080.18

To credit of Endowment Fund........... 308.45 $1,388.63

National League of Nursing
Education

Receipts

Initiation fees........................... $ 150.00
Annual dues—(individual)........... 1,553.00
Annual dues—(state Leagues)........ 155.00
Sale of Annual Reports............. 34.71
Exchange on foreign checks........... 1.60 $1,894.31

Endowment Fund

Interest on investments............. $520.00
Balance—bond transaction......... .28 520.28 2,414.59 $3,803.22
Disbursements

National League of Nursing Education:
General expenses:
  Printing: $68.80
  Stationery: 3.57
  Clerical assistance: 123.92
  Postage: 72.95
  Sundries: 4.16
  Total: $273.40

Convention Expenses:
  Badges: $14.97
  Entertainment: 57.10
  Total: 72.07

Committee Expenses:
  Executive: $18.75
  Program: 20.65
  Education: 23.40
  Collegiate: 10.53
  Total: 73.33

Reporting Twenty-second Annual Convention: 100.00
Printing Twenty-first Annual Report: $509.02
Distributing Twenty-first Annual Report: 48.45
  Total: 557.47
Printing Twenty-second Annual Report: $747.03
Distributing Twenty-second Annual Report: 49.69
  Total: 796.72

Membership Dues in Other Societies
  American Nurses' Association: $10.00
  National Assoc. for S. and P. of Tuberculosis: 5.00
  American Assoc. for S. and P. of Infant Mortality: 5.00
  American Social Hygiene Association: 4.00
  Total: 24.00

Traveling expenses of officers: 422.02
### TWENTY-THIRD ANNUAL CONVENTION

**Miscellaneous Expenses:**
- Refund Corn Exchange Bank (Checks returned) $6.10
- Reprints of papers 26.85
- Auditing Treasurer’s accounts 5.00

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<td>Balance on hand December 31, 1916</td>
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**Endowment Fund Summary:**

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<td><strong>Balance on hand December 31, 1916</strong></td>
<td><strong>$796.26</strong></td>
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### REPORT OF ENDOWMENT FUND

**January 1, 1916—December 31, 1916**

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<td>Balance, Corn Exchange Bank January 1, 1916</td>
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<td>Receipts, Interest on investments</td>
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<td>Balance on bond transaction</td>
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<td>Deposited in Union Square Savings Bank</td>
<td>650.00</td>
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<table>
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<tbody>
<tr>
<td><strong>Total</strong></td>
<td><strong>$178.73</strong></td>
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<tr>
<td><strong>Balance in Corn Exchange Bank December 31, 1916</strong></td>
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<tr>
<td><strong>Balance, Union Square Savings Bank, January 1, 1916</strong></td>
<td><strong>$1,615.93</strong></td>
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<tr>
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<td>650.00</td>
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<td>Interest on savings (accrued)</td>
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<tr>
<td><strong>Withdrawn for investment</strong></td>
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<td><strong>Total Endowment Fund Cash in Hand December 31, 1916</strong></td>
<td><strong>$500.15</strong></td>
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### SUMMARY

<table>
<thead>
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<tbody>
<tr>
<td>Balance Corn Exchange Bank January 1, 1916</td>
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</tr>
<tr>
<td>To credit of National League of Nursing Education</td>
<td><strong>$1,080.18</strong></td>
</tr>
<tr>
<td>To credit of Endowment Fund</td>
<td>308.45</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>$1,388.63</strong></td>
</tr>
</tbody>
</table>
 Receipts:  
National League of Nursing Education. $1,894.31  
Endowment Fund.......................... 520.28  $2,414.59  $3,803.22  

Disbursed:  
National League of Nursing Education. $2,356.96  
Endowment Fund (deposited in Union  
Square Savings Bank)................ 650.00  3,006.96  

Balance in Corn Exchange Bank  
December 31, 1916........................  $796.26  

Itemized Balance  
National League of Nursing Education  
General Fund.......................... $503.66  
Special Fund (Education Committee).... 113.87  
Endowment Fund........................ 178.73  $796.26  

[Signed] MARY W. McKECHNIE,  
Treasurer.  

Found correct April 30, 1917.  

Auditors {KATHARINE BROWN  

JANUARY 1, 1917—APRIL 24, 1917  

National League of Nursing Education:  
Balance January 1, 1917:  
General Fund.......................... $503.66  
Special Fund (Executive Committee).... 113.87  $617.53  

Receipts  
Fees and Dues (individuals).............. $1,128.00  
Fees and Dues (State Leagues).......... 60.00  
Sales of Reports........................ 24.43  
Charges on foreign checks..............  .40  1,212.83  $1,830.36  

Disbursements  
Printing.................................. $28.15  
Clerical assistance...................... 51.80  
Dues, other societies................... 25.00  
Postage.................................. 42.12  
Expenses—officers........................ 40.41  
Bank charges............................ .14  
Education Committee..................... 45.48  
Auditing transactions................... 10.00  $243.10  243.10  

$1,587.26
Endowment Fund:

Balance January 1, 1917 .................. $173.73
Receipts ................................ 498.25 $676.98
Disbursed ................................ 600.00

Balance April 24, 1917 .................. $76.98

SUMMARY

Balance in Corn Exchange Bank January 1, 1917 .................. $796.26
Receipts to April 24, 1917 .......................... 1,711.08

$2,507.34
Disbursements, January 1, 1917 to April 24, 1917 .............. 843.10

$1,664.24
Cash in the Corn Exchange Bank .................. $477.33
Cash in Washington Bank .................. 1,186.86

$1,664.24

Examined all bills, vouchers, etc., and find this account correct.

Katharine Brown, Auditor,

Lucy C. Ayers, Auditor pro tem.

April 30, 1917.

Miss Parsons: We will act on this report later. You see our income just about covers our expenses. Unfortunately we have not sufficient money in our treasury to consider an enlargement of our work in the way of paying the expenses of an executive secretary.

We will next call for the report of the Membership Committee. There is no member of that committee present, but the list of applicants for membership has been sent in and the secretary will read you the names.

APPLICATIONS FOR ADMISSION

Individual Members 1916–1917

Ahlers, Caroline C. .............. Assistant Principal of Nurses, Miami Valley Hospital, Dayton, Ohio.

Anderson, Mathilde .............. Surgical Supervisor, The Pacific Hospital, Los Angeles, California.
PROCEEDINGS

ATKIN, EDITH. Principal School of Nursing, Binghamton State Hospital, Binghamton, New York.

AUSCOMBE, E. MURIEL. Assistant Principal, Mount Sinai Hospital, Cleveland, Ohio.

BARTLETT, HELEN CONKLING. President Maryland State Board of Examiners of Nurses, Baltimore, Md.

BECKER, MARIE L. Superintendent of Nurses, Volga Hospital, Volga, South Dakota.

BEERS, AMY. Superintendent Jefferson County Hospital, Fairfield, Iowa.

BEST, ELLA G. Educational Director of Training School, St. Luke's Hospital, Chicago, Illinois.

BLEEKER, FRIEDA. Assistant Superintendent of Training School, German Hospital, Kansas City, Missouri.

BRATTON, LETTIE. Second Assistant Superintendent of Training School, German Hospital, Kansas City, Missouri.

BROWN, ETHEL L. Assistant Superintendent of Training School, City Hospital, Akron, Ohio.

BUCKINGHAM, ATALIE MAY. Surgical Supervisor, St. Luke's Hospital, Chicago, Illinois.

BURNS, CHRISTINE LOUISE. Assistant Supervisor of Training School, Faulkner Hospital, Jamaica Plains, Massachusetts.

BROWN, NELLIE GATES. Instructor, Robt. W. Long Hospital, Indianapolis, Indiana.

CARSON, LILLIAN H. S. Chief Nurse, Women's Homeopathic Hospital, Philadelphia, Pennsylvania.

CHRISTIE, JESSIE F. Superintendent of Nurses and Hospital, Chicago Lying-in-Hospital, Chicago, Illinois.

COONAHAN, MARY. Superintendent of Nurses, Massachusetts Charity Eye and Ear Infirmary, Boston, Massachusetts.

COOPER, GRACE. Babies Dispensary and Hospital, Cleveland, Ohio.

CREELMAN, JOSEPHINE L. Student Teachers College, 132 East 45th Street, New York City.

DAVIS, E. MILDRED. Superintendent of Nurses, Knickerbocker Hospital, New York City.

DEAN, MYRTLE. Instructor of Nurses, Cook County Hospital, 509 Honore Street, Chicago, Illinois.
TWENTY-THIRD ANNUAL CONVENTION

DELAHUNT, ELIZABETH M. Principal of Training School for Nurses, Hahnemann Hospital, Chicago, Illinois.

DELMORE, ANNA J. Principal of Training School for Nurses, State Hospital, Rochester, New York.

DEYI, MILDRED Superintendent of Training School, Vassar Brothers Hospital, Poughkeepsie, New York.

DIETER, MARGARET Instructor of Training School for Nurses, Massachusetts General Hospital, Boston, Massachusetts.

DOLORES, SISTER MARY Superintendent of Nurses, St. Mary of Nazareth Hospital, Chicago, Illinois.

DOWLING, DELIA G. Superintendent of Homeopathic Hospital, Utica, New York.

DIDIER, ANGELICA P. Superintendent of Winchester Memorial Hospital, Winchester, Virginia.

DONENWIRTH, EMMA A. Superintendent of Peoples Hospital, Akron, Ohio.

ENGLISH, IRENE RUTH Superintendent of Nurses, Northern Pacific Beneficial Association Hospital, Brainerd, Minnesota.

FLEMING, MRS. ELLA DALY School Nurse, Health Department, Washington, D. C.

FRANCIS, MARY LEE Directress of Nurses, Memorial Hospital, Morristown, New Jersey.

GAMMON, HAZEL RICHMOND Instructor, Clinton Hospital, Clinton, Massachusetts.

GARRISON, MABEL Secretary, Oklahoma State Board for Examination and Registration of Nurses, Oklahoma City, Oklahoma.

GARLAND, E. EUNICE Superintendent of Nurses, St. Luke's Hospital, New Bedford, Massachusetts.

GARDINER, ANNA HENSHAW Instructor, St. Luke's Hospital, New Bedford, Massachusetts.

GARVIN, GERTRUDE P. Superintendent of Nurses, State Hospital, Boston, Massachusetts.

GOLDEN, ROSE K. Superintendent of Nurses, City Hospital, Louisville, Kentucky.

HAMILTON, JOSEPHINE B. Superintendent, Somerset Hospital, Somerville, New Jersey.

HANFORD, LILLIAN A. Superintendent of Nurses, St. Luke's Hospital, St. Paul, Minnesota.

HEDEMARK, ALMA CONSTANCE Instructor, Lane Hospital, San Francisco, California.
Hendrie, Christine M. Superintendent of Nurses, Blodgett Memorial Hospital, Grand Rapids, Michigan.

Hilker, Josephine S. Directress of Nurses, St. John’s Riverside Hospital, Yonkers, N. Y.

Hofseth, Albrid. Superintendent of Nurses, Provident Hospital, Chicago, Illinois.

Houston, Cecelia Polk. Student, Teachers College, New York City.

Howe, Fanny Reynolds. Visiting Nurse, Mt. Sinai Hospital, New York City.

Hyde, Sarah E. Head Nurse, Westchester County Hospital, East View, New York.

Hyslop, Blanche. Superintendent Goddard Hospital, Brockton, Massachusetts.

Isabelle, Sister. Superintendent of Nurses, St. Thomas Hospital, Nashville, Tennessee.

Iserman, Gertrude. Superintendent of Maternity Hospital, Milwaukee, Wisconsin.

Jehan, Evelyn C. Superintendent of Nurses, Butler Hospital, Providence, Rhode Island.

Johnson, Mattie. Floor Supervisor, City Hospital, Louisville, Kentucky.

Johnson, Ruth V. Instructor, Pasadena Hospital, Pasadena, California.

Jones, Emily Lawson. Instructor, Good Samaritan Hospital, Pomona, California.

Kandel, Phoebe Miller. Instructor, Jewish Hospital, Cincinnati, Ohio.

Knight, Maude Ethel. Head Nurse, State University Hospital, Iowa City, Iowa.

Lindquist, Signa Eugenia. Instructor, Pacific Hospital, Los Angeles, California.

Landis, Maude. Teachers College, New York City.

Leader, Helen J. Superintendent of Nurses, Truesdale Hospital, Fall River, Massachusetts.

Manley, Florence A. Superintendent of Niagara Falls Memorial Hospital, Niagara Falls, New York.

Mason, Irene Whitney. Superintendent of Framingham Hospital, and Training School, Framingham, Massachusetts.

Moran, Catherine E. 1313 Clayton Street, Wilmington, Delaware.

Moran, Margaret J. Directress of Nurses, St. Agnes Hospital, Philadelphia, Pa.
MORGAN, MAE A. Superintendent of Booth Memorial Hospital, Covington, Kentucky.

MUSE, MAUDE B. Instructor St. Luke's Hospital, New York City.

MACADAM, MRS. LILLIAN C. HOLY, Superintendent of Nurses, Protestant Episcopal Church Hospital, Cincinnati, Ohio.

MACDONALD, JESSIE L. Directress of Nurses, St. Luke's Hospital, Chicago, Illinois.

MACNEILL, LIZZIE L. Instructor, House of Mercy Hospital, Pittsfield, Mass.

McCUNE, GLADYS. Superintendent of Lake County Hospital, Waukegan, Illinois.

McINTOSH, JENNIE. Superintendent of Nurses, McLean Hospital, Waverley, Massachusetts.

McINTYRE, M. ELLEN. Superintendent of United Hospital and Training School, Port Chester, New York.

NICOL, JANE M. Superintendent of Nurses, Southwestern Hospital, Lawton, Oklahoma

NUDDLE, IDA. Superintendent White Plains Hospital, White Plains, New York.

OLIVER, EVELYN. Superintendent of Nurses, New York Infirmary for Women and Children, New York City

PARSONS, EVA AMBER. Instructor Cook County Hospital, 500 Honore Street, Chicago, Illinois.

PFEFFERKORN, BLANCHE. Instructor, General Hospital, Cincinnati, Ohio.

REID, ANNIE E. Instructor, Long Island College Hospital, Brooklyn, New York.

RICHMOND, THERESA I. Instructor, Newton Hospital, Newton Lower Falls, Massachusetts.

RINGLAND, MRS. M. PEARL. Superintendent of Blessing Hospital, Quincy, Illinois.

ROBINSON, MARGARET J. Superintendent Jefferson County Hospital, Fairfield, Iowa.

ROCKHOCK, MARY ALICE. Superintendent, Clearfield Hospital, Clearfield, Pennsylvania.

RODGERS, MAB G. Assistant Superintendent, Decatur and Macon County Hospital, Decatur, Illinois.

SAMPSON, STELLA W. Superintendent, Hospital for the Women of Maryland, Baltimore, Maryland.

SAVILLE, L. C. Superintendent, Park View Sanitarium, Savannah, Georgia.
SHAFFER, ALVERNA R. ............... Surgical Supervisor, Miami Valley Hospital, Dayton, Ohio.
SHIELE, IDA M. ..................... Instructor, Lane Hospital, San Francisco, California.
SNYDER, GERTRUDE M................. Lady Superintendent, General Hospital, Vancouver, British Columbia, Canada.
SMITH, NINA ALICE ................. Superintendent of Nurses, Mary Fletcher Hospital, Burlington, Vermont.
SPEARS, SARAH W. ..................... Superintendent Riverside Hospital, Jacksonville, Florida.
STENNES, JOSEPHINE ................. Superintendent Good Samaritan Hospital, Rugby, North Dakota.
STEVENSON, M. EVELYN .......... Superintendent of Nurses, General Hospital, Memphis, Tennessee.
STRONG, ANNE HERVEY .............. Superintendent of Department of Public Health Nursing, Simmons College, Boston.
SULLIVAN, ELIZABETH E. ........ Superintendent of Nurses, Children's Hospital, Boston, Massachusetts.
TUNSTEAD, EDITH ................... Instructor, Miami Valley Hospital, Dayton, Ohio.
WALKER, MRS. HORATIO, JR. ....... Superintendent, Good Samaritan Hospital, Los Angeles, California.
WALSH, MARY R. ................... Instructor, San Francisco Hospital, San Francisco, California.
WASHBURN, ETHEL F. ............... Superintendent, Milford Hospital, Milford, Massachusetts.
WEBER, KATHARINE ................. Superintendent of Nurses, Olney Sanitarium, Olney, Illinois.
WELSH, MARY A. ................... Dietitian, Blodgett Memorial Hospital, Grand Rapids, Michigan.
WICHIER, EDITH P. ................. Superintendent Greenwich Hospital, Greenwich, Connecticut.
WILKINSON, MARTHA J. .............. Superintendent of Visiting Nurses Association, 34 Charter Oak Avenue, Hartford, Connecticut.
WORLDEMUTH, MARGARET .......... Superintendent of Nurses, Emergency Hospital, Annapolis, Maryland.
WOUGHTER, M. L. .................. Secretary of Association for Relief and Prevention of Heart Disease, 34 East 26th Street, New York City.
WRIGHT, FRANCES T. .............. Superintendent of North Adams Hospital, North Adams, Massachusetts.
YOUNG, GRACE E. .................. Instructor Huron Road Hospital, Cleveland, Ohio.
Miss Parsons: You have heard these recommendations for individual membership and for state league affiliations. What is your pleasure?

On motion of Miss Powell, seconded by Miss Lawson, the recommendations were accepted.

We hope and believe that there are a good many here who intend to apply for membership at this Convention. The Secretary will be very glad to receive your application papers and the Executive Committee will have a chance as soon as possible to act upon them.

I would like to add the state leagues ought to make a great effort to enroll all eligible candidates for the National League throughout the state. There are unfortunately one or two resignations coming in because those individuals are joining State Leagues. Now our State Leagues will be a real calamity to us if they are going to weaken the National membership. So I hope all those who belong to State Leagues will go home with the determination to enroll all possible members in the National League.

Miss Waterman: I think there is a great deal of misapprehension about this matter. So many think if they are members of the State League, which has been accepted by the National League, that they are members automatically of the National League.

Miss Parsons: They are associate members but not active members. We will have shortly, suggested by-laws which the National League is going to recommend to the State Leagues, and I think they will explain about the active and associate membership.

We will hear the report of the Program Committee.

REPORT OF THE PROGRAM COMMITTEE

The Program Committee begs to state that three meetings of the joint committees of the three national organizations were
held during the year, one in Philadelphia and two in New York City. It was decided to arrange joint sessions for this year's Convention rather than concurrent as in previous years. The Program Committee now submits the completed program as the result of the work done.

Respectfully submitted

Amy H. Trench,
Chairman.

Miss Parsons: You have heard the report of your Committee. What is your pleasure? Miss Lawler moves, and it is seconded, that the report be accepted. The motion carried.

Miss Parsons: May we hear a report of the Committee on the Department of Nursing and Health, Miss Nutting?

Miss Nutting: Madam President and members of the League. I am not the Chairman of the Committee on the Department of Nursing and Health. Miss Maxwell is the Chairman, but unfortunately she could not be present this morning, so I have undertaken to give her report for her.

REPORT OF THE COMMITTEE ON THE DEPARTMENT OF NURSING AND HEALTH, TEACHERS COLLEGE

The outstanding features of the year 1916–1917 in this department were the increase in numbers of students, improvement in the qualifications brought by them; changes and promotions in the staff; enlargement of their activities; increased cooperation with other departments; and very great increase in the administrative work, with continued pressure for more offices and class rooms, more clerical aid and space and facilities for the steady expansion which is going on in the Department.

Growth in numbers of students alone can not be accepted as giving any true indication of success—that must be measured in other terms—in the spirit, ideals and methods which later on those students apply to the problems of the life and work in which they are engaged. Yet in this comparatively young institution one must, for some years to come look with interest upon the growth in numbers of students entering this department as affording in the whole a fairly accurate idea of the kind of work
our graduates are doing in the world and of the kind of influence they are exerting in furthering the higher education of nurses. It is therefore with a sense of satisfaction that we report a marked increase in the total number of students registered in the Department during the year 1916–1917. Taking the entire year, inclusive of the summer session, there have been 206 students registered: 94 in the summer session; 80 entering in the autumn; 26 entering in February at the beginning of the second term. About 85 per cent of these have taken full work; the remainder are those holding positions and who have limited time off duty and yet are ambitious enough to use that time in further study and improvement. From the standpoint of general education, they appear to be about the best prepared group yet admitted. About 80 per cent having full high school; about 12 per cent some additional qualifications such as full or partial college, normal or technical school; while about 8 per cent have had irregular preparation and can not matriculate until deficiencies are made up. This they are sometimes unable to do. The regular students are about equally divided between the three fields of Administration, Teaching and Public Health Nursing, and 25 of them are spending their second year at the college.

**CHANGES IN STAFF:**

There have been important changes in the staff during the year. Miss Anne Strong, Instructor in Public Health Nursing, was invited by Simmons College to establish there (in cooperation with the Instructive Visiting Nurse Association) a department of Public Health Nursing. The call made upon our department to help forward a movement of so much significance in nursing education could only be answered in one way and, reluctant as we were to lose Miss Strong, we were glad to contribute to the cause for which we exist, viz: the advancement of nursing education, and to help create one more professorship in nursing. As Miss Strong's successor, the Department has been fortunate in securing Miss Florence Johnson, graduate of Smith College and the New York Hospital, and for several years the very successful head of the Social Service Department of Harlem Hospital.
When the Red Cross, in seeking a Director for its Bureau of Nursing Service, took Miss Noyes from Bellevue Hospital and Training Schools, it took from our staff one of our greatly valued members. For a good many years Miss Noyes gave to our students instruction of the most practical and serviceable kind, dealing with the daily problems of hospital organization and administration, a field in which she had done notably good work. In recent years pressure of other duties had made it necessary to limit her instruction at the college to a single course, which has now been temporarily undertaken by Miss Martha M. Russell, Superintendent of Sloan Hospital for Women.

One of the pleasantest incidents of the year has been the return of Dr. Winslow, who has been able to give one day weekly to work in New York, and thus to renew his relations with the college. His lectures on Municipal Sanitation are given to a large body of students (about 150 in number) and he directs in addition a group of advanced students in carrying on special study and investigation.

An important event in the work of the year was the acceptance by Miss Goodrich of Miss Wald’s invitation to take over for a time the direction and development of the nursing service of the Henry Street Settlement. In thus placing at the disposal of this valuable institution the rich results of her long and varied experience in training school and other administrative work, Miss Goodrich is adding yet one more to the many services she has rendered, and the fresh and unprejudiced view which she brings into this unfamiliar field of activity should be of rare value. In accepting this new task and the further labor and responsibility which it involves, Miss Goodrich divides her time between the College and the Settlement and will still carry on the major portion of her teaching.

To those who have followed closely the work of the Department for the past eight years, and especially to its former students, will the appointment of Miss Stewart to an assistant professorship give keen pleasure. The contributions she is making to the sound growth of the Department and the untiring devotion which she brings to its service can neither be measured nor rewarded, but her promotion in office is gratifying evidence of recognition and of the appreciation in which she is held.
SCHOLARSHIPS

The number of students holding scholarships from various sources increases yearly. The Johns Hopkins Hospital Training School led the way in this direction about ten years ago, in offering a scholarship of $480 to be awarded annually to a student of high attainments, wishing to come to the college or to carry on other studies. From the Lakeside Hospital, Cleveland, another scholarship has been given from time to time, and several students bearing scholarships have come from the Mt. Sinai Training School in New York. Recently this progressive school has been singularly fortunate. Through the generous gift of Mr. Hugo Blumenthal, the President of its Board of Trustees, an endowment has been provided which will yield the sum of $500 yearly and be available for an additional scholarship annually. Two or three enterprising alumnae associations have for the past few years provided scholarships for chosen members, and finally the Isabel Hampton Robb Scholarships are giving precious opportunities to a number of nurses each year for that further study upon which their future progress in work may so greatly depend. We would like to see more scholarships and fellowships established, feeling confident that this is at present a desirable way of fostering the higher education of nurses. Those who have for some years held good positions in hospital work may have been able to save enough to carry them through a year or two of college, but nurses engaged in any form of public health work have no margin of income to set aside for these purposes, and it would be impossible for some of them to meet the very heavy expenses of living in New York City, without the aid which such scholarships give.

POSITIONS

This is one of the divisions of our work which is growing far beyond our power to handle satisfactorily. The requests for nurses for every branch of work for which we give any preparation come in ever increasing numbers. There is at present a very pressing demand for instructors in training schools and for public school nurses, and as our group of students in both of these divisions is small, we are entirely unable to meet the needs
in these most important and most promising fields of work. There were nearly three hundred requests for such workers last year, and it seems probable that the number this year will be considerably larger. The correspondence in carrying on this branch of work is very heavy, and it is of paramount importance that it should be adequately handled. It seems clear that this will eventually be beyond the scope of our problem and be centralized in some suitable bureau outside the college.

Certain interesting changes in the curriculum are planned for the coming year. At the request of the hospital conference on Social Service of New York City, courses in Hospital Social Service with field work will be offered, and a program of study and work arranged for those wishing to get some preparation for this field of work. The plan of work arranged in coöperation with the Henry Street Settlement for training public health nurses has been reconstructed and the eight months course now offers a term in the college as students, and a term in the settlement as student assistants on part salary.

It seems probable now that the plans so long under consideration for training teachers of occupations may take definite shape for next year.

The Department will coöperate again next year with the Department of Physical Education in combining courses designed to fit school nurses to direct some of the simple forms of physical training and playground activities. The recently established requirements for physical training in schools of New York State have greatly increased the demand for nurses with some preparation for such work and in response to it these courses are arranged.

The summer session is at hand, and the Department has made arrangements for such additions to the work as the experience of previous years seemed to indicate. Of special interest to Public Health Nurses will be the course in Principles of Social Work by Miss Margaret Byington. A practical course with field work, for teachers of occupations, is being arranged. Also for the benefit of nurses who have had no experience in Public Health work short courses of practical training both before and after the summer session are being arranged. A few scholarships are available for these.

Much latitude has hitherto been allowed in admitting stu-
students for the summer session, and the usual educational requirements have not been rigidly adhered to, provided the professional and personal qualifications were acceptable. We hope we may be able to maintain such liberal conditions of entrance in view of the great need which the summer school alone can meet.

Many problems in our work yet await solution. There is, for instance, the trained teacher in training schools. A new element is here introduced and in some schools there appears to be an uncertainty as to her status, conditions of work, etc. The resident instructor is one of the staff of assistants, and she should be looked upon as an important member of that staff. The conditions under which she works should be such that more and more our promising young nurses will be attracted to that field and will wish to prepare themselves to enter it. This is but one of many of the questions which arise as our work develops. A constant interchange of our common experience should be brought to bear upon them.

Anna C. Maxwell,
Chairman.

Miss Parsons: This report is always one, I think, that we look forward to with the keenest interest. What action do you take concerning it?

On motion of Miss McKechnie seconded by Miss Delano the report was accepted.

Miss Parsons: We will call for the report of the Revision of Constitution and By-laws, Miss Greener.

REPORT OF THE COMMITTEE ON REVISION OF CONSTITUTION AND BY-LAWS

The Committee on Revision of the Constitution and By-laws of the National League of Nursing Education begs to present the following report:

At the Annual Meeting held last year in New Orleans, the revised constitution with its proposed changes was presented and approved by the League, but could not be voted on until this year.

The revised by-laws were presented and with the exception of Section 5 and 6 of Article 8 were accepted. These two sections
deal with the appointment of the International Delegate and with reciprocal representation between our Executive Board and that of other National Nursing Associations.

Article 5 stating the personnel of the Board of Directors was adopted last year but does not go into effect until the proposed constitution is formally voted on this year.

Your Committee has been somewhat handicapped during the past year by the uncertainty and unavoidable delay in regard to the matter of the National Charter, which it was voted last year we should attempt to secure. It was decided by our Executive Board that in order to avoid any possible legislative complication, the National League should not take definite action in this matter until the charter applied for by the American Association had been obtained. The American Nurses Association has experienced considerable difficulty in their attempt at legislation in regard to their charter and it is quite possible they may yet decide to follow the idea presented last year as an alternative to the plan of a National Charter and to re-incorporate in some state other than New York where the laws are broader and the work of the Association can proceed with fewer restrictions. The League may also find it advisable to take this idea again under consideration—therefore . . . Your Committee on Revision begs to offer the following recommendations:

First. That our Constitution as presented last year be voted on at the earliest possible moment so that it may go into immediate effect.

Second. That action on Sections 5 and 6 of Article 8, which were approved but not adopted last year, be deferred until the League has secured its new National Charter or Articles of Incorporation in another state.

Third. That the by-laws be amended throughout to read biennial conventions instead of annual conventions, wherever necessary.

Fourth. That Section 1, Article 6, referring to the election of eight directors be amended to read as follows:

"The President, the Vice-President, the Second Vice-President, the Secretary and the Treasurer shall be elected at each biennial meeting."
"The President, Secretary and Treasurer shall be eligible to re-election.

"At the Annual Convention held in 1917, the eight directors not elected as one of the above named officers shall be elected, four for three years and four for one year. At each subsequent biennial convention, four directors shall be elected for four years."

Fifth. That the League again take under consideration the matter of re-incorporation in another state as a more simple and satisfactory solution of our present difficulties than the securing of a National Charter. This recommendation is made after consultation with the (Revision Committee of the) American Nurses Association who are most undecided in regard to the National Charter plan and who may yet incorporate outside of New York State. The District of Columbia has been suggested as having most satisfactory incorporation laws.

Acting on a request from the Executive Board, the Revision Committee has drawn up a tentative Constitution and By-Laws for use in the various State Leagues. A copy of same is herewith attached. Additional copies may be had upon application to the Secretary of the League.

Respectfully submitted,
ELIZABETH A. GREENER,
Chairman of Revision Committee.

Miss Parsons: This is a splendid piece of work the Revision Committee has done. It was recommended that we act at the earliest possible moment on the constitution, and one or two other recommendations which can be voted upon in a very short time. Will Miss Greener read the constitution which she wishes us to accept this morning?

Miss Greener: The constitution has been simplified as much as possible so as to make it conform with the Articles of Incorporation. May I present it as a whole and then have it acted on as a whole?

Miss Parsons: Yes.

Miss Greener: Article No. 1 deals with the name and this is unchanged.¹

Article 2 deals with the object.

Article 3 deals with membership, and that has been thrown into the by-laws, so that Article 3 will be annulled, the old article, and the new article reads "Directors."

That brings it into accord with the Articles of Incorporation. Article No. 4 is to be annulled. The old article 4 dealt also with membership, which has been considered again in the by-laws and the Article 4, the new article, reads "Amendments to constitution."

Article 5 in the old has been annulled. That did deal with the matter of officers.

Article 6 is to be annulled. That dealt with the amendment and has been previously dealt with. So that the only changes are that the constitution has been simplified and the matter of members and officers, etc., has been thrown into the by-laws instead of retained in the constitution, and the constitution as it now stands comprises the four clauses, one dealing with the name, one with the object, one with the number of directors, and the last with amendments to the constitution.

_Miss Parsons:_ What is your pleasure? Do you accept this recommendation? It is moved and seconded that the constitution be accepted. Carried.

_Miss Greener:_ The second recommendation made by the committee is that action on Sections 5 and 6 of Article 8, which were approved but not adopted last year, be deferred until the League has secured its national charter for its Articles of Incorporation in another state. Those clauses dealt with the appointment of an international delegate and with reciprocal representation between the Executive Boards of the National Nursing Organizations, and that must necessarily wait until we have our new Articles of Incorporation or our new charter. It could not be acted on at the present time. It appears to me to be well to defer the action, if possible.

_Miss Parsons:_ Will you defer action on Sections 5 and 6 of Article 8?

_Miss Powell:_ I move that action on those articles be deferred. (The motion was seconded:) Carried.

_Miss Greener:_ The third recommendation is that the by-laws be amended throughout to read "Biennial Conventions" instead
of "Annual Conventions" where necessary, as the meetings will be biennial after 1918.

Miss Parsons: Will you please take action on that? It has been moved and seconded that the word "Annual" be changed to "Biennial" wherever necessary. Carried.

Miss Greener: The fourth recommendation is necessary in order to bring our constitution and by-laws into accord. We were obliged to make this particular change:

"At the annual convention in 1917 the eight directors not elected as one of the above named officers shall be elected, four for four years."

The object of this was to elect the necessary number and then have it come around to an even election of four directors at each of the biennial meetings thereafter, and I believe that the ticket of the nominating committee has been arranged to accord with this; the four directors named for three years this year and four for one year, which will bring us out evenly when we really start our biennial meetings.

Miss Parsons: Will you accept this recommendation? It is moved and seconded that this last recommendation be adopted. Carried.

Miss Greener: The fifth and last recommendation is that the League again take under consideration the matter of reincorporation under the laws of another state, as a more simple and satisfactory solution of our present difficulties rather than the securing of a national charter. It is simply a recommendation to take it under consideration, not to adopt it. As we did vote last year to have a national charter, acting on the recommendations from the Revision Committee, it seemed necessary this year to make a change and suggest that the other alternative be considered, as the other organizations found it necessary to so reconsider.

Miss Parsons: The joint board of the three national organizations voted last year to recommend to their respective organizations that we consider taking out a charter in the District of Columbia. Apparently, so far as an investigation has been made, it will be a very simple and very satisfactory matter to do that, and we should like your authorization for going ahead with the matter, if it proves to be possible and seems to be feasible to the Executive Committee this coming year. Will you act upon it?
We have a motion by Miss Lawler seconded by Miss Logan that the recommendation made by the Revision Committee that the League consider the matter of reincorporation under the laws in another state be accepted. All those who are in favor please say aye; contrary minds. It is so ordered. We may not feel the need of considering it very long as the Board recommended that the organization go ahead and take out a charter in the District of Columbia, for the reason, that we are unlikely to be able to get a National Charter, and it would seem that it would be perfectly satisfactory and simple to transact our business by taking out a charter in the District of Columbia.

Miss Tilman: I would like to ask whether or not all hope of getting a national charter is given up or whether or not this is just a substitute and we will continue to make an effort to get a national charter?

Miss Parsons: The representations from Washington seemed to be that there was no hope of getting it this year, and the conditions under which a charter may be procured in the District of Columbia seemed so satisfactory and simple that is is the general opinion of the Directors that it was desirable to drop the idea of a national charter and go ahead with this idea of incorporating in the District of Columbia.

Miss Allison: I would like to ask if the matter of increasing dues is to be brought up at this time.

Miss Parsons: We have not suggested that as yet. I think it is a matter to be thought of, to be held under consideration.

Miss Nutting: May I speak a brief word on that subject? I think the fee is now still $3 annually?

Miss Parsons: Yes.

Miss Nutting: Well, as one of the oldest members of the League, I am just recalling that it was the fee established a very good deal over twenty years ago, and at that time it might have seemed perhaps sufficient, but with the additional work which the society wishes to do and may wish to do, and with the great increase of clerical and other work, owing to increase in members, it seems to me that it is a very proper subject for consideration. That fee is very small for the members of a society like this to pay, and I should think that one of the first things to do would be to con-
sider an increase of fee if we wish to carry on a work other than a purely volunteer one.

Miss Parsons: The chair had hoped that this would be taken up by the members and would be given very serious and favorable consideration, but if we are ready to act on the motion now before the house we will proceed with that and dispose of it. Are you ready for the question?

Miss McKechnie: Madam President, that would mean an amendment of our by-laws if we increase the fee, and whether it should be discussed now or whether you can act on your motion to finish up with the District of Columbia, perhaps that can be taken up later. Whether the question could be opened again perhaps the Chairman of the By-laws Committee can tell us.

Miss Parsons: How does the question of our fee interfere with our getting our national charter?

Miss McKechnie: I don't think it would interfere.

Miss Greener: I do not think it has any direct bearing, Madam President, on the question just at the moment. I think the question just at the moment is whether we are deciding to act on reincorporating in some other state. I think undoubtedly the matter of dues hinges very largely on that and will be dealt with, if we are to have a little more money to meet the expenses of the campaign.

Miss Parsons: Do you wish to consider further then the question?

Miss McKechnie: Can we get any information on the cost of taking out a charter in the District of Columbia, if there is any financial difficulty at all?

Miss Parsons: Is anybody prepared to give any information on that subject?

Miss Clayton: I think it is simply the lawyer's fee. There was no question brought up at all in the other committee meeting on the cost of incorporation.

Miss Parsons: Well, are you prepared now to act on this motion, that we go ahead?

Miss McKechnie: Repeat the motion, Madam President.

Miss Parsons: Miss Lawlor made a motion that the League go ahead with the incorporation, with the charter in the District of Columbia, in accordance with the work of the American Nurses'
Association and the Organization of Public Health Nurses. That was seconded. All those who are in favor say aye; contrary minds. It is so ordered.

Now, as I understand it the question is up for discussion, possibly at this time, as regards an increase in our dues, which will mean an amendment of our by-laws.

Miss Greener: Madam President, if the League votes to increase the dues they have only to instruct the Committee on the Revision of constitution and by-laws to make changes in their by-laws and it can yet be acted upon before the end of the meeting because according to the new by-laws that we accepted last year we made it possible to make an amendment of that kind to our by-laws by having it presented at the annual meeting and accepted unanimously, so that we can finish up completely if necessary.

Miss Allison: I move that the League of Nursing Education recommend to the Committee on the Revision of the constitution that the dues of this Association be increased to $5.

Miss Parsons: It is moved by Miss Allison and seconded by Miss Nutting that the Committee on Revision be instructed to strike out the annual dues of $3 and insert $5.

Miss Friend: Madam President, we want to be reorganized in the same way that the American Nurses' Association is organized and pay dues into one association.

Miss Greener: The organization is not quite the same as it is in the American Nurses' Association. It is organized according to the delegate system, and the National League is very largely dependent upon its individual membership.

There is another point that I think might be considered if we are going to consider the matter of dues, and that is as to whether there should be an increase in the first year's dues or whether we should still allow the five dollars to cover the initiation fee and the dues for the first year, or whether we want to make the first year $5 as well as the initiation fee. I think it is $2, is it not?

Miss Parsons: Yes.

Miss Greener: I think that ought to be considered, because probably the $7 might make it a little prohibitive for some of our younger members, whereas if we could make it $5 for the first year and include the initiation fee, and $5 thereafter, I think that might be the logical way.
Miss Lawler: While I feel that we want more money, it has already come up that some nurses are withdrawing from the National League on account of membership in their state organization. The State leagues pay a flat rate of $10. Could we increase our revenue by increasing our tax on the state leagues, make a per capita fee instead of a flat rate?

Miss Parsons: That is something well to consider.

Miss Greener: Could we get a sufficient increase in our revenue by increasing the fee of State Leagues. I think we have only ten or fifteen states at the present time, have we not?

Miss Taylor: Sixteen states have affiliation.

Miss Greener: Even if we double it that would give only $160 more annually. I think it will have to be an increase in the individual membership.

After a good deal of discussion as to the advisability of increasing dues when nurses were already withdrawing from the National organization on account of local membership, without arriving at any conclusion, Miss Nutting made the following suggestion.

Miss Nutting: Could we not here today perhaps do two things: possibly ask the President to refer this matter of dues back to the Revision Committee, to be acted upon later during the Convention, and also to get an expression of opinion from the members present as to whether they think $5 is too large a fee to pay for the membership? That might help the Committee decide. I would like to suggest these two things if it seems practicable.

May I ask for a rising vote of those who think they can pay $5. Not a formal thing, but just an expression of opinion.

Miss Parsons: Yes. All who would be willing to pay annual dues of $5 in the National League please rise. The majority are on their feet.

I do not want any of you to forget that we should aid in supporting the Interstate Secretary, or at least be in such a position that we can pay at least one-third of the expense of such a person. The League feels tremendously the importance of having some well qualified nurse, who understands thoroughly the whole nursing situation and the needs of all nurses, who will give her whole time to the remoter parts of the country, to seek out the nurses who do not come to our Conventions and get the inspiration at the Conventions, who do not know the situation really as
it is at all. And it almost seems as if our work has developed as far as it can until we have some such missionary to take the gospel of better schools, better status for nurses, better service for the public, into the byways and hedges, so to speak. And those who are at all in close connection with the League I am sure will feel that this question of dues must be met, and we will gladly meet it if we have to sacrifice a good deal in order to do so.

Miss Nutting: May I venture to make an amendment to Miss Allison’s motion that this matter be referred back to the Committee?

The motion was seconded by Miss Lawson.

Miss Persons: It is moved by Miss Nutting and seconded by Miss Lawson that this motion of Miss Allison’s be referred back to the Revision Committee, to be reported upon later during the Convention. Are you ready for the question? Those in favor say aye; contrary minds. It is carried.

We will ask Miss Nutting if she will give us the report of the Committee on Education in Schools of Nursing.

REPORT OF THE COMMITTEE ON EDUCATION OF THE NATIONAL LEAGUE OF NURSING EDUCATION,
APRIL 23, 1917

Your Committee has much pleasure in reporting that the curriculum upon which it has so long been at work is now in press. Had it not been for the national emergency which has taken precedence over other things during the past few weeks, it would have been ready for distribution now.

The work has taken a much longer time than was at first anticipated. There has been an immense amount of correspondence involved, much delay in getting material back from busy people, and an ever-present difficulty in finding time to go over it, revise it and finally to get it in suitable shape for publication, for the Committee is made up of women whose lives are filled with regular professional duties of a most arduous and exacting nature. Then, too, the past few years have been in no way more remarkable for us than in the number of new fields of work which they have opened up for nurses. From the workers in those fields there has been reflected back into training schools a demand for
instruction, for new subjects in the curriculum, about which there has been a steadily changing and growing body of opinion. It has been no small task to bring this new material into such form and dimensions as would prove practicable and could be carried out in the majority of training schools. From the letters that have been coming in increasing numbers for the past year there is no doubt that training schools are eager to get all that we can give them in the way of suggestions and plans of work, and already some states have begun to revise their curricula to correspond with this scheme.

Our Committee hopes and believes that the curriculum will be useful, but it wishes to emphasize afresh the fact that it is not intended to be rigidly followed. It is intended to serve as a guide and a help to the superintendent and teacher in working out a satisfactory program of study. The Committee has been during the past two years in touch with hundreds of superintendents, teachers and public health nurses throughout the country and has received the most generous cooperation and many serviceable criticisms and suggestions. Wherever there has been a sufficient body of opinion in favor of making the same changes, the curriculum has been revised in those particulars accordingly. Individual point of view has had occasionally to give way to the opinion of the majority.

It is a common criticism that there is not much material to be covered in the time assigned. The Committee is conscious of this difficulty but thinks it advisable to outline the ground which ought to be covered and then to leave it to the teacher to omit what seems of relatively less importance, or to increase the time allowed in order that the subject may be more thoroughly handled.

The introduction of subjects dealing with public health and social problems is desired by both training school and public health workers, and will, it is hoped, meet with general approval. The special difficulty of introducing some of these subjects in places where suitable teaching would be hard to secure is understood, but the best effort should be made to see what it is possible to do in this direction in the ordinary training school in which the majority of nurses are receiving their training. It is probably in relation to public health work that some of the most important changes in the whole training school curriculum may eventually
be looked for. It is hoped that superintendents and teachers will be able to try out carefully the general scheme of training as outlined, and to keep the Committee informed as to how it works out, and of the ways in which it may be improved.

The Committee wishes to repeat here its assurance that several training schools are ahead of the curriculum both in the amount of time assigned to certain subjects and in the ground taken up or covered by them. It was originally intended to supply each member of the League with a copy of the curriculum free of cost. The increased expense of publication has made it necessary to establish a small charge to cover costs which will not go beyond fifty or sixty cents. If there is any surplus after meeting the expenses of publication, it should be appropriated for the further uses of the Education Committee which has worked so faithfully upon this task, and which has many other pieces of similar work still waiting to be done. It is pleasant to recall here that the work in this curriculum was made possible at the outset by the gift, for that purpose, of $200 made to the Education Committee by our constant friend, Mrs. Helen Hartley Jenkins.

ADELAIDE NUTTING,
Chairman.

REPORT OF THE SECRETARY OF THE ROBB MEMORIAL FUND COMMITTEE, APRIL 1917

The announcements of Robb scholarships were printed in December and were sent out early in January to members of the Robb Fund Committee, to 135 training school superintendents, to 64 visiting nurse associations, to 42 registrars of central directories, and to secretaries of all affiliated state associations. Announcements are placed on the Journal table at this convention. Announcements have also been sent out freely in all correspondence regarding the Fund.

A statement regarding the scholarships was prepared and sent to the American Journal of Nursing, the Pacific Coast Journal and the Public Health Nurse Quarterly. This statement was published in the three magazines.

As a result of this publicity there have been 58 definite inquiries regarding the scholarships and 31 applications. Of these 31,
three were received too late to be considered, making 28 applicants for this year. These applicants came from 14 different states as follows:

Illinois and Ohio, 4; Maryland and Missouri, 3; Indiana, Massachusetts, Minnesota and New York, 2 each; California, Iowa, Louisiana, Maine, Pennsylvania and Wyoming, 1 each.

Two of the applicants proved to be ineligible, one because she was still in training, one because she had not sufficient preliminary education. Three withdrew after entering their applications, one because she was still in training, one because she wanted a scholarship out of time and it could not be granted, one because she was sent on Red Cross duty and did not want to give it up.

All the applicants but one asked for a course at Teachers College, though one of these chose Chicago as a second best. One chose the course at Simmons College, Boston.

After very careful consideration by the members of the Executive Committee, first separately and then in conference, the following awards have been made: Theresa I. Richmond, Evelyn I. V. Howard, Chloe M. Stewart, Olive I. Thompson, Daisy E. Perrine. It was decided to add a new question to the application blank: "Are you able to meet expenses of maintenance while studying? These amount to about $400 in the places indicated." It was hoped this would prevent nurses from applying who would be unable to accept the scholarship if offered.

It was suggested by one person who was asked for a reference by an applicant that the committee and not the applicant should ask for the references. Since that time the secretary has added to the blank the words, "Have references sent to the secretary of the Committee." This of course gives persons replying to the applicant’s request greater freedom in expressing their opinion of her qualifications.

The work of the secretary has grown very heavy, encroaching on her Association work, in spite of the fact that she has had a large amount of clerical assistance since January 1.

Katharine De Witt,
Secretary.

Miss Parsons: What will you do with these reports of the Committee on Education and the Committee on the Isabel
Hampton Robb Fund? It is moved and seconded that the reports be accepted. Carried.

I wonder if at this time, just after hearing the Isabel Hampton Robb Fund report given, and this report on education, it is not a proper time to introduce a recommendation made by your Executive Committee. The Executive Committee feel that Mrs. Helen Hartley Jenkins, in endowing the Department of Nursing and Health, the first department for nursing education in this country, should be an honorary member of this organization; and we recommend that you act upon this question.

*Miss McKechnie:* Madam President, I have very much pleasure in saying that I move we make Mrs. Helen Hartley Jenkins an honorary member of this Association.

*Miss Parsons:* You heard the motion made and seconded that Mrs. Helen Hartley Jenkins be an honorary member of the National League of Nursing Education. All in favor say aye; contrary minds. It is so ordered.

Then the Secretary has another recommendation that comes from the Executive Committee to make concerning one of our members.

*Miss Taylor:* It is recommended by the Executive Committee that Miss M. E. P. Davis be made a life member of this association.

*Miss Parsons:* Do you wish to make that motion?

*Miss Eldredge:* Yes, I would like to make that motion,

*Miss Parsons:* All those who know anything about the early history of our Nursing Organization and who know Miss Davis personally I am sure will be very glad to have her made a life member of this organization. We owe to Miss Davis a great deal of appreciation for very progressive work and a great deal of sacrifice for the ideals of nursing education. Miss Nutting can tell us better than I.

*Miss Nutting:* I just recall when I was a very young superintendent and did not know much about training schools, one of the first conventions I attended was here in Philadelphia. Miss Davis was president of the association. She was then the superintendent of the University Hospital, and we are giving this honor to one of our former presidents and one who was a very able woman in our work.
Then we should also pay tribute, I think, to the work that she did with Miss Palmer in the establishment of the Journal. I know the first year she gave almost her entire services without salary. Later on some remuneration was paid her. But it was characteristic of those nurses that they gave their services many times for months for absolutely no remuneration, thus it is the greatest pleasure to support the proposal for an honorary membership for Miss Davis.

The proposal for honorary membership for Miss Davis was unanimously carried.

Miss Parsons: May we hear from the Committee on Public Education, by Miss Powell.

REPORT OF THE COMMITTEE ON PUBLIC EDUCATION, 1916–1917

As Chairman of the Committee on Public Education of the League, I submit the following report of the work done by the State Committees during the past year.

In Rhode Island, Maryland, Ohio, New York, Indiana, Michigan, Minnesota, Pennsylvania and District of Columbia the presidents of State Leagues have acted as chairmen of State Committees on Public Education.

RHODE ISLAND

The League sent letters requesting the opportunity to address the women students on the subject of Nursing as a Profession for Women to the following:

High schools ........................................ 21
Commercial schools .................................. 5
Private schools ...................................... 5
State college ....................................... 1
Brown University .................................. 1

Fifteen replies were received asking that a talk be given.
Copies of the “Opportunities” were sent to all these schools.
An outline of what a woman should know, who wishes to become a professional nurse, was published in four newspapers in and around Providence.
MARYLAND

The Committee obtained permission to address high schools, but did not succeed this year in getting people to make these addresses, owing to the press of war work.

This State sends a copy of the student nurses' application, which is interesting. In their new law it seems that prospective students who are going to apply to training schools must present this application filled out, which gives their preliminary educational qualifications, to the State Board of Examiners. I think that is an entirely new thing. Miss Nash reports that they feel this application itself in the hands of the proposed student is going to call up the question of preliminary education required and will cause discussion among the students and among people who are interested in it.

OHIO

The State Chairman appointed five local committees in the five cities in which there were local leagues.

Talks were given in two universities at vocational conferences. Talks have also been given in many small towns by school nurses, one town of 800 inhabitants reporting 13 High School graduates entering training schools in the past two years.

One local league sent out a questionnaire to 1000 High School students, and as a result decided that the points upon which these students particularly need information are age of entrance, length of training, nature of work, positions open, and how to get information concerning the best schools.

An article was written to be published by the Extension Department of Ohio University in a farm journal which has wide circulation.

MICHIGAN

Thirty letters were sent to active nurses in the state, enclosing the plan for the work of public education and asking them to help with the work.

Talks were given as follows:
General public .......................................................... 11
College students ....................................................... 2
Women's clubs ......................................................... 37
W. C. T. U. and teacher's clubs ................................. 220
Farmers' institutes .................................................... 54
Boards of Supervisors ............................................. 2
Vocational conferences ........................................... 3
Rural audiences ....................................................... 28
Schools ................................................................. 8
Municipal audiences ................................................ 2

The State Nurses' Association contributed $10 which was used in sending copies of an outline of what every woman should know who wishes to become a professional nurse to

Colleges ............................................................... 14
High schools .......................................................... 365
Commissioners of schools ....................................... 76

DISTRICT OF COLUMBIA

The committee gave talks in all the high schools in Washington, which were attended by junior and senior classes. Copies of the Opportunities in the Field of Nursing were left in these school libraries.

A paper is to be written and published in each of the school bulletins.

MISSOURI

Addresses were made at

Washington University ........................................... to 250 students
McKinley High School, St. Louis ............................... to 200 students

Circulars entitled Nursing, a Profession for Women were sent as follows

Missouri High Schools .............................................. 458
University of Missouri ............................................ 1000
Drury College ......................................................... 800
Stephens College ................................................. 200
Howard Payne College ............................................ 200
Lindenwood College ............................................... 300

The cost of this circularization was $30 and was borne by the
Leagues of Nursing Education of St. Louis and Kansas City, with a contribution from one Alumnae Association.

CALIFORNIA

Publicity work in California was done by the Bureau of Registration of Nurses under the direction of Miss Anna C. Jamme.

Two letters, dealing with the education of nurses, were published in 300 newspapers of the state.

An article was published in the State Board of Education bulletin which reaches every high school principal, normal school principal, and many teachers.

An article concerning nursing education is published each month in the State Board of Health Bulletin, which reaches 5000 people.

The following talks on vocational guidance were given:

- Teachers' institutes ............................................. 3
- Parents-Teachers Association ................................ 3
- Mothers' Congress .............................................. 1
- High schools .................................................... 13
- Stanford University .......................................... 1

The bulletin, Requirements and Curriculum for Schools of Nursing was sent to 60 high school principals: "Opportunities" was sent to 15 high schools.

Wisconsin did a great deal of publicity work through the University Extension Department, a bulletin prepared by that department being very widely circulated.

The following letter to the member who wrote the bulletin, seems to me to be a very stirring appeal to this organization to continue and redouble its efforts to educate the general public to a proper understanding of what a nurse's education should be and in what kind of school this education can be secured.

Yesterday my youngest daughter brought home from high school a pamphlet entitled "Nursing as a Vocation for Women" written by you. Being interested in nursing as my other daughter, a girl of twenty is now taking the training for a nurse, I read it through carefully and learned for the first time about registered nurses and what it means to be registered. I always thought that applied only to the nurses who received calls from the nurses' employment bureaus conducted in the cities. I also noticed
that the hospital where my daughter is was not on the list of accredited hospitals or even those pending accrediting. Does this mean, Miss——, that my daughter cannot be a registered nurse or belong to the very best nursing organization? If so, why are these training schools allowed to exist in our state and why have we mothers not been informed before concerning the hospitals our daughters ought to go to or ought to avoid?

Almost two years ago my daughter entered this school and although she was anxious to go to Chicago to a larger hospital, I insisted that she stay here, as she was so determined to be a nurse, I wanted her here at home and I was assured by the doctor connected with our little hospital that she would receive excellent training and it would not be so hard or so horrible as in the large hospitals. She has spent two years of hard manual labor, for that is really what it has been, twelve and often fourteen hours a day. She has become thin, pale and tired looking; in the two years she has aged ten and has my daughter gone through all of this for nothing? What can I do? She herself had no knowledge of a what a registered nurse meant until reading that pamphlet last night and she is going to ask the Superintendent about it today.

Please write me what I can do about my daughter? I can send her any place in the United States if necessary and if she still is determined to be a nurse, but nothing will give her back the two years of wasted youth and health. If you cannot explain it all by letter, may I see you and talk with you if I come to Milwaukee next week?

I would like to thank you in person for that little pamphlet and I sincerely hope it will open other mothers’ eyes as it has mine as well as the many young women who enter your profession unguided and unprotected.

Respectfully submitted,

LOUISE M. POWELL,
Chairman, Committee on Public Education.

Miss Parsons: There are a great many very valuable suggestions in this report that we ought to carry back to our state leagues. There should be in every state association, where there are no state leagues of nursing education, a committee on publicity to do this work. Upon motion the report was accepted.

Miss Parsons: The Executive Committee has a recommendation to make to the National Organization of Public Health Nursing. I will ask the Secretary to read it to you and see if you care to endorse it.

The National League of Nursing Education offers the following recommendation to the National organization for Public Health Nursing.

That a Committee be formed with a view to influencing its
very active lay membership to assist in educating public opinion
to the need of definite legislation for the protection of the pro-
fession of Nursing, by providing for compulsory registration
and higher educational standards. This recommendation is made
for the reason that the National League of Nursing Education
feels the need of the assistance and cooperation of the National
Organization for Public Health Nursing to solve some of the
definite problems involved in the education of student nurses,
that the ideals which are of vital interest to each may be realized.

*Miss Parsons:* Do you wish to ask any questions concerning
this recommendation before we vote upon it?

*Miss McKechnie:* I would like to ask if it refers to the ques-
tion of having the pupils gain experience in district nursing while
they are pupils.

*Miss Parsons:* It was brought about, I think, largely because
the Public Health Association has urgently requested the leagues
to incorporate into the curriculum of the schools a definite pro-
gram for the education of public health nurses, and they are asking
our cooperation in preventing the exploitation of pupil nurses
in district nursing associations under the guise of getting educa-
tional preparation for public health work, when really as con-
ducted in many places it is simply cheap service among the poor.
Such defects will exist until we get compulsory registration for
nurses, and we are not going to have young women come into
our schools in the numbers that we desire until our schools are standardized and until our laws protect the profession of
nursing and make some distinction between trained nurses and
attendants.

Public Health nurses have opportunities to reach the public,
who have the power to influence public opinion and legislative
activities.

It is because we feel it very important to utilize their influence,
even though they are very much occupied in many problems they
consider distinctly their own, that we would like to send this
recommendation to their executive committee.

*Miss Clayton:* May I ask if this body understands that very
recently the National Public Health Organization has employed
a man from the Associated Press, at very great expense, and he
is circularizing every state in the nation regarding the standards
of nursing, the effects of legislation and the importance of having registered schools? I think thousands and thousands of people have been approached in that way, through the newspapers, by very specially written articles, and I am very anxious that the Public Health people should give a report of their work to this organization. It will affect our training schools just as it will public health nursing, if not more.

_Miss Taylor:_ Madam President, might it not be well, since the National Public Health Organization has already done this work, to ask for their report before we offer them any other suggestion or ask them for any further assistance? Probably from what Miss Clayton tells us they have done all we are asking.

_Miss Jammé:_ It seems to me there should be very definite organization in this work, because there will be overlapping and conflict of ideas expressed, and I believe we should come in pretty close contact with the Public Health Nurses’ Organization and find out what they are doing. As you say, we are an educational body.

_Miss Clayton:_ Madam President, I want to say I think it would be a very excellent suggestion if we could have a member of the Public Health Organization on all our committees, both National and local.

After a general discussion as to the best method to be employed in bringing into closer working harmony the two national organizations it was decided after a motion by Miss Lawler to submit the recommendation to the Public Health Organization as a means of suggesting coöperation in publicity and of obtaining a report of the work already done by that organization along educational lines.

On motion of Miss Clayton it was decided to ask the Chair to appoint the Committee on Resolutions. The meeting adjourned.
THURSDAY EVENING, APRIL 26, JOINT OPENING SESSION

Held at 8 o’clock in the ball room, Bellevue-Stratford Hotel, Philadelphia, Miss Annie W. Goodrich, President, American Nurses Association, Presiding.

ADDRESS OF WELCOME

By WILMER KRUSEN, M.D.
Director Department of Public Health and Charities

It is a pleasant task which has been assigned to me tonight, to bid you welcome to the City of Brotherly Love; to bid you thrice welcome, first on behalf of the city of Philadelphia officially; secondly on behalf of the nurses of Philadelphia, the members of your own glorious sisterhood; and thirdly on behalf of the medical fraternity of Philadelphia, whom you so loyally and so faithfully serve in the medical profession throughout the United States.

When William Penn sailed up the Delaware River with his little band of chosen followers in 1682, the name of his ship was the Welcome. From that day to this we have tried to show a great deal of that, to show a cordial welcome to the stranger within our gates. We are proud of this old city, a slow city it is sometimes considered. We are proud of its great industrial plants, of its locomotive works, of its shipyards, of its steel foundries; we are proud of our great department stores where you may find temptations to spend your money; we are proud of our great educational institutions, such as the University of Pennsylvania, the Drexel Institute, the School of Industrial Art, and many others; we are proud of our hospitals, and training schools for nurses associated with them, which each year train hundreds of women for your noble profession. And we are particularly proud of our
historic associations, our historic shrines, Carpenters' Hall; the birthplace of liberty, Independence Hall, in which you will find our most sacred relic, the old Liberty Bell; the old Betsy Ross house, the birthplace of Old Glory which decorates this room tonight.

One thing we are not proud of. We are not proud of our climate. This weather you are having here is nothing new for Philadelphia. In 1682, William Penn wrote Lord North and said that in his new colony the weather was "constant in its inconstancy," but though we have not the climate here that we might wish, you will find, as Bourget said, that we have "samples of weather" in Philadelphia.

My friends, these are serious times, thoughtful times. One of the most important questions which will obtrude itself upon your deliberations will be what part the nurses of America will play in that great wonderful drama, that world tragedy, which is being enacted on the stage of Europe now. As you consider these problems, the medical profession and all of us know that you will give them the earnest consideration which characterizes the thoughtful women of America.

It is not my province to extend to you a lengthy welcome, but though it be short it is warm, it is sincere, it is cordial, and when you leave Philadelphia at the end of the week may you carry to your homes fond memories of the old Quaker Town.

ADDRESS

By SARA E. PARSONS, R.N.

President National League of Nursing Education

It is very pleasant for the League to be back in Philadelphia to talk over our problems old and new; and especially pleasant to be here with the American Nurses' Association and the Public Health Nurses. We hope to work out better plans for the future, and to get the inspiration and encouragement that are necessary if we are to surmount the obstacles that will beset our path on the way to better schools, better nursing and better public service. It is hoped that there are many friends among the laity who are present this evening and are intending to come to our other pub-
lic meetings, for their cooperation is very necessary if we are to
solve our problems satisfactorily.

Philadelphia has been and will continue to be a Mecca for nurses
who love their profession and reverence its tradition. Philadel-
phia, the city of Blockley, the oldest hospital to be used con-
tinuously for the care of the sick; the Pennsylvania Hospital, the
first in the proper sense of the word, Philadelphia, the city where
Alice Fisher did her great work, where Dr. S. Weir Mitchell
practiced, taught and wrote, is a city well worth the long journey
that some of our delegates have made to be here. We are es-
pecially interested to learn something more about the recent adjust-
ment in the training school of Blockley, made to meet modern de-
mands of nurse education, also the important developments in the
nursing of psychopathic patients at the Pennsylvania Hospital.
It may not be generally known, but a wonderful work is going on
there. The Philadelphia League of Nursing Education and the
Private Nurses’ League have set an example to the rest of the coun-
try that we shall study with profit.

When we last met in Philadelphia, ten years ago, we discussed
The Demand and Supply of Students in Nurse Training Schools,
The Physical Effects of the Three Years’ Course, Ways and Means
of Raising an Endowment Fund for a Chair of Hospital Econom-
ic, Provisions Already Existing for the Care of the Sick of Mod-
erate Means, and What we are Overlooking of Fundamental Im-
portance in the Training of the Modern Nurse. It is interesting
to compare the problems of today with those that engaged our at-
tention then. Since that time, we have seen that schools that
offer a professional education worth while have little difficulty in
securing desirable candidates. We have found that the physical
effect of a three years’ course is satisfactory if the hours of duty
are reasonable and living conditions good. Mrs. Helen Hartley
Jenkins, in response to a suggestion given by Lillian Wald, splen-
didly settled the question of an endowment for the chair of Hos-
pital Economics.

There have been several encouraging improvements, largely due
to our department of Nursing and Health, which grew out of the
earlier chair of Hospital Economics. A number of schools now
have university affiliations. Many more schools have an eight
hour system, preliminary courses, and paid instructors have in-
increased enormously. Many more highly educated women are taking up the work and, best of all, the demand for nurses to fill important positions is increasing constantly.

Dating from our first American schools, our profession is forty-four years old. It makes us pause in these dark times to recall that we owe gratitude for its inception to England, and through England to Germany. Our service has evolved from a religious offering and penance for sin, to an independent, congenial occupation, taken up frankly as a means of livelihood in most instances, and followed joyfully and devotedly into the diversified activities that serve public welfare. Through forty-four years of experience, of trial, of failure and success, we have been learning wherein lie the weakness and strength of our work. Step by step, from Pastor Fleidner’s school in Kaiserswerth, to the Nightingale School in London, to Sister Helen and the School at Bellevue in New York; to Isabel Hampton at Johns Hopkins in Baltimore, to the fateful meeting in Chicago at the World’s Fair, when the first steps were taken to organize the American Society of Superintendents of Training Schools for Nurses, we trace our educational evolution.

If ever there was a profession that was a natural expression of a tendency born with most women to give love and service to the weak and suffering, it is nursing. If ever there was a profession that is acknowledged to be eminently suitable for women it is nursing. If ever there was a profession called into existence by the real needs of humanity, it is nursing. If ever there was a profession exalted by noble leadership, personifying spirituality, intellect and culture, all exemplified in a superlative degree by Florence Nightingale, it is nursing. No one will dispute these statements, yet it is true that if ever a profession had to contend with misunderstanding, misrepresentation, antagonism, and exploitation, it is nursing. We are still without universally recognized educational standards; without compulsory registration and protection for the word nurse; and without endowments for our schools. We older nurses have learned by experience that to do our work well in the world, our schools must have a sound educational policy; in our endeavors to establish a sound educational policy we have learned that the schools must be put on a sound economic basis. Both practice and theory must be taught by
well-paid, properly qualified instructors, the practice must be var-
ried and definite, and we know that any method of training is
wrong that excludes any of the major departments of medicine
or that deprives the students of expert instruction and critical
supervision. Any environment is contraindicated for our nurses
that contradicts the teaching of hygiene, sanitation and ethics;
that unduly exhausts their vitality or that discourages initiative
and does not stimulate enjoyment and enthusiasm for their work.

At the last Philadelphia convention, medical social service was
in its infancy and was mentioned as a new department at the
Massachusetts General Hospital. That branch has grown so
important that it clamors for special medical education. Nurses
following branches of work devoted in a direct way to health condi-
tions in communities (exclusive of private nursing, executive and
teaching branches), feel their educational needs so keenly that
they knock at the doors of the League with demands for special
consideration in our curriculum.

With the multiplication of state boards of nurse examiners, their
problems have developed and are coming up for discussion; the
nurse being a migratory creature, she needs, much more than the
physician, an adaptable system controlling her activities. The
present disparity between the standards for examination and
registration in different states is illogical and makes for all sorts of
difficulties. We should have a national board of nurse examiners
and compulsory laws for nurse registration, and laws that stand-
ardize our schools. When that is accomplished, the way will be
paved for training schools for attendants, which are much needed.
There is room for two grades of workers in the care of the sick;
both are important, both need education, but danger lies in the
confusion that prevails today in the minds of the public concern-
ing attendants and what should be expected of them in compari-
on with nurses. At this stage in our development, our great
work is to persuade the public that the education of nurses is a
serious business and some wiser and more experienced people than
I, believe that nursing schools will never be what they should be
until the management of the schools is separated from the hospital
management. This is because the natural tendency of the hos-
pital is to subordinate the interest of the school to economic inter-
ests. Indeed, the slogan has always been that the patient’s inter-
ests must come first and this sentiment has often obscured the fact that when the interests of the student must have been sacrificed to the immediate needs of the patient, the patient has ultimately been the one to pay for that sacrifice. If the trustees of our hospitals can accept the full responsibility of maintaining a school for nurses and take the interest of the school into consideration when developing other departments of the hospital, it seems to me an adjustment can be made which will harmonize the interests of hospital and school. That experienced educators must be taken on to the training school committees and have representation on the board of trustees, if this adjustment is to be made, appears to me inevitable.

The east has led in nursing education in the past, it looks now as if the conservative east were to receive a much-needed lesson from the middle and far western portions of the country. The state universities of the middle west are recognizing the duties of the state to this branch of education. The legislature of California has done for student nurses what the conscience of those who controlled nursing schools would not do, and the student nurses now have a forty-eight hour week. The public schools of the state are now providing the preliminary education for their pupils who desire to be nurses. The state will surely reap the benefit of its new policy in more and better applicants for their schools, better nursing in their hospitals, homes and communities. Nurses in the east do not want the state to compel a forty-eight hour law for students, but they do earnestly desire compulsion through public opinion. The individual citizen would think forty-eight hours of hospital duty in addition to class and study periods quite sufficient for his own daughters, if he thought in that line, instead of thinking of this work as an occupation that concerns the daughters of other people.

Our greatest need at the present time is the intelligent cooperation of the general public. We must impress upon them that we are not ready-made as to education. We must have endowments for our private nursing schools, and city or state appropriations for the public nursing schools. We must not delay too long a recognition of the problem involved in training men nurses adequately. When one considers that during the past year there were 756 calls for men nurses at one directory in one city alone,
an idea is conveyed of the need in this direction. Some of us feel that we need to do more for our colored nurses, helping them to achieve the best preparation for their work. We concede that we need trained attendants. We must seek methods of developing talents of leadership in our student nurses. We must not rest until the exploitation of the student nurse for private gain or in the name of charity ceases. We need not fear the lack of legitimate opportunities for self-denial or self-discipline for our student nurses, even under the most perfect system we can evolve. The very nature of the work demands constant sacrifices. Every nurse has the opportunity, if she will use it, to educate the public as to its share of responsibility toward nursing schools.

Florence Nightingale said that "Nursing is an art and the essence of success is artistic training." Nursing must be actuated by the professional motive, and the professional motive is the desire and perpetual effort to do the thing as well as it can be done, which exists just as much in the nurse as in the astronomer in search of a new star or in the artist completing a picture.

ADDRESS

By MARY BEARD, R.N.

President National Organization for Public Health Nursing

As public health nurses, we are proud to be a part of the great group of professional women who have come here today. We come as professional nurses to join with all other professional nurses in a renewal of our pledge of allegiance to the cause of nursing as Florence Nightingale first saw it and made it a reality, as Isabel Hampton Robb grasped its significance and established it in our own country.

To be a health nurse, a community nurse, a social nurse, has involved us in so many interests, has implied a knowledge of so many general subjects, that we sometimes feel farther away from institutional and private duty nurses than we like. We need the stimulation that comes from that broadening process of listening to the achievements of other than public health nurses, and we hope for the salutary experience of a realization that we are very, very young as an organized branch of nursing and that being
very young we are also very dependent upon the older organiza-
tions. Many times our branch of the nursing profession calls
us to be representative, not so much of our profession of nursing,
but more of the various broad and general subjects with which
any public health officer must concern himself.

Conventions of tuberculosis workers, of infant welfare experts,
of educators, of mental hygienists demand our interest and our
effort. And after the conventions concerning abstract subjects,
such as those that require the public health nurse as a representa-
tive worker, comes a procession of other claims upon her time of
attendance at meetings: meetings of social workers require her,
public health officers need her, and she often fears that the fate
of the jack of all trades may overtake her in her eagerness to meet
them all. So it is with solid satisfaction that we come to be taken
back to the beginning of it all, for without our nurse's education,
we should cease to be.

It is our fifth birthday, and never before have we so needed the
help of the other nursing bodies as we do today. Never has the
need for public health nurses been so pressing. Never has the
opportunity been so great. We need women, young women from
the graduating classes, older women from the ranks of private
duty nurses, nurses who are teachers for our departments of pub-
lic health nursing. The demand is very insistent and can be met
only by a far more general knowledge of its existence, and a more
complete understanding of its opportunities.

From three starting points we are drawn close to the American
Nurses' Association and to the League for Nursing Education.
We need nurses; we need specially prepared nurses and therefore,
special nurse teachers; and we need the help of the school for
nursing in making its course, so far as possible, adaptable to the
requirements of the young woman whose purpose in going into
the profession at all, is to become a public health or social nurse.

We are to try the experiment this coming week of holding com-
bined meetings, the Programme Committee has worked hard to
have each subject presented from three angles of approach, and so
to bring closer together the interests of the three nursing bodies.
However interesting the matter of the meetings may be, they will
give us but little of the inspiration we seek, if they do not bring
us the sense of union with one another in our common profession.
The names that have inspired us all are the names of those women who have put our profession where it stands today, and made its youngest daughter, the National Organization for Public Health Nursing, able to take her part in the old struggle for health, carried on under new conditions and with new partners.

I have said "with new partners" because the National Organization for Public Health Nursing is, as its name indicates, an Organization not "of nurses" but "for nursing." The American women who, in the past thirty years, have done the most valuable work to make public health nursing the great force for social reform, that it is today, are not all professional nurses. This is far from being the case, for in most of our historic old visiting nurse associations, the boards of managers have been and are, lay women, and with them has originated the scheme of work and the line of development followed. The notable exception to this rule is, of course, New York and the Henry Street Settlement, but then, our Honorary President, Miss Wald, is herself a notable exception to most rules.

There is great need, an equal need, for the lay member of the National Organization for Public Health Nursing, with the need for the professional members. As the newer forms of health nursing appear, we are more and more convinced of this. Industrial nursing cannot find its proper channel for growth unless the industrial leaders who value it, fully understand and thoroughly appreciate professional standards. Such an understanding is most readily reached through the medium of a central organization such as this. If our friend, Dr. Lee K. Frankel of the Metropolitan Life Insurance Company, will pardon the personal allusion, I should like to point out that he is today a member of our Advisory Council, whose judgment we seek and value. And yet, I recall, five years ago at our first annual meeting in Atlantic City, how afraid of him we were, because in those early days, the National Organization had not yet interpreted our professional standards to him nor his professional needs to us. The National Organization is valuable chiefly as an interpreter, and public health nursing must be community nursing in its broadest sense or it fails in its educational opportunity. The active representative local committee is a feature necessary to the success of public health nursing anywhere. Given the community committee
alive to health needs, and the right public health nurse, success is assured.

The present needs of our country put the nursing profession into unusual prominence, and present to us all as nurses, very unusual opportunities for service.

To serve our country wisely and to the full extent of our ability, is our great desire. And here the public health nurse will find a different duty before her than that confronting other nurses, for the great opportunity and responsibility of public health nurses in this crisis, must be the homes of their patients. Family health work is more needed under such a strain than ever before. Visiting housekeepers will be needed now more than ever before to teach food values and food buying and preparation. Women will be thrust into industry; men will be taken from their homes; incomes too low at best, will be reduced. The appeal comes to us from health officers and is echoed in our own consciences, public health nurses must stay where they are; we must stand by our own work, and we must redouble our efforts to do it intelligently and faithfully.

I was a guest at a nurses' alumnae meeting at a great City Hospital not long ago. All through our pleasant evening there was a sense of impending change, of expectancy of some new thing. A telegram was brought to our hostess, who is superintendent of nurses in this great institution. With the arrival of the telegram we realized what this expectancy meant, at any moment the nurses holding executive institutional positions may be called upon to leave accustomed places and go to direct army hospitals. A moment's thought brings a recollection of some letter from the European battle front, and we are hushed and silent in face of the prospect immediately before our profession. War will mean the service of many nurses besides the superintendents. Hundreds of young graduates strong and fresh from a modern surgical training, will respond to the call of the Red Cross to man the wards of field hospitals.

And there is another appeal, more and more insistent as we stop and listen to it. What is to become of the homes from which the soldiers go? Dr. Herman Biggs, just home from France, tells us of 500,000 tuberculosis patients returned to their home towns as a direct result of trench life. Hours of industry, women's
work, prenatal care, a lowered family budget, safety in industrial plants, all the usual responsibilities of public health nurses will be heightened and intensified by every abnormal condition of the times.

On the public health nursing branch of the profession a great obligation is resting. Public health nurses must stick to their every-day work and do it better and with a more single-minded intensity than ever before. Whether we are called to nurse soldiers, to organize nursing units, or to stay conscientiously in our own districts, one thought will be common to us all, we are proud to be nurses in these great days of sacrifice.

ADDRESS

By ANNIE W. GOODRICH, R.N.

President of the American Nurses' Association

Friends and fellow members of the three national organizations, it is my great pleasure, as president of the American Nurses' Association, to extend you again a greeting. As I realize that our parent association, the National League of Nursing Education, is rapidly approaching its twenty-fifth anniversary, I realize also that I have lived a half century and have not only reached but passed the quarter of a century milestone of my life as a nurse. To grow old is to be able to look back, to look back is to be able to look forward with renewed hope and inspiration. Therefore, by virtue of my long journey, I beg that you will permit me to indulge in brief retrospection.

I am not going to inflict upon you a history of the progress and growth of the nursing profession. That you can find eruditely set forth in the History of Nursing by our great leaders, Nutting and Dock. I am not going to dwell upon our rapidly broadening educational opportunities through our university affiliations and our graduate courses, nor the advanced fields to which nurses through these opportunities are being called. Nor shall I take these few precious moments to review even so important a matter as the progress in state legislation. These and many other topics will be ably and amply dealt with in the conferences and meetings of the coming week. I do not propose to present in detail a picture
of the innumerable institutions with their ever extending departments, splendid in construction, extensive in equipment, that have come into existence during this period, operating rooms with marble and tiled floors and walls, pathological and X-ray departments, comfortable, even luxurious, provision for private patients, that have attracted all classes of society to these institutions and have wiped out the traditional odium imposed by their classification under the charities, developments that have followed one another in bewildering succession in institutions for the sick, striving ever to keep in touch with the rapidly progressing needs of the scientists.

I shall not even permit myself to yield to the temptation of comparing the days when fifty per cent of the compound fractures, and I am repeating the statement of a prominent surgeon, not only meant a loss of limb, but the loss of life, with the present absence of infection, or of operations then infrequently performed requiring weeks for recovery, now so frequent as to be barely noted and recovery from which is only a matter of a few days.

It would not seem possible that any retrospection should fail to mention the way in which institutions, equipped as they never were before, expanded effectively to receive the little sufferers of the great epidemic that swept over our cities last year, or to enlarge upon the sense of social responsibility, illustrated by the great philanthropic and municipal organizations that established at once after-care that will reduce the crippling to a minimum.

It would be impossible certainly not to linger for a moment to recall the fact that it is within this short period that the Red Cross Nursing Service in America has been developed and established, and through such development stands today with an army of qualified nurses prepared to answer the all too imminent call of the country. But to that notable and humane development, for which we must be deeply grateful at this time, an evening later will be devoted, and others better qualified than I will set it forth.

Not, I say, upon all these wonderful and rapid developments of medical and nursing science does my retrospection rest, but rather upon, may we say, their cumulative interest into one great, splendid, outstanding result, namely, that evils that for centuries have demanded a heavy toll in human life, in human suffering, in
crippled efficiency, and the expenditure of vast sums of money, have during this period been unhesitatingly pronounced preventable evils that were even once pronounced the will of God, to which men must bend an acquiescent head; and that their prevention demands in no small measure the cooperation of that humble tool, the common man.

Says Lowell, writing of democracy:

Formerly the immense majority of men—our brothers—knew only their sufferings, their wants and their desires. They are beginning now to know their opportunity and their power. All persons who see deeper than their plates are rather inclined to thank God for it than to bewail it, for the sores of Lazarus have a poison in them against which Dives has no antidote.¹

And again he says:

Democracy in its best sense is merely the letting in of light and air.

As in retrospection I turn from one evil-removing, health-restoring achievement to another, the list is long, beginning with smallpox just before my day, diphtheria, tuberculosis, typhoid, malaria, yellow fever, typhus, syphilis, infant mortality, insanity and crime, and compare the statements of authorities concerning them, the words of that most representative American, "Democracy in its best sense is merely the letting in of light and air," seem to attach themselves to each statement like a refrain.

Let me present a few concrete illustrations, clothed not alone for the sake of brevity in the words of accepted authorities. Concerning tuberculosis, that disease which Hippocrates 400 years before Christ pronounced the most fatal to man, Dr. Biggs writes recently:

Experimental investigations have shown clearly enough that the tuberele bacillus, the only necessary factor in the production of tuberculosis, is readily destroyed by sunlight, or even diffused daylight, and in this, as in all other communicable diseases, the danger of infection is largely diminished by thorough ventilation, because of its influence in diluting the infectious material.²

¹ "Democracy," inaugural address by James Russell Lowell on assuming the presidency of the Birmingham and Midland Institute, Birmingham, England, October 6, 1884.
² "Housing and Tuberculosis," address by Lawrence Veiller at the twelfth annual meeting of the National Association for the Study and Prevention of Tuberculosis.
No fiction could ever be more thrilling than Dr. Gorgas' narration of the application of Walter Reed's discovery, that not only made possible the greatest engineering feat of the ages, but also made life in the tropics possible for the white man.

The Canal Zone, for the past four hundred years, ever since it has been known by the white man, has been one of the most unhealthy spots in all the tropical world, and this fact has been generally known and recognized by all nations which have had any commercial importance. No doubt the great centers of civilization will remain for centuries much as they are at present, but in the course of ages (they) will move to where a given amount of labor will produce the largest amount of food. . . . I believe that the peoples of that day will look back upon the sanitary work done at the Canal Zone as the first great demonstration that the white man could live as well in the tropics as in the temperate zone. I am inclined to think that at this time the sanitary phase of the work will be considered more important than the actual construction of the Canal itself, as important to the world as this great waterway now is, and will be for generations to come.¹

Not less important to the world is the knowledge that not through hospital care, not through artificially prepared feedings, a heretofore accepted loss of life is rapidly being prevented. Says Julia Lathrop in a plea for the public protection of maternity:

From the beginning of time maternal and infant deaths have been regarded with fatalism. Knowledge that this waste is in the main preventable has been slowly and painfully acquired by the medical profession; it has not yet spread generally to the laity.²

Although the victims of mental disease still may be found in prison cells, their freedom in the near future is assured, for here we find again accepted this new doctrine of prevention. In the foreword of the new magazine, Mental Hygiene, the writer says:

The recognition of preventable causes of mental disease and mental deficiency challenges us to win in the field of mental hygiene victories comparable to those won in general hygiene and modern sanitation. New ideals in the care and treatment of persons suffering from mental disorders impose new obligations which are being met by the professions most in-

¹ Sanitation in Panama, William Crawford Gorgas.
timately concerned and by the public authorities who must provide the
needed resources and facilities. The widespread determination to con-
trol feeble-mindedness, so that this preventable evil will not shadow new
generations as it has our own, presents problems of medicine, law, educa-
tion and statesmanship which, for the good of the race, are being vigori-
ously attacked. . . . The failure to deal successfully with crime
by methods which have been given centuries of trial has brought into
existence a new criminology and a new penology of which the central
feature is the study and re-establishment of the individual delinquent—
essentially a problem in mental hygiene. 6

The last, and shall we say the most marvelous message of all,
comes from the criminologists and penologists. Long as the quo-
tation is, I cannot forbear to present it. Writing of present day
prison reforms, Mr. Lewis says:

For a hundred years our people have been dully conscious that prisons
have existed among us, with their mysteries, their probable cruelties,
their horrors of oblivion, and their stigma. The recent release of our
people from this persistent consciousness of "something fearfully wrong
but something that can't be helped" has been a striking psychological
phenomenon, and is explained in its great present force only as one appre-
ciates the dull social ache which society has felt in connection with
prisons for over a century. In short, the effect upon the nation has been
analogous to that following the discovery that the great white plague of
tuberculosis was curable and preventable. So long as an evil is certain
and the cure unknown, only the specialists can easily bring themselves
to its contemplation. Cancer is today still a socially terrible fact, because
its cure is not yet discovered. The prisons have been socially terrible
facts, but society now believes that their cure has been as least partially
discovered, and so society reacts with joy to the suggestions and stimuli
of the "new Freedom." 8

And Mr. Lewis then goes on to enumerate changes that have
been made by various wardens, dwelling finally on those effected
by one who has come here to speak to us tonight.

The fundamental change effected by Warden Osborne has been in con-
verting the old system of firm autocratic administration by the warden,
through his subordinates, into a seething democracy, with responsibilities
never before heard of, vested in the prisoners themselves.

6 Mental Hygiene, January, 1917.
8 The New Day in Prison Reform (1915), pages 53, 54, seventy-first
Of this great and daring experiment we are privileged to hear from Mr. Osborne himself.

There is still one great evil that we have not mastered. It spells the maximum of waste, agony, and ruin. For two years it has held the old world in its clutches; today we are its victims. There are those who still believe war inevitable as long as men are men. There are others who see in this war the triumph of a great cause, and they will go forth gladly to make the greatest sacrifice that can be made. There are others, and I am among them, who believe that no more than can the knife prevent cancer, can war prevent war. Again the words of that great statesman ring in my ears:

In the scales of the destinies brawn will never weigh so much as brain. Our healing is not in the storm or in the whirlwind, it is not in monarchies, or aristocracies, or democracies, but will be revealed by the still small voice that speaketh to the conscience and the heart, prompting us to a wider and wiser humanity.⁷

This is not the time for any nurse to falter. The splendid army of Red Cross nurses that seems so adequate today, a terrible need tomorrow may reduce to insignificance. Fewer than ever will be the messengers of health, too few at best, who go from door to door of the long street, their skillful hands and needed services securing eager admission and a readier ear for the message of the health-giving properties of light and air. Not less faithfully, not less courageously, even more strenuously than those who see in this step of their country the triumph of their cause, must those proceed who see their cause deferred by many years. No cause worthy to be a cause can ever die.

Says Royce writing of loyalty, and with this last quotation I am done,

When a cause is lost, . . . . when a cause is lost in the visible world, and when, nevertheless, it survives in the hearts of its faithful followers, one sees more clearly than ever that its appeal is no longer to be fully met by any possible present deed. Whatever one can just now do for the cause is thus indeed seen to be inadequate. All the more, in consequence, does this cause demand that its followers should plan and work for the far off future, for whole ages and aeons of time; should pro-

pare the way for their Lord, the cause, and make his paths straight. Ac-
tivity becomes thus all the more strenuous, just because its consequences
are viewed as so far reaching and stupendous. Man’s extremity is loyalty’s
opportunity. The present may seem dark. All the greater the work yet
to be done. The distant future must be conquered. How vast the un-
dertaking, how vast, but therefore how inspiring.8

HEALTH CONDITIONS IN PRISONS

By THOMAS MOTT OSBORNE


Friday Morning, April 27, 1917, Joint Session

Topic, Some Modern Demands on the Graduate Nurse.
Eleanor Thomson, Superintendent Illinois Society for Mental
Hygiene, presiding.

THE DEMANDS WHICH MENTAL HYGIENE MAKES
UPON THE GRADUATE NURSE

By JESSIE TAFT, Ph.D.

Social Service Director, New York State Committee on Mental Hygiene

The mental hygiene movement thus far has spent its energy in
two general directions. First, the education of the public to a
less prejudiced attitude towards mental disease through the pub-
licity work of mental hygiene societies; second, the education of
the hospital for the insane to an appreciation of the importance of
prevention and to the part played by social service and the readily
accessible mental clinic, in the treatment of mental disease. For
this work mental hygiene needs the graduate nurse. It cannot go
on indefinitely without her and yet nurses as a group have not up
to this time taken the part they are equipped to take in this
movement. They have been so occupied and absorbed in the
overwhelming problems of the field of physical hygiene that they
have hardly become aware of the responsibility for mental health
which rests upon them with equal obligation. Many individual
nurses, it is true, have played an important part in the mental

8 The Philosophy of Loyalty, Josiah Royce.
hygiene program, but nursing as a profession has not yet perceived the bearing of this new field upon public health in general. Health is not really being conserved or disease prevented as long as the entire field of mental life with all its possibility for disaster is being ignored.

My purpose this morning is to take up each of the two phases of the mental hygiene movement just mentioned, point out if I can the part which the nurse should be taking in each, and present what seems to me the logical next step in mental hygiene and its even closer connection with the work of the public health nurse.

The publicity phase of the mental hygiene movement has for its chief object raising the level of general intelligence on the subject of insanity and hospitals for the insane. It is trying to bring about on the part of the general public a more rational attitude toward diseases of the mind, such as already prevails with regard to diseases of the body except among the most ignorant.

Regarding mental disease there is a blank wall of ignorance and prejudice to be overcome which is comparable to nothing in the field of physical hygiene, except perhaps venereal disease. Even the great mass of ordinarily intelligent people recoil from the very idea of insanity as if it were a crime. They tend to postpone any kind of medical treatment as long as possible; they shun the state hospital for the insane as if it were a prison and will take any kind of quack treatment at outrageous prices in something labelled sanitarium rather than accept the best expert attention in an institution which frankly treats mental disorders. The ordinary man has not, as a matter of fact, advanced very far beyond the period of superstition regarding mental diseases. He is barely removed from the concept of insanity as demoniacal possession. You would have to leave the circle of the average intelligent citizen to find a person who still treats physical illness as essentially mysterious, to be cured by something having no relationship to it, such as magic or a charm, but on the mental side, the average citizen is as much a prey to superstition as if he had not been born into a scientific age.

Not many weeks ago I talked with a college man, teacher of Latin and Greek, who had allowed his wife, ill with one of the most serious mental disorders, to experiment with Christian Science. Then he had paid out something like $100 a week for
purely custodial care in a sanatorium. He shrank from the notion of a hospital for the insane as if it were a pest house. His wife, if she recovered, would never forgive him for putting her with insane patients; it would rankle in her mind always.

It is this kind of blind fear and prejudice, even among the otherwise intelligent, that mental hygiene has to break down before mental health and disease can be treated rationally like physical health and disease. The mental specialists are eager to give necessary enlightenment but they are powerless to reach more than the comparatively few with whom they come in direct contact. Without the social worker they have no means of getting at the general public effectively. The social worker is the medium through which the knowledge of the psychiatrist can work its way out into human life, and of all social workers the public health nurse is the most important, because along with her social viewpoint and her general knowledge of the importance of the social situation in her cases, she has the medical background and the scientific attitude toward disease which needs only to be extended to the field of mental diseases, and above all, because of the great influence which she has over the attitude of the people in her district. The position of the nurse in public confidence is certainly unique. She carries with her an authority which no other worker possesses. She is more responsible than any other class of individuals except the physicians for the place which physical hygiene now holds in our civilization. Once let the public health nurse accept the mental health of the community as a part of her responsibility and equip herself to deal with the mental situation wherever she meets it, the wall of ignorance and prejudice which the specialist throws himself against in vain will soon begin to crumble.

The district nurse has it in her power to influence the family, where there is a case of definite insanity, to send the patient to a hospital where he will receive proper care. She is in a position to see many cases of mental disease in their beginning stages and is the logical person to point out to the family the true nature of the trouble and urge the need of early treatment. She is the one who can spread the knowledge of the mental diseases due to syphilis and alcohol into the farthest nooks and corners of an ignorant foreign neighborhood. If every district's visiting nurse
were alert to mental symptoms as she is to physical symptoms she
would be able not only to do an immense amount of prevention
but actually lift appreciably the weight of ignorance in her par-
ticular neighborhood. Is there any good reason why she should
not do just this?

With that phase of the mental hygiene movement which has to
do with the public hospitals for the insane, I can illustrate best
the kind of development that is taking place by telling you what
has actually happened in New York. The work in New York
began eleven years ago when the State Charities Aid Association
formed what was known as an after-care committee. Their idea
was to show the hospitals the desirability of paroling patients and
the possibility of doing it frequently if some worker became respon-
sible for supervision. This idea grew with the growth of social
service and the increasing emphasis of psychiatrists on the need
for prevention and early treatment of mental diseases, until fin-
ally, four years ago, the present Mental Hygiene Committee of
the State Charities Aid Association was born, with the ultimate
purpose of showing the hospitals for the insane that their real
field is outside the hospital and their greatest work, prevention.
In other words, they set about to socialize the state hospital.
This involved a demonstration mental clinic, to show what a psy-
chiatrist and a social service worker, working together, could do
to keep people out of hospitals for the insane. The demonstration
was so successful and so convincing that today after four years of
work, this committee has the satisfaction of seeing its purpose
well on the way to fulfilment.

Two years ago there were not more than two or three mental
clinics maintained by state hospitals outside their own walls and
only an occasional hospital which had a nurse appointed to visit
paroled patients. Today, every hospital but one has gone out
into its district and established one or two mental clinics where
anyone may come to consult a specialist about his mental troubles
as easily and inconspicuously as he would consult an ordinary
physician. Today not a single hospital is without a social serv-
vice nurse whose work in the clinic is involving as much general
preventive work as it does work with the paroled patients. Twen-
ty-three clinics of this character are now in actual working order,
and so great was the existing need, that once people understood
about their purpose, many were swamped at their opening sessions. Of course the state hospital social service nurse is overworked, and she is often not sufficiently well-equipped for the job, but at any rate she is there, and in her the value of social service with the mentally ill has been officially recognized. However untrained and unfitted she may be, the fact remains that she is opening a new field of opportunity to the modern graduate nurse. Salaries are already being raised to $1000 and $1200 with maintenance. The hospitals are already asking for more workers. The social service nurse for mental case work was formally welcomed at the annual meeting of state hospital superintendents last winter and already the State Hospital Commission is considering the standards of requirement for such work and the possibility of putting the position under civil service.

We probably cannot estimate now the immense importance of this change of policy on the part of the state hospitals, of this determination to step beyond the hospital walls and become a vital part of the community life in their districts. Its ultimate development no one can anticipate, but one thing is clear, that the success of this movement depends to a large extent on the tact, intelligence and social training of the nurse who, in the last analysis, must be the one to make the connection between the clinic and the community. If she is equal to the greatness of her opportunity, there will be no limit to the work which she can do in making the hospital for the insane, once chiefly custodial, an effective instrument in the prevention of mental disease and in the positive increase of mental welfare and efficiency within its district. Will the nursing profession, through the influence of its organized power, help to put into state hospital social service work a type of nurse who is equal to the opportunity?

These two aspects of the mental hygiene movement, the education of the general public and the preventive work of the state hospitals and the mental clinic, valuable and necessary as they are, are nevertheless, as I believe, only the forerunners of the movement. They are attacking from the outside as it were, in an external fashion, the end results of unhygienic mental living as they manifest themselves in adult life.

Mental hygiene, to become an organic part of our social organization, will have to make another approach, an approach which
will attempt to modify beginnings rather than endings. Psychiatrists tell us that the morbid tendencies and unhealthy attitudes which lead to badly adjusted lives, even when they do not result in some functional mental disease, must be reached, if we are to have genuine prevention of mental disorders, when they are still in the process of being formed. If this be true, it is the child, not the adult, who offers the most fruitful field for mental hygiene and it is only through the public school system that we shall be able to get at the child effectively. The school, with its hold on child life, is the nucleus, the growing point of our civilization, the center through which most of our social problems are to be attacked. Once let mental hygiene enter into the school system, in the thorough-going way in which physical hygiene has already entered, and its connection with the life of society becomes vital.

This is not such an Utopian idea as one might think at first, nor is it without precedent. We have grown so accustomed to seeing the schools take the responsibility for the physical health of children that we forget it has not always been so. We forget what a revolutionary idea it once was to expect schools to look after eyes, ears, noses, and throats as well as reading, writing and arithmetic. We now accept placidly as a fact the obligation of the school to equip its children with as healthy bodies as possible, but we are startled and skeptical when the perfectly logical next step is taken, requiring the school to be as interested in making minds healthy, as it has been in making bodies healthy. It would be hard to recall a time when a sore throat in the school room had significance chiefly from its effect on the attendance; when it was not recognized as a possible symptom of certain unhygienic conditions demanding attention both for the sake of the child and for the sake of the entire school, rather than as a bare fact, likely to spoil the attendance record of the child or the class for that month. Yet that is just the condition in which certain mental phenomena stand today in the school room. Persistent, unexplained tardiness or truancy, unusual obstinacy, extreme unsociability or shyness, unaccountable failure in class work on the part of a bright child, all of these are recognized it is true, but they are recognized for the most part as bare facts affecting the discipline, attendance, or scholarship of the class, not as symptoms of a condition in the child's inner life which demands attention. This ignoring of the
mental life of the child, except that attenuated intellectual phase of it which is involved in the learning and reciting of lessons, and failing to see any meaning in unusual reactions in school life except their disturbing effect on school routine, is the most discouraging feature of the school situation at the present moment, particularly in our large cities. That it is possible for a child to commit suicide, because it fails of promotion, as occurred a year ago in New York City, may be an indication of the neurotic character of that child, but it is equally an indication of the utter failure of the school to understand the kind of child it was dealing with or to attempt to give that child a more reasonable estimate of the value of promotions. The school evidently had not had the slightest comprehension of what failure in school work meant in that child’s life, a meaning dependent on an unusual sensitivity to social approval or disapproval, perhaps to undue pressure at home. But that does not alter the fact that the school failed utterly in helping that child to solve its most vital problems because it had never regarded guiding the instinctive and emotional development of children as part of its duty.

I recall another child who showed a peculiar negative reaction to many commands. Frequently when told to sit down she would persist in standing. She had been known to stand for half an hour rather than obey. This conduct was considered purely a matter for discipline. The child was naughty and obstinate, the problem was how to force her to behave. The teacher was quite aware that she had an unusually difficult child and would have been glad to be of some assistance, but neither she nor the school as a whole had ever learned to approach such a condition from the mental side. They did not see the child’s obstinacy as a symptom, and made no effort to find out what meaning it had for the child, what factors in her life were producing such an outward result and how they could be modified.

Conduct as disturbing as marked stubbornness, truancy, violent outbursts of temper, inability to give attention in the school room and the like, is sure to come to the attention of the teacher, even when it is not recognized as a symptom of an underlying unhealthy mental condition, but other more subtle and unobtrusive manifestations usually escape observation entirely, and no attempt whatever is made to deal with them on any plane. Children who
suffer from an intense self-consciousness and shyness, who are fearful and apprehensive, who are quite unsocial and do not mix with other children, who show unusual depression, who are dreamy and unpractical, or who are apathetic and passive, with little active interest in anything, are not recognized as problems because they give little or no trouble. They are frequently excellent in school work and are models of good behavior. They are nevertheless quite as badly adjusted as the more spectacular group and in need of a training which will get at the root of their difficulties and help them to overcome their unhealthy tendencies.

Two objections to the adding of such a tremendous responsibility to the already overworked school system will come at once to mind. You could never be sure that any given child was destined to become insane, and, after all, only a comparatively small proportion of children in each school are likely to develop a mental disease. The homes and outside agencies and physicians ought to assume care of this number.

The plea for mental hygiene in the public schools is based on something broader than what is implied in these two objections. To reject it on the ground that it is too subtle and too exclusive would be like rejecting physical hygiene because it includes specific complicated diseases affecting comparatively few children. Mental hygiene, after all, includes much more than insanity. If you could not be sure that a single child in a given school would ever develop a mental disease, there would nevertheless be the obligation to give each child as healthy a mind as possible. Insanity in its acute form is only one result of an unhealthy mental development. It is the extreme limit and below that limit there are all degrees of mental disturbance existing in thousands of individuals which may never reach the point of being recognized either as mental or as disease, yet these individuals are doomed to suffer all through life; are forced to lead a crippled existence and are the very ones who would have benefited most by assistance in their school days. There is no one of us so well balanced as not to have been benefited by an educational system which considered mental hygiene a part of its duty.

This next step in mental hygiene, which we must take if prevention of mental disease is going to mean anything, cannot be taken without the cooperation of the school nurse. The school
nurse and the visiting teacher, who often is a nurse as well, are the ones who will have to pave the way for mental hygiene in the school. It is they who must be alert to see in the difficult child referred to them the mental factors as well as the physical conditions which are at the bottom of his maladjustment. We may succeed in supplying mental clinics to be used by the school, but of what use will that be unless mental difficulties are recognized as such and the child brought to the physician? The mental clinic must depend largely on the school nurse and the visiting teacher for its material. If they are blind to mental symptoms the clinic will fail.

You nurses who have at heart the physical well-being of the world, you who are the guardians of the bodily health of the children, it is for you to realize that the health problem is still unsolved as long as mental health remains unprotected. You who have already so many burdens upon your capable shoulders, will have to take on one more responsibility. We are looking to you as the most effective instrument we have to help make mental hygiene a reality in the school and safeguard the children against mental as well as physical disaster.

THE NURSE AND INFECTIOUS DISEASES

By GEORGE W. GOLER, M.D.

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The nurse's training, or so little of it as in part pertains to the care of infectious diseases, has led her to believe—what? Just about the following. If newly-bathed and freshly-dressed she crosses the threshold of the sick-room, where she finds the center of infection, the patient, she adopts a plan of procedure about like this: rugs, window curtains, and all the so-called deadly carriers (?) of infection are removed. The toilet of the patient (and it is to be hoped this includes cleaning the teeth and mouth with brush, swab and dental floss), and the beds are made, the furniture and belongings are wiped off with some favorite smelly disinfectant, a wet sheet is pinned in front of the door, or the door is kept closed, all of the dishes, clothing and toilet utensils of the patient are cared for, and the nurse walks in and out of
the room without cleaning or disinfecting her shoes. Why she should clean or disinfect her shoes I do not know, except that she ought to be as unreasoning and antiquated about such a procedure as she is in the unnecessary and superstitious use of disinfectants in which she has indulged in the attempted care of the patient and his surroundings.

While exercising all of this so-called care, she ever and anon puts her fingers in her mouth and puts her hands to her face, though she does not forget to wash her thermometer, nor finally to wash her hands in some favorite "Buncum" disinfecting solution, or to scald the dishes or wipe off the door handles; and never, no never, does she fail to keep that sheet wet with the disinfectant or to keep the door of the room closed, because of that antiquated fear that the large blue bacilli of diphtheria or the scales of scarlet fever will fly out through the doorway and strike the first passer with the deadly disease.

So she proceeds throughout the illness, attempting to disinfect everything, even following the recommendations contained in the quack literature of the manufacturers of disinfectants, whose sole business it is to sell their wares, to get the medical profession and the nurses to act as their unpaid advertising agents, and to make money thereby. Have you ever seen a nurse dressed in the clean white dress, the picture of neatness and propriety, with a little cap perched on the middle of her head, so as to protect that particular part of the head from flying germs, and with a bottle of Flats Florides descending the cellar steps, lifting the cover of the hot-water pan so as, as she thinks, to disinfect the air of the house by putting a little of the 50-cent mixture into the hot-water pan? How the manufacturers of this polite fraud must laugh at the twentieth century superstition in medicine and nursing, which allows such practices to persist.

And then, when the siege is over, the cleaning is bulwarked by disinfection with some of Faker’s Formaldehyde. And then, again, when she has bathed and washed her hair, not forgetting the disinfectant, she breathes easier, because she feels that her duty has been well and nobly done, even though she may have forgotten to disinfect her shoes. Of course, it may have been really an error to wear shoes. A thoroughly conscientious and painstaking nurse of the disinfecting order, if she is really con-
sistent, ought not to have worn shoes. She might, of course, discard her shoes every time she stepped without the portals of the sick chamber; but what she really ought to have done, is to renounce shoes and stockings, have a pan of favorite disinfecting solution near by, and disinfect her feet every time she leaves the sick room.

When a nurse leaves a hospital what ideas does she carry with her concerning the management of infectious disease? Until very recently, at least, has not her training been such as to teach her that infectious diseases are air-borne? Hasn't she a hazy kind of a notion that disease comes out of the air and that to protect the patient, herself and those about her from disease, it is only necessary to disinfect the air and the belongings of the patient? Is not this to her the whole marrow of infectious disease nursing as she understands it? Hasn't the nurse seen disinfecting go on in the hospital wards and rooms? Hasn't she seen them disinfect the ambulance with some horrible, smelly stuff? Hasn't that sort of thing been her old, old teaching, a teaching musty with age, hoary with tradition, odoriferous of the time of Defoe and the Plague? She has seen her teachers, physicians and nurses don a gown, decorate the head with a cap; and if she is watchful, she may too have seen the hands of the same teacher carried to his face, the fingers carried into the mouth, and she sometimes may have seen that same teacher leave the hospital or the patient without washing his hands.

With all this attempted care of the air, the clothing and things about the patient, the nurse wears a gown and cap and, neglecting to keep the hands away from the face, the fingers out of the mouth, how many times has she or has a group of nurses witnessed cases of secondary infection? And when she has seen them, have they not been traceable to "carriers?" With the exercise of ordinary care in cleanliness, it is even difficult to infect susceptibles.

Does the nurse know that of several thousand experiments to determine whether the germs of diphtheria can be found in the sick room where diphtheria exists, only a very small percentage of cultures have shown the presence of organisms in the dust of the floor, on the walls or even on the bedclothes about the patient's bed? It is the hands, the fingers carrying infection from the mouth, anus or urethra that are largely responsible for the car-
riage of infectious diseases. Even the coughing patient is not able to scatter infection beyond arm's-length, for the striking distance of disease is very short.

The nurse has not been taught, or if she has been so taught she does not stop to think, that the parasitic bacteria which cause infectious diseases do not always readily grow outside the body on artificial media, and if they do not thus easily grow, how much more difficult is it for them to grow or even be kept alive on clothing, hangings, etc. or the outside of the body? Things outside the body are, therefore, little dangerous and require cleanliness, not disinfection. They are no more dangerous to the living, even if they be non-immunes, unless they are carried to the mouth by fingers, in the food, or are breathed in from mouth spray coughed up by the patient. For the same reason those dead from infectious diseases are not dangerous unless the body is handled and the organisms are carried to the mouth by the nurse.

Has the nurse in her training or in her later reading or experience fixed, clear ideas of the general principles of infection and protection in the commoner infectious diseases? For instance does she know that whooping-cough is immediately dangerous to the life of children under one year of age, and that nearly all children can be protected against it, at least for a year or two, by vaccination with pertussis vaccine? Does she know that in whooping-cough the dangers of infection are greatest in the beginning of the disease, and though they may be present even after the whoop ceases, it is the first two or three weeks of the disease when the danger of infection is greatest? But the thing to do for whooping-cough is to keep the child much in the open air. The open-air treatment of whooping-cough is the best treatment known. Washing the child's hands and face and keeping it free from saliva and vomitus, are the best ways to prevent the extension of the disease. Does she know that measles is most dangerous a few days before and three or four days after the appearance of the rash, and that afterward, unless there is muco-purulent discharge from the throat or ears, measles is rarely infectious after the first few days? Does she know that in scarlet fever the rash is but an expression of the disease? The infectious cause of the disease is chiefly in the throat. The scales of scarlet fever have nothing whatever to do with the dissemination of the disease; but as in
measles, throat and ear discharges are responsible for spreading it. Does she know that in diphtheria, where the most susceptible age is between two and five, nearly all new-born babies and most children and adults, fifteen years or over, are immune to diphtheria, because they have circulating in their blood sufficient anti-toxin of their own making to protect them against it? The reason people, chiefly children, get diphtheria, is because they have not enough diphtheria antitoxin in their own bodies to protect them against the disease. To such persons we give diphtheria antitoxin. And here let it be understood that diphtheria antitoxin has no effect upon the germs of the disease. Diphtheria antitoxin is not an antitoxin; it is anti-toxin. It has no effect on the membrane in the throat. It does combine with the toxin or poison excreted by the diphtheria germs, and when given early and in one large and sufficient dose, it prevents the poisonous toxins of the disease from exercising their deadly influence on the body, chiefly on the heart. Given late, and in small doses, it is often of little or no value, because the diphtheria toxins have combined with the tissues. Diphtheria antitoxin can only combine with the free toxin; after the toxin has combined with or become locked in the tissues, diphtheria antitoxin cannot affect it.

The susceptibility of all persons to diphtheria may be tested by what is known as the Schick test. They may be made temporarily immune against the disease by the administration of diphtheria antitoxin, and permanently immune by the injection of toxin-antitoxin mixture. Every nurse who cares for diphtheria owes it to herself, at least, to see that she is tested against diphtheria, and if she is susceptible that she is made immune against the disease. So, too, in typhoid fever, nurses have been attacked by the disease, both because of the dirty habit of putting the fingers in the mouth and also because the nurse has stupidly or foolishly, or both, neglected to be vaccinated against typhoid. Today every patient with typhoid is an example of one who doesn’t know enough to avail himself or herself of the modern practice of protective vaccination against typhoid fever. No patient who today gets typhoid fever should receive compensation or sympathy. To neglect anti-typhoid vaccination today is just as much negligence as going to sea without a compass.
Does the nurse know that pneumonia is an infectious disease? It has been classified into four types by Cole and Dochez of the Rockefeller Institute. For Type 1, causing about one-third of all cases of pneumonia and about one-fourth of all deaths, a new serum has been devised for treatment; but the way to prevent pneumonia is to take care of the general health, to employ a dentist who believes not so much in mechanical dentistry as he does in preserving the teeth; to pay strict attention to the toilet of the mouth, and to wash the hands and keep the fingers out of the mouth.

Does she know that tuberculosis is a social and economic disease rather than a purely medical disease? Large numbers of cases are caused by organisms taken into the body during childhood and released into the lymph streams later in life as a result of a stress or concurrent disease. The same care in cleanliness will serve to prevent tuberculosis, just as it will serve to prevent the other common, infectious diseases; for these infections are carried not by germs on doorknobs, blankets or wall paper, but rather by that reversion to an ancestral characteristic of our ring-tailed ancestors, the nasty habit of putting the fingers into the mouth. For the germs of disease, though numerous, are little things from $\frac{1}{2}$ to $\frac{1}{8}$ of an inch in length, and from the patient to the observer is a long way for such a little thing to spring. You know the story of Mrs. Casey, who lived in a family proud of its ancestry. Asked what line in Ireland she sprang from, she replied: “In the part of Ireland I come from, we spring from no line, we spring at them.” Germs do not spring, they are carried in food and in other ways, on the fingers. I could not help but think of Mrs. Casey when, one recent day, I was not permitted, for even a moment, to enter the operating room of a hospital without a gown because, as the nurse in charge said, “We had so many cases of infection until we got all doctors coming into the room to put on gowns.”

The training of the nurse in infectious disease work has been generally so bad that when nurses come to work for us in the Health Bureau, the first thing we do is to try to get them to cast off all the old notions of infectious disease they have gathered from their former teaching. We try to teach our nurses that if they are to successfully handle infectious diseases, they are to
rely upon vaccination or immunization or both as a protection for themselves, and to protect their patients against others. They are to learn to wash their hands in soap and water without any kind of disinfectant, and they have further to learn to wash their hands and keep their fingers out of their mouths. There is no other way in which the nurse may rid herself of that stupid fear of infectious diseases, which is conceived in ignorance, born in superstition and raised in wilful disregard of known scientific facts.

It is so easy to protect people against most infectious diseases! and if it is thus easy and simple, why should not the nurse with perfect safety go from a case of diphtheria to one of erysipelas or from a case of scarlet fever to the lying-in room? Is there any reason why there should be special maternity nurses, post-natal and pre-natal nurses, whooping-cough, measles and scarlet fever nurses, diphtheria, typhoid and tuberculosis nurses; nurses for pneumonia and nurses for small-pox? Why should not the city be districted, in which a public health or visiting nurse is to work, and why, with these facts before us, should not the nurse do the work in her district, whether it be maternity nursing, infectious disease nursing or ordinary bedside nursing of the child or the invalid? If the nurse were only willing to follow the ordinary rules of cleanliness, much of the overlapping complained of with some justice by our critics, would be largely overcome. New York City says we are being "nursed to death," and Pennsylvania says we are being "inspected to death," and there is some justice in these strictures upon our conduct. I recall the story of a merchant who, with a crowded store, was accosted by a friend with the remark: "My! Business must be good!" "Business?" said he in reply, "this ain't business, this is the mercantile inspector, the gas inspector, the plumbing inspector, the child-labor nurse, the infectious disease nurse, the tuberculosis visitor, etc., etc."

There are today three general kinds of nurses: health nurses, who do no nursing, but who prevent sickness; bedside nurses in the home and hospital, who do nursing; and industrial nurses, who prevent sickness and accident. We are here interested in the health nurse and the bedside nurse, because they have to do with the visitation and care of infectious diseases. I have al-
ready outlined to you a simple plan for the care of infectious diseases. Let me say to you that the basis of this plan is built upon the care and observation of more than 2,000 cases in an infectious disease hospital, where for five years the same nurses have cared for cases of whooping-cough, measles, scarlet fever, diphtheria, gonorrhoea, syphilis, meningitis, poliomyelitis, and these same nurses have frequently had under their care in the same wards, diphtheria, whooping-cough, erysipelas and measles or scarlet fever, and the only precautions against cross-infection have been the wearing of a separate gown for each disease, washing the hands in soap and water and drying them on a paper towel. No disinfectant of any kind has been used, either on the hands, on the clothes, or about the patient or the wards, and the percentage of cross-infections during this period has been less than 2 per cent.

All this work teaches that, if she is to succeed, the nurse of today must introduce into her work present day intelligence and efficiency, not antiquated conjecture and superstition.

THE PREVENTION OF DISEASES OF INFANTS AND CHILDREN

By ELLEN C. BABBIT

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EDUCATIONAL OBLIGATIONS

By LAURA R. LOGAN, R.N.

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It has been assigned to me to discuss educational obligations in the light of some modern demands made upon the graduate nurse. The subject is not new: only last year we heard Miss Nutting’s paper on the ideal training school, and the problem has been presented at our state and national meetings under such captions as The Training School’s Responsibility in Public Health Nursing Education, What is the Training School’s Duty in Preparing Nurses for the Public Health Field, for Institutional Work?
More than once, as today, have the needs of the several fields been clearly presented; more than once have sound constructive outlines been given. Much good ground has been gained, and yet to so great an extent do our outworn methods of education persist in the rank and file of schools of nursing today that a re-presentation of ideals in training school work is a periodic necessity. Moreover, each time we come together for discussion we increase the chances for the breadth and wisdom of our tentative and final solution.

It is obvious, therefore, that we need to remind ourselves again of our obligations as nurse educators, to remind ourselves yet again of the needs of the situation, of what is new in the educational methods in other professions than nursing, and to reconsider and evaluate the methods of reform, which from time to time are being advocated and tried out in our field. It is possible that we may find new arguments, or be able to suggest new methods, or that the presentation from a new angle, as well as the repetition, may impel us to greater action.

The modern demands upon the graduate nurse, as outlined this morning, speak forcefully of the community need of her. The mental hygiene movement alone, with its prophylactic and after-care divisions will distribute to the nursing profession more of work to be done than it is at present prepared to handle, unless we find some way to amplify and readjust our present undergraduate training. Much as we might desire to have it otherwise, and much as we may advocate post-graduate study, it remains the tendency of the average student, in our own, as in other fields, to discontinue school as soon as the point of economic efficiency is reached, and where, as in the public health field, the demand so greatly exceeds the supply, the situation itself augments this tendency. We may as well, indeed we must, face the fact that an increasing proportion of our graduates are entering the public health field and that the majority of them will do so with only such preparation as we are able to give in our undergraduate schools. Since then, we must prepare large numbers of nurses for the work in public health fields, must we not somehow definitely select for their study subjects which will prepare for such work?
Dr. Winslow, of Yale, outlines the situation by saying that the nurse must understand thoroughly the general fundamental laws of hygiene and sanitation, which means the mastery of the principles of physiology and bacteriology and must have a minute grasp of their special applications in the field of her own work, whether it be school nursing, tuberculosis nursing, infant hygiene or mental hygiene. She must be equipped with a knowledge of the economic conditions and the sociological principle which intimately touch her at a hundred different points.

So many social ills, poverty, crime, insanity, have their roots in physical limitations and ills, and so many physical ills can be understood and controlled only with an understanding of industrial and social mal-adaptations in which they so often have their roots, that real control of either social ills or physical ills involves an understanding both of modern social and economic problems and of the principles underlying the prevention, the control and the care of disease.

In attacking the problem of the reconstruction of the curriculum, I am convinced that our most vital obligation is to foster and further the desire on the part of so many of our training schools to deserve and command recognition as educational institutions. Perhaps the most vital of our obligations is concerted effort to convince educators, educational systems and the general public that for the community’s own welfare, it is as imperative that it set aside funds and provide proper facilities for the education and the training of nurses as it is that funds be set aside and provision be made for the preparation of agriculturalists, engineers, librarians, teachers, dentists or physicians for public and professional usefulness. Certainly, without such recognition and without such provision, the work of the nurse, and more especially the public health nurse, will remain handicapped and unequal to the demands made upon her, and the community health continues the sufferer.

Since the leaders in nursing education first pointed the way, the development of the Department of Nursing and Health at Teachers College, Columbia University, has been steadily distributing the leaven of adequate educational method throughout the country, through its students, its publications and the force of its example. No small part of the work of laying the broad foun-
Educational obligations for educational opportunity is likewise being done by those nurses who are fighting for minimum educational standards in state registration. During such engagements, the needs, aims and the social value of nurse education become more generally disseminated and more of the general public begin to see the shortsightedness of a policy which makes the training of the nurse subserve always the immediate needs of the hospital. As yet there is only a slight tendency among people at large to look upon training schools for nurses as educational institutions, responsible for the preparation of professional members of society, concerned with the health and welfare of the community.

One of our first real obligations then, is that of getting behind our own educational movement in more ways than at present. We should council, more generally, with educators, and with ourselves, urging that students in secondary schools who intend later entering training schools, be recommended to select those subjects which, like chemistry and biology, are most essential as foundations for nursing work. The cooperation of the National Educational Association may be further enlisted and papers relating to nursing and health education may be read more frequently at their gatherings. Membership in their organization should be sought wherever possible. The interest of the socially minded public should be enlisted through every avenue, and correct information concerning the field be widely disseminated. We should strive to overcome the prejudices and misunderstanding which so frequently lead to parental objection and prevent the enthusiastic young woman entering training. The League of Nursing Education of Cincinnati has begun such a campaign by an appeal to the Woman's City Club concerning state legislation affecting educational requirement and by a series of talks to the Mothers' Clubs of the city. The response has been decidedly encouraging and we find these bodies of women eager for the facts regarding the problems and needs in the training and education of nurses, and for an understanding of the vocational opportunities in the field of nursing. Much can be done by the private nurse, not only in the good care of her patients, but by the judicious use of opportunities to speak convincingly of the needs of the profession, of the scope and social importance of nursing work and of need of funds and educational emancipation.
In attacking the obligation to reconstruct our curriculum to meet social needs, we have one decided advantage over the average educational institution in that our theory and practice are motivated and worked out in connection with real and immediate problems. In the main, we have come along the right road in our method of education; the difficulty is that we have all along been unable to give enough of theory and that our methods of administration and our curricula have not broadened or changed rapidly enough to meet the increase in the social scope and the social importance of our profession as it reveals itself in the modern demands made upon the nurse. If we but incorporate into our undergraduate training the larger social implications of our technical work and broaden out the scope of our work to include a knowledge of disease prevention and health promotion as well as nursing care, we shall have an educational scheme which is inferior to none and superior to many in pragmatic value.

An adequate fulfillment of our obligations requires teachers whose training has been such that they are real educators. It requires women capable of administering the details of our curriculum, holding fast to all that is good of yesterday's method and with a clear vision of the purpose and needs of today always before them. It requires someone who is willing to secure adequate equipment for the most part through tribulation and fasting, and whose chief reward is the emancipation of her students who find themselves earlier and become conscious of the extras as well as the intra-mural meaning of their training.

Any adequate program necessitates the greatest care in the utilization of the time devoted to practical experience in the technique of surgical, medical and other essential branches of nursing. It necessitates no waste in the repetition of technique beyond the point of sufficient skill; it involves the elimination of indefinite repetition of bed-making, serving of trays and dusting, which, in the main, should be the work of an attendant. Wherever real conservation of the student's time can be accomplished, one can still hold fast to all that has proven of value in the way of orthodox training in technique and still have time to give the student well-systematized academic courses in the sciences which underlie her profession and which bring her consciousness of the relation of nursing to modern social problems. We must recognize that
more than a reasonable degree of technical skill is in itself special-
ization and that mere mechanical technique and skill are of little
avail if its possessor remain unconscious of its significance to the
needs of existing community life when she is called upon to apply
it therein.

When undertaking the establishment, in a properly adminis-
tered school, of adequate facilities for education, the university
should be kept in mind as the setting in which our educational
plans and obligations probably may best be realized with the least
expenditure and with the largest benefit to the student. In the
university and college, it would seem that reconstruction of the
curriculum can be best accomplished and, under certain circum-
stances, in the normal school. Once the university comes to see
the educational needs of the nurse and to feel its obligation to the
community to meet the same, it is not so long a step to the reali-
zation of a centralized school for all the hospitals in the district.
Such a system would indeed be a boon to the superintendent of
the small training school, who is struggling with the dual load
of hospital administration and the education of her students.

It may be helpful to outline for discussion a plan providing for
the reconstruction of the curriculum and its method of administra-
tion, which for better or for worse is being worked out by a city,
through its university, in conjunction with its municipal hospital,
whose School of Nursing and Health has been taken over as a de-
partment in the University Medical College. The School, under
the new conditions, in now only a year old, and is suffering most
of the trials of that age. On the whole, the plan is proving work-
able and if it continues to be successful, is one which well might
be adaptable for use in connection with state, as well as privately
endowed, colleges and hospitals. Briefly stated, the plan provides
that all students entering the School of Nursing matriculate in
the University with the same entrance requirements as those of
any other department. The three years' nursing course has been
so organized that at its satisfactory completion the University
grants the usual diploma of graduate nurse and gives, in addition,
two years of credit toward the degree of Bachelor of Science.
If the student wishes to obtain the degree of Bachelor of Science,
she may take the two additional academic years in the College
of Liberal Arts, either before or after the professional course in
nursing. The course proposed for these additional years provides a wide range of election, making it possible to adjust the students' program to pre- or post-nursing needs. The required subjects, as they stand today, are: chemistry, zoölogy, economics, English, hygiene and physical education, leaving twenty-four electives. The student will be advised to elect generally from social sciences, child and educational psychology, biology, chemistry and modern languages.

The professional course begins with the introduction of the student to the hospital wards very early, in fact, just as soon as she has been taught bed making and the simple beginnings of personal and ward hygiene. She begins her practice in the midst of conditions among which she desires to become efficient, and while she is becoming oriented to the atmosphere of the hospital and is coming in contact with the realities of nursing work, her enthusiasm is utilized to bring about skill in simple bedside care and the more mechanical drill, just as an attendant might be taught. During this period, in addition to hygiene and elementary nursing, she is instructed in ethics and the etiquette of nursing, in elements of cookery, and is given some introductory lectures in anatomy. This arrangement is, furthermore, the most economical one, for it affords a working basis to guide one in the early elimination from the course of the unfit, before a large amount of time and money have been expended in giving academic work to a candidate who may later prove unable or unfit to make the adjustment to the actual work of nursing, or whose chances for success in the more skilled and professional care of the patient are slight. In case the candidate proves unfit to continue the nursing course, there is no loss to the hospital nor to herself, for we may have produced a firstrate attendant or, failing this, the training has at least sent the student back to the community with a better knowledge of hygiene.

When the students have reached some fairly definite idea of the nursing problem, and those best qualified for its actual work have been discovered, the plan next provides that they shall be released from ward work and be given one semester, or four months, of academic work. It is possible to give the student at this time, systematic, well-rounded, academic courses worthy of University credit, because the student is giving her full attention
to theoretical work and is not studying on a small margin of strength. She has time to use references, to write papers, to organize and develop material in connection with class work. The subjects given in this first period of study are: chemistry, anatomy and physiology, and materia medica. Classes and clinics in medical and surgical nursing are introduced during this first semester of study and the scheme provides for one-half day Sunday relief, so that the continuity of the student’s development in the field of the immediate problems of nursing is preserved and her study continuously motivated. A second study period is given in the second semester of the Junior year of the professional course. In the present scheme this provides instruction in sociology, public health nursing, psychology, bacteriology and hygiene, and materia medica, as well as a more advanced course in dietetics. The latter course takes account of budgets of families of the poor as well as the preparing of special diets.

The months of hospital practice intervening between these periods of study include not more than four lectures per week. A moderate amount of collateral reading is involved in these lectures which serve chiefly as a guide in giving the student a better understanding of her cases, and the point of view of the various instructing physicians. These lectures include pathology, mental and nervous diseases, contagious diseases, pediatrics, public health, etc. The community aspect of each disease is considered.

As stated above, every day of the practical training is weighed and measured. The distribution of this training in the services is: Medical wards, 3 months; surgical wards, 3 months; children’s wards, 3 months; orthopedic wards and gymnasium, 1 month; admitting and social service and out-patient department, 1 month; gynecological department, 1 month; operating department, 1½ months; obstetrical wards, 2 months; psychopathic and neurological wards, 2 months; eye, ear, nose and throat wards, 1 month; contagious wards, 2 months; elective, 4 months constituting out-patient and field practice in public health nursing, or out-patient and private wards, or administration, or special branches of nursing.

Finally, the scheme assumes that after such an expenditure of two years and eight months of training, the student is in a position to profit by a wise selection of practice and study for the
last four months of her training, either in public health nursing work or in hospital administration, private duty, or any other branch of nursing in which she feels inclined to specialize. Such a course would certainly put the average woman who graduates into better condition for public health work and by judicious arrangement of time, as stated above, it is the hope that nothing of fundamental value in nursing technique need be omitted.

The general operation of such a plan would require the cooperation of state and privately-owned universities with hospitals. It would require a larger registration of students in the nursing schools, in order that half of each class may be at work in the University while the other half is carrying on the practical work in the hospital. Schools having to make additional affiliations for practice in any special branch of nursing will need to provide still additional nurses, or workers. On the other hand, the plan itself will bring more students, for if society does need the worker with a nurse’s training and a fairly broad social outlook and understanding, then, as positions open, young women will begin to avail themselves of a training which definitely prepares for such work. We shall not then be wanting in sufficient numbers of students which is, after all, one of the greatest drawbacks to many schools in living up to their educational obligations to their students.

The plan described above is being carried out on a co-operative basis, as in the College of Engineering in the same University, and permits the student to pay with her actual services to the city sick in the hospital for her professional and university training. Elsewhere, even if the hospital which the student serves remains unable or unwilling to pay the full cost of her training to the University, the time ought not to be long when our educational institutions will make ready to assume as much responsibility for the education of the nurse as for the education of the teacher.
ADMINISTRATIVE AND LEGISLATIVE PROBLEMS IN MEETING MODERN DEMANDS ON THE GRADUATE NURSE

By ANNA C. JAMMÉ, R.N.

When I commenced to consider this subject from various angles, it began to appear to me as a large contract and seemed to embrace even "the law and the prophets" of nursing, almost in fact the entire argument for our professional existence. However, I have entered into it and while it would be impossible to cover the many ramifications into which consideration of this highly important and timely topic will lead, I have attempted, at least, to touch upon some fundamental considerations and even to suggest what may be possible from the administrative side.

In this problem of meeting demands of modern society, both from the educational and practical standpoint, ours is not an isolated position but parallels what is today before general educators. Like them we must admit that there is a rapidly changing order in our social economy which is transposing social organization and producing its influence on education in general, even including nursing education. Mr. David Snedden, in the opening chapter of his book Problems of Educational Readjustment affirms that there is a new education in the same sense that there is a new industrial order, a new practice of medicine, and a new philanthropy, which owes its origin to the development of scientific knowledge and to the spread of democratic ideals. Science has revolutionized nursing as it has revolutionized medicine or agriculture or warfare, and is bringing with it a new education which requires readjustment.

Hitherto, nursing has rested on a foundation built upon the theory of cure rather than upon the theory of prevention of disease; largely the scheme for the training and education of the nurse has prepared her for bedside work and nursing in the home after her graduation. Although this ideal cannot now, nor probably ever will be entirely abandoned, for the nurse’s function in the actual care of the sick at the bedside can never be withheld even in changing modern sociological conditions, yet sufficient progress has been made in the evolution of nursing to convince nearly all careful students of the demand for a more purposeful, a more com-
prehensive, and if I may say, a more efficient system of preparing our student nurses in our undergraduate schools. Forces outside the field of the training school are compelling its reconstruction both in the aim and in the methods of teaching.

As for a basic administrative consideration, this is doubtless concerned primarily with the educational program to be carried out in our schools of nursing. The readjustment of the curriculum giving arrangement that will find place in the latter part of the third year for the study of sociological and community problems may be a primary consideration. The scope of nursing education will, to a certain extent, have to be defined in terms of social economy and will have to embrace studies and practices which will deal with the practical problems of reducing suffering and waste of human life, and also the conditions which give rise to disease and moral delinquency.

Initiation of this idea has already been made, as has been demonstrated in certain cities, where the nurses of the senior classes have cooperated for the purpose of instruction in subjects relating especially to community welfare. It cannot be said that in any one of these courses sufficient insight has been given to prepare a nurse to actually practice a specialty, but they have served the purpose of opening the vision of the students and showing how the work of the training school should be linked with the work in the community. If the student never enters into post-graduate study, she is made richer in measure than if she never had had this instruction. This has been an important step in socializing our schools, also in tending toward uniformity of ideals amongst students and it foreshadows greater developments as our educational vision enlarges. Heretofore the curriculum has been rigid and the student has had a limited power of selection or none. Opportunity to show initiative or self-direction has not been her privilege. Granted that her vision should be faulty and her election not what she eventually follows, does she not gain in the very fact of exercising her power of initiative? We should, in my opinion, consider making the curriculum of the last six months of the course sufficiently flexible to fit the needs of different groups of students who will have sufficient purpose in their training to desire some special instruction in subjects that will aid them in meeting the various requirements that will come after graduation.
I do not wish the idea of election in the third year to be confused with the idea of specialization. I consider that a specialty can only be taught in a graduate school, while an elective can be made part of an undergraduate course in the same sense that agriculture, domestic science or art, is a part of the high school course. The value of practical experience in elective work can be measured solely by the methods of administration including the supervision accorded. It would be but another form of exploitation of the student nurse, were she allowed to give any degree of service without educational value received. Practical elective work, whether in the hospital or outside the hospital or with an affiliating organization, should be considered as part of the course and as such should be approved and inspected by a Board of Nurse Examiners before such affiliation is arranged.

I believe we should approach the matter of practical elective work very cautiously and should not encourage it outside the hospital, until proper provision can be made to place the student under constant supervision. It will necessarily cause an added expense to the training school, as it deprives the school of the services of the student and necessitates replacing her in the staff of nurses. There is also the question of the student's car fare and possibly her lunch. It should be an added expense to an outside organization rather than the benefit of another worker, for it takes the time of the supervising or clinic nurse to instruct the student; and it is an expense to the student herself for it requires her to provide a suitable uniform.

Actual experience in elective work may be obtained either in the hospital with which the school is connected, in an affiliated hospital, or in the community itself. In the hospital, the familiar forms which we have known are head nurse duty or assistant's work, or special operating-room work. These may not have been considered as elective courses, but even as a non-elective, they have contributed to the value of the training from the standpoint of added experience for the student.

Practical experience in an affiliated hospital is also not new, it has been practiced in progressive schools for at least two decades and made compulsory by State Boards of Nurse Examiners in order to supplement actual deficiencies in the home school. Elective work in affiliating hospitals is a different proposition and means a
voluntary agreement on the part of the home school to relinquish the student for a specified time, we will say from four to six months, and is solely for the benefit of the student; as for example, where the student from a general hospital is sent to a state hospital for the insane for the purpose of experience of mental nursing. In these cases the degree and range of instruction and practice should be definitely specified and credit given. In the state with which I am most familiar, California, an affiliation is not arranged until the Bureau of Examination and Registration of Nurses has been consulted and the details of instruction arranged.

In the various branches of public health work which may include social service in the hospital, the same precaution will necessarily have to be carried out, otherwise, again, the nurse may become the victim of exploitation. The detail of the method of carrying out successfully a practical elective course in public health work or community nursing will, of necessity, have to be adapted to the given community. Coöperation with organizations seems to be at present the most feasible means of doing this work. The value of the work, from an educational standpoint, will depend entirely on the standing of the organization concerned. This should come under the sanction and surveillance of the Board of Examiners and where there is an inspector of training schools, it should be part of her duty to make routine inspection, where affiliating work is carried on.

A form of administration for carrying on practical elective work in public health nursing may be possible in communities where a group of hospitals is located, and by coöperation of these hospitals an instructor may be engaged who would take charge of the course and supervise the practical work. I believe it is not possible in an undergraduate course, necessarily limited, that the student should take any definite responsibility of patient, or clinics; she can be merely considered as an observer, or assistant. In small communities supervision may more easily be given from the training school. In the beginning of the work in California, senior nurses were taken on field trips to various welfare centers, such as milk stations, model dairies, cold storage plants, and other public or municipal works, also to state hospitals within range of the school.

The question of elective work may not properly belong here, only
in that it may bring nearer the solution of the problem as to how the individual graduate nurse shall be prepared to meet increasing demands and how to utilize practically in the community the knowledge she has gained in her hospital.

Concerning graduate study, our imagination naturally turns to the courses now offered in our various centers which are contributing very materially to enabling the graduate nurse to meet the demands placed upon her. Many nurses are able to take advantage of these opportunities but a larger number by far are not within reach of those centers, or may not be able, for various reasons, to take advantage of this study. But there are other means. Large or small groups of nurses, either in large centers, or in our small towns, or even rural sections, may organize for a course of instruction in sociology, civics, history and development of nursing and other subjects allied to their work. Nurses should enter into meetings and gatherings where they come in contact with the live issues of the day and the social and political spirit of the community. Too long, nurses have felt themselves so entirely absorbed in their work that it placed them apart from others; too long they have held back from mingling with other workers and taking their part in civic affairs. The training school may assume some blame for this if we can credit the evidence of young graduates who have no knowledge of the most intimate municipal, state, or national conditions bearing directly on their professional work.

Graduate study to be of any value and give results should be organized and properly directed. Until we can be thoroughly imbued with the thought that only by eternal working over and renewing of the knowledge we already possess will we be able to keep the pace with social and economic changes and maintain our place in the social group. A sympathetic understanding of people and their needs can only be obtained by studying people, and therefore post graduate study should be along the lines of sociology, political economy, and general community problems. Opportunity for this is not lacking in any part of our country. There are the university and university extension courses, and the university summer sessions; there are the high schools, the civic clubs and teachers' institutes. Again there is literature in abundance if one knows how to find it and how to use it; the cur-
rent periodical, the daily press serve an inexhaustible purpose in keeping us informed as to public sentiment on civic and national questions in which the work of the nurse is often very intimately involved.

You may agree with me that the most important step in educational administration that will fit us to meet the situation as it exists today is that we should have first a standardization of entrance requirements of schools of nursing in the United States. Second, a reorganization of the curriculum. Third, that a pupil should be given the opportunity of selection in the latter part of the third year. Fourth, that there be the continued encouragement of graduate study both within post graduate institutions and by means of extension courses. In addition there should be a greater development of educational and professional patriotism,—educational patriotism on the part of schools of nursing in their attitude toward the student nurse and to the objects of her studentship, professional patriotism in the regard of the student for the integrity of her profession and a personal sense of responsibility for her work in the school.

There may be raised in this discussion a far-reaching problem, to which I have given no attention, namely, the attitude of the people of the community toward the training school within its confines. The public is making its demands upon the graduate nurse, but is the public concerning itself with the preparation of the nurse in order that she may be able to answer its needs? It is very evident that the interests of the community will be better served when there exists a cordial understanding between the people and the school of nursing and when this school shall bear a definite relation to the general school system in the community.

As for the problems of legislation, here again are problems which parallel those of other educators, for who of us that have listened to debates in legislative rooms on general education bills have not been impressed with the similarity of our own position in this question. Standards of education, in no matter what line, must be clear-cut and decisive, before we can impress a legislative body with the need for protective or enforcing measures. Therefore comes the necessity that we should understand ourselves perfectly and bring to this understanding the combined wisdom of all our activities.
We have obtained our first trench in legislative work and now we must follow it up as well as guard it. We have established laws in forty-five states, which is but a beginning. Our next step is very apparent, that of stating in definite form what shall constitute a minimum standard of education in all schools of nursing in the United States and of placing upon this standard the stamp of our approval as a national organization. Legislation would undoubtedly be made far easier for a legislative committee were it reinforced by such a standard requirement.

Suitable legislation pertaining to nursing education is imperative, but suitable legislation pertaining to graduate nurses' work and to the work of attendants is likewise important and one in which we should now find ourselves actively concerned. I speak of tuberculosis, child welfare and especially of school inspection legislation. Now that we have gone so far we cannot afford to ignore all acts of legislators where our work as nurses is so intimately associated. We must unite in our organizations to see that the utmost vigilance is obtained and be ready for the call to arms when adverse measures concerning public health welfare are threatening.

Suitable legislation which will provide for preliminary entrance requirements to schools of nursing will assist in great measure in enabling us to properly prepare the future graduate in our schools to meet the demand that is placed upon her by the public. In this work the public must take its share if it is to reap the benefits and become the recipient of skilled nursing service. Therefore, there must be a strengthening of our educational forces and we must get public opinion formed and focused in such measure that suitable legislation will be more easily obtained and enforced to the bringing about of satisfactory results to the workers and to the people whom they serve.

Friday Afternoon, April 27, 1917, Joint Session

Miss Mary Wheeler, Superintendent Illinois Training School for Nurses, Presiding.

Topic: The Problem of the Small Hospital.

The Chairman: When we think of the human family we think of it as beginning with the infant, and then growing to the child,
then to the youth, then to the adult, and this division is as a distinction made on a standard of years and not on a standard of accomplishment. In regard to the institutions we also divide their growth, but we divide them into small and large institutions; this is not necessarily a standard of years, nor of accomplishment, but a standard as we have it in our mind of the total number of patients in these hospitals, and the general work they are doing. Yet when a small hospital becomes a large hospital we can hardly say the small hospital desires to be considered because of that, for the large institution like the small has its own individual problems. When we come to the basis of it all we have definite problems—the financial problem, the political problem, the administrative problem, and the educational problem. And I think we are all here to study some of these problems in order to see if we can find some sort of prescription that we can take home that will fit the weak spot in our own institutions as we know them.

Miss Marie Brown, Superintendent of Nurses, St. Luke’s Hospital, Bethlehem, Pa., will give us something about the administrative problem.

PROBLEMS OF THE SMALL HOSPITAL

By MARIE C. BROWN

As a graduate of a small hospital, having worked in several in different parts of the country, having held the position of superintendent in one of ninety beds, for three years, I feel that I can speak on this subject so far as it is covered by my own experience. The questions which I think need most discussion, given in the order of their importance, are: Administration, Efficiency of Management, the Training School.

In the Administrative Problem we have a subject that has been discussed repeatedly at these most helpful meetings, and, yet, we come again this year with many of its aspects unsolved. We can only reiterate and enumerate once more the several points that puzzle us in the small hospital administration, and so hope to obtain new solutions through present discussion. The chief, and, to my mind, the first of these is how to obtain the perfect coöpera-
tion of the community at large. How can the public be brought to a realization that the lasting, ultimate success of the institution depends on the end-result of each case treated, that this result depends on the good equipment in each department, wards, laboratories, offices, laundry, kitchen and on housing conditions; on an equipment that will be time and labor-saving and, consequently, strength-saving for those employed? that destroys quickly all source of infection or pollution, that this, in turn, by the elimination of all unnecessary expenditure of mental and physical force, increases the efficiency of the medical and nursing staff and thus makes for the quick, complete and permanent recovery of the patient? How can the public be made to understand that a hospital can only be made to pay when it is so organized and run that it is of the greatest service to the community; and that this, again, is shown by the end-results, rather than by the many cases passing through its departments? How can we best use the forces of education contained in the small hospital for the instruction of the community, the training school, the nursing staff, the graduate nurses, and the medical profession by post-graduate work in its clinics?

Quoting Miss Dock, "Coöperation, not competition," how best to obtain this is the real summing up of the whole problem. How may we best interest the auxiliaries and aid them in teaching the value of social service work in all its various branches? How may we best inculcate in the minds and hearts of the nurses in training the sense of responsibility in helping to educate the community in which they live and so send out at graduation serious-minded and responsible women who, by daily contact with those about them, will exert a real influence in this so-needed propaganda?

Efficiency of Management.—Under this head we should consider:

(1) How best the treatment of the charity patients may be placed on an ideal and, at the same time, a practical basis and whether this may be attained most successfully through the affidavit system, which means working from the viewpoint of justice rather than sentiment. The statement has been made that nine charity cases to every fifty beds in the hospital is the ideal as well as the successful financial ratio, but where two-thirds of all cases handled are charity, what then?
(2) Whether, in hospitals where the proportion of charity cases is very large, there are other means of increasing the support, beyond making the institution popular with all classes through its high standard of medical staff and nursing and the aforesaid education of the world at large; the attractiveness of the private rooms and pavilions, and by creating in the out-going patients a sense of interest in the well-being of the hospital that has aided them to health and a desire to work for its welfare. This is a subject on which I would ask especial help and discussion, as it comes home to us in our immediate work very closely.

(3) How best we may guard against waste and use all by-products, such as dressings not too badly soiled, for second use after sterilization; garbage, both for the fertilization of gardens where these exist, and for the maintenance of fowls, thus bringing in a return in eggs and some poultry, in place of a dead loss; how we may find the best market for accumulated junk, old scrap iron, furniture beyond repair, out-of-date apparatus, etc.; how we may use old linens, bandages, selvages, ravelings, etc., and the most practical disposition of these, whether to factories for making paper, or to mills in the use of making rugs. Under this head, also, might come the disposition of magazines, papers, wrappings, etc., a surprising accumulation of which are found weekly even in small hospitals. No doubt in addition to the heads I have given, we shall find other sources of waste that will be brought up in this discussion by those present.

The Training School, in a nutshell, Cherche la femme, how may we show that the high standard of the training school, and hence of the hospital, depends on the direct supervision of a capable conscientious head, aided by a sufficient number of loyal, industrious and enthusiastic assistants, working with an efficient staff? The burden upon the superintendent in the small hospital is a heavy one, feeling as she needs must, a personal interest in every nurse, that she may be fully equipped to compete with those trained in larger schools, for advanced methods require much additional teaching, and the obtaining of the needed assistants and teachers is most difficult. This is due, no doubt, largely, to the fact that they can seldom specialize, but must be adaptable and are required to fit into any place in the institution where most needed. It is also almost impossible to obtain inspiring
speakers, however fully equipped with the knowledge they would impart.

How may we show that the efficiency of the training school depends almost equally on the attitude and sense of responsibility of the pupils? How best impress upon them that while the superintendent of the small hospital, from the very fact that it is small, can give to them much supervision and teaching personally, yet, if this is not followed up by the pupil with sufficient interest to supplement from text-books and the elaboration from notes (thus fixing thoughts obtained from lectures, and incorporating them in their daily work and observation) then the efforts of the superintendent become, in result, merely sketchy and neither lasting in effect nor fully understood? In the small training school much time can be spent in the development of the pupil's character, an advantage of individual influence in each case, which is not and cannot be true in large institutions, where the class work must become more or less mechanical. But, after all, is not our greatest problem how to instill the spirit of service, of enthusiasm and a desire for knowledge combined with efficiency?

As a last aspect of this matter of the training of nurses, I take up the question of recreation, a hard one when the hospital is located in the small town, without the advantages of the large public library, the Young Women's Christian Association and other means of leaving for a while the atmosphere of hospital work and the talk of shop. What can be done to broaden the lives of these young women, so that when the training as a nurse is finished, they may have gained that most valuable asset, the ability to find many interests in the world about them, and in so doing, add to the work to which they have devoted themselves the gift of a developed personality? Is not here, again, an opportunity to call upon the community to realize that they have an opportunity? The gift of victrolas, pianos, magazines, tennis courts and the making it possible for these women to be eligible to the woman's clubs are certainly aids in this matter.

The Chairman: There are two special rewards for executive workers: the first is to see that the patient under our care gets well, and the second is to take the unformed, undeveloped young woman as she comes into the School, and see her grow and become
a keen, alert, unselfish woman, ready to carry the responsibility we wish to place upon her. This vocational problem will be presented by Miss Claribel Wheeler, of Mt. Sinai Hospital, Cleveland, Ohio.

THE EDUCATIONAL PROBLEM OF THE SMALL HOSPITAL

By CLARIBEL WHEELER

Mt. Sinai Hospital, Cleveland, Ohio

The education of the student nurse in the small hospital school of nursing is one of the most serious problems confronting nurse educators today. The harassed principals of these schools are crying out to be relieved of a burden which is fast becoming too heavy to bear. How long are we to countenance the present system which is so taxing the health of our student nurses? Is there no way in which pupils from both large and small hospitals may receive their theoretical training together, and before they take their practical work?

Before discussing the needs of the small hospital school, I should like to bring to your attention a few facts concerning small hospitals conducting nurse training schools. In 1911, Miss Nutting reported 1,048 hospitals in the United States (not including hospitals for the treatment of nervous and mental diseases), which were maintaining schools of nursing. Of the 1,048 reported, 181 were hospitals of fifty to sixty beds, 335 were hospitals of less than fifty beds, 48 of the last group being hospitals of less than twenty beds. This shows 50 per cent of our schools of nursing connected with hospitals of sixty beds and less. The small hospital is not confined to any particular locality, but is found in all parts of the United States. Registration laws have, of course, as shown in Miss Wheeler’s report of 1916, diminished the number of small hospitals conducting training schools.

The small hospital is a factor which cannot be ignored. It meets a definite need in the community, and has without question come to stay. Its patients must receive nursing care. It is impossible, as well as inadvisable, to send all sick people to large hospitals. The large city institutions are already over-crowded,
besides the small hospital offers many advantages to the patient which the large hospital cannot give. The pupil trained in the small hospital receives closer supervision and is more likely to be particular about minor details and to be much more human than the pupil from the larger hospital. As the small hospital can contribute some things which the large one cannot give, is it not advisable that there be cooperation between the city and the country, between the large hospital and the small hospital, so that the same professional education may be given to pupils from both?

Let us look for a moment at the school connected with a small hospital. The sole purpose in establishing such a school is to provide nursing care for the patients at the least possible expense to the hospital. Some of these hospitals are fortunate in having a board of trustees or a training school committee whose members are interested in the school as a school, and are willing to provide instructors and facilities for proper teaching of pupil nurses. Often these schools are not so fortunate, and there is little provision for the theoretical education of the nurse. The superintendent of the hospital is often principal of the school, the burden of much of the teaching falling upon her, with perhaps the help of an assistant, who usually teaches the practical work. She is often dependent upon her kind-hearted medical staff for lectures and class work. This is unsatisfactory, not because of any unwillingness on the part of these men who give their services, but on account of the uncertainty as to their time. In many of these schools there is a deplorable lack of class rooms, demonstration rooms, and laboratories, and frequently no space for providing them.

It is very difficult at the present time to secure trained instructors for the large schools, to say nothing of procuring them for the smaller ones. If we are to standardize our schools, is it not highly important that only women especially trained should be considered qualified to teach student nurses?

Affiliation has been held out as a means of settling some of these difficulties. The advantages of affiliation cannot be overestimated. The affiliation of a small country school with a large city school is an excellent thing for the student nurse. It not only rounds out her practical experience as nothing else can do but it broadens her view point as well. I am not so sure, how-
ever, that it would not be just as advantageous for the student from the large school to have a period of training in a small hospital. Is it not true that the greatest advantage of affiliation is in the opportunity it provides for practical experience? Does it not in many instances give great opportunity for theoretical work? Is it not a fact that the pupil is often seriously handicapped by having to leave her home school in the midst of her class work to go to the affiliated school for special training? This is especially true when the two schools are not in the same city, as is often the case. We cannot truly say, therefore, that affiliation does solve the educational problem for the small schools.

Let us consider the possibility of a central school. I think the central school has been in our minds for a long time, but we have thought of it in a vague sort of way as something very far in the future. I see it now as something near at hand. We have thought of it, usually, as being connected with a hospital. I see it as entirely separate from any hospital. The hospital has always been first in our vision. May I ask, does the young man entering medical college think first of the hospital where he is to receive his internship? No, his first consideration is of the best medical school that he can possibly find.

Let us then put aside the thought of the hospital, and consider a central school for nurse students. If we are to be a profession, then our schools should take their place with other professional schools, that is, connected, with universities throughout the country. The dentists, pharmacists, engineers and other professions are there. Are we asking too much to be placed there also? The nursing profession has grown from a great, human, social, and economic need. It has not been created by either hospital authorities or the medical profession. It seems to me that it has reached the period in its growth when it is able to stand upon its own feet.

Central university schools will undoubtedly solve this very difficult problem of theoretical training for both large and small hospitals. Some of the advantages of such a system are as follows: (1) It would provide a uniform system of education for all schools of nursing. (2) It would appeal to the kind of young women who are qualified to become professional nurses, as it will place the nursing profession on the plane with other professions.
It will also appeal to them more than our present system because long hours of study will not be combined with long hours of physical work. This is one of the greatest objections that intelligent young women have to our schools, and one of the best reasons why more do not enter the profession. (4) It would provide teaching facilities, such as class rooms, laboratories, libraries, etc., which could not be obtained in any other way. (5) The qualified professional instructor would take the place of the non-professional instructor of our present system. (6) It would make hospitals, laboratories where the student nurse would receive her practical training. This could be taken in small hospitals and in special hospitals as well as in large hospitals. (7) State registration would not be as difficult under this system. (8) Central university schools would be able to give post-graduate work, similar to that now given at Teachers College, for students wishing to specialize in certain branches of work. It would be presumptuous to say that in establishing central schools of nursing there would not be many difficulties to meet, many obstacles to overcome, many problems to solve. One of the first questions to be raised would be: "How are we to nurse our patients in the hospitals?" First, by employing graduate nurses as head nurses, private floor nurses, night nurses, etc. Second, by the use of the ward helper, trained attendant, or whatever she is to be called, to perform some of the work heretofore done by student nurses. Florence Nightingale recognized the need for two classes of hospital workers. This woman is not to be confused with the ward-maid type, but should be a woman of much higher intelligence, faithful, loyal, and possessed with a desire for caring for the sick, though not having the education and other qualifications necessary for the professional nurse. She may be found in many schools today. I have seen her struggling bravely to master her theoretical work, which was entirely over her head, yet her practical work was above criticism. Let me emphasize this fact, she is already in our schools, let us train her and give her a place, but why insist that she become a trained professional nurse? The system which has placed refined educated girls in the same mold with the grammar school girl or the one-year high school girl and has expected them to come out the same product, has miserably failed. Each has a place, one equally as honorable as the
other, but is it reasonable to expect that the same process of education can be used for both with satisfactory results?

Several schools of nursing are already connected with universities, and it is doubtful if there would be great difficulty in securing the cooperation of the university. If this should happen, central schools might be established independently, providing the proper people could be reached, and a sufficient endowment raised. A plan for such a central school is to be presented in another paper, consequently, I shall not attempt to discuss it here.

My purpose has been to emphasize the need for central university schools with hospitals used as laboratories for practical work and public health centers for field work; also to emphasize the fact that the same theoretical training must be given to all student nurses who are to become professional nurses. This is essential if we desire a uniform standard, and if we wish to be classed with other professions. I realize that this change cannot be brought about at once, that the doing of it is fraught with many difficulties, but I do seriously believe that the university is the only logical place for central schools, consequently if it is right, it is worth striving to attain.

The Chairman: If there are instances where students in our Schools are developed simply for their own benefit, solely for the purpose of making their own living, in those instances we are not fulfilling our obligations. We must develop the woman in order that she may be able to take her place in the community. And we will hear now from Miss Gardner on the question: “Should Pupils in Small Schools Be Prepared for Public Health Work?”

**HOW CAN THE SMALL HOSPITAL TRAIN PUPILS TOWARD PUBLIC HEALTH NURSING?**

By MARY S. GARDNER

The beginning of the twentieth century (1901) found about one hundred and thirty nurses engaged in public health nursing in the United States. The year 1917 finds over six thousand. This phenomenal growth of public health nursing work lays a heavy responsibility not only on those actually engaged in that field, but also on those responsible for nursing education,
In the earlier days of the public health nursing movement, this responsibility of the training schools was easily met. "Give us," cried the visiting nurse associations, "a nurse skilled in the care of the sick, accustomed to dealing with the medical profession, and with a right personality, and we will ask nothing more from you." The cry now is a very different one. "Give us," say the multitudinous agencies engaged in public health nursing, "a nurse who has added to her knowledge of the care of the sick and her understanding of professional etiquette, a knowledge of how to teach the well to avoid illness, how to deal with boards of managers, how to speak in public, one who understands the social causes of sickness, the elements of urban and rural sanitation, and the many reactions of city life upon health problems, a woman who can march shoulder to shoulder with other reformers and social workers in the general effort to secure right conditions. That she must be a woman of professional ability goes without saying, but she must also be a woman of initiative, who so well understands the science of cooperation that she will make no false steps in the delicate adjustment of her work to that of others."

The response of the training schools to the earlier plea for a nurse skilled in the care of the sick was a ready one. "We have such a nurse as you require," they said; "for three years we have carefully prepared her to care for the sick, to work with doctors, and to so develop her personal character as to meet your need." To the later plea, the response is as different as the demand. "We have no such nurse," is the reply. "We do not teach diseases considered as community problems, or the science of sanitation, either rural or urban. Our nurses know nothing of boards of managers, public speaking or cooperation with other agencies. How should they? And as for leadership and initiative, should we not have chaos in our hospitals if we tried too vigorously to instill these attributes into our young undergraduate nurses?"

The least thoughtful must recognize the great difficulties of the training school superintendent, obliged to meet a constantly increasing educational demand created by changing conditions, and obliged at the same time to provide for the care of the sick in the hospital by her student body, backed often by a directorate not primarily interested in educational matters, and not infrequently with little knowledge of them. History will do full jus-
tice to the hundreds of women who have so nobly met this situation and who in the face of almost impossible difficulties, have steadily raised the standard of nursing education to where it stands today. Far be it from those who have a simpler task to wantonly add one new and unnecessary burden.

The question as to whether the training school should be responsible for the specialized education of the public health nurse is answered in three ways. Many feel that the training school fulfills its educational obligation by fitting the nurse to care for the sick, as the college gives a general education, and that specialized training such as public health nursing ought rightly to be obtained by the student after graduation, as the graduate of a college, no matter how well-equipped, expects to enter a law or medical school if he is to be a lawyer or a doctor. Those advocating another point of view feel that a woman who has paid for her training as the pupil nurse does by so many hours of work, ought not to be expected to enter upon another period of training on graduation, if she wishes to enter the field of public health nursing. A third group takes a middle course and feels that while it is impossible for the hospitals to make adequate provision for public health training, the pupils should receive before graduation a certain insight, both theoretical and practical, into this branch of nursing. It is unnecessary in this discussion to enter into the pros and cons of these different points of view. Granted that it is thought desirable to give some measure of training in public health nursing to undergraduate nurses, how shall this be done, and how particularly shall it be done in smaller hospitals?

All nursing education divides itself into two parts, the theoretical and the practical. Let us first consider the question of theoretical instruction.

Last year the Committee on Public Health Nursing Education of the National Organization for Public Health Nursing made certain valuable suggestions with a view to giving to pupil nurses, not an adequate training in public health nursing, but some insight into subjects connected with community health and the social causes of illness. It was proposed that early in the nurse's first year a slight turn be given to her mental attitude by a course of five lectures on sickness as a social problem, and also by a few days spent in the social service department of her hospital, or with
a local visiting nurse association, in order that the home conditions of hospital patients might be visualized.

In the second year, it was proposed that the usual lectures given on the physical aspects of the various diseases, be supplemented by others dealing with tuberculosis, venereal disease, mental diseases, etc., in their relation, not to the individual, but to the community.

In the third year, the committee recommended a series of, perhaps, fifteen lectures, five on the special branches of public health nursing, and ten on such modern problems as labor conditions, immigration, housing, prostitution, etc.

For the hospital, large or small, situated in a city or in a town where well-developed social agencies exist, it will not be so very difficult to obtain lectures. Better courses by better people can, however, be asked for if the group to be addressed is a large one. It may, therefore, be suggested that the various schools affiliate for such a course, the classes meeting in a common lecture room for the lectures. Such an experiment has already been tried in this very city, Philadelphia, during the past year, no less than fifty-five training schools uniting in the affiliation. For the training school situated in an isolated locality no such arrangement may be possible. If good lecturers cannot be obtained, the superintendent of nurses will have to add one more duty to her already well-filled routine. Unless, however, she has had some experience in public health nursing, she will do well to provide herself with the carefully written lectures prepared by the League for Nursing Education on these subjects. These "canned courses," as they have been called, are of course not nearly as pleasant to the taste as the fresher fruit of personal experience, but they make an excellent substitute where lecturers are hard to secure, and can be supplemented when possible by single lectures or courses from the nurse lecturers and teachers who are beginning to offer courses and classes on specialized subjects on a business basis. So much for the theoretical part of public health instruction.

The practical training is at once simpler and more complex to arrange for. This may be given through affiliation with a local visiting nurse association, or it may be given directly by the training school itself. If given by the training school, special supervision by a trained public health nurse must be provided. If
given through affiliation, the expense to the hospital may be reckoned as the exact amount of the maintenance in the training school of a nurse who is wholly unremunerative to the hospital. If more than one nurse is sent out at a time, the amount will naturally be correspondingly increased. If the training school itself undertakes the training, the cost of supervision must be added, also the cost of transportation, outdoor uniforms, bag, supplies and record cards. The advantage of the affiliation method is much more far-reaching than in the mere matter of expense. Better and more standardized methods are usually taught by an organization whose sole object is the knowledge and use of such methods, and the public is better served through unification of the work. If, therefore, a local visiting nurse association exists, the first step should be an effort toward affiliation with it. Just here the training school should exercise a power not always made use of. The training school stands primarily as an educational body, which the public health nursing association does not. Let the training school therefore be very insistent in its demands for a proper supervision for its pupils. None know better than experienced public health nurses how often the use of pupil nurses has been abused by visiting nurse associations, not wantonly, but through ignorance. The Board of Managers of a visiting nurse association is rarely versed in matters of education, and too often driven by the rapid growth of its work to the necessity of securing more nurses, it has thoughtlessly allowed the exploitation of the pupil nurse for the work to be obtained from her, giving in return no quid pro quo in the way of training. Most visiting nurse superintendents will gladly welcome the aid of the training school superintendent in making plain to her board the responsibility involved in the taking of pupils.

The size of the visiting nurse association need make no difference, provided pupil nurses are not taken in undue proportion to those who are to teach them. The training school should, however, inform itself in regard to the ability as well as the willingness of the staff nurse or nurses to teach and should make very specific demands in this respect. Pupils should be returned to their hospitals for all classes and lectures, as it is rarely possible to arrange the training school curriculum so that this is not necessary. No pupil should be sent out early in her training. The
third year is generally conceded to be the best, because the pupil
should be thoroughly grounded in nursing technique before she is
expected to make such modifications as are often necessary in the
homes of the poor. Written reports should be sent to the super-
intendent of the training school at the termination of the pupil’s
period of training.

Twelve years of experience of affiliation between a visiting
nurse association and hospital training schools, which happen to
have been both large and small, lead the writer to the conclusion
that practical training in public health nursing is alike desirable
for the hospital, the individual training school, the pupil, the
visiting nurse association, the local community, and the general
cause of public health nursing. The hospital gains from the bet-
ter understanding of its function, spread broadcast through the
community, and also by the more sympathetic care of its patients
induced by a clearer insight into the home conditions of the poor.
The training school gains by the broadening of its curriculum,
which helps it to graduate better educated women. The pupil
gains in a knowledge of social and physical conditions which the
hospital cannot teach her, and her interest is awakened in one of
the important branches of nursing which later she may wish to
take up. The affiliated visiting nurse association gains by the
fresh and eager interest brought to it by the advent of each new
pupil. It gains in that its staff is stimulated by the necessity of
teaching. It gains by the close bond with the hospital and train-
ing school. It gains in the ease with which its application list
is kept up, and its knowledge of the work and character of appli-
cants. It also gains in the practical detail of the work accom-
plished by the pupil. The community gains from all these facts in
that it is on the whole better served. The cause of public health
nursing gains principally from the awakened interest of the stu-
dent nurse, early in her career, and also indirectly from each of the
foregoing arguments in favor of undergraduate training or par-
tial training.

To sum up, the small hospital as well as the large can give to
its pupils a certain amount of theoretical instruction on public
health subjects by means of lectures arranged to supplement other
theoretical instruction. These courses may be given by affiliation
with other schools, or if the hospital is situated in an isolated
locality, by means of lectures prepared for such use. Practical training should only be undertaken under favorable conditions, where exploitation of the pupil for the work to be obtained from her is duly guarded against. If the training school itself gives practical training, it should be done under a trained public health nurse who is giving her entire time to such instructive work. It is preferably given through affiliation with a local visiting nurse association. If by the latter means, the training school should demand for its pupils instruction in modern and standardized methods of work, continuous systematic educative supervision, fair hours of work, prompt and regular return to the hospital for all lectures and classes, and reports of progress at the close of the training period. Failing such arrangements, practical training should not be undertaken.

Friday Afternoon, April 27, 1917, Business Session

The meeting was called to order at 3.30 p.m. by Miss Parsons, pursuant to adjournment from Thursday morning. The meeting began with a discussion of the question of Salary for the Interstate Secretary—ways and means of providing it, and what it should be. One suggestion was made to place a per capita tax on the members. Another that the various hospitals might be willing to contribute a part of it. The latter suggestion was considered doubtful. Another that the State Leagues might be asked to bear a portion of the expense. Another that the dues to the National Association should be increased making a larger income available. No action was taken but the suggestions were filed for a later consideration.

Miss Parsons: This is just a continuation of the business meeting yesterday. May we hear the report of the Finance Committee, Miss Nevins?

Miss Nevins: Madam Chairman, I think perhaps you would not be interested in the details, even though there is a great deal, of the Finance Committee, but we have, to summarize from the beginning, a total investment of funds of $12,000.
Statement of Endowment Fund, National League of Nursing Education for Finance Committee from November 1, 1916–April 24, 1917, Miss G. M. Nevins, Chairman

Bond transaction arranged through Messrs. Brown Brothers & Co.
November 1, 1916 Matured one N. Y. Central R. R. Equip. Bond ......................... $1,000.00
Purchased $1,000 Gold Bond 5% 2 years United Kingdom Gt. Britain & Ireland @ 99 ....................... $990.00
Interest two months and 1 day @ 5% ........................................ 8.47
Commission ........................................ 1.25 999.72 $ .28

List of Securities held by Messrs. Brown Brothers & Co., 59 Wall St., New York City

January 1, 1917
Bangor & Aroostock R. R. 1st mtge. Wast. Ext. 5% due 1939 ......................... $1,000.00
New York Central Lines Equip. 5% due 1918 ................... 4,000.00
Dominion of Canada 5% due 1921 ......................... 1,000.00
Potomac Electric Power Co. Cons. Mtge. 5% due 1936 ......................... 4,000.00
United Kingdom Gt. Britain & Ireland 5% due 1918 ......................... 1,000.00 $12,000.00

Corn Exchange Bank Account
Balance in Corn Exchange Bank, Jan. 1, 1917 [54.70] Bal. Nov. 1 123.75 Received $178.73
.28 Interest Dec. 31

Receipts: Interests on investments:

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<td>Lehigh &amp; N. Eng. R. R. Co....1 @ $25</td>
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## TWENTY-THIRD ANNUAL CONVENTION

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<td>Jan. 19, 1917</td>
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### Disbursed:
- Appropriation to Teachers College—Com. on Education: 600.00 $76.98
- Balance April 24, 1917
- Union Square Savings Bank Account
- Bal. to credit of endowment: {316.00} Bal. Nov. 31
- Fund Jan. 1, 1917: {4.82} Interest Dec. 31 $321.42
- Withdrawn for appropriation— Teachers College: 300.00 $21.42

Total cash on hand April 24, 1917

### SUMMARY
- Total Invested Funds: $12,000.00
- Cash—Corn Exchange Bank April 24, 1917: 52.23
- Cash—Union Square Savings Bank, April 24, 1917: 21.42
- Total Endowment Fund April 24, 1917: $12,073.65
- Interest: 24.75

$12,098.40

M. W. McKechnie, **Treasurer**.

**Miss Parsons**: Has Miss Dock sent a report for the Committee on International Affairs?

**Miss Taylor**: Miss Stewart has sent the report of the International Committee, with a letter from Miss Dock concerning the educational conditions internationally outlined.

### REPORT OF THE INTERNATIONAL COMMITTEE

The plans which had been formed by this committee, to get in touch with other countries and find out what progress is being made in the field of nursing education, have been given up for
PROCEEDINGS

this year. This was done on the advice of several of our members who know the situation intimately and who felt that it would be very difficult to reach many of our fellow-workers abroad and would impose too great a burden on people who are already at the limit of their resources of time and energy. Then too, even in neighboring countries such as Canada, nursing work is all so disorganized by the war that it is with great difficulty that educational work is carried on at all. We can expect no great progress in nursing education under these conditions, and feel that those countries are doing marvelously well if educational standards can be maintained at all, with the immense drains which have been made on both teaching and administrative staffs.

Instead of a detailed report by the committee, Miss Dock, the Secretary of the International Council, who is in closer touch with conditions in all the countries abroad than any other person, has kindly consented to give a summary of the foreign news which she has been able to secure. We feel that any work undertaken by this committee must be done in close cooperation with Miss Dock to avoid duplication and waste of effort and to secure the great advantage of Miss Dock's wisdom and experience in this field.

At present the most important task of the International Committee would seem to be to study very carefully the effects of the war on nursing standards and education, and to gather together suggestions which come to us from all sources, as to ways in which our present system of training may be improved. There never could be a better opportunity for comparing the standards and methods of different types of training, where nurses from all countries and all types of schools are working together. Under the severe tests of war work, the weak places in our training will undoubtedly be found out and just as surely the strong points will stand out to give us encouragement and justify us in our efforts. Working side by side with sisters from the religious orders, with military orderlies, servant nurses and amateurs, there ought to be the most pronounced and conclusive evidence available as to the advantages of our system of training, or we ought to know why there is not. We ought to know also the most successful type of nursing organization for such emergencies. It would be interesting and vastly important to know, for instance, whether the mortality rate and the length of convalescence are lower in
Canadian hospitals (which have from the beginning of the war been staffed entirely with trained nurses) than in English hospitals where voluntary aids have been used pretty freely to supplement the regular staff, or in French hospitals where the work is so largely done by amateurs. So far we have been able to find no statistics on these subjects. It will be some time before we will be able to tell the effect which the large body of volunteer workers will have on nursing education. Whether it will greatly increase the interest in nursing and will bring into our schools a lot of new blood and a tide of fine enthusiasm, or whether it will work the other way is the question.

It is suggested that for the next year we should concentrate on these immediate questions, so far as possible, trying to reach all our own members and other representative American and Canadian nurses, who are or have been abroad, and getting such definite information from all sources as we can. We can possibly get into touch with the representatives of more distant countries, but most of our work in the meantime would be with those who can be most easily reached. We may not get as many replies, but we may set some people thinking along more concrete definite lines, and it may be easier to crystallize the bigger issues and to count up our losses and gains, if we have something before us to guide our observation and study. The following questions are suggestive of the lines along which such an inquiry might be made:

I. What new demands have been made upon you in connection with war nursing work, which you were not at all prepared to meet?

II. What do you consider the weakest points in the preparation of the nurses with whom you have worked?

III. What were the outstanding strong points in the work of trained nurses as compared with other types of nursing assistants in hospitals?

IV. State as impartially as possible your opinion as to the use of amateur volunteer service in hospitals, in such emergencies as the present war?

V. Have you any evidence to show that patients recovered more quickly and that there was a lower mortality rate, where the nursing was done wholly or largely by trained nurses?

VI. What helpful suggestions have you received from your observation of the work of nurses from other countries?
VII. What type of organization for nursing service in national emergencies, would you recommend? On what basis should the nursing personnel be selected? How could the efficiency of the nursing staff be increased?

VIII. What new ideas as to nursing principles and measures and hospital organization have you gained from your experience under military service.

IX. What special dangers to nursing standards have you seen as a result of the war? What encouraging signs of progress?

X. What suggestions can you make for conserving and building up nursing standards and nursing education, after the war is over?

Can you suggest any specific ways in which the National League of Nursing Education can cooperate with the nurses of other countries, in meeting immediate educational needs and in promoting higher standards of nursing education in all countries?

The Chairman of this Committee would be glad of criticisms and suggestions on this very tentative plan of work.

Respectfully submitted,

ISABEL M. STEWART,
Chairman of Committee.

Miss Parsons: What is your pleasure as to this report?
Miss Lawler: I move it be accepted.
Miss Parsons: It is moved and seconded that the report be accepted. Carried.

Now we will have Miss Dock's report.

OUTLINE OF EDUCATIONAL CONDITIONS
INTERNATIONALLY CONSIDERED

BY LAVINIA L. DOCK
Honorary Secretary, International Council of Nurses

The war has been such a tremendous interruption to all regular organized work that only the most fragmentary items can be gleaned from our foreign members about their educational efforts. Correspondence has been largely suspended. Letters have been lost in crossing the ocean, and nurses have been absorbed in war relief. The journals from the English colonies being accessible to you all and coming quite regularly, it is not needful for me to
mention those groups except to say that the organized nurses of New Zealand and Australia seem to have kept up unremittingly that steady attention to standards of professional training and economics which has distinguished them, as shown by the prominence of such details in their journals. Affairs in Canada are so close to us and so well known that I need do no more than congratulate the citizens of that country on its remarkable showing of progress in every liberal direction, and its great achievements in efficient organization of many kinds. With its unparalleled record of giving political equality to women in the midst of war, we feel that the outlook there for women and their professional progress is wholly bright.

On the European continent, workers are building up on one hand what war is tearing down on the other. As you all know, an unprecedented growth of volunteer and largely amateur nursing service has developed under the Red Cross, whose European standards have not been universally high because its main reliance has been on volunteer aid and on nurses trained under its own auspices, who, in peace times, themselves largely support their training institutions by their contract labor, as we might call it. We all know what that means. And yet the very flood of amateur workers, most of whom are excellent material, is bound to give a great impetus to nursing development after the war. The great weakness of volunteer systems of nursing and of most Red Cross training is the almost complete lack of medical as against surgical care. This has been interestingly shown by Miss Violetta Thurstont in her description of nursing in Russia.

In the Scandinavian countries the Red Cross hospitals are at their best. Nevertheless from our point of view a system under which nurses cannot organize and agitate with absolute independence of a superior controlling organization, prevents self-government with all its resulting benefits to human development, and is not a natural or democratic system.

The Free Sisters of Germany will, I feel sure, make great strides after the war in improving the very elementary standard of state examination which the government had previously given them. But there is no country where the aristocratic social prestige of the Red Cross is greater than there, so it must be to the growing power of the feminist movement that they must look for help. The nurses of Holland are still waiting for state registration, but
with more hope that the changing political map will soon bring it to pass. It would hardly be wise to press for state registration in France. The government administration is too often Director, Superintendent of Nurses, and Alumnae Association in one. And its standards of training are not good enough. It thinks they are but I do not agree. It is best to wait until more nurses on the Nightingale system are trained in such centres as Bordeaux, where their hospitals are managed as our Presbyterian hospitals are here.

The situation in England is well known to you all through the British Journal of Nursing, in which, let me say here, its editor has carried on such a continuous and untiring campaign of leadership, construction of sound models and opposition to sham, fraud, and commercialism as no one woman anywhere else in the round of nursing organization can show. It has lasted for thirty-one years, and the last contest has been in some ways the hardest. Fortunately the House of Commons has rightly decided not to take up so contentious a subject during the war. Everyone of the English nursing difficulties goes to the same root—the determination of lay employers to prevent self-government and self-development among nurses. I trust that Uncle Sam will not convict me of treason in saying this. It should give no comfort to the enemy, for the enemy of the worker—especially the working woman—is found in every land. It was the hope of foreign nurses that after the war was over, the nurses of the United States would again call an international council meeting. Even though we are now involved I trust this may be possible, for I believe that we shall still have the feelings of sisterhood and international good-will in our hearts.

Miss Parsons: It is very good and stimulating, to get this message from Miss Dock. We have lost her now for some time from our meetings. I wish we might have her here to give her message personally.

What is your pleasure as to this report? It was moved and seconded that the report be accepted. Now I think we will go back to the report of the Nominating Committee. Will the Secretary read the report.
TWENTY-THIRD ANNUAL CONVENTION

NOMINATION FOR OFFICERS, 1917

President—Miss S. Lillian Clayton.
First Vice-President—Miss Sara E. Parsons.
Second Vice-President—Miss Grace Allison.
Secretary—Miss Effie J. Taylor.
Treasurer—Miss Helena McMillan.
Directors—Three years—Miss Mary M. Riddle, Miss Anna C.
Maxwell, Miss M. Adelaide Nutting, Miss Clara D. Noyes.
Directors—One year—Miss Louise M. Powell, Miss Lauder
Sutherland, Miss Anna C. Jamme, Mrs. Ralph Apted.

AMY M. HILLIARD,
Chairman.

Miss Parsons: You have heard the report. What is your
pleasure concerning it?
Miss Logan: I move that this report be accepted.
The motion was seconded and carried.
Miss Parsons: Nominations from the floor are in order.
Have you any nominations to make for the office of President?
Miss Nevins: I move that the whole ticket be closed.
The motion was seconded and carried.
Miss Parsons: We would like to hear the report on the grad-
ing of nurses and standard records. Miss Francis.

REPORT ON GRADING OF NURSES

Madam Chairman and Members of the League of Nursing Education:
Your Committee on Training School Records and Grading, in
order to obtain the information for a report upon these subjects,
outlined the following plan of procedure.
First. That each member of the Committee communicate with
ten training schools for nurses, selecting different parts of the
country as agreed upon and selecting also schools of as widely
varying types as possible. Each school was requested to submit
a complete set of the records then in use, together with notes as
to the efficiency of the system and suggestions for the correction
of any weak points which experience in its application may have
presented.
Second. That a selected number of colleges, normal schools
and high schools throughout the country be written to, asking for
a detailed description of their methods of grading their students with brief comments as to whether their respective systems were found to be entirely satisfactory and if not, what suggestions could be offered for their improvement.

From our study of the specimens of training school records systems which were submitted, we gather

First. That the card system is in use by the large majority, and others state that they hope soon to adopt this system of keeping the records of their respective schools.

Second. Whatever the type of record and however variable the manner in which the information is arranged, the results desired seem to be very similar; and these are that the records should show the following facts. Brief history of the student in regard to health, peculiar abilities, personality, etc.; time and kind of practice, hours and time of instruction; type of instruction; name of instructors; practical demonstrations of nursing; records of efficiency and deportment; dates and grades of examination.

It would therefore seem that a standard set of records might be evolved which would meet the requirements of a training school of any size or type. These records should be of uniform and standard filing size if at all possible, they should be as small as can be conveniently used, and they should consist of:

First. Register. Through this, the student registers on day of entrance, giving home address, etc. (data for permanent card) and receives number for permanent records.

Second. Permanent card, showing history of student, illness, absence, cause, graduation, dismissal, etc. Summary of three years practical work, showing services and number of days in each. Summary of three years efficiency records. Records of subjects of instruction. Instructors' names, whether gratuitous or paid part time or full time. Hours of class, lecture, laboratory or demonstration. List of demonstrations of practical nursing given. Summary in regard to personality, appearance, peculiar abilities. Dates of examinations, grades. State Board Examination, date, grade. Recommendation for membership in various nursing organizations. Employment after graduation.

Third. Working card, showing each change of duty, and night duties in red ink. (This is a great convenience in planning duties.)

Fourth. Class book, showing attendance at lecture, class, reci-
tation, or demonstration, dates, topics, number of hours at each
class, etc.

Fifth. Daily Record book, made up early each day, showing
where each student is, hours planned.

The methods of grading in the training schools is apparently as
varied as the schools themselves. The weight of credit in theory
seems to be determined by the Instructor; practice and depart-
ment largely by graduate head nurses, who consult with the su-
pervisors. It also seems customary at certain stated periods, usu-
ally every six months or annually, for supervisors to meet with
the Superintendent of Nurses to consult as to an annual grade.

There was no definite expression as to the exact number of points,
which in the opinion of each, would be given as weight of credit.

With reference to the efficiency reports of the students, the
method suggested and used by Miss Wheeler at the Illinois Train-
ing School, is recommended. This is as follows:

Head Nurse Report, weight ½ point.
Supervisors Report, weight ¼ point.
Superintendents Report, weight ¼ point.

GRADING

The replies which were received from the normal schools with
reference to the methods of grading their students, were so indefi-
nite as to be of almost negligible importance.

From the high schools, with one exception, there was no well
planned scheme of grading. The weight of credit generally given
was ⅔ for recitation and ⅓ for tests and examinations. Both the
percentile system and a "letter" system for group rating were
used, the latter varying with the schools.

Of the colleges, seven of ten, used a system of letters for group
rating, the method of applying the system varying with the school.
In one, "each instructor is a law unto himself," in another, "The
method of marking is left entirely to the individual instructor."

From the data collected, the following conclusions were drawn:

First. That both the percentile system and a system of group
ratings, are in use in secondary schools and colleges.

Second. That two schools only presented evidence of having
made a careful and scientific study of methods of grading and the
keeping of scholastic records. (Pittsburgh and University of
Missouri.)
Third. That the majority of schools favor the group rating, a number of those using the percentile system finding it unsatisfactory.

Fourth. That the principles to be conserved in the grading of students and in the keeping of scholarship records are as follows: (1) simplicity, (2) accuracy, (3) flexibility.

The following recommendations are therefore suggested
1. That a method of group rating be advocated.
2. That not more nor less than five (5) letters be used.
3. That these letters be distributed as follows:
   a. 5 per cent.
   b. 20 per cent.
   c. 50 per cent.
   d. 25—20 per cent.
   e. Failure to include the percentage of pupils not able to do the work of Class D.

4. That groups should be developed from “c” and not from “a” or “e.”
5. That the following factors to be taken into consideration in grouping the students.
   1. Actual work done as determined by
      a. Daily observations
      b. Tests during course
      c. Final examinations
   2. Interest displayed
   3. Industry.

6. That no relative standards in the percentile system be established.

The advantages of such a system would seem to be that it is easily adaptable; that the mark has a general instead of a relative worth, the latter too often depending for its value entirely upon the idea of the instructor doing the marking; that it insures the collection of more accurate data; that the system is applicable to all schools and therefore would tend to a standard system of grading; that it would serve as a check to the over and under rating of students; that it can be used with greater fairness to the pupil.

In conclusion I desire to state that the foregoing report is in the main, the work of the two members of the Committee other
than the Chairman; and that the conclusions submitted are the results of their thoughtful consideration of the data collected.

SUSAN C. FRANCIS, Chairman,

HELEN L. BRIDGE,

HARRIET L. P. FRIEND,

SUSAN C. FRANCIS.

Committee

Miss Parsons: You have heard the report. What is your pleasure concerning it?

Miss Burgess: I move that the report be accepted.

The motion was seconded and carried.

Miss Parsons: We should like now to hear from the presidents of the state leagues. Is Miss Tye, from Arkansas, here? Is there a report from Connecticut?

Miss Albaugh: If you will permit me in Miss Wilkinson's absence I will give a brief outline of what the report will be. We have in Connecticut quite an active league, and this league had been working in conjunction with the State Board for two or three years. In fact, almost all of the work of advancement along educational lines that we have accomplished has been done by the cooperation of what was originally our Superintendent's Association, which has since been made the State League, and our State Board. The work that has been done, that we consider of quite some importance, during this year, is what we have labeled, for convenience sake, a publicity campaign. We have felt very much the need of better material for our training schools, and the league advised and has developed a scheme which they are trying out by going into the colleges and high schools of the state and presenting to the scholars, through the courtesy of the Board of Education and the faculty of the schools, the needs of nurses in the field, for the purpose of bringing our profession and its opportunities to the young women of those schools. Probably it is interesting to know just how we manage and develop this scheme. The financial part of it was the one that was the most serious in the beginning in developing the work, but without very much difficulty we have been able to finance this scheme through the cooperation of our training schools. The league put out the proposition to the training schools of the state that they contribute a sum to this work. They cooperated very cordially, in fact, almost all the training schools contributed a sum without question.
Miss Parsons: How much was it, may I ask?

Miss Albaugh: $25 to a school, giving us a fund of just about $450 for the experimental work. Out of eighty schools we have been able to enter sixty-five at the present time. It has not been finished. During that time we have presented our work and its opportunities to about six thousand young women, and we have lots of young women who will graduate, this coming year, some are in the junior course. About six hundred young women are directly interested in the work. So that, while the work is still in its embryonic state, and just what the results are going to be is yet undetermined, we feel it is the right way and the only way we know of to get at the right material.

There are several problems that are already presenting themselves in the matter. One is that we find about seventy-five per cent of those young women graduate in the high school at about seventeen; and just how to hold on to them until they are ready or old enough to meet the age requirement of the state is one of the problems we would like very much to have you help us on.

I want to say that the work has met with the greatest cooperation from the high schools and has opened up some wonderful opportunities for the nursing profession. One of the greatest, to my mind, is the fact that our State League has been asked to suggest a preliminary course to be incorporated in the curriculum of the high schools for the nursing work.

Miss Parsons: I think it is an extremely interesting and suggestive report from Connecticut.

Has the District of Columbia League sent a report? Miss Hayes.

REPORT OF THE DISTRICT OF COLUMBIA LEAGUE OF NURSING EDUCATION

The District of Columbia League of Nursing Education has held regular monthly meetings; the average attendance has been ten.

The Program Committee provided interesting topics for discussion at each meeting and these discussions have helped to solve many problems for the superintendents of the various schools.

A course of lectures for the senior pupils of all the schools has been given on subjects related to the Public Health; this lecture course was arranged for through the cooperation of the Instructive-
Visiting Nurses Association and the other Public Health organizations, it has consisted this year of nine lectures and has been attended by the pupils of all schools in the District with the exception of one, and the pupils have shown a great interest in all the subjects. Next year it is proposed to have this course of sixteen lectures and very much more extensive in its scope.

It is also proposed to establish an affiliation with the International Visiting Nurse Association by which pupils of the senior classes of the various schools may have a two months course of instruction both theoretical and practical in Public Health work, one month to be spent with the Visiting Nurse Association and the other either with the Diet Kitchen, School Nursing or Social Service work. This course is not in any way designed to fit a nurse for Public Health nursing but only to show her aptitude for that work. The Visiting Nurse Association will employ a special instructor provided the schools furnish a given number of pupils, and the course will be elective.

The local Committee on Public Education has given talks in the high schools on the Opportunities in the Field of Nursing as requested, and has met with most hearty cooperation from the President of the Board of Education, the Principals of the various schools and the Superintendent of Schools.

The pupils also are reported as having shown much interest in the talks.

A short article setting forth the points to be emphasized by the applicant in selecting a school of nurse training is to be published in the school bulletins. This article is written by Miss Elizabeth Fox, Superintendent of the Instructive Visiting Nurse Association.

Respectfully submitted,

LUCY MINNIGERODE,
President D. C. League of Nursing Education.

Miss Parsons: This is very interesting. Is there a report from the Illinois State League?
Is there one from Iowa?

Miss Creedman: It is a very short report. Our League has had a very struggling growth from the beginning of its existence in 1913, but yet we are still alive and have had a meeting each year and will have our meeting this year on the day previous to
the State Nurses' Association, which meets in Council Bluffs in June.

*Miss Parsons:* Is there a report from Massachusetts?

**REPORT OF THE MASSACHUSETTS STATE LEAGUE OF NURSING EDUCATION**

The Massachusetts State League of Nursing Education reports:
- Number of members, 63.
- Number of new members during year, 9.
- Number of meetings held jointly with the State Nursing Association, 3.
- Number of meetings of the Executive Committee, 3.
- Increasing of dues from 50 cents to $1 was found necessary to meet the expenses of the Association.

*Committees serving:* Committee on Membership, Committee on Programs, Committee on Public Education including, Publicity, Vocational and Collegiate.

*Subjects discussed:* Organization of Red Cross classes for lay members; Teaching methods and results obtained; Public health nursing—Some of the newer branches; Health insurance; Recent activities of the Red Cross; Round Table for instructors to consider educational problems.

**ALICE P. FLASH,**

*Secretary.*

*Miss Parsons:* Have we a report from Maryland?

**REPORT OF THE MARYLAND STATE LEAGUE OF NURSING EDUCATION FOR 1916-1917**

The Membership of the Maryland State League is forty-seven. This is a decided increase over last year.

Meetings have been held in the different hospitals each month, beginning with September.

A committee was appointed last spring to prepare a program to cover all the meetings of the year 1916–1917, and so successful has it been that we have decided to make the same arrangement again this spring. The program was devoted, with one exception (this exception was a meeting with the Maryland State Board of Examiners) to a detailed study and discussion of the curriculum. Two or three subjects were assigned for each meeting and the
theoretical and practical work in each subject thoroughly dis-
cussed. The greatest interest has been manifested and the mem-
bers have expressed themselves as having been helped very mate-
rially in their work.

There has been the heartiest coöperation between the League
and the State Board of Examiners, and the schools throughout
the state have already made marked progress toward the accom-
plishment of the new requirements of the Maryland State Law.

The Educational Committee of the League began its work too
late to accomplish results this year. However, a start has been
made and we hope to report results in the coming year.

Respectfully submitted,

JANE E. NASH,
President.

Miss Parsons: Michigan?

REPORT OF THE MICHIGAN STATE LEAGUE OF
NURSING EDUCATION

The Michigan State League of Nursing Education has a paid
up membership of forty-six.

The activities of the year are summed up as follows:

Outlines on credits and affiliations were mailed to all members
of the League and to the Superintendents of every hospital in the
state. A very gratifying number of acknowledgments have been
received expressing approval.

The Publicity Committee report 365 talks given by nurses
during the year. They were

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The topics of addresses were "Opportunities in the Field of
Nursing;" "Health and Sanitation;" "Child Welfare;" "Home
Care of the Sick;" "Field Work for Nurses;" "Hospital S cial
Service;” “The Private Nurse and Fresh Air Bed;” “Red Cross Activities.”

At our annual meeting a talk on Home Economics in Extension Service was given by Miss Margaret Justin, Home Economics Specialist of the Michigan Agricultural College, soliciting our cooperation with the College in developing a plan of battling disease in the country and perfecting a possible plan for the observation of Baby Week in the Country Towns. A joint committee of the Michigan State Nurses Association and the State League was formed. Twenty talks on health and practical lessons and demonstrations in Home Nursing have been given. The nurses report the meetings well attended and great interest shown.

For some time groups of student nurses from the various Detroit hospitals have been taking special night instruction at the well known Detroit Technical High School. As a result, the director has had an interview with the superintendents of nurses in regard to the planning of a four years course for women contemplating entering hospital training later. An outline of the proposed course of study has been submitted by the Principal of the above mentioned school to the Superintendents of Nurses in Detroit for their consideration, prior to a meeting for making final arrangements and the adoption of a plan of study which will be held in the near future.

The proposed course of study is intended as a worthy preliminary education for nurses, combining some of the medical subjects with others commonly found in a high school curriculum, whereby it is anticipated the students will receive the essentials of a high school course and some of the subjects taught in the nurses training school class room.

The American Journal of Nursing and the Public Health Quarterly have been placed in a number of colleges, in high schools and libraries, including State Library at Lansing.

The Executive Board authorized the Publicity Committee to send copies of the outline “Things Every Woman Should Know Who Wishes to Become a Professional Nurse,” to fourteen colleges and 355 high schools. Because of lack of funds in the League the expense was borne by the State Association.

Respectfully submitted

Mary Jenks Lovering,
President.
Miss Parsons: The state of Michigan has evidently done a very good piece of publicity work.

Have we a report from the League of Minnesota?

Mrs. Northam: We have an association in Minnesota which we feel is quite active. We have about forty members and have an average attendance of fifteen to twenty-five. We meet every other month and plan to have demonstrations at each second meeting. These meetings are attended more than the other meetings. At other meetings we have an address from some one interested in our work, sometimes a supervisor from one of the departments of the hospitals in the city, or perhaps one of the professors from the university will give us a talk.

Early in the fall, covering the whole semester we began a course of lectures, given by Professor Miller, dean of the teaching department of the university, on the nursing technique. This was attended by many pupil nurses and head nurses, and the interest in those lectures was kept up throughout the course. Many phases of how to teach was brought to our attention, which I am sure has proved of interest to a great many superintendents and nurses.

Miss Parsons: Is there a report from New York? Miss Poston.

REPORT OF THE NEW YORK STATE LEAGUE OF NURSING EDUCATION

The eleventh annual meeting of the New York State League for Nursing Education was held on October 17, 1916, at the Hotel Iroquois, Buffalo, N. Y. Twenty-two applications for membership were accepted—twenty individuals and two organizations. The total membership is one hundred and four individuals and five organizations, viz.: The New York City League for Nursing Education, the Genesee Valley League, the Mohawk Valley League, the Hudson Valley League, and the Buffalo League.

The New York City League has regular monthly meetings with interesting programs. A very definite piece of work has been done during the year by the Teaching Committee of the League. The instructors of the city have combined in a special group under this title and have held regular meetings for the consideration of
their particular problems. These have been of the greatest value and interest to all who have had the opportunity of attending.

The meetings of the Genesee Valley League which have taken place every two months, were well attended. Some work has been done with the Board of Education alone pre-vocational training. A committee is investigating the advisability of the hospital offering a half day of theory to the graduates of high schools who are too young to enter the training schools.

The Mohawk League has limited its activities to Red Cross work, during the winter.

The Hudson Valley League has taken up questions of local interest, and course of study and schedule of classes in the Training School was brought up. There is a question box for Training School problems, which is always helpful.

The work of the Buffalo League has been along the lines of a uniform curriculum and an outline of study for young women who wish to make up educational deficiencies in the high school before entering training schools.

At the annual meeting of the State League an educational committee was appointed, as the result of an address on Scholastic Requirements for Entering Nurses' Training Schools, with Miss Isabel Stewart as chairman, to revise the curriculum and training school records and to consider the question of pre-vocational training in the high schools of the city. This committee has been working along the outline of the curriculum submitted to the National League.

An effort is being made to have the proceedings of the New York State League incorporated in the printed report of the State Association.

The following officers were elected:

President, Miss Carolyn E. Gray, City Hospital, Blackwell's Island, N. Y.

Vice-President, Miss Julia A. Littlefield, Homeopathic Hospital, Albany, N. Y.

Treasurer, Miss Eunice A. Smith, Rochester General Hospital, Rochester, N. Y.

Secretary, Miss Adele S. Poston, Bloomingdale Hospital, White Plains, N. Y.
Miss Parsons: Have we a report from Ohio?
Have we a report from Rhode Island?

REPORT OF THE RHODE ISLAND LEAGUE OF NURSING EDUCATION FOR THE YEAR ENDING APRIL 20, 1917

A meeting was held at the Homeopathic Hospital in April, 1916 at which Dr. Henry C. Hall, assistant superintendent of Butler Hospital and president of the Board of Examiners of Trained Nurses spoke of "Faults of Nurses from the Examiners Standpoint."

Dr. Hall's paper was discussed by other members of the Board, Dr. D. L. Richardson, Superintendent of the City Hospital, Providence, R. I., Miss Lucy C. Ayers, Miss Fitzpatrick and Miss Van der Water.

The November meeting was held at the Crawford Allen Hospital, East Greenwich, R. I., a branch of the Rhode Island Hospital; reports of the Convention of the A. N. A. were given by the delegates.

The annual meeting was held at the Memorial Hospital, Pawtucket; Miss Emma Nichols of the Boston City Hospital spoke of the work of the Red Cross, Army and Navy Base Hospital Units, and the various forms in which the Nursing Service is classified; Miss Nichols also spoke of the Red Cross educational classes, Elementary Hygiene and Home Care of the Sick, etc.

In April the meeting was held at Butler Hospital; reports from the Publicity Committee were given; the committee reported considerable work done; many letters have been sent out and several members have addressed groups of high school and university girls on the desirability of choosing nursing as a profession. The instructors of classes for the Red Cross also gave reports of their work.

A contribution has been made to the Isabel Hampton Robb Memorial Fund.

Elizabeth F. Sherman,
Recording Secretary.

Miss Parsons: Have we a report from Vermont?
We hope our new leagues are prepared to tell us something of their work. Has Indiana sent a representative with a report?
Miss Hogue, are you going to tell us something about the League in California?

Miss Hogue: There is not very much to tell, because we became formally organized in September, 1916, or at least we started our organization, and it took some time to get that all finished. We have two branches in California. We find that necessary on account of the great distance between the chief nursing centers, San Francisco and Los Angeles. So that we have a southern branch and a northern branch. These branches meet each month and the minutes are exchanged, and in that way we are enabled to keep in fairly close touch with the work that is going on in the two branches, and we have a combined meeting when the state association meets in the spring.

We have found the meetings very interesting and we all believe that they are going to be very helpful. This year both branches arranged for a co-operative lecture to be given for the senior nurses of all the hospitals. The subject was public health. We felt that we could ask busy men and busy women who were authorities in their various lines to give the time and to address a large gathering of nurses, when perhaps one school would not be able to get them. So we gave this series of lectures under the auspices of the League, and they were for the most part very well attended and very successful.

We have a lot of things we are going to do this year. We have printed programs. We did not get started until rather late in the year.

Miss Parsons: Have we a report from Pennsylvania?

Miss Brown: The Pennsylvania State League was formed last November with 22 charter members. Because of the preparation for this convention and because of the demands of the Red Cross we have not undertaken any activities as yet, but we hope to get to work now very shortly.

Miss Parsons: I think you ought to get full credit for a great deal of work in the activities of this week.

Have we a report from Missouri?

Miss Shouse: I am supposed to be Secretary of the Missouri State League. The Missouri State League was, you know, only organized last October, 1916, with 43 members. We have had in Missouri previous to that for several years two city leagues,
one in Kansas City and one in St. Louis. Both the leagues have been very active in this work.

Miss Parsons: Any other reports from the other state leagues?

[Kansas City] We have had a local league for ten years. Our last two years has been given up largely to getting enough members in the nursing profession to work. We have tried to be the backbone of the local association, but we have affiliated with the State Federation of Clubs and been active workers in that, and we have also affiliated with the Council of Clubs and have been active in the Girls' Club work.

Miss Dudley (Philadelphia Local League): We have had a local league for thirteen years. The first year we took up a course with Prof. Andrew Searing, at the university; the second year we followed that by a teaching course and this last year we put in practical demonstrations. We have a usual meeting of about sixty. The other work is the arranging for a course of lectures in public health nursing, hygiene, mental hygiene, state organization, nursing organizations, state registration, given by the most prominent people that we could get, to the senior pupils. Each superintendent asked her hospital for five dollars and the whole thing is lumped together to pay the expenses of the lectures. These are the two things the City League has been doing.

Miss Parsons: That is a splendid piece of work. I think we have been reading of it with a great deal of interest in the Journal. Will you act on these various reports that we have received?

A motion was seconded that the reports be accepted.

Friday Evening, April 27, at 8.15 o'clock, Academy of Music, Joint Session

Health Insurance

Dr. Charles Hatfield, Executive Director Henry Phipps Institute; Executive Secretary, National Association for the Study and Prevention of Tuberculosis, presiding.

Miss Mary Beard, President of the National Organization of Public Health Nursing, introduced Dr. Hatfield.

Miss Beard: The subject of these times and of this year's Convention would be Health Insurance if it were not for the
fact that the war is so uppermost in our minds and has more or less absorbed that great interest. Because health insurance brings public health nurses face to face with a wonderful opportunity and possibility for the first time in all our experience of public health nursing in making our service 100 per cent service to people who are sick, instead of a small 40 per cent, because of that it is a subject that appeals to public health nurses with tremendous force.

It is because we know of the need, and because for a great many years we saw no way of reaching all the people that nurses in general are so deeply interested in this subject.

America is attempting to introduce nursing as well as the other benefits.

Dr. Hatfield: The subject is one of intense interest to every one of us who has to do with public health. We are told that public health is purchasable. If that is true of course the connection between the individual and family income and the health of the individual, and the community in relation to the individual, is extremely close and altogether vital.

Just at present I confess that the most of us do not know very much about health insurance. We read what has been done in other countries, and we learn what we can from that, but we do not know exactly how health insurance can be applied. Our interest is intense; we are out to learn on every possible occasion. We want to know how this system can be adjusted to our form of government and to our form of life. How is it possible? What is the proper proportion for instance in the benefits that should be contributed by the employee? How does it affect the medical or nursing profession?

WHAT WILL HEALTH INSURANCE DO FOR THE AMERICAN CITIZEN?

BY MILES M. DAWSON

New York

WHAT WILL HEALTH INSURANCE MEAN TO THE INSURED?

By PAULINE NEWMAN
International Garment Workers Union, New York


WHY DOCTORS AND NURSES SHOULD UNDERSTAND AND PREPARE THEMSELVES FOR THEIR RESPONSIBILITIES UNDER SUCH A HEALTH INSURANCE ACT

By I. M. RUBINOW, M.D.
Executive Secretary, American Medical Association


The session was adjourned.

Saturday Morning, April 28, Joint Session

THE TEACHING OF HISTORY
Miss Margaret Dunlop presiding.

THE MODERN POINT OF VIEW IN THE TEACHING OF HISTORY

By JESSIE C. EVANS
William Penn High School for Girls, Philadelphia

I was and still am a little puzzled as to why I should be speaking to you today. But since your committee has faith that you will be interested in it, it is "up to me" to try to justify that faith of theirs! What have the new ideas in the teaching of history to offer to women of your profession?

I think that I am making a safe guess when I say that most of you disliked history when you studied it in school, and that consequently your feeling towards it since has been one of indifference.
ence at best. Consequently very few of you care to read history in your leisure time, unless the Great War has attracted you to some of the current publications on European affairs. The fact that the administrators who plan courses for students preparing for a definite vocation, often leave out history, is a proof that the teachers of history have failed to convince the public that it has great value. I must ask you to come with me to the classroom where the new kind of teacher is in charge and then tell me whether it has not value for everybody, in fact whether you can maintain that any one can be called educated without it.

You are all familiar with the old way of teaching history. You had to learn a certain number of paragraphs or pages and then the teacher tried to extract from you, by a process more or less painful, what you were supposed to have acquired overnight. At examination time you crammed it all in again and then, after the examination was passed, you proceeded to forget it as soon as possible. The only alleviation possible was the chance of getting a live teacher who made herself so interesting to you that the process was less painful.

How has the teaching of history changed in recent years? In the first place, the aim is different. Our object in studying what men have done in the past is not only that we may have a specified amount of information but also that we may understand the society in which we live. Our government, our institutions, our style of building, our manner of living, even the fashions of our clothes are products of the past. The uneducated person does not appreciate his environment, it is like a picture without a background or perspective. To the educated man the automobile takes its place in the long line of improvements in transportation from the ox-cart of our Aryan ancestors. He sees, too, that progress is the rule of the world’s development and can look forward to the day when every family will own its little car and many of us will do our travelling through the air. What does the word “liberty” mean to the man who knows nothing of the struggles of people through all the ages to get the freedom which we now enjoy? Our representative government, our laws, our courts, our freedom, from oppression are the product of history, and to know what they mean we must know how people lived without them and how men worked to make them ours.
You will say that this does not sound like history. How about the battles and the generals, the kings and the queens? We do not pay so much attention to those as we used to do. The growth of society, the things that affected the life of the people are the things which seem to us to count. If a king did something to help or to hinder the cause of mankind, we have room for him, otherwise his royal blood avails him not to secure an entry into our chronicle. A battle interests us only as part of the means by which some change was accomplished. We care not just who commanded and how many men were killed on each side. The history textbooks are being rewritten to tell the progress of civilization. The kings of Egypt and their wars give way to the farming methods of the naked brown people in their mud huts on the Nile. The legislative reforms of Solon and Draco go with the battles of Alcibiades into the waste basket in making up these new books. In their place we see the great temples and statues on the Acropolis, visit an Athenian home and listen to Socrates teaching his pupils. No longer must we struggle with Grant through the Battle of the Wilderness, but instead save time to note the invention of the reaper and the steamboat and how they made possible the development of our great western country.

The course in the Philadelphia schools is as follows: After the stories and simple biographies suitable to the youngest children, the more formal study begins in the sixth grade with a simple treatment of topics in European history as an introduction to the history of our own country. In the seventh and eighth grades, the history of the United States is covered. When the high school is reached, the pupils go back again to the beginning and start with ancient history. In the majority of the schools only a half year is given to this, in order to save more time for the recent periods of history which serve better the purposes stated in the preceding paragraphs. After a half year spent on the mediaeval period, the majority of the schools give a whole year to the last two centuries of European history and a year to American history and government. This is the full course as offered, but many students who are preparing for college or for a vocation are unable to take it all. These get at any rate one year of European and one of American history. The emphasis is thus placed on the topics which come nearest our own time.
Not even in the choice of topics to be studied in history is there so great a change as in the methods of presenting the subject in the classroom. We have always had pictures, but now they are a necessity. Lantern slides are used a great deal in the effort to make other times and places real to the pupils. Many small pictures are collected for class-room use and large wall pictures in colors are indispensable. One of these, large enough to be seen by all the class, may be made the subject of discussion for a large part of the lesson, the pupils learning from it the appearance of historical characters, details of costume and the manners of the time, in a way that would not be possible from a book. Models and real historical objects are used, too, in order to make the past more real. We formerly had great trouble to make the pupils realize the great change that came over the life of all the world when machinery was introduced into industry. Now in our school we can show the old processes of making cloth before the time of factories. We can card the wool, spin it on our own spinning wheel and weave it on a small loom which is a model of those our great-grandmothers used. Soon we hope to make use in the schools of the wonderful opportunities offered by moving pictures.

The libraries are being drawn upon for assistance, indeed, some of the schools have libraries of their own. From these the pupils learn that history is not all contained in the text-books. They learn how to use books and acquire a taste for reading which we hope will last when they are grown folks.

One of the latest innovations in the history class is the magazine. My own classes this term are subscribing to the *Independent* and one lesson each week is on the history of the present time. Here we find constant need for our study of the past to explain the events of today. All history takes on new meaning when the pupils realize that it is part of a continued story, the last chapter of which they are living themselves.

Of the new methods, I have saved for the last the one which seems to me the best, that is, the change in the recitation itself. The aim of the teacher is to arouse interest and then to guide discussion. The meeting of the class is more like a club or debating society than the old formal recitation. Often a pupil is in charge instead of the teacher. Marks are forgotten and the pupils
combat each other’s ideas and supplement each other’s information in a way that is the best possible training, not only in seeking the truth of historical facts, but in self-expression and in the methods of democratic government. It is the teacher’s aim to have them concentrate upon some problem which will lead them to study. It may be and usually is, one which they suggest themselves. This historical problem may be one which may take a day, a week, or perhaps a month of study, before it is solved to the satisfaction of the class.

Let me illustrate these new methods by my experience in recent weeks. My task was to teach the struggle of the English people for liberty during the period of the Stuart kings. We had understood pretty well the condition of the government during the previous period. To begin with, by pictures and stories I made them interested in the character of the first Stuarts. Then the problem was stated: What would be the effect when men of such character and principles took charge of the English government? With this problem in mind we plunged into the conflict between king and parliament. When we came to the Civil War, I started a fresh interest by calling it a “revolution” and inviting a comparison with the American Revolution. The mention of George Washington, Patrick Henry, Samuel Adams and the others set them all at work on the new problem; a comparison of causes of the two struggles. By this time they had a pretty clear idea of the main thing I was after, namely to get them to appreciate what we mean by English liberty. Fortunately for me, the Russian Revolution came along just when we had reached this point and we turned to our copies of the Independent and to the newspapers to make further comparisons of the causes which makes a people throw off tyranny and set up democracy. This series of lessons employed all of the new methods named above: the use of pictures, the connection with the present through the magazines and newspapers, the statement of problems to be solved and the free play of minds in class discussion. Best of all it served as direct training in citizenship, for Russian, Italian, Swede and American among the pupils now appreciate what democratic government means and why men have been willing to give their lives for it.

This new aim of history teaching, that is to make the student understand and appreciate the society in which we live, has been
greatly advanced by the inclusion in the history departments of our schools of the newer social subject, Civics and Economics. Civics must not be confused with the old civil government. While it deals with government too, the manner of treatment is entirely different. Philadelphia is just inaugurating such a course in the elementary schools, starting with the first grade and continuing through all the grades until it is completed in the eighth. The basis of the course is training for citizenship. The little ones learn by song, story and practice the simpler civic virtues, such as cleanliness, obedience, helpfulness and thrift. When they are older they observe and discuss the policeman, the fireman, the postman and other people whom society provides to help them and find out what these helpers are supposed to do and how children can assist in the work of making our city a clean and safe place. In the seventh and eighth grade a more formal study is made of the community in which we live. It is based on the various community needs, not on the officers and their duties, as in the old civil government. Some of these community needs are health, protection to life and property, education, recreation, civic beauty, transportation and so on. Under health, the various kinds of health protection are discussed; sanitation, housing, pure food, water and milk, sewage, waste disposal, quarantine, etc. The pupils find out for themselves all that they can about these topics and then talk them over with the teacher. It is surprising how much an active child already knows from observation, and how much more interested he is in adding to that knowledge than in learning about unfamiliar things. In the course of the discussion much is learned about the City Bureau and Board of Health, the cooperation of the State Health Department with the state law behind it, and finally the help afforded by the Federal bureaus and inspectors. In the same manner we treat the other elements of community welfare until the children have a fair idea of the government under which they live and also of the questions of community welfare in which every citizen should be interested. We think that an appreciation of the tenement house problem is better training for citizenship than the ability to recite from memory the constitution of the United States.

At the end of the high school, after the history has been finished, there is provided a course which is called in some schools
Economics, in others by the broader term Social Science. This gives to the most mature of our students an opportunity to discuss the great problems of the modern democracy. Labor and wages, crime and punishment, problems of the family, immigration and a host of others offer themselves as of value for study by those who would be intelligent citizens. The choice of any one of these problems for class work is followed by text book study, library reading, discussion and debate. Without the great attention to the theory of economics and political science which is desirable in college classes, the students yet come to know the most important elements of those sciences. Of more value, though, both to them and to the community which is paying for their education, is the knowledge which they get of the questions which lie at the base of the health and happiness of our commonwealth.

Have I made clear to you, I wonder, why I think that the social sciences, including history, as they are taught today are an indispensable element in education? Released from the old bondage to text book, dates, and memorizing, they have become living subjects. Their object is to develop the individual to his or her highest powers of observation, understanding and expression. History, with its allies, the other social sciences, gives an understanding of human society. It gives us a perspective in viewing the affairs of our daily life. Without it we live, as it were, within the four walls of our professional routine, with it, windows are opened on all sides through which the light of understanding and the vision of other peoples and other lands come streaming to enable us to see that our own job is part of a greater whole. A woman of any profession is likely to rise in proportion to the extent to which she can see beyond the technical details of her work. Details and routine work must be attended to, of course, but it is the men and the women of larger vision who count in the shaping of what that work shall be.

Perhaps there is some one in this audience who wishes that she had been born a little later, after this revolution in the schools had taken place. To such a one I should like to say that the new text books are fascinating reading, even at the end of a hard day's work.
A BIRD'S-EYE VIEW OF NURSING HISTORY

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There are many reasons why it seems important for pupil nurses and all nurses to know something of nursing history. Nothing more stirs our pride and enthusiasm than to get acquainted with that long and splendid line of nursing leaders, who have built into our profession its fine ideals, and overcome such tremendous obstacles in making it what it is today. It makes us understand nursing better, to trace it up from its origins, and to learn the significance of many of the peculiar observances and traditions which we find in hospital and nursing work. It makes us feel more keenly our responsibility for passing on the torch which we have received from other generations—not only undimmed, but glowing brightly—that the generations which are to come may not fail because of our blindness and neglect. And if we read more deeply into the history of the past, it will help us to form a truer philosophy of our work. We will see certain great forces and principles moving forward slowly through the ages, and gradually finding expression. We will see familiar abuses and false doctrines cropping out again and again in different forms, and we will often recognize in them the same problems that we are facing today. We will get courage and real guidance from studying the way in which each generation fought its great issues and found their solution. Finally there is no better way of teaching the ethics of nursing than through nursing history, and indeed, especially in the early part of the training, we are beginning to find that this is by far the most effective way of teaching ethics.

In teaching this subject to pupil nurses, then, the first great essential is that they should get the spirit of it, that it should be a really living and vital thing to them and that it should make them feel their work to be worth while. Names and dates and details of organizations are relatively unimportant but it is important that they should get the general drift of the big movements, and that the great crises and epochs should stand out clearly in their minds. It is important also that they should see
the continuity of all the institutions and ideals of the past with the institutions and ideals of today, and that they should learn to trace back familiar observances and standards to their origins, as far as possible. For instance, in stressing the social point of view, which we all feel to be so essential to good nursing work, it is interesting to show just how old the idea and spirit of social service is in relation to nursing and how continuously and in what varied ways the nurses of each generation served the social needs of their time.

For greater simplicity in outlining the epochs of nursing history I have divided the whole 8000 years or more, into four main periods, as follows:

I. Beginnings of Nursing among Primitive and Ancient Peoples (6000 B.C. to 1 A.D.); II. The Period of Organization and Expansion under Religious Ideals and Influences—Early Christian and Mediaeval Period (1 A.D. to sixteenth century); III. The Period of Disorganization and Deterioration or the Dark Period of Nursing (sixteenth century to the nineteenth); IV. The Period of Reconstruction under Humanitarian, Scientific and Professional Ideals and Influences, or the Modern Period (nineteenth century to the present time).

In studying each period, there are a few outstanding things to look for.

1. What influences (political, social, religious, ethical, economic or intellectual) were most influential in determining the kind of care given to the sick, and the direction of nursing development during this period?

2. What classes of people were mainly concerned with the care of the sick, and what were their forms of organization and their general modes of working?

3. Who were the representative leaders of nursing during this period, and what did they contribute to nursing?

4. Taking the period as a whole, was the interest and the activity in the care of the sick relatively higher or lower than it had been, and where was the progress or loss greatest.

Taking up the first period, we will find that it extends over 6000 years and covers all the older civilizations from Egypt through to Rome. Summarizing briefly the main points of interest we find that the nursing impulse is born in every kind of people, that it
is stronger in women than men, that the form of expression which this impulse takes varies widely among different peoples and is influenced largely by the form of religious belief practised, by the degree of intelligence and by the standards of humanity and justice which they hold. We find that the care of the sick is usually better where the women are respected and free to take part in social life outside their home.

Among all early peoples the dominating influence on nursing is the religious one, and in the beginning it is almost impossible to differentiate medical and nursing measures from ceremonials of worship, of purification and propitiation. The supernatural theory of disease, whether it is attributed to evil spirits or gods and demons results inevitably in a crude and perverted system of nursing and medical treatment. But it is out of this chaos of religious and medical ritual and magic, most of it useless and much of it cruel and inhumane, that we begin to see the first feeble beginnings of medical art and science. Drugs are crudely classified and described, and a rough surgery is practised. There is a dawning recognition of certain principles of prevention and treatment usually symbolized in medical gods and goddesses such as Æsculapius and Hygiea, who are worshipped in special temples devoted to medico-religious rites—Nursing measures represented by massage and other manual forms of treatment are being standardized roughly, and a fairly high degree of skill developed in these arts.

The medicine man or priest who first monopolized all the functions of priest, teacher, law giver and physician begins to hand over certain of the more practical duties to lesser and more specialized assistants, who are sometimes men and sometimes women—often old women. Very soon we begin to see a differentiation between the duties of the men and the women, and even this early we get the first recognition of a physician class and a nurse class, though it is a long, long time before the line is at all clear cut or definite. There seems to be no conclusive evidence of any organized group of women nurses before the Christian era, though it is believed that the priestesses who attended at the temples probably assumed certain nursing duties.

There is little doubt that the first organized and systematic care of the sick probably was associated with religious shrines and temples, but undoubtedly a contributory influence in the
establishment of institutions for the sick is to be found in the ancient rites of hospitality which were practiced in some form or another by all primitive and ancient peoples. The right of the stranger to protection, food and shelter seemed to be everywhere acknowledged, though with limitations and we find even among the most primitive peoples some provision for the poor and the sick stranger in the form of special hostels or inns. Gradually here and there the state begins to assume some responsibility for the sick and dependent, and it astonishes us somewhat to find the state-supported inn or hospital and the state physician and public health officer as well as a state form of public relief already established in a few countries before the Christian era.

The great figure of this period is Hippocrates, the Father of Medicine, who was the first to declare the astounding doctrine that disease had no connection whatever with gods and spirits and other supernatural beings, but was an entirely natural process, caused by natural causes and subject to natural laws. Hippocrates established medicine as a science and wrote many learned books on it. He also set very high ethical ideals for the physician which are embodied in the Hippocratic oath. Although his ideas were not generally accepted for a great many centuries, they were the seed of rational medicine from which medical schools grew up and flourished in the intellectual atmosphere of Athens and later Alexandria, and from which before the time of Christ a fairly extensive medical literature had sprung.

With the beginning of the Christian era, a new motive was grafted on to the original nursing impulse and a new spirit began to appear in nursing work. The ideals of brotherhood and service, the duty of charity and self-sacrifice, as preached by the Christian religion and accentuated by the poverty and suffering of the early church under persecution, brought together groups of workers whose main function was the care and relief of the sick and unfortunate. These religious and social workers were very soon organized under the auspices of the early church, each group of workers having specified duties and qualifications. The deacons and deaconesses were the most important body, and we usually think of Phoebe as the first deaconess and also the first visiting nurse. Very soon we find small homes like cottage hospitals for the care of the sick and other unfortunates, growing up
under the wing of the church, and soon we find almost all forms
of charity and relief transferred from the individual and the state
to the church.

About the time of the recognition of the Christian religion by
Rome in the fourth century, we have a great out-pouring of re-
ligious zeal and active charitable and nursing work. The pas-
sion for self-mortification and the fear of eternal punishment began
to take hold of people everywhere and nursing became a popular
prescription for all kinds of spiritual ills, compounded of the essential
ingredients of penance and good works and offering a sure release
from sins committed and a glorious future reward. Wealthy and
aristocratic recruits like Paula, Marcella, Fabiola and Olympia,
gave prestige and a halo of romantic interest to what had been
formerly a rather lowly form of service, and their example in
founding hospitals was followed by other wealthy and royal pa-
trons, who built and endowed many charitable institutions, often
of great size and magnificence.

This wave of asceticism as well as the condition of political and
social chaos and insecurity which followed the conquest of Rome
by the barbarians in the fifth century, led to a new type of organ-
ization, and a far-reaching influence, which we call monasticism.
Not satisfied with their service of self-abnegation and helpfulness,
and seeking a life of complete holiness through the elimination of
all worldly elements, we find multitudes of men and women se-
cluding themselves from the world, binding themselves with vows
which almost entirely limit their personal freedom, and replacing
with silent contemplation and rigid self-repression the active
forms of civic influence and social service to which they had for-
merly been devoted. The monasteries, however, did furnish re-
lief and hospitality to pilgrims and strangers and sick people
were cared for tenderly by monks and nuns, within the limits set
by monastic regulations and their own naïve faith in the efficacy
of prayer and penance as modes of therapeutic treatment. Among
the many outstanding figures of the monastic period we find such
women as Radegunde and Caeseria, great abbesses who held po-
sitions of authority and influence, ruling over great monasteries
of men as well as women. Through their prestige and their pow-
eyors of organization these abbesses helped to establish a definite
system of nursing which included a period of probation and initia-
tion, graded duties, house rules and regulations and some attempt at the teaching and supervision of novices.

Medicine, which had started in such a promising way under the Hippocratic school, had been going down steadily. Intellectual life and scientific investigation had practically disappeared in the early mediaeval period, partly as a result of the invasion of the barbarians of the North and partly because of the policy of the Church in discouraging medical learning and especially all forms of experimentation and surgery. In Persia and Arabia, where some of the western physicians had been banished for heretical beliefs the torch of the medical science was still kept burning, but in Europe a few medical quacks and barber surgeons were the only representatives of the profession of medicine, besides the monks and nuns, who often became skilled in the use of herbs and simples, and who practised a sort of household medicine which was largely nursing. The greatest name of this period is that of Hidlegarde—Sybil of the Rhine a genius who combined the learning and skill of a philosopher, a physician and a nurse. But the world was so fettered by authority and so blinded by belief in spirit-possession and miracle-ores, and religious persecution was so fierce and incessant that progress in medical science was practically at a standstill for a period of about 800 years.

During this time the disorganized states of Europe were beginning to form themselves into nations, and as a result of the continuous fighting, we note the rise of a new type of hero and a new ideal of service which was destined to influence nursing greatly. The institution of chivalry, with which we are so familiar through the tales of King Arthur, developed a type of manhood which was as different as possible from the monkish type, and offered a life of struggle, adventure and romance which was directly opposed to the conception of the repressed, sheltered and contemplative life of the cloister. Through the great military adventure of the crusades, the christian knight, who stood as the defender of the weak and the redresser of human wrongs, became actively identified with hospital and nursing work, and brought into it not only a tremendous impetus and enthusiasm, but also the more positive, practical and robust virtues which belong to the good soldier and man of the world.
The Hospitallers, who are probably best represented by the Knights of St. John of Jerusalem, combined the religious and the military types of organization and the ascetic and romantic ideals, in a very interesting way. They were assisted by ladies of the same social class and with similar ideals. Under their powerful leadership, and by virtue of their immense wealth and social prestige they were able to extend their beneficial activities into many different countries, and to set hospital work on a much more substantial and permanent basis. Their great contribution was their organization and administration of hospitals, which took on a mixed military and ecclesiastic character, and were administered with a lavishness and magnificence which far outshines most if not all of our modern institutions. It was essentially an aristocratic type of organization, the inspiration and model for much of our modern Red Cross and Army nursing work and with many of the same inherent weaknesses, which finally brought about the decline and almost complete disintegration of the military nursing orders. Spirit of "noblese oblige" which they brought into nursing has never died out however, and we have to look back nearly 1000 years to this period to find the origin of many of the military forms and traditions which these soldier nurses brought into hospital work.

About two centuries after the crusades we find the old feudal system gradually breaking up, and great industrial and commercial centers beginning to appear. Poverty and disease ravaged the great city populations and religious indifference and industrial unrest complete the picture of political and civic disorder. To meet these new conditions a new leader and a new organization arose. St. Francis of Assissi formed his body of mendicants, or begging friars as a protest against the monastic conception of the cloistered and contemplative life and the pomp and exclusiveness of the aristocratic orders. It was an effort to bring the spirit of brotherhood and the ideals of practical religion again into the everyday life of the common man. Though the friars were primarily preachers, they engaged in many forms of social service and were particularly active in caring for the sick in their own homes. The lepers were their special care and they did much to check the spread of that plague.

Awakened by the powerful preaching and the winning person-
ality and example of St. Francis, men and women of all classes became interested in benevolent activities, and many secular or semisecular nursing organizations were formed to give expression to the religious devotion of ordinary citizens and to open up avenues of practical service for those who could not comply with the more exacting standards of the older monastic orders. Very soon it began to be accepted that the extreme restrictions and solemn vows of the monastic orders were not necessary to a life of piety, and service and indeed that a certain degree of freedom was of great advantage in developing new forms of charitable and nursing work. St. Catherine of Sienna and St. Elizabeth of Hungary are conspicuous and attractive examples of mediaeval nursing saints, who were not identified with any of the stricter religious orders, but performed their services of mercy as private individuals. The Tertiaries of St. Francis and the Beguines of Flanders, are good types of nursing organizations showing this new democratic and secular tendency.

To meet the evils of poverty and vagrancy which had been aggravated rather than helped by the promiscuous almsgiving and the religious pilgrimages encouraged by the mediaeval church, we begin to find communities taking over some responsibility for the relief and care of their own sick and unfortunate. Citizens are beginning to realize some of the privileges and duties of citizenship and to lay the foundations of democratic institutions and government. We begin to see a few faint, but promising signs of a growing desire to do justice to the laboring man and to do something more than scatter alms for the relief of poverty. With the revival of intellectual life and the rise of universities, first in Italy and later in Northern Europe, and with the re-discovery of the old Greek and Roman medical classics, which had been safely preserved and brought back into Europe by Arab physicians we begin to get a revival of interest in the study of medicine and scientific subjects generally. Investigation is gradually resumed, though not without tremendous opposition from the religious authorities, and we come into a period of scientific discovery in the fields of anatomy, pathology, chemistry and finally physiology, surgery and therapeutics, which paves the way for our modern advances in medicine. The names of Avicenna, Roger and Francis Bacon, Paracelsus, Harvey, Paré
and Sydenham, are only a few of the many pioneers who contributed to the steady up building of medical science and art.

But while medicine was steadily climbing up out of its long period of lethargy and decay, nursing was passing through a period of disorganization and deterioration. The old monastic institutions were breaking up, and in spite of the new impulse which came in with the mendicants and the secular orders, the steady efforts to repress and control all nursing activity to eliminate all "worldly" elements and to prevent its expansion along new lines, finally crushed out most of the vital life that was in it. Fewer and fewer recruits were coming into the orders, and the workers were being supplemented largely by domestic servants of inferior moral and intellectual calibre. The final touch comes with the political and religious revolution in the 16th century, when most of the northern countries broke away from the Church, and the religious orders which still remained loyal to the old allegiance, were either dissolved or suppressed and their monasteries and properties seized by the government.

The result was a complete disorganization of all charitable work, and a period of very bitter suffering, especially for the sick poor. Hospitals are taken over by the civil authorities, and to replace the religious sisters, servant nurses are employed on the basis of domestic help. These secular servant nurses, deprived of the motive of future compensation and reward which had always been a powerful stimulus to faithful service in the religious sisterhoods, exploited miserably as cheap labor by the hospitals and dominated by men officials and physicians of mean intelligence and low morals were conspicuous examples of all that a nurse ought not to be. They were mostly ignorant, dishonest, and often drunken and immoral women, with no sense of dignity or common humanity, and showing almost no evidence of intelligence or nursing skill. The standards of service in hospitals, both nursing and medical, were miserably low.

Outside of hospitals and the care of the sick in homes by women of the family, nursing was carried on either by monthly nurses of the "Sairey Gamp" type, or by amateur "Lady Bountifuls," or "good neighbors," who did the best they could on the assumption that good will and liberal doses of home made remedies completed all the requirements of nursing care. The
only bright spots in the whole dark period are the magnificent labors of missionary nurses (mainly of the religious orders) in Canada and other pioneer countries, and the development of the Sisters of Charity under St. Vincent de Paul and Mmlle. de Gras in France in the seventeenth century.

Toward the end of the eighteenth century, we begin to catch a little gleam of light. John Howard was then beginning his investigations into the conditions in prisons and hospitals and was stirring up public sentiment against the disgraceful and inhumane treatment of unfortunates and dependents of all classes. William Tuke, in England, and De Pinel, in France, were taking the first steps to improve the dreadful conditions of the insane, and an agitation over the high mortality of foundlings was resulting in the building of many new institutions for the care of children. This humanitarian awakening was followed by a period of political and social reconstruction, a period of legislation and organization which has gone on steadily to the present time. But reforms in hospital and nursing work did not take definite shape till about the middle of the 19th Century. The work of the Quakeress Elizabeth Fry, and similar high church movements in England, and the organization of the Deaconess movement under the Fliedners at Kaiserworth, Germany, were all efforts to find a way for enlisting a better class of women in the care of the sick, and giving them a better preparation for such work. But they still clung to the old ascetic ideas. They could not think of a faithful, devoted nurse, except as a religious devotee bound more or less by vows and they could not imagine a nursing organization without some kind of paternal authority (preferably male) who should think for it, control it and prevent it from developing foolish and pretentions ideas.

It took a woman of commanding intelligence and courage to break with that old tradition. The new conception of nursing as an economically independent, secular vocation or art requiring intelligence, knowledge and technical skill, as well as devotion and moral purpose, was the work of Florence Nightingale. Her dramatic and convincing demonstration of the value of scientific nursing at the time of the Crimean war would not have been enough had it not been followed up by her long campaign, of public education, driven forward by her example, her genius
and her indomitable will. Against the greatest opposition, she succeeded in laying down the rules for the new profession—high qualifications of mind and character but without sectarian distinctions or vows of any kind exacting standards of discipline (which were largely suggested by military models) long and careful training, including an adequate proportion of theory as well as practise, a fair and just economic and social status for the workers, and the teaching and control of pupils by women of distinction in nursing.

Once accepted and established, the new vocation made its way rapidly assisted by all the humanitarian, social and educational influences of the times, especially the movement for the better education of women and the opening up of new careers for them, insuring their greater economic freedom and independence. The advances of science, and the rapidly improving standards of medicine, surgery and sanitation, stimulated by the discoveries of Pasteur, Lister and others, also had a direct bearing on the growth of the new profession. From this time on medicine and nursing have advanced on parallel lines, working out closer methods of cooperation and gaining in strength and independence. A new standard of humanity and scientific efficiency has grown up in hospitals, not only in the old world, but in the newer countries, and we begin to see a rapid expansion in hospital work, bringing into existence a constantly increasing number of training schools and nurses. Relieved of the hampering restrictions of former years we see the nursing field broadening out and branching off into many new lines of work. Pioneer leaders have arisen to direct and consolidate these new activities and to organize the growing band of workers into a more unified and effective professional group. A literature of nursing has taken shape, and educational standards are being slowly built up, often under great difficulties, but with far reaching results.

It is an inspiring picture, but, though we are now on the upward curve, the goal is still a long way ahead. We have still much history to make. Not till every kind of sick person is efficiently nursed, and every life reasonably safeguarded from preventable disease, can we afford to relax our effort for one moment. Not till our schools are established on a firm, economic basis, till adequate educational opportunities and fair living and
working conditions are secured for every nurse can we afford to feel the least bit satisfied or secure. Not until we have gone a great deal farther along the line of scientific and practical achievement, and have begun to realize a little more fully the spirit and ideals of the best of those splendid women who have gone before us, can we feel that our task has been accomplished.

Our modern professional ideal is made up of ideals and traditions which come from every one of those nursing ancestors—the mother, the priestess, the deaconess, the religious ascetic, the mediaeval saint, the knight, the friar, and even the servant nurse and the romantic amateur. The influences and motives which carried these men and women into nursing work are still represented in the nurses who come into our schools today. We miss the numbers of men nurses who shared so generously in the labors and the sacrifices of the women of earlier days, but we still work side by side with their modern representatives whom we find more frequently now in the brother profession of medicine. We meet very few religious devotees of the old type in our schools, but we are getting every year more women who are charged with the same social and humanitarian spirit which made their work live and kept nursing from degenerating into gross materialism and commercialism. We have not entirely rid ourselves of these dangers—indeed they are still to be fought as strenuously as they ever were in the days of old. The prototype of the unspeakable Gamp is still to be found too often in our land—as well as the high-born amateur and the rich philanthropist who make the old mistake of supposing that high motives and generous impulses are all that are needed to fit one for nursing service.

The glamour of romance and adventure still hangs about nursing and lures into our ranks a few sentimentalists and romantics, but on the whole our body of workers is an extremely sane and practical one, more democratic, infinitely more efficient and we are sure not less devoted than any body of nurses that has gone before.

We must remember that it is the solid backing which scientific medicine has given to nursing work, and the improvement in our standards of education and training, more than anything else, which has made it possible for us to advance as far as we have in the past half century. This and the freedom from com-
plete domination by narrow-minded and autocratic authorities, which is coming slowly but surely, alone makes it possible for us to stretch out into new fields and develop with the new needs of our times. No body of women ever had such an opportunity as we have to bring about a golden age in nursing history. All those splendid ancestors of ours are looking to us to see how we will quit ourselves of the task and make ourselves worthy of our traditions and our opportunities.

Note.—Pictures illustrating nursing history, may be found in the following books: Nutting and Dock, History of Nursing, 4 vols.; Richer, L'Art et la médecine (French), Müllerheim Die Wochenstube in der Kunst (German); Lacroix, Military and Religious Life of the Middle Ages.

Some excellent reproductions of Italian pictures illustrating nursing and hospital work may be secured at about 20 cents apiece from G. Fattorusso, 22 East 45th Street, New York.

Saturday Morning, April 28, 10.30 o'clock, Joint Session

MATERNITY NURSING

Miss Mary Beard, Presiding.

THE PROBABLE EFFECT OF PREGNANCY CLINICS AND PRENATAL NURSING CARE ON MORTALITY RATES

By Dr. Edward P. Davis

Professor of Obstetrics, Jefferson Medical College, Philadelphia


COUNTY UNITS FOR MATERNITY SERVICE

By Dr. Grace L. Meigs

The Federal Children's Bureau, Washington, D. C.

OPPORTUNITIES OF THE PRENATAL NURSE IN
CONNECTION WITH VENEREAL DISEASES
AND PREVENTION OF BLINDNESS

BY MAUDE S. SMART
Boston Lying-in Hospital


Saturday Morning, April 28, Joint Session

MEDICAL SOCIAL SERVICE

Miss Ida M. Cannon presiding.

MEDICAL SOCIAL SERVICE AS IT RELATES TO
TRAINING SCHOOLS IN BEHALF OF
STUDENT NURSES

BY RUTH V. EMERSON

Head Social Worker, Massachusetts General Hospital, Boston

The reasons for closely affiliating the hospital's training school
for nurses with its social service department are many and obvious,
yet I should like to direct your attention to four of the more im-
portant to explain why, at the Massachusetts General Hospital in
Boston, we have outlined a course which gives some instruction
in social service to all of our nurses and is distributed over their
three years of training.

The first is brought out in simple answer to the questions put by
educators, "Are you interpreting the pupil's class-room work,
his laboratory material, in terms of every day life? Are you
relating his theoretical study to the practical problems of everyday
living?" If a nurse is to know the various aspects of heart dis-
ease she must know more than the medical-clinical picture; she
must know also the social-clinical picture, under what conditions
her patient has lived and worked, whether his tenement is on the
top floor and his work that of pick and shovel. She must realize
that to think in hospital terms she must know the dialect of home
and working conditions, so that the prescription "No stair climb-
ing, little exertion, good hygiene," will not be glibly quoted and handed to the patient as unthinkingly as the doctor's order for pill No. 6.

Secondly. As we are teaching our nurses the various curative and preventive measures of attacking disease as well as the functions of the various departments in the hospital, have they not a right to expect to learn the purpose and aims of that department which has been added because found necessary for the effective treatment of hospital patients? When, as graduate nurses, they go to other hospitals, how are they to know whether they want or need a social service department or how to connect with the social service department if it already exists? Should they not make these contacts while in training?

Thirdly. Increased opportunities are continually being opened to women equipped with social training and a teaching knowledge of health. Shall we not allow undergraduates to nibble at medical-social and public health work to see if they like the taste well enough to take definite post-graduate training along any of these special lines?

Fourthly. The fuller understanding of nurses and social workers is better for each, and best of all for the patient. The stimulus of having pupils in any social service department is something vital to the workers.

I do not propound these four reasons for the alliance of the training school and the social service department as new, for I know they have been acted on in some degree in a large number of hospitals, often through affiliation with the district nursing association, but I do wish to emphasize them as arguments for the use of the social service department as the vehicle for the nurse's insight into the social aspects of disease. At our hospital we have such a relationship between the training school and the social service department and have outlined a course which appears in the training school's prospectus and which is given a definite place in the curriculum. The nurses are graded on their work and an examination given. This is important, as otherwise it would be like getting something for nothing, an unsound policy in education. Not all of this course has been consecutively followed but each section has been tried out and seemingly the results have been worth while, both from the student's point of view.
and from ours in the social service department. All of the nurses at the end of their three months' probationary period have a series of eight or ten classes which are in part lectures, part recitations, but largely frank discussions. This is in contradiction to the outline suggested by your committee a year ago, wherein you will remember, they suggested that each probationer spend three days in the social service department visiting various sections of the city, learning the peculiar community problems which may be responsible for sending patients to the hospital, getting something of the prejudiced points of view of the patients, for instance, the Italians and the Jews. Furthermore, your committee advised against any lectures until the third year.

I agree that the nurse's interest in her patient as a human being with varying responsibilities should be aroused as early as possible, surely before she is institutionalized, but as I have watched probationers it seems to me that everything is so new to them, and they are making so many re-adjustments, that to give them any social interpretation of the patients would only add to their confusion. They may be more responsive when they first come, but I believe they had best get their impressions unaided and their feet securely under them before their minds are directed along social lines, for unless they do, I believe there will be a real danger of sentimentality coloring their reaction. In one of my groups of twenty-four nurses, only five had had as much as a bowing acquaintance with Jews, Italians, Greeks, or other foreigners; only three had any idea of their points of view, save that Jews are forbidden certain foods. Talking with probationers about racial prejudices of the Italians before they had more than seen a few, would be of little value, yet talking with them after they had helped care for several Italians on the ward, you can make vivid to them what a departure it is for an Italian woman in whose own country it is considered degrading to go to a hospital, to be a patient in one of our public wards, and to be examined by a group of students. Furthermore, I believe talks, classes with discussions, even lectures need not be theoretical, stupid, or too deep for first year students. In fact, I suspect that there will be much more give and take in such exercises with nurses in their first year of training than in their third year, after their passivity has been cultivated and their ability to argue and express their own opinions has been stifled.
How much does the nurse know of the proper treatment of endocarditis although she has cared for Maria Farraci on her ward for two months and has heard the doctor talk to the mother who looks bewildered or smiles benignly when told she may take the child home provided she keeps her quiet, out of school, and lets her have good food? How much does she really know except that it has taken two months to clear up this acute upset? The child should have simple food, and needs restricted exercise, yes; she may remember, too, that unless these children are careful over a long period of years they are likely to become grown men and women with serious heart lesions. But the nurse has no more idea of what it means to an Italian family, father, mother, and five children under working age, to care for a youngster with heart disease than the mother has of what the hospital has been doing to get her child well enough to go home, yet the home care of that child is very definitely a part of her treatment and furthermore, the nurse is supposed to be intelligent regarding the complete treatment of endocarditis. Her teaching has not been practical, it will not be applicable to human problems, unless she has an idea of the home life of her patients. Unless she has seen or heard described an Italian family in its home, has tried to persuade them to give up some of their lodgers who take the beds the children should have, as explained to the mother who has not an inkling of why her child, who apparently looks well and strong, has to be favored,—unless she has a clear picture of these conditions, she cannot see truly the problems of the after-care of Maria. After considering in detail these family problems she will appreciate more fully the difficulties, understand, and not be surprised at the reentry of these children. As a nurse on the ward, she will be more thoughtful concerning her opportunities to teach the child and the family while Maria is still in her care. In the adult ward, where her cardiac patients are too often both handicapped workmen and hospital repeaters, she will be more interested in the true significance of heart disease and more questioning as to how it may be attacked. In our classes we talk over just such problems and stimulate each other to think of the patient not only as a hospital case with a diagnosis interesting to medical students and house officers, but also as a many-sided human being with responsibilities to himself, his family, his work,
and the community. Sometimes he seems almost to be a chameleon, but at the same time we try to see what it is that we owe him, what it is that he needs besides the hospital bed, food, and medical treatment.

We use social service case records and together work out the necessary steps in the plan. We do not attempt any careful discrimination of social agencies but explain the function of the various ones as we meet them in working out our problems; for instance, in effecting the transfer of a woman with tuberculosis from our hospital to a state sanatorium we brought out our relation, not only to the family and their relatives but also to the local board of health, the tuberculosis nurse and dispensary, one of our state boards, the school nurse, the teacher, a child-placing society, the parish priest, and the landlord. At the end of our discussion the nurses had a pretty clear idea of what a diagnosis of tuberculosis really means to the mother of a family of young sickly children with an irresponsible father. They knew what kinds of things have to be considered and in how many directions one may need to travel to unravel a family problem. Furthermore, they learned how to start the ball rolling to secure adequate care for their patient. If they become hospital administrators, they will have an idea how to start to get rid of the pleurisy patient who is found to have pulmonary tuberculosis.

The schedule which we have is somewhat as follows:

Lecture 1. Background of hospital and patients admitted; reading of selected parts of the annual report of the hospital, object of hospital, medical and surgical classification of patients admitted (briefly), their nationalities, residences, and occupations. Discussion of the various kinds of hospitals in the community; their purpose and how maintained, hospitals for tuberculosis, chronic diseases, maternity cases, children's diseases; hospitals run by state, city, as private business or private charity. Hospital uses and distinctions paralleled with social agencies.


Lecture 3. Presentation of case of a tuberculosis patient.

Lecture 4. Presentation of case of a child with heart disease.

Lecture 5. Presentation of case of a child with eczema.

Lecture 6. Presentation of case of a feeble-minded girl.

Lecture 7. Presentation of case of a man with cancer.
Examination. Eligibility of patients for admission (in detail). Steps and plan for care of girl with chorea and heart involvement. Plan for old lady with fractured femur and cast, etc.

From time to time questions are asked and the answers written out and handed in before class, for instance: "What would you do if the doctor asked you to find a boarding place for a young immigrant who was on the ward because of a fractured spine which occurred in the mill where he worked?" Along with these talks or after they are completed, we have the nurse visit patients' homes, patients who, we know, will be glad of visitors, baby clinics, settlements or other social agencies, for example, an Associated Charities Conference. Because these visits should be in small groups, preferably accompanied by a trained social worker, and usually taking half a day, we have not carried this part of our program as far as we wish. We want each nurse to have six such half-day visits besides one whole day with the District Nursing Association which in Boston is a separate organization, not connected with the hospital. These visits should not all be made in one week and after them there should be time for discussion and explanation.

When these two sections are completed we expect the nurse to have a working knowledge of why we exist, and of what kinds of things we attempt to do. It is the policy of our Social Service Department to accept cases referred to us by pupil nurses. The head nurse should be consulted before a case is brought to our department, but one of the other nurses is free to come, and she often does. In the dining-room nurses have been heard discussing whether "so-and so" ought not to be referred to Social Service because she has nowhere to go when she leaves the hospital except right back to work, and she is a scrub-woman with varicose veins, or "Should not Social Service visit to see who is looking out for Mrs. J.'s children all of whom are under twelve, and she is so worried about them that she has not slept decently for two nights?"

In the second, junior, or intermediate year, call it what you will, we plan eight one-hour lectures putting before the pupils the social side of the diseases which they are studying in bed-side clinics. These lectures are not always in the classroom, but may be in the out-patient clinic. Besides this required work, nurses are assigned to two of the out-patient clinics for three months;
one to the syphilis clinic, the other to the children's. In the morning they act as nurses and in the afternoon do social case work under the supervision of the social worker who carries the cases in that clinic. I believe this is a sound policy which can be advantageously extended to include other clinics, for instance, the orthopedic, male and female, medical and surgical clinics. It has a fair balance of nursing and social experience as related to a certain group of diseases.

In the senior year we have four lectures presenting the field of public health nursing and medical social work. These are in the nature of vocational guidance. In addition to this, four nurses a year are chosen to spend three months in the Social Service Department. They are on the wards as nurses on Sundays, and do have occasional lectures, but except for that, give their entire time to our department. Two months are spent in the out-patient and one in the ward social service department. The reason for this division of time is that we feel the out-patient department is less familiar to them and that doing social work there will be a greater jolt and it is more stimulating than to begin in the ward social service office. Furthermore, in our hospital, social service was started in the out-patient department and the relation to the training school established before we had a social worker in the wards. During these three months the nurse always have close supervision but work up, from carrying minor responsibilities to full investigations, mapping out plans which they themselves carry through. They arrange sanatoria care for tuberculosis patients, convalescent care for others, have experience with skin diseases, observe the relation of industry and disease, make plans for a run-down mother to secure an operation, visit various institutions and social agencies. Prescribed reading goes hand-in-hand with this practical experience and the nurses attend a weekly conference on social case work. There is also an elective in public health work which gives two months' training with the Instructive District Nursing Association; two months' post-graduate work may be taken which will give the nurse their certificate. Occasionally the entire four months may be taken during the three years of training.

Too great stress cannot be laid on the importance of choosing with the greatest care those nurses who are to have these oppor-
tunities for intensive social work. Introduced to social work in her first and second years, any pupil should know by her senior year whether the more social forms of nursing appeal to her, and the training school ought also to know who is best suited to try out along social welfare lines.

Thus far we have concerned ourselves with the need of, and advantage to the training school by allying itself with the social service department. I want to state my conviction that the gain on our part by such a welding together is something very real. By understanding each other better we are sure to get on more happily and so work more smoothly and efficiently. But greater than this is the reaction brought by the questionings and challengeings of the pupil to the social worker; this is bound to mean clearer thinking and consequently better case work.

Our social service schedule which, you see, covers the nurse’s entire period of training giving her first a glimpse and later offering her considerable experience in social work, has been outlined in connection with a thoroughly equipped training school which has a carefully planned curriculum, and a social service department with workers qualified to teach. These two states of well-being ought always to go hand in hand, but because we all know that they do not, I should like to suggest various adjustments which seem to me feasible.

In many instances the expenses of the training school, the hospital, and the social service department are made up in three separate budgets. It seems to me fair for the training school to share with the social service department the cost for the social teaching of its nurses. If this is a legitimate part of the school’s course why should there not be one worker in the social service department who would also be on the training-school teaching staff? The head worker, ex-officio, should be the connecting link to help plan the course, but she need not be the teacher nor the person whose salary I suggest should be paid in part by the training school and in part by the social service department. Many social service departments are unable to give the kind and amount of teaching which nurses should have, yet if the funds for a social worker with teaching ability were procured in conjunction with the training school I think it might often be arranged. In the case of hospitals situated near the various schools of social work
or philanthropy, an affiliation might be made for several training
schools to have uniform courses under the school's auspices.

In line with this is the course of lectures which Miss Evans has
been giving this winter in Cleveland and the talks arranged in
Philadelphia. These and the papers in the Public Health Quar-
terly by Miss Beard, explaining the different branches of public
health work, seem to me very valuable, and I should think might
be used as teaching material. An objection at present to them,
and it may not be an objection but only a limitation in them, is
that they are too closely tied up with the field of actual nursing
and do not give any conception of other medical social problems.
This is, of course, just the difference between public health nursing
and medical social case work, but I do feel that the nurses need a
glimpse of both. At present there is a great lack of medical social
service literature in this form, but I hope we may soon have some
and, also, that we shall have medical social case records published
in a form suitable for teaching. Probably many of you are fa-
miliar with the case histories published by the Charity Organiza-
tion Society in which the case record is disguised but the facts kept.
There are breaks made in the records that one may stop and dis-
cuss the problems as they develop and yet not see ahead to know
how things are coming out.

To give our pupils social experience, could we not have affiliations
with other hospitals just as we do between general and
maternity hospitals? Could not hospitals having a course some-
what in line with the one we are having receive, for three or four
months, nurses from other schools? Here again may I repeat the
tremendous importance of carefully selecting the nurses for this
special training? Though I am convinced that there is a minimum
of social interpretation without which no nurse should be trained
either for private or institutional work, I believe just as firmly
that several months of practical experience need not be given, at
the present time, to every nurse. We must remember that in
three years we cannot graduate both a trained nurse and a trained
social worker, unless we change in quite radical ways the training
school curriculum; but in three years we can give every nurse an
opportunity to know something of medical social work and can
start on their way those nurses who expect to continue along special
lines.
In the discussion that followed, several superintendents reported that they were anxious to give their student nurses some experience with the social service department during their course of training, but that they found it very difficult to spare them. Ida M. Cannon reported for the Massachusetts General that because of the increased interest in the social side of nursing, there had been an increased number of applicants for training, and because of this increase, Miss Parsons had been able to make a better selection from the applicants. Miss Fox reported from Toronto that the University of Toronto is giving a course of twenty-four lectures on the various aspects of social service, open to the pupils of the schools, but that the follow-up work from all the hospitals is being done by a nurse employed by the Department of Public Health. Practical work for pupil nurses will not be provided unless an educational director is appointed to have supervision of their work. Miss Tucker summed up the discussion by saying, "We must not urge that social service departments take pupil nurses to train unless they are large enough and are equipped well enough to take those students as pupils and not simply to do a certain amount of routine work."

*Monday Morning, April 30, 1917, Joint Session*

**THE TRAINING AND STATUS OF ATTENDANTS**

Sara E. Parsons, presiding.

The meeting was called to order at 9.15 a.m. by Miss Parsons, President of the League.

*Miss Parsons:* Our session this morning will take up the question of "The Training and Status of Attendants."

I fancy fifteen years ago, or perhaps within ten years, we should hardly have given this subject a place on the program. Most of our people thought it was hardly worthy of serious consideration.
However, I think we are to have some very interesting papers on this very important subject. Miss Frances Stone, Secretary of the Hospital Division of the Thomas Thompson Trust, of Boston, has had a great deal of valuable experience. I am very happy to announce Miss Stone as the reader of our first paper.

"Is There Need for Another Class of Sick Attendants Besides Nurses?"—Miss Frances Stone.

IS THERE NEED FOR ANOTHER CLASS OF SICK ATTENDANTS BESIDES NURSES?

By FRANCES STONE

The subject given to me is one that needs translation, it means, Can the graduate nurse, working as she is now working, and with the traditions that she now holds, do the work throughout the country which she claims to be her work, and which she is expected by the community to perform, or, is something else needed? The answer to this question comes from many directions. It is this: Yes, most emphatically something else is needed. At the foundation of this something else is a radically changed attitude of mind on the part of a large number of the trained and educated members of the nursing profession, towards the body of women who are not graduate nurses but are now doing, always have done and always will do, a great part of the heavy nursing work of the country. These women are necessary for the work, and the recognition of our responsibility and obligation to them, to help them attain a proper standard and, through close co-operation, to get help from them, is the attitude of mind for us to reach if we are to fulfil our rightful mission, and do the work we are expected to do, and for which our education has fitted us.

1. While there are no statistics to show accurately the per cent of daily illness existing among our population of 100,000,000, we can readily see that the estimated number of graduate nurses, placed at from 70,000 to 100,000 and variously engaged in the many branches of work now open to graduates, is in numbers alone, entirely inadequate to cover more than the border of such a field.

2. The financially well-to-do of the country and the poor, are well cared for by the graduate nurse. They comprise less than
15 per cent of the population, while those of moderate means, above the charity line, are conservatively estimated at 85 per cent. These people in time of illness are largely dependent upon the non-graduate or attendant nurse. Evidence of this fact is easily obtained. Every investigation that has been made up to date, showing how the field of nursing is covered and what proportion of cases has received proper service, and what proportion has not, shows a lamentably small number reached by graduate service. Such investigations are only beginning; the two with which I am most familiar are the Dutchess County Survey and the very recent one in Detroit of 2,000 maternity cases. These were both instigated and financed by the trustees of the Thomas Thompson Fund. In Dutchess County not one per cent of the population was receiving adequate care in illness. Of the 2000 maternity cases in Detroit, 24 had the continuous care of graduate nurses, while 408 had the continuous care of non-graduates. About 90 per cent of the ground was not covered.

3. Not only is it impossible for people of limited means to employ the services of the graduate nurse consecutively—in a large number of cases she is not needed. But someone is needed, therefore there must be two classes of workers for the two classes of need.

4. The graduate nurse is as incapable in most cases of doing the work of an attendant as the attendant is incapable of taking the place of a graduate. The training schools are not educating women for attendants’ work.

5. While we of the nursing profession have for years discussed the question of how best to reach this vast majority of the people, a great army of untrained or inadequately trained women has been doing the work.

6. The oldest training school in this country counts less than fifty years. We can be justly proud of the very high standard that has been obtained for the schools and of the standardized work the graduates are doing, but their curricula do not usually include the care of convalescent and chronic cases, the housework and oversight of well children. This type of care we expect from attendants.

7. An examination of the representative registries, as well as of many of the private registries for graduate nurses, shows the
names of a large number of so-called practical, household or attendant nurses. On central registries the number is untold but far exceeds that of the graduate nurse. When questioned, the invariable answer is: “The demand is so great that we are obliged to register them, and they are engaged most of the time.”

8. Few, if any, occupations have been carried on without the use of various grades of labor. It would seem that we have heretofore failed in part to recognize this principle. A few women in the nursing profession have recognized this necessity and have adopted methods whereby they are making use of and establishing proper relations with, non-graduate nurses, and are meeting the acknowledged needs of the people. They have been able to cover nearly 100 per cent of the ground, they have succeeded in greatly widening not only the field of usefulness for the non-graduate nurse but also the field for her profitable employment. They do not usurp the field of the graduate nurse, but rather open other avenues to her, such as organization and supervision. Even a limited investigation shows us how necessary attendants are to meet the needs of the people, to meet their own needs, and to help our work attain its true success. We have a great opportunity and obligation toward them. We must help them standardize their work, closely cooperate with them, work side by side, and give them the supervision so necessary for their success.

9. It has never been, and never will be, right or just to receive into the training schools (as many are now doing), women with very limited education and ability and later allow them to take their place beside the highly educated women capable of the highest grade of scientific service, and then expect to grade them. The advent of the attendant into training schools provided solely for their instruction brings a solution of the problem, “How to Grade Nurses.”

10. I am glad to be able to say that I have helped to organize the first standardized school for attendants in this country, where they are taught housework, the feeding and care of well children, practical nursing (both for the home and the district), also the after-care of maternity cases. The cardinal principle is that they must work under supervision. There is no difficulty in placing them in hospitals to gain bedside experience, district
nursing associations are employing them as helpers, and I hope
to see the day in the near future when every town and country
district nursing association will have its own small school, or
cooperae with others, and that all of the hospital training
schools that find difficulty in securing the standard educational
qualifications for their pupils, will receive women capable of
filling the position of attendants. Then, and perhaps not until
then, shall we all realize the value and worth of this large body
of most useful helpers.

_Miss Parsons:_ Miss Stone's interesting paper leads up very
naturally to the next question that is in our minds, "How and
Where Should They be Trained? How Should Their Work be
Regulated?" Miss Edith M. Ambrose, Field superintendent of
Dutchess County Health Association, of New York, will answer
these questions for us.

**HOW AND WHERE SHOULD ATTENDANTS BE TRAINED?**

_by Edith M. Ambrose_

*Field Superintendent Dutchess County Health Association, New York*

It has been said that a new truth is only an old one risen from
the dead, and we probably all realize that this demand for at-
tendant nursing service is as old as the existence of evil. The
lamp of knowledge is simply shedding a new light on the old
laws of cause and effect, supply and demand. The recognition
of the fact that all disease is preventable has led us to believe
that it must be made a working principle for the majority, if
our ideals of health for all are ever to become a reality.
Efficiency in a machine can only be obtained when the operator
is familiar with the principles of his machine and the laws which
govern the medium in which he wished to operate it. For ex-
ample, an aviator who would attempt flight without knowledge
of his machine and the laws of the air would quickly pay the
penalty of his ignorance; he might fall on fifty innocent victims
and cause the death of the entire fifty. So one ignorant or care-
less individual might cause the death of many who were observ-
ing these laws. It is this knowledge, and the recognition of its
value to the entire community, that has given birth to the desire to have it reach the majority and has created the demand for an agent who can come into contact with every individual in the community with the message of health at a time when he is most ready to receive it. The most logical person to answer this demand is the public health nurse. It has called from our ranks already 6000 of the 70,000 registered nurses and previous to this drain the public was insistently calling for more nurses, nurses who would answer every need, who would care for the sick who were able to pay moderately but who were quite unable to pay the high price demanded, rightly enough, by the highly trained nurse. Several attempts to meet this demand for more and cheaper nurses have already been made, and how and where this is being done it is the purpose of this paper to discuss.

The nursing profession has been slow to recognize this need and reluctant to face the truth concerning it. It has even shown a spirit of veiled antagonism toward it. Attempts have been made by physicians and others to meet it, attempts which if allowed to go unchecked or unregulated bid fair to lower our standards of service which we have been at such pains to build up. The question at this moment assumes an attitude of vital interest because of the impending health insurance legislation and unless it is answered and answered adequately by the nurses themselves, it will be answered by the public, the government, the medical profession, and others, and among them our cherished standards will receive little attention. The law will demand nursing service for millions for whom it has never been available and unless we are prepared to meet it, and well prepared, it will be passed over to more capable hands, to persons who care little for our ideals. If therefore we can present plans that will prove to the satisfaction of the public that we can offer expert supervision adequate care for the sick at a price within the means of the agent who is obliged to pay for it, we may consider our proposition proved.

Needs. Miss Eleanor Rathbone of Liverpool said, in 1889, in connection with this subject.

Last winter at a time when there was a great deal of serious illness and the doctors were telephoning from one institution to another to find a disengaged nurse, we happened to hear of two neighboring families who were
employing Royal Infirmary nurses, one to nurse the footman and the other a child, both suffering from a slight attack of measles. A sick-room helper would have done the work not only as well, but better, since she could have cleaned the room and waited upon herself. I am aware that most nurses, or nursing institutions, do occasionally employ help for cases of this sort. They know of women that can sit up at night and do everything else that our sick-room helpers do. I only suggest that the need should be definitely recognized and provided for as an auxiliary to district nursing, that a regular suitable woman of ascertained qualifications, willing to work under fixed conditions, and rates of pay, shall be kept either at a home or by some outside body, and last but not least that the cost of employing them shall be defrayed when possible by the patient's friends, but when not possible that it should be met out of the institution's funds. It is somewhat doubtful whether in these days of subdivision of labor it is altogether satisfactory to try to combine in one and the same person the highest skilled work and the roughest manual toil, and it is obvious that if you pay an individual who discharges these dual offices on the basis of her skilled work you greatly overpay her for her manual work, and vice versa. It should not be beyond the power of good organization to devise a scheme by which, where necessary, the rough housework is done by the "handy woman" and the skilled nursing by a skilled nurse.

Miss Rathbone, in these sentences, has shown that there was at that time in England a definite need and demand for this class of service. It is fundamentally the same in this country except that our methods of training and our attitude towards life are a little different and so we must approach the problem from a slightly different angle. "The world lives and grows by heresy and treason, it dies by conformity to error and loyalty to wrong," said an inspired writer, so let us face the question squarely, let us not be loyal to any error that may have crept into our ideals of the standards which we have set, let us rather make a standard for the work that each group is undertaking, a standard for the workers in each group and clearly define our groups. Let us fearlessly face the truth and arrange our work in accordance with its principles. The truth is: first, That we need two kinds of nursing service, that of the skilled educator, and that of the less skilled worker; second, That they are for practical purposes an impossible combination in one person; third, That they are both necessary at the same time, one for educating the patient and her friends at the only moment when the lesson is likely to be effectual, and the other to do the work which requires too much time for the skilled worker to give.
The care of the sick, if left to the chance kindly neighbor, is likely to be left undone. How many have no neighbors in the city? "Neighbors" sounds well and calls up a pleasant emotion, but neighbors are seldom experienced in real life and it is realities we must face; fourth, that a large majority of the public can pay for nursing but cannot pay the price of the registered nurse.

The greatest truth of all is that whether we wish it or not, whether our standards are maintained, lowered, or altogether lost, makes not a particle of difference to the demand of the public for increased nursing service. We must meet this demand if the Health Insurance Bill, which included nursing among its benefits, becomes a law. The question comes right down to the one that has been agitating the public mind for the last three years, are we going to be prepared or are we going to "watchfully wait" until the matter is taken out of our hands?

To show that these needs which we have enumerated are especially applicable to the rural community, let us refer for a moment to the Dutchess County Survey of 1912. A house to house canvass of four typical townships shows that 1600 people were seriously ill in 18 months, that 90 per cent of these remained in their homes during the entire period, and that 78 per cent of these could have been adequately taken care of in these homes if there had been available medical and nursing service. It also shows that this lack of care was not due to poverty. Of the 113 women who went through childbirth in their homes, only one had the continuous care of a graduate nurse, and only 18 had any care whatever from graduate visiting nurses. Is this demand of the public unreasonable when in one of the most favored counties of this state, if the proximity of rich neighbors and a large city are looked upon as favors, 78 per cent of the sick are suffering unnecessary pain and loss through a preventable cause?

Objections. The objections to training attendants in this country are, that we are preparing to call into existence an inferior class of practitioner who may usurp the functions and title of registered nurse. This is much the same argument that was used by the physician against the midwife's bill, that no recognition or encouragement should be given to the midwife's training because every confinement should be attended by a physician. The answer is the same, that the great majority
cannot afford and ought not to be compelled to pay for highly skilled and remunerated service when they might secure services which would answer their needs for a lower price, also that the less skilled would be more likely to keep within the limits of what they could rightly undertake, if they were responsible to and working for a society rather than as free lances. The second objection is that we are taking one more step toward breaking down the motive to neighborliness among the poor, and that everything the sickroom helper does for the sick can be and usually is done by the family and friends. In reply we might ask, if this spirit of neighborliness gives sufficient training to care for the sick poor, why is it not equally desirable for the sick rich, and if so why do we train nurses at all? A third objection is made of the difficulty of raising funds to adequately carry on this work which is bound to be inadequately paid for. The answer is that the most economical way to treat the sick is the way that cures them most quickly, no matter what the cost. The employment of nurses in industrial and insurance companies testifies to this fact.

The question of legislation and the objection to having the attendant included in the same class as the registered nurse is also a great stumbling block in the minds of many. In my opinion, the time for the regulation of attendants through legislation seems to be hardly ripe. Before bringing the matter to the legislators we must establish some recognized standards. Legislation simply means the protection of the public in much the same way that the naming of any article does. For example, "the fact that margarine may not be sold as butter does not force the purchaser to give up butter and live on the cheaper article, all that it does is to protect the customer of indiscriminating taste from paying for margarine believing it to be butter." What we expect in the main from legislation is that the public shall not mistake the attendant for the registered nurse and pay her the same price as the latter is qualified to command. We want a way of distinguishing ourselves so that the employer who wants a thoroughly expert nurse may not inadvertently engage one who has not the qualifications essential to the purpose.

For this reason, we must have certain fairly fixed standards for both classes and until those who have undertaken the work
of training these women get together and thoroughly cooperate from the beginning this cannot be accomplished. Our efforts for the present should be confined to keeping the attendant out of legislation for nurses, we should object strenuously to having them called "certified nurses," or any brand that would tend to confuse the mind of the public. This objection on our part is quite as valid as that of the medical profession when it insisted on having the midwives registered in a class by themselves instead of as maternity doctors, the confusion in the mind of the public in our case is even more real.

English history. The training of the cottage nurse, as the attendant nurse is called in England, began in 1882. The practical instruction was similar to that given in the best-thought-out courses in this country, not including attendance at serious operations or such surgical cases as could not be treated in a laborer's cottage, but embracing maternity nursing pre- and post-natal. "When Sister Catherine began the training of these cottage nurses, a deputation representing a body that thought itself very influential was sent to attack her on the iniquity of giving training in a district rather than in the wards of a hospital, but within 12 months that same influential body was sending down some of its nurses to be employed and trained as Village Nurses." In 1888 the Rural Nursing Association, started in the west of England, was the pioneer of the system of County Nursing Associations. The first of these formed was in Hampshire in 1891, followed by Lincolnshire in 1894. Wherever possible, nurses with full hospital, district and midwifery training were employed. For areas where neither work nor funds permitted the support of such nurses, village nurses (trained as midwives and in elementary sick nursing) were supplied at a fixed rate of remuneration. The Queen's Institute requires the appointment of a Queen's nurse as County Superintendent who shall be responsible to the County Committee for the adequate and constant supervision of the practical work of its nurses.

A study of the present methods of training attendants in this country reveals a lack of any fixed standards. They all agree that some training is necessary. Some think that their work should continue under supervision of the graduate nurses, others see no necessity for it. Some think no hospital experience is
necessary and others that no home or field experience is necessary. Some require a tuition fee and the pupils pay their own living expenses, others provide the living and charge a tuition fee, notably the Thompson Schools. By the Thompson Schools I mean the Lynn and Rhinebeck and affiliated centers. Some large hospitals for chronic cases are offering a sliding scale of wages which begins at $12 and reaches as high as $18 a month. It is expressly stated however that this is not to be thought of as remuneration for services but only for textbooks and uniforms, though why the need for uniforms does not remain uniform is one of those unfathomable hospital mysteries and one can hardly be blamed for imagining the increase was because the hospital authorities considered their services more valuable in the last six months. The length of training seems to be a very disagreeable point, the time ranging from a minimum of eleven weeks to a maximum of eighteen months, while one center requires two years on its registry with six months' actual training.

The correspondence schools I shall not discuss for it is obvious that anyone who attempts to teach by correspondence a practical subject calling for actual practice as a mark of efficiency, proves it worthless at the start.

The training center idea, with the advantage of a small hospital of eight or ten beds, such as the Thompson group offers, while better than practice with a mannikin, does not provide the pupil with any opportunity to observe a number of patients suffering from the same form of acute or chronic disease, nor does she have the advantage of familiarizing herself with the use of sickroom appliances on any considerable scale, when her hospital experience is limited to a few patients for a period of four months.

It is argued that the women who go for this training are women with more or less experience in both household work and the care of the sick, and that therefore they have been partially trained before they begin. This argument may hold good with a few but must we not look ahead to the probable passage of the Health Insurance Bill which, when carried into effect, will call thousands into this work who otherwise would have gone to the shop or factory? They will become candidates for this field of service and their youth will preclude the possibility of their being experienced in either of these occupations. The
question is, then, will six months be sufficient time to teach them
the things they must know to be of any value whatever? We
shall want them to understand plain cooking and to a certain
extent the buying of food and the providing of a diet which will
be at the same time nourishing and economical. They must
know how to do ordinary housework in order to assist in it if
necessary, how to care for the children and feed the baby, who
to give the patient a bath, take the temperature, pulse and
respiration, and do simple recording, and the keeping of notes,
which means a training in observation and practice impossible
to get in a small hospital. They must know how to make and
apply poultices and stupes, give duoches and enemas, bandage
simple wounds, put on maternity binders, how to avoid bed sores
and to give the simple massage necessary for bed-ridden patients.
They must also understand the care of sickroom utensils, and
disinfecting of clothing, etc.

It seems as if we were attempting to put a great deal into this
six months. Plain cooking and the household work and buying
would almost require this length of time. It might be urged that
they will continue under supervision and that the training would
go on indefinitely. Not if I am any judge of human nature!
Back we must come to the truth, which is that the majority of
patients will object to being used as subjects for training our
pupils and that it would require a larger staff of supervising
nurses than we shall be able to have for such an intensive teach-
ing. And moreover, the pupils themselves will object to unend-
ing lessons unless the teachers are unusually tactful.

The chronic hospital, while offering a varied experience in the
care of the patient and the preparation of his diet, lacks the
opportunity for experience in the rural or city home. At the
same time it runs the risk in its course of eighteen months' con-
tinual hospital work of turning out practically a trained nurse
without the education to realize her limitations, and one who
would probably be unwilling to assist in any practical care of
the household. She will resent supervision because the hospitals
do not consider it necessary or, if they do approve of it, have
no way at present of securing it and have not trained them to
expect it.

From the foregoing, it would seem that possibly the ideal
training would be one that combines the advantages of the large hospitals for chronic patients with training for an equal period under the close supervision of the public health nurse in the rural district, or the Visiting Nurse Association in the city, depending on where the pupil intended to continue her work. It has been argued by some that the attendants need no home training if they have had a chronic hospital course; we might as well argue that the public health nurse needs no special training for her work, that her hospital work will fit her for any emergency. Those who advance this argument should put a graduate, fresh from the hospital, on duty as a public health nurse in a rural community and watch her for six months. The attendant certainly does, in my opinion, need the field experience for either city or rural work.

The course being tried out by the Dutchess County Health Association differs from the others in that it combines experience in the large hospital for chronic patients with an equal period of training under the supervision of the Dutchess County Health Association, of Dutchess County, N. Y., and the public health nurses in rural communities. Its affiliation with the Montefiore Home Hospital gives its pupils an opportunity for varied experience. This hospital contains 450 beds for chronic patients in its wards and a private pavilion of 50 beds. It also offers an elective course in tuberculosis nursing in the Bedford Hills Sanitarium. The experience in the care of the chronic patient with special emphasis on massage and baths, is exceptionally valuable. An opportunity is here presented for the attendant to see many cases and meet many situations which would be denied her in a small hospital whose capacity was limited to eight or ten beds.

It has been objected that the attendant, after this experience, would be dissatisfied to continue her work in a rural district. This objection cannot be answered from experience at present but we feel it to be a remote possibility in view of the six months of field training under the rural public health nurses. It is hoped that during this period the attendant will establish such friendly relationships among the people with whom she is thrown that she will decide definitely to settle in their midst.

Moreover, the six months of close supervision which the public
health nurse with whom she is associated will exercise over her will tend to form a habit of supervision and create a desire for its continuance. If her supervisor is tactful and capable, the attendant will readily realize the value of supervision and will have no desire to work in a place where it is lacking.

The Dutchess County Health Association hopes eventually to provide living accommodations for a certain number of attendants at its center, after they have finished their course and while on the waiting list. This would bring them to the center more or less frequently, where efforts would be made to keep up their interest in the work as a whole. Stimulating talks will be given to them from time to time with the object of creating a spirit of fellowship among them and with the staff nurses, so that they will take pride in their own branch of service and endeavor to keep their work up to the standards which they themselves will help to create. A certain number of the most valuable ones will probably be put on salary by the Association in order to retain their services for the Association, as well as to keep their influence among their associates in the work. The value of this plan should appeal to all who have experience in any work which has to do with groups of women.

Conclusion. In view of the fact that both large chronic hospitals and visiting nurse and Health Associations seem to be logically necessary in the training of attendants, my closing suggestion is that a plan be worked out in detail whereby these two would combine and cooperate in such a way as to offer a somewhat shorter course in the hospitals for chronic cases than they now require, supplemented by a three or six months' course under the tuition of the nursing centers. The centers could then combine to control the registries for this class of service and would thus regulate both supply and demand. If all candidates for this work were sent to the hospitals, the hospitals might in turn agree to have their teaching and training in the wards done by registered nurses. Two classes of training might be offered, one leading to continued work in institutions, and the other as assistants to public health nurses in the rural communities, or in the same class of work for Visiting Nurse Associations in the cities.

This plan, if developed, would do away with the awful bug-
bear of the "invasion of our rights," and "lowering of our standards" for it would give the control of the entire field into the hands of the nursing profession and would work for the common good of the registered nurses, the attendants, and the public.

*Miss Parsons:* I think to most of us this question of the training of attendants is a very serious one, and very important. As we are at present, the trained nurse is a recognized and an absolutely necessary person, but in very few places is there a protection for her title. The schools vary so much in their standards and students who are sent away from one school because they cannot meet the requirements and pass the examinations, find an easy entrance into other schools, of low standards get their diplomas and enter the state as graduate nurses.

The public are employing these young women, as trained nurses, not recognizing any difference between them and those who have diplomas from other schools. They are paying them the same prices. Now so long as it is possible for those young women to train, get diplomas and recognition it is not likely that they are going to separate themselves from the class of trained nurses. The reasons, I think, that trained nurses have opposed the training of attendants are, first because they feel that all sick persons should have the most skilled care that can be provided; second that we should no more have two grades of nurses than we should have two grades of physicians. Then, third as Miss Ambrose has stated, they would not stay as attendants but would soon pass in the community as trained nurses.

At the present time, of course, we know that pupils dropped from training schools and graduates of correspondence schools and so forth, are practicing in the rural communities, where they have the least supervision and where they can do the most harm; and many who believe in trained attendants have frowned upon the practice, because they wanted first to see the word "nurse" protected. I think that is the strongest objection at the present moment against trained attendants.

But it is a critical time. There is a need of this class of workers. It seems hardly just, when there are so many, many women who are working as practical nurses, who are willing to go to our registers and register as attendants and practical nurses, and who faithfully and loyally stay on those registries and go out as
they are sent and refuse to pose as anything but practical nurses, that we should withhold from them the best thought out scheme that can be planned for preparing them as suitably as possible for the work that they are willing to do. This plan of having centers wherein the training of these young women can be looked after, where their work afterwards can be supervised, where there are competent people to direct their activities and where the trained nurse is procurable for situations where trained nursing is needed seems to me as nearly ideal as anything that has been thought out. And the fact that Mr. Richard Bradley often mentions that the trained nurses' time is too valuable, is too much needed in other channels, to be frittered away on this elementary and household character of work that is needed in so many homes, is likewise obvious.

There should be no arbitrary attempt, I think, to force upon sick people the kind of care that they do not wish. They should not be obliged to employ trained nurses if they prefer attendants, and they should not be obliged to employ attendants if they prefer trained nurses. But there is no doubt, I think, in any one's mind that there should be some way whereby a large public may distinguish between an attendant and a trained nurse and the kind of work they can expect from the attendant and that from the trained nurse.

I do personally believe that we should train attendants and I believe that with all our might we should be working to secure compulsory registration for trained nurses; or if we can procure that protection for the word "nurse" by calling it a license, I do not care what it is called, so long as we secure state recognition for that word "nurse;" and then compel all those who wish to work as trained nurses to get this recognition and permission from the State Board of Nurse Examiners. It seems to me that that will come as near solving our problem as anything, and that we need to get public opinion back of us, so that there will be some hope of our securing it. That accomplished, there remains nothing, so far as I can see, to hinder us from training as many attendants as possible and giving them as good training as possible. Certainly the kind of education that they should have is the kind of education that almost every girl, ought to have for home nursing, if nothing else.
In conclusion I would say this: that I am appalled at what some expect of the attendant. It seems to me that she is going to be a qualified domestic that will need the pity and sympathy and ultimately have to have the protection of all humanitarians. It seems to be proposed not only that she shall be a very good elementary type of nurse but that she should be a splendid domestic, able to adapt herself to most difficult situations, and that she should be able to work about twenty-four hours out of twenty-four; she should be able to turn her hand to everything and anything. And I wonder what her prospects are, what her remuneration is to be, unless she simply goes into the work for love of humanity.

I should like to ask Miss Hillard, if she is here, to proceed with the discussion of the training of attendants.

Miss Hillard: Madam President, I am not prepared to speak on that subject further. I think you have pretty well covered it. I think the objection the trained nurses have is that we have not compulsory registration, and we must require a license for every one who takes care of the sick, first, so that the nurse is thoroughly protected and her status is conceded.

In New York State, in the Department of Education, the ruling has been that a single school cannot graduate two grades of people to care for the sick, because one confuses the issue of the other. I think that is the whole situation; and in order to take up this work consistently we have got to make registration compulsory. I think it is the only way that we can build, it is the only foundation that would be really solid. The attendant is needed, I think every one of us will concede it, and if we do not produce her she will be produced in a way which we do not approve. At the present time I know of just a few places where they are training attendants and training them properly, and one of them is the Montefiore Home in New York City, and that does it very well, and does not pretend to train nurses. This group is quite distinct. It is a hospital for chronic patients.

I do not think that we can afford to confuse the question in any hospital, because after all the two persons are graduates of that hospital school, and they can say with perfect truth that they were graduated from such and such a hospital. That ought to be thought of very consistently, if we are going to protect the first
group, and attract the type of women we want in our hospitals, we cannot bring into the same schools a second group.

Miss Parsons: I think you would all like to hear from the President of the American Nurses' Association. We know her to be a woman who is devoted to nursing ideals and a humanitarian in the truest sense of the word, one who would wish to do justice to all. I am going to ask if she will tell us what she thinks about this situation.

Miss Goodrich: If I should attempt to try and tell you what I think about this question you would spend the rest of the morning listening to me, there are so many avenues of thought through which we might travel.

I think the former speakers have really covered the situation quite adequately. I can only reinforce what they have said, that we should have a license for the nurse and for the attendant. Those two facts I think we all concede. Secondly, that the attendant is needed to take the kind of care of the patient that formerly the woman now out in the occupational field did take. You know there used to be maiden aunts, and there used to be the sisters in the household upon whom fell this kind of home care, and a patient who was not very seriously ill, even a patient who was very seriously ill, was cared for by them under the rather closer supervision of the physician.

The type of illness, not the pocketbook of the person, should determine the kind of nursing care the patient should receive. A very sick patient, no matter what his social or financial status, should have purely from an economic standpoint, the very best care that the community can give. But innumerable cases do not need such care in order to bring about complete recovery. Now this kind of care can be most adequately given by the group of people we are discussing, the attendants, if they are taught properly the things they need to know. I conceive the things that they need to know are not so much the very elaborate, technical procedures in nursing, but how to feed the sick, how to make attractive trays, how to ventilate the room and how to care for the room and for the patient's bed.

I want to emphasize this, because I know that in some attendants courses that have been established the emphasis is not being placed here. I am not speaking of the courses that you
have had presented this morning, but I do know that in some places where it has seemed that the opportunity for training is very good, some of our chronic hospitals, that when you look through their curriculum you will find among the nursing procedures much which we believe they can acquire only from careful training, and can only be carried out by people thoroughly conversant with nursing technique. We do not see the courses in dietetics that we should like, the care for and the consideration for the sick, courses in personal hygiene, etc.

Now that I feel is what we need and I do want you to examine and look over these points very carefully and see that that is the main consideration that attendants get, how to care for the home, how to feed the sick person and how to feed the child. The child is the most neglected person in the community, and the child is the most important person in the community. Upon that child depends the wealth and success of our nation; and I conceive that if we give a very careful and comprehensive course in the care of the normal child we shall be doing a great deal.

We want a license for the nurse, a license for the attendant, just as we have a license for the doctor, a license for the druggist, a license for the pharmacist.

Immediately following a Second Joint Session was called to order by Miss Parsons.

Topic—"The Training School and What it Should Accomplish."

"The Relation of the Training School to the Hospital," by Dr. A. R. Warner, Superintendent of the Lakeside Hospital, Cleveland, Ohio.

THE RELATION OF THE TRAINING SCHOOL TO THE HOSPITAL

BY DR. A. R. WARNER

The relation of the training school to the hospital is today a live subject. We are nearly at the end of the relation, practically universal, with which you are all familiar, and the education of women for the various fields open to nurses is now under

1 A paper presented to the Cleveland League of Nursing Education, March 8, 1917.
active discussion and experiment. Only one point can be said to be certain: the general public demand for nurses for the various fields of nursing work will be answered in some way; the required workers will be produced. The principal point for consideration by hospitals is the determination of ways and means to meet squarely, wisely and adequately the present conditions which seem to demand recognition by hospitals that, either they must maintain schools on the basis of educational institutions to provide professional and vocational training, or schools of nursing will pass into other management and affiliate only with hospitals for the practical training. The alternative is already before us. The Illinois Training School of Chicago is an independent institution, sending nurses to the Cook County Hospital for their practical work on the basis of affiliation or contract and there is no reason to allege that this plan has proven a failure. Enlargement of this school and similar contracts with other hospitals are now contemplated. There are also several training schools really under university management. These schools are all located in university hospitals and the practical training is given in these hospitals although the university controls staff appointments and the other educational details, and the university, not the hospital, authorizes the graduation and issues the diplomas. Not only the details, therefore, but also the fundamental bases of this relation are under discussion with no decision apparent.

This relation of the past came naturally and easily through common interest and common benefit. With the development of the idea of trained nurses there arose a general active interest in training schools on the part of hospitals, which was not always entirely altruistic. Hospitals were at that time just beginning to increase rapidly in number and the training school solved the problem of providing nursing service on the wards. The type of instruction to nurses was then very largely practical and knowledge was acquired principally through experience. Vacancies for women were then fewer and there was a surplus of applicants to take training, making it almost a pressure on the hospitals to provide facilities for greater numbers of students. Hospitals desired training schools and the young women desired nursing training. Under these conditions hospitals soon
found that much of the menial and housekeeping work could be transferred to the pupil nurses. The demand for special nurses appeared and it became the custom to assign a pupil nurse as special. The pupil nurse then became an asset of the hospital and the more pupil nurses a hospital could assemble the greater number could be rented out at considerable profit. At first and in many hospitals the practice never went beyond the custom of service by pupil nurses as specials for patients in the hospital where the pupil remained under the direction of their regular supervisors and worked under the usual conditions and methods. With such conditions a certain amount of experience as a special may not have been objectionable, perhaps even beneficial. But there were hospitals that developed a thriving business in renting out pupil nurses as specials for cases outside the hospital. Until three years ago there were training schools connected with California hospitals in which a large part of the training of the nurse consisted in special duty in homes of the surrounding community. In California this practice, together with the long hours required, became a subject of general criticism. The labor interests took up the matter and the eight hour employment law for women was made to apply to nurses. This law is very stringent and undoubtedly causes California hospitals much inconvenience. For two years representatives of California hospitals appeared before the American Hospital Association, relating their difficulties and hoping for action on the part of the American Hospital Association which would help to bring a modification of this law. It was the consensus of opinion in the American Hospital Association, however, that the exploitation of the pupil nurse in California had reached unreasonable limits and that the California hospitals were themselves responsible for the agitation and subsequent legislation. This feeling of the Association came out plainly the second year so that nothing more has been heard from the California hospitals on this subject. By this inaction the American Hospital Association practically committed itself as against the exploitation of the pupil nurse to augment hospital income and against unreasonable hours of service. Training schools were then recognized as schools with responsibilities to the pupils and to the community, not merely subservient departments for producing labor.
Unfortunately the loading upon pupil nurses of a large amount of housekeeping work and long hours gave nursing training an unenviable and unnecessary reputation as difficult, a strain on vitality and health as well as disagreeable. To this unfavorable report, service as specials probably added but little. Parents are now hesitating to allow their daughters to undertake the arduous task of a nurse's training, yet they have no such feeling toward a college course, business training or any other educational work. The extensive questionnaire sent out and reported by Miss Bennett has demonstrated conclusively that the high school girl is well posted about the hard and disagreeable features of nursing training. The lack of specific educational facilities in training schools is not a prominent complaint of nurses and the parents of prospective pupils, but the lack of general educational, cultural and social opportunities is often mentioned. In contrast to this, the purpose of progressive nurses to extend the fields of work open to the and the decision of society to use nurses to carry the public health or welfare message to the people have been clearly evident for some time. From these two sources, (1) the general dissatisfaction with the present conditions and (2) the demand for public health workers, the movement for the educational development of training schools has come and gained some headway. The present situation may be described as a growing demand and a growing scarcity in the supply. Under these conditions it is not necessary to apologize in saying that something is wrong.

One cannot speak of a vocation as a profession without implying an educational training. The slowness with which hospitals have developed the educational features and all that contributes to professional training in their nursing training schools has not been a help in placing nursing in the eyes of the public or of the young women selecting a life's work, on a par with teaching or other work requiring even less preparation. There has appeared a practice of paying pupil nurses a monthly stipend or salary in recompense for their labor. Surely this can never add to the educational or professional standing of nurses as a profession. If the shortage of applicants is met by this method the pupil nurse will be an employee of the hospital, not a student attending a course of instruction. The payment of a salary can-
not make training schools more attractive permanently. The more salary paid the less hospitals will feel the responsibility for maintaining educational features. The permanent way to attract more applicants lies in lines tending to improve the conditions in the training schools both by limiting objectionable features and by adding desirable features to the end that training schools shall be recognized as educational institutions and the training thereof on a par with the education required for other competing vocations. The attitude of young women and their parents toward nursing training will then change and those who desire to do social work will not regard the training school as an impossible bar to the securing of this part of the preparation. A few hospitals already maintain more educational facilities than others could possibly obtain because of fundamental conditions, that of location, organization, character of work, etc. Formerly training schools may have been varied widely but it was at least possible that the essentials be uniform. It is no longer so. Improvements are probably possible, however, in every school.

It is one of the prominent characteristics of our democratic government that, often imperfectly, yet essentially, the welfare, the needs and the will of the people are supreme, and the choice of a vocation a free uncontrolled choice. In looking into the future of nursing work one can be certain that the needs and demands of the public for nursing service and the opportunities of the nursing field compared with other fields of work for women will shape almost entirely the destinies of your profession and determine what the ultimate relation of the training school to the hospital shall be. For a moment then let us consider the question from the standpoint of the trends now evident in the economic evolution of society, which depend on the nursing profession for the required personnel.

The field of bedside nursing is established. There is a tendency among the wealthy to employ nurses unnecessarily. There is a tendency among the middle classes to recognize the need of nursing service but because of the cost of a graduate nurse employ a so-called practical nurse even though the difference in cost be small in comparison with the respective capabilities. The nurse with some additional educational experience and training has proved capable in the administration of the smaller hospitals.
Certain administrative positions in both the training school and hospital are filled exclusively with graduates of nursing. Many, if not all, of the various branches of welfare work and social service as well as public health nursing are generally classed as open to nurses. This is to a large extent true, but more true in Cleveland than in any other city of the country. Demands for nurses therefore come from three distinct fields (1) bedside (2) administrative (3) welfare and public health. The young woman who chooses any of these fields must consider the training school in the light of a preparation for the chosen work. The present training schools unquestionably prepare for bedside work, but it cannot be claimed that they prepare fully for either administrative or social work. Additional experience or training is necessary. The effect of this on young women selecting a field for their labor is discouraging; two courses seem too much. The old controversy of the nurse versus the social worker for social service and general public health and welfare work is to my mind unfortunate and the direct result of this condition. Those electing to do social or welfare work select the shorter course and more direct preparation of the schools of philanthropy. It is my opinion that the highest service in public health and welfare or social work can be rendered by nurses with social training. It seems to me unfortunate that some schools at least do not combine the two lines of preparation and produce nurses fully trained and qualified for this work, and also unfortunate that the credit of such work and the public standing attained by social workers of all kinds cannot thereby accrue to training schools. At present the credit and standing go very largely to the school of philanthropy or course in sociology with which the nurse finishes her preparation for this work. At the present time I know of no preparation for administrative positions in hospitals other than practical experience or Columbia Teachers College. The nurse who gains success in any branch of hospital administration without attending such courses in Columbia is given personal credit for her achievements and the training school from which she graduated is not assumed to have contributed greatly thereto. Many requests are now coming to Lakeside for nurses to fill administrative positions. Our graduates are not prepared for this work without subsequent training. The training school
therefore cannot have an appreciable or constant supply of candidates for these positions. It will never be possible for all nurses who take up administrative work in hospitals or training schools to have Columbia training. It is not necessary that more than a few instructors be the most highly educated and trained; but it is now advisable that the rank and file of those employed for administrative positions in hospitals receive some training in theoretical administrative work.

If hospitals as such are to develop and maintain training schools capable of fitting students for positions in public health, welfare or administrative lines, it is high time that they were doing it. Schools of philanthropy, sociology or social service, as they are variously called in the general universities, are now practically a rule. There are in addition other courses and schools similar to that organized and maintained by the Visiting Nurse Association of Cleveland, for a time independently and later combined with the School of Applied Social Sciences of Western Reserve University, which was created primarily and wholly to fill the gap between the present nursing education and the requirements for public health work. The conventions, the standings, the associations which determine the accepted preparation for the various fields of work and the general public attitude and appreciation are now being established. Delay simply means more to be overcome and changed by the hospital training schools if they are to keep control of the training for the various types of nursing work.

To maintain a training school which would fully prepare students for public health, welfare or administrative work would be an expensive proposition for the hospital and probably possible only in the case of hospitals situated near universities so that much of the didactic instruction could be given in the university classes. It is probable that in these cases the university would at least determine graduation and issue diplomas, but the practical social service work, administrative as well as nursing, would be given in the hospital proper. Practical work in hospital administration can best be given in a hospital for the reason that there the examples and the problems are real and first hand; else where they must be substitutes, copies and second hand. A patient may fail to harbor a pathological lesion, but he cannot
fail to be an individual with a past to consider, a present affected in some ways by his hospital residence, and a future not yet fully determined. The combination of medical with social training will prove as efficient as the combination of medical with social philanthropy. It is probable that separate courses would be required to prepare for the administrative and for the public health work. The proper length of time required for either of these courses would necessarily be determined by results.

For the few institutions to undertake instruction on this scale would be a direct benefit to smaller institutions. It would not be necessary for all the training schools to organize on these lines and a small hospital could not wisely undertake to finance such a school. It is probable that the training schools of small and large hospitals, not so situated as to work out university affiliation easily, would continue to maintain training schools of the present type. The benefit of these institutions would come from two factors. The hospitals with university affiliation and training schools preparing for other lines of work would no longer be in direct competition with the hospitals maintaining training schools of the present type. No argument is necessary as to the importance of training nurses for bedside work and it is my opinion that it may properly be assumed that the others without university affiliation, even the smaller hospitals, can train nurses for this work equal to any. A second advantage to hospitals making no change would come from the fact that the training of nurses would remain definitely associated with hospitals, and the obligation to run a training school to supply nurses for the community would be recognized by the trustees of every hospital. If the training of nurses becomes dissociated from hospital organization, independent schools like the one in Chicago, which will operate to even better advantage with large numbers of pupils, will increase in number. It is likely that the practical work of all nearby hospitals would be absorbed by these schools and that, with the present tendency to cut down on the practical work of training, the combined hospitals of cities would provide the practical work for a very large number of pupils. If such schools become generally accepted, the training schools of hospitals in smaller cities and towns would find it
very difficult to compete, not in the matter of giving an equal training, but in the minds of applicants desiring a training in nursing. It would be most unfortunate for these communities if the local training schools were to be discontinued.

The organization of the nursing school at the Cincinnati General Hospital is unique among training schools of the country. This school has "university affiliation" so called, but practically the school is run by the university. The governing body of the school is composed of university faculty members and the superintendent of the hospital. Graduation is determined and diplomas given by the university for the three years course of straight nursing, which may be compared directly with the corresponding course at Lakeside and other hospitals. For the five year course, which is made up of two years university work, taken first, and then three years nursing work, the degree B.S. is given together with the diploma in nursing. It is to be noted, however, that even this five year course does not prepare for either administrative or social work. This school also maintains a one year course for sick room "attendants" as they are called. The probation period and other time are so arranged that pupils may leave at the end of the year with this much training for bedside nursing, or, if otherwise qualified, they may continue in the full course or later return to the full course receiving credit for the year's work. These women whether qualified by preliminary education for the full nursing course or not, and women not qualified by preliminary education are accepted in the short course, are a marked improvement over the practical nurse of this city who has either no training at all or a correspondence school course. They do nursing for practically the same class of people and the earnings are probably about the same.

The present situation is that, notwithstanding the various organizations and affiliations which have appeared, there is no training school in the country preparing directly for administrative or public health and social work. For the few training schools, which are so situated as to have university affiliation and which can command the necessary financial backing to support training schools to prepare women directly and fully for these fields of work, is certainly a reasonable organization.
and one which can claim many points in efficiency. For these few schools to so organize and thereby hold the training of all kinds of nurses as the function of hospitals, even though it be not desirable to train all kinds in the same school, would be of direct benefit to all training schools wherever situated. Only one point remains to be discussed and that point will always be unpleasant to present day nurses. It is entirely possible that the length of the full course to prepare for the various fields of nursing may vary and it may be difficult to devise satisfactory designations for the various types of schools and graduates. It is possible that a hospital may decide that its greatest opportunities for good lie in the way of maintaining a training school to provide nurses for the sick of the surrounding community; it may be that that hospital will decide, quite wisely, that the community will be better off with the services of two two year trained nurses than with one three year trained nurse. The elimination of the untrained woman, who makes nursing a vocation is the essential. No one can foretell the details of future changes to accomplish this end.

You may have expected that the relation of the hospital to the training school would be discussed by me with a certain definiteness as to detail, but at present this relation is not a definite thing. The object of this paper is to bring before you the present indefiniteness and state of transition of this subject.

Miss Parsons: I think the idea of the central school for nursing was suggested many years ago. I have been told that a paper that was written by Miss M. E. P. Davis contained the suggestion of such a school. And then we know that Isabel Hampton Robb talked about the idea and felt that such a school should be established. We have looked towards something of that sort through many years, and it seems to me there has nothin' come up on our program that has promised to be more interesting than this next paper on "Plans for a Central School on an Independent Endowment," which is to be presented by Miss Mary C. Wheeler, superintendent of the Illinois Training School.

Miss Wheeler: In explanation I want to say that the Illinois Training School in Chicago is on a really different basis than the
majority of institutions in our country. It is a separate organization which does the nursing in Cook County Hospital at so much per day. It is not an integral part of the hospital proper. Therefore we have an opportunity of following out some of our ideals that is impossible when it is linked up with a hospital proper.

A CENTRAL SCHOOL OF NURSING AND PUBLIC HEALTH

BY MARY C. WHEELER, R.N., AND MRS. IRA COUCH WOOD

Chicago, Illinois

The conception of a central school of nursing and public health is a response to the demand that larger educational opportunities be afforded women wishing to devote themselves to some one of the many forms of social betterment and community service to which nurses are constantly being called. The present movement towards health education, and the new idea of the right of citizens to protection by the state against disease and insanitary living conditions, presupposes not only the science of the physician and the Sanitarian, but the existence of a body of trained women to carry out these social programmes. Nurses are now, and will increasingly be, called upon to act as sanitary, factory and health inspectors; as visiting, district and school nurses; as workers in the active campaigns against tuberculosis, social diseases and infant mortality; as missionaries for health in suburban and rural communities; as visiting housekeepers in tenements and the homes of immigrant groups; as welfare workers in settlements, camps and industrial plants; as leaders in medical social service; as well as in administrative and educational positions of all kinds. Communities all over the country are being roused to a realization of the great need for health education; for preventive measures in the battle with disease; for economic and social conservation of human life and energy. National nursing organizations and social workers are alive to the great community service that can be rendered by nurses and testify to the

1 Read at the twentieth annual convention of the American Nurses' Association, April 30, 1917.
civic awakening that has often resulted from the work of a visiting nurse or an infant welfare campaign. There is hardly a limit to the possibilities of service that the new gospel of health opens up, but our ideals have developed much faster than have the opportunities for education of women to realize these ideals.

The call to service is clear, but of well-equipped, efficient and experienced workers to answer the call, there is a serious lack. The need of special training for nurses along social service lines, to prepare them for these wider spheres of usefulness is obvious to those who have any knowledge of the situation.

In the development, too, of higher standards of institutional work, new positions have opened to women educated in dietetics and household economics. These graduates, however, feel the need of practical work in hospital diet kitchens and of experience with the actual problems of household management, before assuming independent institutional positions. Such experience under proper supervision it is almost impossible to obtain at the present time because few, if any, institutions are run as "practice schools."

The demands for adequate preparation in these different spheres of activity can only be met by a central school, combining theoretical instruction with practical service. Such an institution, the Illinois Training School for Nurses proposes to develop in connection with its plans for a new nurses’ home. Much of the equipment, classrooms, diet kitchens, etc., necessary for the education of student nurses, could be most economically used for this central school, and the conduct of the nurses’ home could be made an opportunity for training in household economics and institutional management. Such a school would involve affiliation with existing colleges and universities, with sociological and domestic science departments, with smaller hospitals and institutions, and with all the organized forms of social and philanthropic service in Chicago, so that there may be no duplication of effort. This comprehensive scheme will of course require endowment funds to secure expert instructors for special courses, and possibly some scholarships for graduate students (though most of them would pay for such instruction) as well as large gifts to provide a suitable home for non-resident students.
Chicago is the logical place for such a central school, and the Illinois Training School for Nurses the logical nucleus for such a Foundation, for the following reasons.

1. It is the only independent school of nursing in the country, free to follow its educational ideals apart from its hospital service. (Most training schools are an integral part of hospitals and could hardly be made to serve such a body of graduate students as could this large institution separated from the hospital.)

2. It has already started its post-graduate courses for nurses, and has had graduates from 229 schools within the past ten years.

3. It has now affiliation with 33 schools for nurses, which send students to it for special work.

4. It has a connection with Cook County Hospital (and there is every good reason to believe that it will continue), which is of the greatest possible value to nurses seeking wide experience in hospital service.

5. It has a large and well-organized Social Service Department, which is capable of using many more volunteers and students, and which already gives training to students of the School of Civics and Philanthropy, and has cordial cooperation with all the charity organizations of Chicago.

I. DEPARTMENT OF NURSING

The laws for the registration of nurses, now in force in 46 states, have so raised the standard of nursing service, that the smaller general and private hospitals have found it difficult to give their students the theoretical instruction and sound training that is required by the State Boards of Nurse Examiners. Schools of nursing were established in most cases as an economical means of getting hospital work done but more enlightened judgment now demands that the student in nursing be given real and adequate instruction in return for her years of service. Many smaller hospitals would be glad to have some of the burden of preparatory training borne by a central school, which could afford to do for a large number of students what the individual small school could not possibly afford to do for its few students.
To meet this condition the following outline is suggested:

1. *For student nurses:*
   
   First year, theoretical and practical work in class rooms and demonstration rooms of the central school; lectures, clinics and laboratory work.

   Second year, students assigned to practice work in a number of smaller, near-by hospitals, which would all be affiliated with the central school.

   Third year, students return to central school for service in large general hospital, and for service in specialized departments, such as operating, maternity, contagious, children's, social service, etc. Service chosen with a view to future work in particular fields.

2. *For affiliated students:*

   1. Students to be sent from smaller hospitals to central school for theory and practice in the third year, to complete course preparatory to state registration.

   2. State hospitals for the insane, and the feeble-minded, and specialized hospitals such as maternity, contagious, etc., to send students to central school for general training, in order to comply with the requirements of the nursing laws in different states.

   Both plans have already been started in the Illinois Training School for nurses.

3. *Postgraduate students:*

   1. Graduate nurses desiring general theory and practice to supply a deficiency in their nursing education, and to comply with the laws in 46 states for registration of nurses.

   2. Those desiring special courses to fit them for definite positions:

      (a) As heads of surgical departments in hospitals. Methods of training would be by lectures, clinics by best demonstrators, actual practice in conduct of operating rooms, preparation of supplies, and training of subordinates in technique.

      (b) As anaesthetists (a new field for women). Clinical and practical experience in large and complex operating department.

      (c) As obstetrical nurses. Theory and practice to fit nurses for directors of maternity hospitals, prenatal teachers, and to be licensed as midwives.
(d) As nurses for the insane. Psychotherapeutics has revolutionized the treatment of insane and nervous patients and nurses are asking for special training in these new methods. Part of the treatment consists in interesting the patient in creative work of some sort and training his hands with various crafts. It is essential that this training be given the patients by a nurse, as her knowledge of symptoms, etc. makes her a better judge of the patients' condition, and this industrial work is given as a form of medical treatment with a definite curative aim. Miss Tracy has started a small training school in Massachusetts to teach these "Invalid Occupations," but such instruction should be brought much more generally to nurses. What can be accomplished along this line was demonstrated by the Michael Reese Hospital two years ago. The directors of the hospital employed Miss Tracy for three months, and most satisfactory results were achieved with both nurses and patients, but the course is altogether too expensive for most hospitals to include in the regular curriculum. It could be very well given at a central school, so that a large number of students from different hospitals could benefit by it without prohibitive cost.

4. Training for nursery maids:
Simple courses in dietetics, infant feeding, household sanitation, etc., practical training in Children's Hospital.

5. Training for attendant class:
This department would provide training for the women of small educational opportunities, who could be given the simpler courses in nursing technique (baths, temperatures, pulse, diets, etc.), and who would be capable of practical service in the hospital, and when given a certificate at the completion of a specified course, could go out as trained attendants in families of moderate means. There is a constant demand and a real need for such nurses, as now "only the very rich and the very poor are adequately nursed," but at the present time many such so-called nurses are being employed without having had the slightest preparation for such work.

6. Training for male attendants:
This class will always be needed in general hospitals for certain work, and in special hospitals for men, such as the hospital of the Gary Steel Company, Gary, Indiana.
II. DEPARTMENT OF PUBLIC HEALTH AND COMMUNITY SERVICE

As already suggested, wonderful new opportunities are opening to women along the lines of public health, sick insurance, industrial conservation, etc. While a few large cities in the country are fairly well supplied with visiting, infant welfare, school and tuberculosis nurses, no one claims that they are completely or adequately served; and the great majority of smaller cities, suburban towns and rural communities are without any such service, though we know that tuberculosis, for instance, may be quite as great a scourge in the farming districts as in the crowded tenements. One of the great objects of the central school would be to train women for leadership in this battle with disease, for though the American Red Cross has made a beginning of organization with its branch of "Town and Country Nursing," no adequate education or special training for public health work is provided in any school. The courses might be outlined as follows:

1. For visiting nurses, school nurses, welfare workers in industrial plants, tuberculosis nurses, infant welfare nurses, general welfare nurses in smaller communities, prenatal nurses and sanitary inspectors, lectures, clinics and practice in latest hospital methods, both medical and surgical; lectures on sociology and best methods of social service for the special work to be undertaken; actual service, with proper supervision, in a Chicago organization doing such specialized work.

2. For visiting housekeepers, a great new field for nurses and social workers. Hygiene, sanitation and cooking is taught in the tenements and homes of immigrants. Preparation for such a vocation should consist of studies in sanitation, dietetics, economics, theory and practice of social service, with actual experience in the county agent's department and the mothers' pension department of the Juvenile Court, where visiting housekeepers and dietitians are now beginning to be used.

3. For graduate nurses desiring to undertake dispensary work. Experience in social service; special lectures on preventive work; investigation of sources of disease; night and day clinics; study of case records, etc.; service in city dispensaries under supervision.

4. This school would be the center for the dissemination of health education of all sorts in coöperation with public schools,
industrial establishments, settlements, etc. For high school girls and boys, lessons in personal hygiene, etc.; for young women, elementary hygiene and home care of the sick, care of infants, pre-maternity instruction; for foreign women, course in midwifery for service among immigrant women, and to prepare for state examinations, etc.

III. SOCIAL SERVICE DEPARTMENT

This department would provide theoretical courses for both nurses and social workers side by side with actual experience in the medical social service department of a general hospital and with the city charities; or it would take students who have already had their theoretical work in sociology and social economics at a university, or in a school of civics and philanthropy, and give them practical service, under expert supervision. Service alone may easily become unintelligent routine work at assigned tasks, if not guided in the most careful and scientific way.

Social service courses would be provided for student nurses, and preparation be given graduate nurses seeking specialized fields of service as enumerated above under "Nursing." Opportunity would also be given in this department for medical students (both men and women) to have experience in social service, such as home visiting, investigation into housing conditions, sources of infection, etc., a new point of view invaluable to the future physician. The cooperation of university, medical and sociological departments with hospitals and social service departments is now being successfully demonstrated by Johns Hopkins University, Minneapolis State, Indiana State, and others.

IV. DEPARTMENT OF INSTITUTIONAL MANAGEMENT

1. Graduate nurses seeking positions as heads of hospitals, orphan asylums, children's and old people's homes, insane hospitals, etc., would be given actual experience in institutional management, under competent supervision, in the students' home of the central school. No nurse just graduated from a school of nursing (or hospital) is properly equipped to undertake the management of an institution, but she is continually being
forced to do so, because there is no place where she can secure this experience. In the small hospitals, the superintendent of nurses is also teacher, dietitian, household manager, surgical nurse, etc., and must make all her mistakes in her first few positions while gaining the experience that may later make her a valuable woman; but the result is that hospitals and institutions are crying out at the lack of efficient nurses for executive positions, when there is no place to give them necessary preliminary training. In a central school much of the dietetic training necessary could be given in cooperation with existing schools of domestic science, followed by practical experience in the students' home in the management of servants, planning of work, menus, food costs, furnishings, etc.

2. Graduates from domestic science schools may be well prepared as teachers of this subject, but they are completely at sea when set down in a hospital in charge of a diet kitchen, where the medical side of food preparation must be uppermost and where the hospital routine is not understood. Though their domestic science training is of great value, such graduates are equally at a loss when first undertaking institutional management, and six months' experience in a household of 500 to 700 members would be invaluable. The Illinois Training School for Nurses at the present time has requests from many young women wanting such training, as assistants in the diet kitchens at the County Hospital, and as assistants to the house director of the Nurses' Home, and is well equipped to provide such experience under most capable supervision, if the school had but room to house the students.

Miss Parsons: Does not that sound splendidly comprehensive? I cannot help wishing Mrs. Robb might be here to hear that paper, and that you all might know what a dream it was of hers, that there should be such a splendid plan. I wish some one would tell us what she thinks Mrs. Robb would say about a plan like that, and to tell you in a few words, if she could, something about Mrs. Robb, her splendid personality and her splendid idealism and what she meant to the nursing profession. Because I know there are a great many young graduates here, who did not have the privilege of knowing that great leader of
nurses, who promoted so many splendid ideals for the profession. Is Miss Nutting here or Miss Maxwell? Miss Riddle, won't you speak?

Miss Riddle: Madam Chairman, I cannot speak from personal experience and close intercourse with Mrs. Robb. I only know how her spirit of enterprise and enthusiasm led the way in the early meetings held by this organization. And those who can remember that do know the blessing we received from her. I would suggest that one of Mrs. Robb's own pupils be asked to speak on this point. I see Miss Nevins in the gallery.

Miss Nevins: Madam President, I have nothing adequate to say, but that is a question that I could not refuse to speak to, inasmuch as every year as it passes by only impresses us still further with Mrs. Robb's marvelous vision in regard to this question of nursing. Year after year we come together and we discuss many of the same subjects, we have papers on exactly the same questions that she was so absorbed in and so interested in; and one particularly was, I remember, this question of central schools for nursing. It seems remarkable to me that as practical as it seems, that in a city like Washington we have not been able to get together the twelve schools and have all the theoretical work taken care of in one central school by superb teachers, paid adequately, instead of scattering ourselves with so much difficulty, through twelve schools. And I have no doubt many of you come from similar cities and wonder why that is not being done. What is the matter with us? Have we not the courage, the ability, to get it or see it through? Perhaps if Mrs. Robb had lived longer it would have been done. We do not like to feel that we are not following somewhat in her footsteps. And yet we go along year after year, making marvelous progress, we all acknowledge that; and we suggest, we who know her name, and plead for everything that she stood for, and the ideas, and her own pupils look back with so much affection and so much gratitude every day of our lives to what she meant to us and what she meant to this organization and for all that she stood for in the question of nursing.

Miss Parsons: We will ask now for a report from Miss Waters on training schools, "What has been done towards raising endowments?"
A REPORT OF THE ENDOWMENT FUND OF THE
JOHNS HOPKINS HOSPITAL NURSES
ALUMNAE ASSOCIATION

By YSSABELLA WATERS

Johns Hopkins Hospital, Baltimore

In 1914, the twenty-fifth anniversary of the opening of the Johns Hopkins Hospital and School of Nursing was celebrated. At the meeting held by the Nurses Alumnae Association Miss Nutting gave a stirring address. In her review of the history of the school she spoke of Isabel Hampton, and of all it had meant to have for our first superintendent a woman with such high ideals, and far seeing vision of what a school of nursing should be. Following on through the years after she had taken up Miss Hampton's work, Miss Nutting told of the problems which arose in the growth and development of the school, and the constant need for financial resources beyond those which the hospital was able to supply.

In discussing these problems she pointed out that in their efforts to give the students adequate educational facilities, the superintendents of all training schools experienced the same difficulties. Realizing that the only hope for the future satisfactory development of these schools lies in their being provided with adequate incomes with which to carry on their work, she suggested that in no more fitting way could the alumnae celebrate the twenty-fifth anniversary of the founding of the Johns Hopkins School, than by starting for their Alma Mater an endowment fund. By so doing we should be placing our school on an economically firm and independent basis, making possible its present development, and insuring its future progress.

Profiting by the example set by the two great women who during the first eighteen years of the school's existence had left their indelible impress upon its character, our alumnae happily had the insight to grasp the importance of this suggestion, and the courage to undertake its development.

Miss Nutting was appointed chairman of a committee of sixteen members representing ten classes, to study the subject and map out a possible line of procedure. Before the first meeting of the committee, valuable information regarding the
endowments of a number of men's and women's colleges was obtained and formed a basis upon which the committee worked.

At the call of our chairman, the first meeting was held in Baltimore in November, 1915. All the members of this committee paid their own expenses. Three members of the committee came from long distances—one from South Carolina, one from Ohio, and one from Massachusetts.

The committee was organized with the usual officers, a small executive committee, and an advisory council of three, composed of Judge Harlan, President of our Board of Trustees, Prof. Wm. H. Welch, and Dr. Winford H. Smith, Superintendent of the Hospital. It was considered important to secure at the outset the sympathy, interest and support of such an advisory council. At our first meeting Dr. Smith most kindly came before the committee and assured its members of his entire approval of our aims and ambitions.

Since then Professor Welch and Dr. Smith in public addresses and printed articles, have expressed their firm belief that just as medical schools, or colleges, and all schools for special educational purposes must have their endowments, so must the schools of nursing. Several years ago Dr. Hurd, the former Superintendent of the Hospital, wrote an article strongly advocating this principle.

While the committee realized that it would take a long time to collect a large sum, it decided after careful study of the data received from the colleges that ultimately we must have a million dollars in order to place our school upon the basis for which we all hope.

Thus far the chief work of the executive committee has been to send to each graduate of the school a letter explaining the necessity for an endowment. With each letter a separate printed slip was enclosed asking for an expression of faith in our project, and a pledge from each alumna for its support. No better idea of the way in which the committee took up its problem can be given than by quoting somewhat liberally from this letter. It read in part as follows:

Why do we need to take this step—you may ask—why is not the old system all that is necessary? Because of the loud and insistent call from the public for nurses equipped with a training that a few years ago was not dreamed of, and which the present graduates of our school do not possess.
The school should meet this demand, but under the prevailing system it is not possible for it to do so. Up to the present time schools of nursing have had to rely upon the hospitals with which they are connected for almost every dollar that has been spent. In our own hospital we have been especially fortunate. The Superintendents and Trustees have shown the greatest interest in furthering its educational facilities. But the hospital has its own problems, and new demands to meet. It has not always sufficient money for its own needs, therefore cannot do more for the school than it is already doing. There is, in fact, hardly a school in our country that is not in actual need of the most ordinary equipment for its educational requirements. Everywhere there is the necessity for weighing the needs of the hospitals against those of the schools of nursing, and usually the balance of the scale bears far down on the side of the hospitals. As far as we know history shows but one school—Florence Nightingale’s at St. Thomas’s Hospital, London, England—which started economically free, and with the definite purpose of educating nurses. Since that time, almost all schools have been established because hospitals have needed a nursing service and have had no other practical and economical way of securing it. They are, therefore, considered departments of the hospitals and as such they are treated as all other departments, with great economy of administration. For their actual work as schools, usually no definite financial provision is made. Even in the very best schools in the country the appropriation for equipment and instruction is so small as to be negligible.

The hospital can provide for the students of the schools of nursing the fullest opportunity for work among the sick in the wards, the clinics, and the operating rooms. They can provide the opportunity for teaching nursing methods in the only way in which they can ever be adequately taught—at the bedside. They can make the students familiar with the aspects and progress of most diseases. They can give them that kind of experience which is absolutely essential for their education as nurses, but this education has been designed to prepare students only for hospital positions as head nurses or supervisors, and for private duty. At the present day the demand is also for nurses well trained in other lines of work, for those who have had special preparation for the management and equipment of hospitals, for general visiting nursing, hospital social service, child welfare, mental hygiene, and for school, tuberculosis, industrial and rural nursing. Not only are regular workers needed, but also women who are capable of leadership, of organizing, directing and developing any one of the above named branches.

Over 6,000 nurses are today working in these various public health lines. How have they prepared themselves? Some have been obliged to spend months of extra time in post graduate schools in order to fit themselves for the special work they have chosen. More and more must do this, in order to qualify for public health positions, as without such training they are not eligible.

Our own hospital is especially well fitted for giving education in almost all the public health fields, either in its own departments or through affiliations, as Baltimore with its many interesting educational and social insti-
tutions, its well developed public health work, and its great university to which the hospital is already related, offers for study and training a rich field which would be of incalculable benefit to the students of our school. All indications point to a greater and constantly increasing demand for more highly trained nurses, and the schools must have their own funds to enable them to meet this call.

The upward curve showing the height of the nurse's usefulness has by no means been reached, but to educate nurses who can adequately fill the positions which are not only open to them but which are begging for workers who cannot now be found, needs money. Though of necessity we must build slowly, brick on brick, we must have as our ultimate goal an endowment so large and so splendid that it will be sufficient for all demands—so far as we can now determine them—that may be made upon it.

What then should be done? What steps should be taken? Schools of nursing must be considered in the same light as colleges and other professional schools which aim to fit women for special work in life. These schools meet their problems and demands of the present day by various forms of state and municipal aid, and by endowments. Their endowments are raised by soliciting funds from the public, from friends, and very materially, as the reports of the colleges show, by the efforts of their graduates. This, then, must be the solution of the problems of schools of nursing, which stand today as educational institutions supported largely, and in many instances, almost entirely by the labor of their students. The Alumnae must see to it that future graduates are properly equipped for all the varied kinds of work demanded by the exigencies of the day, and not left as in our own times—to the make-shifts of culling bits of special knowledge here and there. Such methods are a great economic loss to the nurse, to the country, and to the work that is waiting to be done.

Will you not help us? Will you not give something toward the endowment of our school? Will you not ask your classmates and friends for contributions? Will you not interest your patients by telling them what the great needs of our school are? The public has responded magnificently to the appeals of colleges and of technical and professional schools, and there is every reason to believe that, as soon as it is awakened to their great need, it will help as generously the schools of nursing. Their work affects the well being of society in a direct and vital way and is of vast importance to every member of the human race. We do not ask you for a large sum. Better far would be your continued interest shown by giving each year what you can afford to give, and by interesting and collecting money from your friends whenever possible. No sum is so small that it will not be gratefully received and duly acknowledged.

Trusting that we have been able to stimulate your interest in your Alma Mater, and begging for an immediate reply,

M. Adelaide Nutting,
Georgia M. Nevins,
Clara D. Noyes,
Mary Bartlett Dixon,
Yssabella Waters, Executive Committee.
In answer to this appeal we received a splendid response, not alone in money, but many expressions of the most whole hearted interest and approval of our plan. A few people gave stated sums of money with no promise of future donations. The majority pledged a certain amount annually for five years, a few for ten years, others gave no time limit, and one or two pledged for "as long as their earning capacity lasted." Five hundred dollars was given by that best of friends of all nurses; Mrs. Helen Hartley Jenkins; one hundred came from another friend, and several "grateful patients" have contributed.

The mother of one of our graduates pledged $25 for five years. The husband of another alumna gives the same amount as that sent by his wife, both gifts on a five years basis.

As a result, at the present time we have in money and investments, $4,924.79. In pledges there are $6,458.80, making a total of $11,383.59.

This amount is the result of only one appeal. Barring the few gifts which have been mentioned as coming from laymen, the major part of this money has been given by our own nurses.

You will be glad to hear that other schools are imbued with similar aspirations. Miss Parsons is to speak for the alumnae on the Massachusetts General Hospital School which has started on its campaign and hopes in 1923 to have half a million dollars ($500,000) with which to celebrate its golden anniversay.

In Augusta, Ga., the University Hospital School for Nurses has the proud distinction of receiving the first endowment ever made to a southern school for nurses. Indeed, this southern school is in advance of those in the North, as the money given it was in the form of an income, the principal being secured by will. This income amounting to $1,000 annually, was immediately available and as stipulated by the donor, is now being used for the sole purpose of providing an instructor for the students, and working materials for the class rooms. Mrs. Hartridge, the Superintendent, wrote that a specially trained instructor not only had charge of the regular class work for the white nurses, but for the first time equal advantages were given to the colored students, who heretofore had been segregated and treated like maids with practically no instruction. The instructor now reports that these students have shown unflagging interest,
and their painstaking efforts are making her work a keen satisfaction.

In Newburyport, Mass., the Anna Jacques Hospital has at two different times received gifts amounting to $6,485. Whether this sum was solely for the use of the school has not been definitely learned.

We must not fail to point to the significant fact that some of the earliest schools in this country started out with the belief that funds were necessary for their maintenance. Bellevue and the Connecticut Hospital School of New Haven had for years certain small incomes accruing from such funds. These were gathered when the Schools of Nursing were conducted independently of their hospitals, and they were found of inestimable service. Miss Noyes wrote, "The fund at Bellevue which has been used almost entirely to supplement salaries in order to secure the type of woman and nurse that we desire, has been of incalculable value." That fund from time to time has been used also for special lectures.

Though the task that the Hopkins Alumnae has undertaken is very great, and we stand only at the threshold of our labors, we have an abundance of hope born of the great needs of our times, and we fully believe that in due course our faith will be rewarded.

*Miss Parsons:* We will next hear a report from Miss Carrie Hall, Superintendent of the Peter Bent Brigham Hospital, of Boston, Massachusetts.

**REPORT OF MASSACHUSETTS GENERAL HOSPITAL ENDOWMENT FUND**

**By CARRIE M. HALL**

*Superintendent of Nurses, Peter Bent Brigham Hospital, Boston*

In the first published report of the school in 1879 an appeal was made to the public by the Training School Committee for "an adequate endowment to meet the needs of the school in the best manner."

Since then there seems to have been no special effort made to get an endowment although the public was appealed to for funds to meet the running expenses of the school.
When the committee gave the school over to the hospital chiefly because it could not finance it adequately, they turned over $18,386.46 with the school. Since then gifts have been contributed from time to time so that the fund is now $40,443.92. The interest has been used as it has accrued.

In January, 1914, at the graduating exercises Miss Parsons mentioned the need of an endowment fund for the maintenance of the school.

A year later she made a special appeal at graduation and in the annual report, to the graduates and friends of the school for a determined effort to raise an endowment fund.

The first gift to the endowment fund was $200 given in June, 1915 by a graduate. Donations began to come in until we had $898 in June, 1916. At this time the Alumnae Association took up the matter, appointed a committee and issued circulars inviting the graduates to make a special effort to raise a sum of $500,000 by 1923, when the school will celebrate its fifth anniversary.

Responses have been coming in ever since in sums varying from $1 up to $500 with pledges from several nurses for annual or monthly contributions.

We now have $3101.

In connection with this effort we have had some pleasant surprises. One married graduate who was not a member of the alumnae at once gave $500 promising $500 more the next year.

Some of the oldest graduates who have been a long time away from the school have been most interested and generous in their contributions. A Boston woman who heard of our efforts sent $200 in memory of the first two graduates, (1875 class) of the school whom she had employed in her family. With the gift she sent a very appreciative expression of the character and skill of those first graduates.

We expect in years to come to swell this small sum to $1,000,000.

A few of the nurses have said that they cannot give much at the present time but they intend to bequeath substantial sums to the fund in their wills.

We have not made any special effort to interest nurses by classes as the committee felt that we were more likely to succeed
in our attempt if we could create an active individual interest. Thirty-one classes are represented out of 40 classes of living graduates.

So many of the nurses are giving time and money in Europe that we feel encouraged by even the small start already made. Some of our graduates who are living abroad have sent contributions notwithstanding the great demands that war has made upon them.

_Miss Fisk:_ I should like to state that the Waltham Training School, Massachusetts, has had an endowment fund of $50,000 for some years.

_Miss Parsons:_ I am very glad to hear that. Are there any other reports?

_Miss Powell (University of Minnesota Hospital):_ This is only on paper, but I think it is rather interesting, on the proposal of Dr. Beard a plan has been developed for an endowment fund towards the School of Nurses, a contribution of $300,000, a part of which is to furnish an adequate nurses’ home and the rest of the income is to be used to provide fellowships for graduate nurses. We have in the University of Minnesota fellowships in medicine for graduates, who are paid a living salary for three years, $500 the first year, $700 the second year and $1,000 the third year. Those men are graduates in medicine who go there to do three years work in research. And they feel that we should have such fellowship for graduate nurses, in which they can do really research work, being paid a living salary, but not giving any actual service to the hospital, but spending their whole time in working out such problems as they would be interested in. As I say, it is only on paper, but we are very insistent that if the general plan goes through and the money is raised, that this endowment fund for the pupil nurses shall be accomplished.

_Miss Parsons:_ What has already been done and said about the need of endowments for training schools for nurses is showing its effect in one place and another. Just recently I was present at the graduation of a very small school in Massachusetts. There were only seven in the class. And the Chairman of the Board of Trustees, in his address, mentioned proudly that the school had an endowment. It was not really an endowment
that was adequate, but it was a definite sum of money that had been given to the school for its educational work.

I wish some one here would offer suggestions as to the ways in which all nurses may stimulate interest in the minds of the trustees of the schools, the training school committees, and more particularly in the minds of the public at large, who benefit by the service of nurses. We must remember that we are not doing this for ourselves; it is only that we want our schools to do good, that the nurses who are educated in them will render to the public the kind of service that the public now expects and demands.

Is there any one else who will contribute to this discussion? Miss Jammé, won't you say something about the subject of endowments?

Miss Jammé: This comes rather as a new idea to many people. The school has hitherto been thought to be amply maintained by the hospital, but the idea that an endowment should be necessary, that we should have paid instructors, that we should have proper equipment in our class-rooms, for not only our classes but also our recreation rooms, has now dawned upon the public mind. Again, it is a question of educating public opinion. I believe now that we have made this beautiful start in three different places, that it will grow just as rapidly as our other activities have grown.

Miss Parsons: Before closing this topic I would like to say that a great many of the graduates of our school said, when the subject was first broached, "Why should we? The hospital is a wealthy institution, and do not the nurses render service to the hospital sufficient to cover their educational needs?" Which sounded like a very practical question. Such a question may be in the minds of a good many who are here. Such a question will surely confront those who are here when they go back if they say anything about endowments. And so I would just call your attention to this fact: no matter how heavily endowed an institution is or how great its obligation is to the training school, it can only do that for which it has funds; and the training schools at present depend in a large majority of instances on the general fund for the support of the hospital; and even if the hospital trustees have a tremendous interest in the training
school they cannot expend more than a certain proportion of their general fund on the necessity of the training school. In most hospitals I know if they have spent considerable money on a residence for nurses or on classroom equipment or in other ways, on things that contribute to the interest of the school, some other department meantime is waiting on tiptoe for special consideration. And when the superintendent of nurses says, "I want so and so or such and such a thing for our school," the superintendent, representing the trustees, will say, "Well, we have spent all the money we can afford to spend on the school this year. We have got to spend so much on the surgical department or so much on the domestic department, or on the new wards, or on something else;" he is always balancing the relative merits and the relative needs as he sees them between the various departments of the hospital; and with the most generous intent in the world cannot concentrate the bulk of the hospital income on the training school department. Now if this is put plainly to the public or to the guardians, they see that it must of necessity be so, unless the department is endowed with a definite fund for special educational purposes.

Now I am going to ask Miss Jammé to take the chair and take up the subject of the standardization of schools.

Monday Morning Session, April 30, 1917

Topic: Standardization of Schools of Nursing. Miss Anna C. Jammé, presiding.

Miss Jammé: It may be necessary, before considering the question of standardization of requirements for Schools of Nursing to make a brief review of the work accomplished so far, as probably there are some here who are not conversant with it. The report of the Committee on Legislation has already been submitted to the Board of Directors. This committee was appointed in 1915 at the convention in San Francisco and had for its purpose, primarily, the working out of a standardization of requirements for Schools of Nursing in order that there may be a better basis for reciprocity between states. A limited survey had been made of requirements in the different states which showed great inequality in all points. The committee hoped that
its work would lead toward the adoption by our National Association of a standard curriculum that would serve as a guide for Boards of Examiners, assist in affiliation between schools and would be available for prospective students and also for high schools in preparing their students for nursing. In doing this work, the committee has had constantly in mind the facilities of the average school and of making the minimum requirements of such scope that they would be carried out in every accredited school.

The committee has considered first, preliminary educational requirements for admission to schools of nursing. We found that in a large majority of the states they could not, at the present time, do more than enforce a one year high school requirement. It would, therefore, seem necessary that students leaving the high school at the end of the first year, should have certain prerequisite studies before entering the training school. At the Round Table on Friday afternoon, when we considered this question, we had advanced far enough in our discussion to take up the prerequisite studies that would be required for entrance to Schools of Nursing. In this discussion the members present were all agreed on the Committee's report in regard to English, Mathematics, History, Biology and Home Economics. They wished, however, to add to this one year of Latin.

The gradation of educational requirements recommended by the Committee was next brought under discussion, namely, evidence of the successful completion of one year of high school work after January, 1919, to January, 1921; evidence of the successful completion of two years of high school work after January, 1921, to January, 1924; evidence of four years of high school work after January, 1924. The members present at the Round Table felt that this should be speeded up and that we should come more quickly to the full high school requirement. It was, therefore, changed by unanimous vote to read as follows: "After January, 1918, and to January, 1920, the successful completion of one year of high school; after January, 1920, to January, 1922, evidence of two years of high school; after January, 1922, evidence of four years of high school work." They felt that this would be fair in giving the schools and high schools time to get in line for this requirement.
This ended the discussion at the Round Table. Now we will take up consideration of the minimum requirements for instruction in the training schools. I will say here that the committee has always had in view the fact that we may be able to adopt a system of credits for instruction and practical work and consequently that is why the hours of instruction have been arranged on a sixteen hour basis which means that there shall be one hour of instruction in the subject each week for sixteen weeks or one-half year. In arranging the subjects we have endeavored to follow a logical sequence, as we find that in many of our schools subjects are given in the first year which properly belong in the second or third years and very frequently those given in the third year should have been given in the first. I will read over to you the requirements as they now stand.

**FIRST YEAR**

**First Half**

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<td>Nursing Technique</td>
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<td>Anatomy and Physiology</td>
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<td>Elementary Dietetics</td>
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<td>Elementary Hygiene</td>
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<td>Anatomy and Physiology</td>
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<td>Materia Medica</td>
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**SECOND YEAR**

**First Half**

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<td>Materia Medica and Therapeutics</td>
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<td>Urinalysis and Laboratory Technique</td>
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<tr>
<td>Dietetics and Laboratory Work</td>
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<td>Nursing Ethics</td>
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An animated discussion followed on the number of hours required for each subject, endeavoring to keep attention focused on the fact that these requirements were the minimum and for the average school in all states. The general opinion appeared to be that more time should be given for nursing technique at this early stage of training.

*Miss Hilliard:* I would like to make a motion that we give not less than thirty-two hours instruction in nursing technique in the first half of the junior year.

Motion seconded and carried.

*Miss Jammé:* This raises the number of hours to one hundred and twelve in the first half of the first year. Bacteriology comes next on the list.

*Miss Powell:* I move that the report of the Committee on Bacteriology be changed from eight to sixteen hours.

Seconded and carried.
Miss Jammé: The next subject is Anatomy and Physiology. Sixteen hours have been arranged for this in the first half of the first year and sixteen hours in the second half of the first year, which will make thirty-two hours in the second year. We have now one hundred and twelve hours instruction during the first half of the first year for the average year.

Miss Hilliard: I move sixteen hours of Anatomy and Physiology be accepted.

Motion seconded and carried.

Discussion of some length followed on elementary dietetics.

Miss Albaugh: I move that the sixteen hours for Elementary Dietetics remain.

Motion seconded and carried.

A short discussion followed on Elementary Hygiene. It was moved by Miss Giles that sixteen hours for Elementary Hygiene remain as recommended.

Followed a discussion on Ethics and History of Nursing.

It was moved by Miss Pickhardt that the number of hours be extended to sixteen.

Miss Jammé: We have now come to the second half of the first year. Nursing Technique requires sixteen hours. Would you want that increased? The number of hours of instruction on all subjects in the second half of the first year is sixty-four hours. Anatomy and Physiology again calls for sixteen, Materia Medica sixteen, Massage eight and Bandaging eight. Shall Nursing Technique be increased or shall it remain as it is? We have thirty-two hours in the first half of the first year for this subject.

Miss Albaugh: I move that the Committee's report be accepted.

Motion seconded and carried.

Miss Jammé: Anatomy and Physiology is the next subject for discussion.

Miss Gray: Do I understand that thirty-two hours is the total allowed for Anatomy and Physiology during the whole course?

Miss Jammé: During the first year, it is supposed that Anatomy and Physiology would be reviewed with all the other subjects, such as medical diseases, surgical diseases, obstetrics, etc. I do not think Anatomy and Physiology ever stop.
Miss Gray: I do not think you can begin to review it intelligently unless you have a very good idea to begin with. I wonder how many teachers of Anatomy and Physiology in the room would consider that enough? At one of the Round Tables it was stated that some of the recent developments in nursing work made it necessary for nurses to have a very definite and exact knowledge of Anatomy and Physiology and that we are finding that their knowledge in many respects has been superficial. I have taught it for a good many years and I know I could not accomplish it in thirty-two hours.

Miss Watson: I have about forty-five hours to teach Anatomy and I find that it is barely enough. I do not teach it as thoroughly as I would like to in that amount of time and I do not think that thirty-two hours would be enough for laying a foundation. I think perhaps it would be wise to give more in the first year and have it reviewed when the medical and surgical lectures are given and a special review in the third year when the student is preparing for examination.

Miss Redfield: I want to say that I have been teaching Anatomy and Physiology as instructor in the hospitals around Boston and it has been difficult for me to ask for the number of hours which I thought were necessary because of the expense to the hospital. It has been almost impossible for me to cover the subject in twenty-five lessons as I started out to do and I feel that thirty-two hours is inadequate for the subject.

Miss Parsons: I would like to put in a very important plea for the struggling schools that are working up from the preliminary course. I have now been seven years in charge of a large school where we have worked up the preliminary course and we are still at work on it and I know the difficulties that arise from having the class work going on while students are on the wards. I have not forgotten, and I hope I never shall forget, the fifteen or eighteen years I struggled with little schools in special hospitals, trying to give the students a good education, where we could not get sufficient classes and where we had to group them in twos or threes, or even just one and a teacher; and yet by pounding away we managed to make pretty good nurses out of them, in fact quite intelligent nurses. I think with this plan that the committee is working on that we should be able to get a fairly workable out-
line for these struggling schools and we do not want to put it so high that it is going to absolutely put these schools down and out, or the superintendents or instructors, who are dealing with the problem.

Miss Doyle: I move that sixteen hours of Anatomy and Physiology in the second half of the first year be approved.

Motion seconded and carried.

Miss Jammé: The next subject is an important one, that of Materia Medica and sixteen hours are here recommended.

Miss Giles: Before we go any further I should like to ask for a little information as to the process of elimination in this matter. In the first place we have to take care of our patients. I should like to ask how many hours we expect our pupils to be on the wards caring for the patients, then see how many hours we will have for this instruction and divide that.

Miss Jammé: The committee has worked that out on the basis of four hours of instruction for each pupil per week. It seemed as if that was about as much as the average school could carry with a ten-hour day of practical work.

Miss Hamilton: May I ask if this will include the teaching of solutions?

Miss Jammé: Yes, that would include solutions also.

Miss Albaugh: I move that the committee’s report on Materia Medica be accepted.

Motion seconded and carried.

Miss Jammé: As time presses we may however be able to finish the first year and then see how we can arrange for the second and third years. The committee has arranged massage for the second half of the first year. It has been suggested that this could be taken out.

Miss Powell: I said that because I felt that the eight hours of massage would simply be to teach the nurse to do good rubbing which can be done in the practical nursing class.

Miss Hilliard: I would like to move that massage be not included. There is a great deal of emphasis, time and money put on that in the small schools which might be devoted to other subjects.

Motion seconded and carried.

Miss Jammé: Bandaging is our next subject. If we have six-
een hours of this, the total number of hours of instruction for the second half of the first year will still remain sixty-four hours.

Miss Shellabarger: I would say that eight hours is quite enough at this time as this is merely technique and the nurse learns by constant practice. It seems to me that there are many other things that should be given more attention and I move that the committee’s report be accepted.

Motion seconded and carried.

Miss Albaugh: I would like to move that inasmuch as this committee has given a great deal of time and hard work to this report, that the report as a whole be accepted.

The motion was seconded and carried.

Monday Afternoon, April 30, 1917, Joint Session

Topic: Health Centers.
Dr. Samuel McClintock presiding.
The meeting was called to order at 2.30 p.m. by Miss Beard.

Miss Beard: The general session this afternoon on health centers will attract, I think, nurses from the three organizations. The subject of health centers has been so very much in our minds. It gives us very great pleasure to announce that Dr. Hamill will now take charge of the meeting.

Dr. Hamill: There is one thing I want to say, and that is I regret extremely that in this very important period in the history of the world we have not well organized health centers in every city in the United States. There are problems that will confront us in the very near future relating to child life that can be forestalled in large part through the medium of properly organized health centers. This whole problem is a vast problem and is one which requires us to certify what are the conditions which exist and the means of improving these conditions. It is from just such organizations as health centers that the greatest amount of help can come. The other phase of health center work you will hear of later on.

In all this health center work there is one phase of it that has been in a large part lost sight of, and that is the phase of the subject which will be discussed by the first speaker, which is “Health Activities of a Civic Center in a Small Community.”
HEALTH ACTIVITIES OF A CIVIC CENTER IN A SMALL COMMUNITY

By ELIZABETH ROSS

Printed in American Journal of Nursing, August, 1917.

Dr. Hamill: The next paper will be read by Dr. Robert H. Bishop, Commissioner of Health of Cleveland. His subject is "A Health Center in a Large City."

Dr. Bishop: The large city work referred to is Cleveland, with a population of approximately 700,000. Cleveland has a fairly good death rate. We do manage, either one way or another, to lose about 10,000 people every year. Two thousand of those die under one year of age. We lose about 800 from tuberculosis and about the same number from pneumonia. The municipality spends on Health Department work, $265,000 a year. Now this does not mean any expenditure at all upon hospital maintenance. This money goes only to the support of the various bureaus of the Health Division. I have been asked to tell you about the development of the health center work in Cleveland.

A HEALTH CENTER IN A LARGE CITY

By ROBERT H. BISHOP, M.D.
Commissioner of Health, Cleveland, Ohio

Printed in American Journal of Nursing, August, 1917.

Dr. Hamill: The next speaker is Dr. William Charles White, Associate Professor of Medicine of the University of Pittsburgh, who will discuss the subject, "A County Unit."

PRINCIPLES OF NURSING ECONOMY AS APPLIED TO COMMUNITY HEALTH CENTERS

By WILLIAM CHARLES WHITE, M.D.
Medical Director, Tuberculosis League, Pittsburgh, Pennsylvania

Printed in American Journal of Nursing, August, 1917.
Monday Afternoon, April 30, 1917, Joint Session

Topic: Social Hygiene.
Miss Goodrich presiding.

Miss Goodrich: This session will be devoted to the subject of social hygiene, and I need not say to such an audience as this that this is a subject of burning importance to nurses, something they must be conversant with. Methods of controlling it, etc., are being developed, and the need of some knowledge on the part of the nurse and assistants is very great. We have not with us this afternoon Dr. Snow, as he was unable to attend, but we are very fortunate in having Dr. Thompson, who will tell us of the very splendid work that is being done, and I think especially in connection with the Brooklyn Hospital in New York.

METHODS OF CONTROLLING VENERAL DISEASES

By A. N. THOMPSON, M.D.

Printed in American Journal of Nursing, August, 1917.

Miss Goodrich: We have also with us this afternoon Mrs. William Falconer, of Sleighton Farm, a reformatory, I understand, who is going to speak on “The Relation of the Graduate Nurse to the Problem of Social Hygiene.”

THE RELATION OF THE GRADUATE NURSE TO THE PROBLEM OF SOCIAL HYGIENE

By MRS. WILLIAM FALCONER
Sleighton Farm, Philadelphia, Pennsylvania

Printed in American Journal of Nursing, August, 1917.

RED CROSS MEETING


To open the Session Miss Goodrich, President of the American Nurses Association asked that the “Star Spangled Banner” be sung by the audience.

Invocation, Rev. Dr. McColl.
Miss Goodrich: I think perhaps comparatively few of those present, really know the great service that Miss Delano has been giving to the country and to her profession; because for these years in which she has worked so assiduously, it has been a service of love. She has worked day and night, as you know, to gather together this body of skilled nurses. It is a body consecrated to the healing of nations. I presume that there are many here who hoped that the only service our women would ever have to render would be a service necessitated in times of peace, and Red Cross nurses would be enrolled to meet a condition brought about by disaster, such as fire or floods or anything of that nature.

Now another call has come and there is this great body of enrolled women, skilled in their profession; and for this great body I think we have no idea how deeply we are indebted to Miss Delano. I am sure that you with me will feel that we have much to thank her for and will be glad indeed that she is here on this evening which is so momentous for us all. Miss Delano.

Miss Delano: It is eight years ago this month since I stood before the American Nurses' Association and begged of them to ratify the affiliation which the Red Cross had offered to us and to pledge themselves to an organization of a nursing service which eight years ago I believed we should organize for the benefit of our country. At that time, so far as I know, all the nations of the earth were at peace. We began this work with no thought that within a comparatively short period, eight years, that we should be called upon to meet the needs and service of the greatest and most horrible war that the world has ever known. The American Nurses' Association fulfilled the spirit of the law and fulfilled to the utmost possible extent the pledge which they at that time made to support the work and help in the development of the service and to stand by those of us who were willing to undertake the detail work. Only their support and their cooperation and their sympathetic interest and love has made my work possible at the American Red Cross.

It is not within the limits of this evening's time to give you a detailed report of the work of the past year. I had hoped to give that at an executive session of the organizations here assembled, but it was impossible for me to do so. I will, however, review briefly our accomplishments and tell you as quickly as possible
what we have to night to offer to our nation and to the Allies which we have joined.

We have, as you know, an enlarged National Committee, representing the three organizations of nurses. On this committee are the women whom you have all looked to for many years as your leaders, and we feel sure that you are ready to follow wherever they point the way.

Now this National Committee, as I have just said, represents our three national organizations of nurses. We have special committees in practically every state in the Union. There are a few exceptions where the state nurses' associations are not organized, but wherever there is a state nurse organization we have state nurses' committees. We have local committees representing the sections of the country where there are large groups of nurses available for enrollment. On these state and local committees we have representative committees in the locality, all pledged to the service of the Red Cross. We have relied upon these committees during the past two years, for the calling out of the nurses for Europe. And I look back still with pride to that, because when we sent word out at the beginning of the war for nurses to respond to the call, they came from all parts of the country. They reported without fail on the days assigned to them for work, and I remember with gratitude and pleasure as well that a few nurses, about ten, that I had called out as reserves—for I felt sure that at least part of the one hundred and twenty-five that were at first called out might at least be unable to come and we provided ten substitutes—but not only did our full number report, but all the substitutes as well. And I feel sure that that as our first effort is only an earnest of what we are expecting to do when the greater things confront us.

We relied upon our committees with safe assurance during the troubles on the Mexican border last year, and without any difficulty met all the requests from the Surgeon General's Office. There has never been any delay on the part of our committees in securing the required quota.

With the development of the work I felt perhaps for two years or more that it was getting beyond the control of one individual. It seemed to me quite impossible, as I looked into the future and saw the development of this service that I hoped and looked for,
while it seemed to gain in importance, that I could go along indefi-
nitely and carry the burdens of the work alone. I thought of
women who were in responsible positions and I longed to have
some one come to Washington and take up the burden. There
was never any doubt in my mind as to the value or importance
of the work, but I did wonder sometimes whether one of the lead-
ing nurses in the United States might be willing to give up a re-
 sponsible position to come there, without what appeared at that
time to be definite activities. Fortunately for us, for the Red
Cross, the nursing profession, one woman in the United States
did have vision to see the possibilities of this service and she did
recognize, as I recognized, that this was not only a service to the
Red Cross but that it was a service to the nation and possibly a
service to the world. Miss Clara D. Noyes, General Superinten-
tendent of Training Schools at Bellevue, recognized this and re-
 sponded to the invitation to come to Washington, and since last
September has been my greatest supporter and my greatest help.
A position was created for Miss Noyes, the position of Director
of the Bureau of Nursing Service. And I take great pleasure in
introducing to you tonight Miss Clara D. Noyes, in her new ca-
pacity as Director of the Red Cross Bureau of Nursing Service.

SERVICE OF WOMEN IN TIME OF WAR

By CLARA D. NOYES

Director Bureau of Nursing Service

The history of man and the history of wars is so closely inter-
woven that it is impossible to separate one from the other. The
progress of civilization has been built upon conflict, nation against
nation, and brother against brother. From the earliest recorded
facts of history we trace the service of women, while the pages of
literature portray in story and song her sacrifices and heroic
deeds.

Women have not only planned military campaigns, led great
armies to victory, but they have given up sons and husbands,
fathers and brothers to be slain outright or to be injured and
maimed for life. They have suffered hunger and untold mental
and physical suffering, torture and worse than torture. They
have assumed the responsibilities of industry and performed the
heavy manual labor of men in factory and shop. They have planted and gathered the crops. They have kept or tried to keep their homes together; taught and cared for their children; nursed the sick and injured; organized hospitals; manufactured garments and surgical dressings, and at the same time have suffered the unspeakable agonies of sorrow and suspense, while the present war sees them in the ammunition factories performing the most delicate and dangerous work turning out shot and shell in vast quantities in order to relieve the men for duty at the front.

We have but to turn to the pages of the Bible for brilliant examples of the courage of women, the records of which have lived through thousands of years. One of the most conspicuous illustrations is that of Miriam who through the forty years of the wanderings and wars of the Israelites acted as the prop and stay of Moses and Aaron, while the graphic story of the relentless Jael, who unflinchingly drove the tent pin through Sisera’s temple is familiar to every child. We reluctantly turn aside from woman’s part in military service, interesting and remarkable as it has been, to that more natural function of her ministrations to the sick and wounded soldier, a sacred responsibility that woman from the earliest age has assumed.

We note in passing that the first military nursing orders came into being during the Crusades, and for seven centuries held the attention of the civilized world. Great armies some “more glorious than the world ever beheld or the sun ever shone upon” were sacrificed to the cause. Armies of men and women and children joined the sacred pilgrimage and journeyed toward Jerusalem. The natural consequence was the organization of hospitals which sprung into existence along the route of travel, while nursing orders of both men and women came into being to care for the sick and wounded. Organizations for the relief of all kinds of misery and want, of children and the aged, became actualities and into this work woman entered with great zeal and energy.

Finally we reach the momentous years of 1854–1856, the years of the Crimean War, an epoch in the history of the care of the sick and wounded soldier and the natal year of modern nursing methods.

It would be superfluous to repeat the story of Florence Nightingale, her preparation for nursing and her dramatic entry upon
the field of military service, how with a small group of forty women, Sisters of Charity, Anglican Sisters, paid practical nurses, and volunteers, more or less untrained and inexperienced, she started for Scutari and a hospital filled with 4000 sick and wounded soldiers. No organization, no supplies, nothing to work with! Frightful mismanagement on the part of the War Department had buried sheets and shirts, beneath shell and cannon, in the holds of ships. Florence Nightingale, the lady in chief, faced these conditions with unflinching courage. The American Red Cross with its magnificent body of over 9000 graduate nurses would look upon this as the supreme test of their preparation for service. She not only reformed the administration of military hospitals for the care of the sick and wounded, but she organized many forms of social service work as well. The least that could have been expected from this superb demonstration of re-organization would have been the adoption of similar reform measures by every country in the civilized world as a preparation for war. Not so, however, when five years later the Civil War rent the United States in twain there was little, if any, preparation for the care of the sick and wounded.

The armies of the North and the armies of the South not only faced each other in deadly conflict, but they faced neglect and unspeakable suffering as well. Many of us have been brought up on the stories told by our mothers and grandmothers of those days of the sacrifices made, the jewels sold to buy clothing and comforts for the soldiers; the turning of the wayside homes of the south into primitive hospitals; the scraping of table linen into lint by the women of the North. Quoting from a personal letter received a few days ago from Miss Louisa Lee Schuyler of New York City, whom we all delight to honor not only as the founder of the Bellevue School of Nurses in the spring of 1873, but for her other splendid service to humanity. Says Miss Schuyler:

In these days, at the age of seventy-nine, when I can not do very active work, my thoughts go back to the early days of the Civil War and of what we were trying to do and did do then on a very small scale compared with today. We wanted nurses for our sick and wounded and there were none to be had. There were no trained nurses in those days, as you know. In our New York Branch of the United States Sanitary Commission it was as easy to get supplies as it is with the Red Cross today. They poured in from all over the country. Our receiving and shipping business was enor-
mous. Many a time did our loaded wagons take the boxes on short notice on Sunday down Broadway to a steamer starting for a southern port. We were notified by the Sanitary Commission, of battles to come that hospitals and hospital supplies might be ready. Alas! no trained nurses to be had. Our doctors, Elizabeth and Emily Blackwell, provided one month's hospital training for 100 selected women who volunteered to go as nurses. It was most elementary, but it was better than nothing and many of them turned out finely and did magnificent work later on, and now the Red Cross! So much to be thankful for if war must come.

And war has come.

Let us pass over these dark days and those darker ones of the Spanish American War which found, even after the lessons of the Civil War, our country no better prepared to care for its sick and wounded soldiers than in 61, and although schools of nursing had been organized there were no Army and Navy Nurse Corps and no enrolled Red Cross Nursing Service.

"Out of the bitter comes the sweet," and following rapidly upon this sad page in the history of our country has come the Red Cross Nursing Service, and by special Act of Congress the Red Cross nurse becomes automatically the reserve of the Army and Navy Nurse Corps. So that we have today, what no other country in the world has ever had, through the devoted service of the Chairman of the National Committee on Red Cross Nursing Service, aided by the efficient State and Local Committees, an enrolled Nursing Service of over 9000 nurses, selected women ready and eager to serve with hundreds of new applications coming into National Headquarters.

Let us compare this situation with that which existed in England and France and the other countries of the Allies when the present war began. England, at the beginning of the war, although with the example of Florence Nightingale still fresh in her mind, had not made adequate preparation for the care of the sick and wounded soldiers. True, she had an Army Nurse Corps to whom had been confided the nursing of the sick and wounded in the base hospitals, but she had no professional Red Cross Nursing Service as a reserve.

The British Red Cross Nursing Service is composed of lay women who have studied, perhaps, the First Aid Course or a theoretical home nursing course similar to that given by the American Red Cross known as the course in Elementary Hygiene
and Home Care of the Sick. The War Department of England
gave to the Red Cross the authority to manage all auxiliary hos-
pitals. It was expected that auxiliary hospitals would be used
largely for convalescents, but it was found that an auxiliary hos-
pital, owing many times to inadequate space in the base hospitals,
might mean anything from a hospital train to a large institution
filled with acute cases.

The history of this situation is too well known to repeat. It
can readily be seen, however, that in order to nurse the sick in
these auxiliary hospitals graduate nurses and physicians were re-
quired, and they found themselves many times when engaged for
duty in the anomalous position of serving under the direction of
a young commandant of some 18 or 20 years of age, who may never
have seen a sick patient nor had a moment’s preparation for the
assumption of so grave a problem as the administration of a
hospital.

France was entirely without a professional nursing service of
any description, the French Red Cross Nursing Service being
composed of women who were not nurses, although they may
have had some hospital experience, but had never been called
upon to assume the responsibility continuously of the care of the
sick, and the management of hospitals.

The statement, which we hear made so many times, that we
should prepare large numbers of lay women by means of brief
courses in the practice and theory of nursing in order that the dis-
tressing situation which prevailed in France might not be re-
peated in this country, is a fallacious argument as the situation
is not in the least comparable. When such a statement is made
we can usually assume that the speaker has forgotten or is not
aware of the fact, that the United States has an enrolled Red
Cross Nursing Service of professional women and that back of
that an American Nurses’ Association of about 40,000 members,
and that it would be quite impossible for a similar situation to ever
exist in this country.

It was not my intention to speak particularly tonight of our
professional nursing service, yet I can not let this opportunity
pass without paying a tribute to the Committees and Organizing
Nurses of our various forms of units and detachments. Busy
women as they are, over-taxed very frequently with their own pro-
fessional responsibilities, they have built up this service to its present splendid proportion. The chief nurses of Army Base Hospitals have organized the nursing personnel of 36 institutions—65 nurses each. About half of these are entirely completed while the other half are reaching completion as rapidly as possible. There are five Naval Base Hospitals of 60 nurses—fourteen hospital units—20 nurses—in the process of organization, 40 Navy detachments consisting of 20 nurses each, and 47 emergency detachments are being organized by the State and Local Committees consisting of 10 nurses each, and as there are 115 committees it is expected ultimately that at least a thousand nurses will be available through this type of detachments.

In speaking of these various types of organization it is difficult to realize what a remarkable piece of work has been accomplished. It means preparation, nurses ready to mobilize; health and immunity certificates filed, examined, and approved. This is not a paper organization, it is real, it is tangible, and it is efficient. We have tested it and we know that it works.

The women of the United States who are preparing to send their sons to war may at least have this need of consolation, if these sons fall ill or are wounded they will have the best nursing care that it is possible to give them. The first line of defense, the nurses and the physicians with proper supplies are ready. Let us be grateful each one of us, professional or non-professional, as the case may be, that this is true. What about the second line of defense, that great army of women who are anxious to be of use to give where they can give, be it money or personal service unstintedly and unselfishly. Old and young, rich and poor, respond to the appeal to serve.

In many cases, it is true, the impulse for service is not always well expressed. It may be undefined and vague, it may even be sentimental and hysterical, but many times it is sincere and earnest. This wave of impulse and enthusiasm must be directed and it must be controlled. What has the Red Cross done to coordinate this interest and into what channels has it been diverted and directed? Channels that should not only be useful and helpful but safe.

Although the Red Cross Nurse is the only one considered by the Society as eligible to assist the surgeon in the military hospitals yet
there is room and work for the non-professional woman should we become actively engaged. Special arrangements have been made to utilize a number of volunteer workers in connection with Base Hospitals as Volunteer Nurses' Aids. Two groups of 25 each, known as the Active and Reserve Group, are being developed, while plans are under way to provide still another group of 25. The first to go wherever the Base Hospital may be sent, the Reserve to replace vacancies as they may occur in the active list, or to serve in the parent hospital from which the Base Hospital may have been withdrawn.

Those who are selected by the Chief Nurses of Base Hospitals must have had a course in Elementary Hygiene and Home Care of the Sick as conducted under the auspices of the Red Cross. The course elementary as it is, at least provides a basis for selection. She should be not younger than 25 nor older than 35; she must be tested out by a definite number of hours of hospital practise under the direction of the Chief Nurse. This is serious work, not the place for young and immature women who may be longing for a new excitement or a thrilling adventure. The course of Elementary Hygiene and Home Care of the Sick has not been intended as a preparation for nursing nor as a "special war course." It is instructive and educational and was designed to be a helpful adjunct to any woman's preparation to meet the daily needs as they may arise.

An unfortunate impression seems to have grown up in the minds of thousands of women and many men, including even physicians, that a Red Cross nurse is different from an every-day nurse, such as you and I, and I am speaking now as a nurse to nurses, and that she can be prepared in something like 15 lessons, while service at the "Front" that illusive, vague place throbbing with adventure and thrills, is a service requiring little or no preparation. The unfortunate impression has also gone abroad that any woman who completes the course in Elementary Hygiene and Home Care of the Sick may call herself a nurses' aid.

This was not the intention of the course, a nurses' aid is one who has been prepared and selected to aid a nurse. It will, therefore, be seen that the number of nurses' aids required for service in Base Hospitals is limited by the number of such, and as the total number of Army Base Hospitals, so far organized by the
Red Cross, is 36, the total number of nurses' aids required is about 1800 for these units.

The third reserve which will probably be prepared for service in the home hospitals should the Base Hospital be withdrawn would make a place for some 900 more.

Letters from volunteers pour into national headquarters by the thousands. The majority, although frankly stating that they have had no preparation whatsoever offer their services as a nurse. Each one of these letters must be answered and the applicant must be courteously directed toward something she could do or prepare herself to do. It is expected, if the need arises, to use many of those who have had the course in Elementary Hygiene and Home Care of the Sick whose records are on file in Washington, to assist the enrolled Red Cross nurses in convalescent hospitals, in refreshment stations, rest rooms, in teaching those who have been rendered unfit to follow their usual occupation, in social service work, and in clerical positions.

Thousands of women are being taught to prepare surgical dressings and hospital garments. Instructors have been prepared to give a definite course and like an endless chain the system has spread over the entire country. Should their services be needed this magnificent army of women are ready to assume the responsibility of making and preparing all the surgical dressings that a great army would need.

The Chapters are enrolling women in almost every line of activity with or without preparation, for all and every known variety of work from interpreters to motor car drivers.

The Red Cross Nursing Service feel quite confident that should the need arise for a larger number of nurses' assistants that by a system of detachments, that is an enrolled Red Cross nurse acting as a head nurse to a group of ten or more women who have become associated with the Red Cross by means of a course of instruction, that a satisfactory service can be developed. This arrangement is comparable to the system of "dilution," which has been found so effective in England, especially in the industrial and commercial world. It means a skilled trained individual reserved for the more technical and important work assisted by a group of untrained or partially trained assistants. Every departure of this nature has its dangers. Let us be frank with each other and face them.
The danger as it appears to those who are closest to the work is the possibility of the undermining of nursing standards and thus gradually lowering the standard of the care of the sick either in times of peace or war. Already evidence of the commercialization of the system has been observed.

Letters and telegrams pour into headquarters from hospitals, from physicians, from short-term schools, correspondence schools, schools of all kinds from the elementary to the great universities, urging the recognition of courses that have been given under their auspices in both practice and theory.

Hospitals under the pretext of preparing women for what they term "The great emergency" are offering two, three and even six months' practical courses in the wards. Requests are continually received asking for the approval of such plans and some form of recognition and the utilization of the women who have entered for these courses in some definite line of activity.

The pressure is enormous and requires patience and sympathy to direct and control. It will burn itself out gradually and in the words of Miss Dock—who has an optimistic point of view, speaking of conditions in France and England:

Yet as time wears on a nurse . . . does finally get the recognition and the position that she should have and public opinion does eventually decide correctly on the relative values of half and whole training. There is for a time a very demoralizing influence exerted on the regular probationer who hears of volunteers being trained for six weeks under the Red Cross and having nothing but "interesting work to do" and who reads the enormous encomiums showered upon these volunteers and sees them decorated with various honorable badges. However this is transient and it seems evident that on the whole the highest standards of nursing education will not be permanently injured by the war.

In a recent article in a reliable magazine an interesting account of a meeting held in New York City is told. It states:

A well known woman physician, an authority on children was speaking. She found an audience of eager, expectant, intelligent women. She began to tell of conditions following under feeding and improper feeding of children. When suddenly one woman arose and interrupting the speaker said "We didn't come here to be told how to feed babies, we want to be told how to nurse the soldier at the front." This is indicative of the state of mind that exists.

One of the most startling manifestations of patriotic ardor has been the
rush of women to the colors by tens of thousands. They have offered themselves for every emergency service from back-yard agriculture to the Naval Reserve. Short of the trenches there is nothing that men can do that they are not keen to do also . . . but it is in the second line of defense that women can give the most effective war service. The line where, after the actual provision for their fighting men, the efforts of all the belligerents are concentrated. The line that protects their children.

The women of America have a mighty task to perform in order to feed and clothe the children, not only now when war prices have made the cost of food soar to heights almost beyond the reach of the poorer classes and the result of underfeeding are already discernible in the condition of the children of the country, but should we become actively engaged in war, then it is not only a question of food but of clothing and housing. Surely the most important piece of work for the women in America to do is to look after the children in order that the future strength of the nation shall be maintained.

Woman's place in war, even though not in the front rank of the battle, is just as clearly defined and fully as important as that of the soldier. If there is any doubt in the mind of any one on this point, she should read Mrs. Humphrey Ward's *England's Effort*.

Who is to coördinate and direct this interest and enthusiasm. Some of it short-lived and superficial, but in the main earnest and sincere?

Since the war began in Europe in August, 1914, 130 or more relief societies, many of them of national character, have sprung into existence. Yet the National Red Cross is the only one so far that has been empowered by Congress to render aid to the land and naval forces in time of war. This being the case it quite naturally follows that the task of coördinating, and harmonizing falls largely upon the Red Cross to accomplish.

As it is of the work of women of which I am speaking tonight then the women of the Red Cross at national headquarters of the Red Cross Nursing Committees throughout the country, and in the Chapters, have a duty to perform.

The Red Cross nurse working upon state and local committees has exactly the same responsibility to professional standards in her locality as the national officers have over a wider area. As the Red Cross nurse is the essential element in the Red Cross Nursing Service she becomes the same in a Base Hospital or in a
class of elementary hygiene and home care of the sick composed
of society women or working girls. Large numbers of Red Cross
nurses are acting as instructors and directors of teaching centers.
It was a wise provision on the part of the Red Cross that all in-
structors and examiners must not only be Red Cross nurses, but
must be authorized to instruct by the Bureau of Nursing Service.
By careful adherence to this requirement the menace to the
standards of the care of the sick have been in a measure
safeguarded.

Let it be remembered, however, by every nurse, and especially
by the Red Cross nurses serving on Committees or acting as in-
structors, that not until the word "Nurse" when used in relation
to the care of the sick or injured, is protected by the law can we
prevent any woman, if she so desires, from using her Red Cross
certificate unscrupulously or calling herself a "nurse" or even a
"Red Cross Nurse."

The Red Cross Committees to whom we must look for qualified
instructors and examiners, have definite responsibilities toward
professional standards, regardless of such local, social, and financial
influence as may enter into the question.

Newspaper publicity and spectacular gallery plays should be
avoided and no opportunity lost to educate the pupils whom they
may be instructing and the lay members of the Red Cross to a
better understanding of ethical nursing.

As I stand facing you tonight, sister nurses, under the shadow
of war we know not what we as nurses shall be called upon to
give. We know, however, that our Red Cross Nursing Service
exists for but one purpose, the reserve of the Army and Navy
Nurse Corps in time of war. We shall probably be called upon
to provide large numbers of nurses in order that our soldiers and
sailors shall have the type of nursing care that should be given
them. We shall be called upon to give fully, to make great per-
sonal sacrifices but we know you are prepared for this, we know
that you are ready and we know that we can depend upon you
to carry the spirit of Red Cross service as well as its banner where-
ever our Army and Navy may be sent, whether it be the Naval
Hospitals on the Pacific or Atlantic Coast, the cantonments, the
frontier of France or Russia, or to far distant Mesopotamia. It
must be written upon the pages of history for all time that our
Red Cross nurses were prepared, that in this war, the most terrible that has ever been known, our soldiers at least were not neglected and that they were properly nursed.

Two other addresses followed:

**RURAL NURSING: ITS SIGNIFICANCE IN THE SOUTHERN MOUNTAINS**

_by Warren P. Wilson_

*Lecturer on Rural Education, Columbia University*

Printed in _American Journal of Nursing_, August, 1917.

**THE WORK OF THE RED CROSS IN THE EVENT OF WAR**

_by Eliot Wadsworth_

*Acting Chairman Central Committee American Red Cross*

Printed in _The American Journal of Nursing_, August, 1917.

The meeting adjourned after singing “America.”

_Tuesday Morning, May 1, 1917, Joint Session_

**Topic:** The Relation of Clinical Records to Vital and Morbidity Statistics.

Mr. E. J. Catell, City Statistician of Philadelphia, presiding.

**TEACHING NURSES IN TRAINING THE USES AND VALUE OF SICKNESS STATISTICS**

_by Dr. Louis I. Dublin_

*Statistician Metropolitan Life Insurance Company*

The completion of clinical records and of case histories is now one of the established duties of the graduate nurse. The nurses with whom my professional work brings me into closest contact, namely, public health nurses, spend a considerable part of their working time in completing records of their cases. I have often
thought that these duties are looked upon by nurses as a necessary evil, as a sort of penalty which they must pay for the pleasure of doing the beneficent work at the bedside or in the home. The statistician for whom these records are prepared is considered, I have imagined, a sort of bete noir, somehow powerful and not to be denied but an awful nuisance, nevertheless. This attitude, if I am correct in my diagnosis, is due to the fact that in few, if any, training schools for nurses is any effort made to instruct students in the use and value of the records they must complete. There is, of course, a certain amount of direct and often excellent instruction in filling out the forms used, especially the t. p. r. charts and the other bedside records but this is as far as it goes. The nurses do not see what it is all about, how this work which takes so much of their time serves useful ends, how it helps, for example, to administer their institution, how it serves except in the most general way, the patient, the physician or the community.

Miss Crandall with her full and rich experience in public health nursing sees the value of this statistical side of the nursing work and would have me dilate somewhat on this point. If I understand correctly, Miss Crandall wants me to point out how nurses may be more adequately instructed in completing their records, when and where they may receive such instruction and how to impart an understanding of the use and value of such work in order that they may appreciate the larger possibilities of their field.

Let me at the outset indicate my conception of the general function of the nurse. Hers is a profession and not a trade. Her work is not limited to routine bedside care of sick persons. She shares today with the doctor the broader function of preventing and controlling disease. To do this, she must see the relation of her routine work to the larger purposes of the community. Sickness is one of the chief causes of maladjustment in family and social life. It brings about more community distress than any other single factor. On the other hand, it is often the result of social forces like ignorance, immorality, overcrowding, poverty, underfeeding, etc. The effective nurse is one who realized the relation of her work to the welfare of society and sees the part that she must play in the great campaign for health. It was in this spirit that Florence Nightingale labored and it is significant
that she was as effective a student of sickness as she was efficient as a nurse. Her statistical work is a land-mark in our science. This phase of her work became with her almost a religious passion and it is appropriate on this occasion to express the great indebtedness of modern social statistics to the efforts of this great nurse and woman. As her spirit animates the nurses of today, so will their work be more practical because more purposeful.

How then may we hope to reach the nurse in training to impart an appreciation of the use and value of sickness statistics? The subject must be taught first in the schools of nursing. As I have already pointed out this is now only partly done. The nurse in training receives instruction in the preparation of temperature, pulse, and respiration charts, of the daily records of medication and treatment, and of the physical condition of the patient. Under competent direction, the nurse soon learns what is required of her in the completion of these forms. Much more may be wisely attempted however. The instructors in theoretical and practical nursing provided by the leading schools in the United States today should first themselves carefully study the wider use of medical records such as are kept by hospitals and under medical institutions. They could then better impart to their pupil nurses the chief aspects of the record problem. Because of the limited opportunity to teach the uses of statistics as an independent subject the nursing instructors should occasionally indicate the value of medical records in their lectures on general nursing information. In addition, a brief course of lectures on sickness records, say two or three, should be given somewhere in the training period by a competent person. This could be done either by some outside statistician or physician connected with the hospital and interested in the records of the institution.

These several efforts will give the pupil nurse a better opportunity to see why she is expected to take pains in completing her forms and the use to which these forms are put. Perhaps more important than all this, such instruction will give the nurse an opportunity to see some of the broader aspects of her work. This moreover, will have a very favorable effect on her cultural development. The nurse would then feel the dignity of her profession, how it supplements that of the physician and of the institution manager in helping to solve the larger problems of
medical practice. While the nurse cannot go far into the details of the medical sciences without trespassing, it is nevertheless true that an elementary understanding of the aims and purposes of the auxiliary medical sciences, of which statistics is one, tends to broaden the nurse’s outlook upon her work and upon her life.

In the few special lectures to which I have referred sickness statistics could be explained to the pupil nurses somewhat in this manner: “The real essence of nursing must always be personal service for the sick and disabled; this service must be based upon proficiency in the elements of anatomy, physiology, the properties and action of common drugs, in dietetics and cookery, personal hygiene and household sanitation and other practical subjects, which bear upon the immediate welfare of the patient. Apart from these practical aspects of care for the individual case of sickness, however, a nurse is warranted to inquire into the causes of disease and disability and the administration of hospital and other service for the sick and disabled. The nurse must primarily know how to advance the comfort and welfare of the individual patient but her real understanding of the case is not complete unless she has an adequate idea of the causes of disease and of its administrative management.

The lecturer could continue by saying “Complete and accurate medical records alone make possible the study of these broader phases of the sickness problem.”

All medical workers strive to attain the largest results for the smallest expenditure of time and effort. The achievements of a particular hospital, for example, in the management of a disease or condition cannot become known to other hospitals until the statistics based upon medical records are compiled and published. Hospital economies can be effected only when we know the number and character of the different diseases and injuries among the patients who enter the hospital, the average time these patients spend in the hospital, the number of recoveries and deaths among these patients and other important facts of hospital economy. Thus it may be shown, for instance, that a very large proportion of the limited finances of one hospital are consumed by medical care for some one or a group of preventable diseases, to the exclusion of many important cases of other diseases from the benefits of hospital treatment. The efficient hospital executive must know
the relation of the duration of treatment to the general utility of his hospital; if it can be shown by a study of these statistics that an undue length of the duration of treatment could be shortened by appropriate methods, the usefulness of that hospital in the community could be extended. But first we must know the facts, and these facts are developed only by a system of hospital statistics based upon the records prepared by physicians and nurses. It must be remembered that the radical progress in hospital construction and management which took place between the years 1858 and 1863 in the United Kingdom was based entirely upon a critical statistical examination of the entire hospital situation. This examination consisted in the compilation of medical or sickness statistics from the records kept in the hospitals, so related by nature of disease, sex and age of patients, sanitary condition of wards and systems of nursing care, as to point out existing defects in hospital construction and management. There are some lessons in the treatment of diseases which can be learned only after a survey of many cases over a considerable period of time. Hospital medical statistics based upon hospital records alone can establish the facts."

Still further, the lecturer might say "Physicians and nurses are more than likely to acquire a one-sided attitude toward their work. This attitude is distinguished by a short focus method of viewing the aspects and prospects of the individual case under treatment. Sickness statistics furnish a longer range of view for the physician and nurse. Trifling peculiarities of individual cases often confuse a proper appreciation of the true facts of disease, its causes and its treatment. Statistics of sickness eliminate the petty differences between two cases of the same disease or condition and bring out a more liberal series of facts based upon large numbers of cases. Sickness statistics, therefore, frees the mind from the tyranny of facts on short focus and provides a point of view which distinguishes constant causes operating for the prevention and cure of sickness. The detailed study of a case of sickness is indeed essential for the comfort and welfare of the patient; a broader knowledge drawn from an examination of many similar cases is essential for the proper medical and nursing care of the sicknesses which arise in a community."

"The duties of physicians and nurses in the preparation of
medical records may, therefore, be deemed of serious importance as affecting the interests of the patient, the hospital and the community."

Nurses may also be taught much that pertains to the uses and value of sickness statistics in their courses of post-graduate instruction. Indeed, such instruction is likely to be more productive than that given in the school of nursing. The nurse in postgraduate activity is more often entrusted with the preparation of complete records of medical and social conditions than during her hospital work. In the visiting nursing field especially the history of the case, the character of the treatment and its results and the final disposition of the patient are now recorded in detail by the nurse. The larger nursing associations demand, I am glad to say, complete and accurate records of the work done by their staffs and it is encouraging also to observe that these records are being more and more standardized in the direction of a satisfactory statement lending itself admirably to later statistical analyses by the trained statistician. A number of the larger nursing associations have begun to make statistical studies of their records on their own account and I know that a larger number contemplate doing so. Wherever such work is undertaken, the superintendent of nurses will be careful, I am sure, to give adequate instruction to her staff not only in the proper method of completing the nursing record but will also find occasion to hold staff meetings to consider the salient facts resulting from the study of the records of a year. Nothing will be so effective in educating nurses to the value of morbidity statistics as such object lessons of the uses to which these records are actually put.

The company with which I am connected, as you know, has for a number of years compiled and analyzed the records of its extensive visiting nurse service. For the year 1916, the records of over 200,000 cases prepared by nurses in the first instance have come to the Statistical Bureau of the Company for such study. These records are compiled not only to give a picture of the experience of the nursing service as a whole but also to make possible a report on the work of the individual association, the larger as well as the smaller ones. It has been Dr. Frankel's policy to put at the disposal of the Superintendents of local nursing associations and of their Boards of Directors these studies of the essential
facts of the service for Metropolitan policyholders. Such data supplemented by similar tabulations of the association's own records wherever that is done, will make excellent material for the instruction of the staff. I strongly recommend staff conferences for the study and discussion of these statistical reports. The nurses will then see that the records which they contribute are not filed away to gather dust but are taken seriously and that it is out of such work as they have done that these tabulations have been prepared. It will undoubtedly have an encouraging and educating effect on the nurses to see the uses to which their work is put. It is no exaggeration to say further that many administrative developments in the individual services will result from such conferences. This has been our own experience. Our reports have made possible the establishment of standards not only in the records but in the type of nursing work actually done. Thus, starting with very definite objects as to what should be obtained, our nursing supervisors have analyzed service after service to determine to what extent the individual associations meet or fail to meet our requirements. As you know our service is meant primarily to deal with acute disease. The treatment of chronic cases is discouraged and is intended at most to be a minor part of the service. We, therefore, place great emphasis on the reporting of the disease or condition nursed. The diagnosis as reported by the nurse is the key to all the other items on the record. The Superintendent of nurses in teaching her nurses should not lose this opportunity of pointing out these practical uses of records.

She may indicate still further the great value of other items in the nursing histories: Thus, the number of visits made in relation to disease or condition nursed is an indication of the adequacy of the service rendered. Our tabulations have shown in the past considerable variation in this regard in the several associations and services. Fortunately, the experience of several years has indicated to us the average number of visits for each of the important conditions and diseases and the efforts of our nursing supervisors to control the service has borne fruit. The variation in the average number of visits is becoming less marked indicating the establishment of standard. Furthermore, the experience of the best associations shows the optimum period of time for which the average case of any disease or condition should be
carried by visiting nurses. We still find some associations carrying cases of disease over very long periods while others perhaps with meagre facilities make a specialty of transferring their cases to hospitals and other institutions and carry their cases only brief periods. The effect of our statistics is again to establish a form of service for each condition. Finally the records make possible very useful instructions to nurses and associations as to how often visits should be made in various conditions. Thus, in a condition like pneumonia the best practice indicates that a visit should be made at least once a day during the critical period although unfortunately such is not the practice in a large number of associations.

I might go on in this way and cover the other items in our annual analysis of the service and show how each of them makes useful material for the instruction of nurses in statistics of sickness but this has been admirably done by Dr. Frankel in his various papers on the Nursing Service before your organization.

The nurses engaged in the more specialized fields of public health work can also be taught with great benefit to themselves the importance and value of nursing and social records. This applies especially to the field of tuberculosis, infant welfare, mental hygiene, prenatal and school nursing. The statistical use of the record completed by the special public health nurse plays perhaps a more prominent part in her work than in that of the hospital or general visiting nurse. Special welfare programmes are often inaugurated because of a clearly established need in the community; and the continuance of such work depends so often upon a statistical demonstration of concrete results achieved. Supervisory and training agencies should bear in mind the need for instructing their workers in special public health activities, in the completion and final uses of the various records, medical and social, which they will be called upon to handle. This will make necessary very specific instruction on how to record the economic and social conditions of patients. I need not point out the importance of such causative factors in sickness as long continued poverty, malnutrition resulting from poorly cooked or insufficient food, over-crowding and tenement life. Occupation is a most important item in the causation of disease. All of these elements should come up for comment on the part of the instructor and
their bearing on the case clearly pointed out. They are almost as essential for the proper handling of a case as the medical items. Very important social investigations have recently been completed as the result of the activity of specialized nurses. This new phase of nursing work has a future of bright promise provided specialized nurses are in the first place recruited from among those of good basic education and are given adequate instruction in the methods of their work and in the value of the records to be employed.

In closing let me point out that the success or failure of the nurse in keeping case records and also in appreciating the importance of sickness statistics depends on the way the forms used are drawn up by the hospital superintendents and other administrative officials of public health and philanthropic societies. Good record keeping and enlightening analysis are practically impossible when the basic forms are poorly constructed and the items of information are asked for in a loose manner. A successful form to be completed by nurses is by no means an accident or can its importance be overestimated. A medical record should be a clear simple statement of the problem which it is designed to comprehend. The questions on the schedule should be only such as bear directly on the points at issue in the case. It is not well to aim at many points of information and hit none of them. Irrelevant facts should not appear upon any record form. Wherever possible the questions should be worded so as to call for numerical statements or replies of "yes" or "no." The facts of disease, occupation, marital condition, nationality, etc., call for a qualitative statement. Sufficient space should be left for a complete statement of the fact. Emphasis must be placed upon the use of standard systems of nomenclature in answering the questions on the record form. For instance, in stating diseases and injuries upon hospital record forms the standard nomenclature authorized by Bellevue and Allied Hospitals, New York City, should be employed. Statements of occupation should specify the industry or general nature of the work in addition to the specific trade or occupation in the industry.

It is better in any medical record to have complete information with respect to relatively few items, than to disperse effort over an encyclopedic schedule which, for practical record keeping and statistical purposes, defeats the end it was designed to serve. The nurse, however, while she may have been trained in precise record
keeping and, therefore may understand the ultimate uses of medical and nursing information, cannot be expected to complete satisfactory records unless the record forms shall have been effectively designed.

I do not believe it feasible or desirable to teach most nurses any of the technical facts of statistical analysis. The questions of medical statistics will have been more than well served if physicians and nurses are thoroughly alive to the significance and importance of good record keeping in the first place, and of the effect upon medical administration of qualified analyses of the basic records furnished the statistician.

I wish to emphasize the necessity for expert statistical analysis of hospital and other medical records. The statistician can advance the interests of the medical profession in any community by applying his art to the records of diseases and injuries and by indicating the chief characteristics and tendencies of the broad facts of sickness in a community or under treatment in an institution. The statistician must work in complete harmony with physicians and nurses in the broader interests of the general public, whom both groups of scientific workers serve. The statistician furnishes the telescope, as it were, which enables the medical profession to take a long range view of the community problem of sickness. The physician in his professional work is concerned, very largely with serious matters of minute detail. The art of the statistician is to supplement this knowledge of the minute characteristics of sickness with a sweeping survey of the facts in community life. The average man is bewildered by the stream which constantly flows past his point of observation. The statistician furnishes a shorthand description of this flowing stream of events and circumstances and, especially in medicine, serves to clear what is often a confused situation by pointing out the chief facts in the life and destiny of man and his surroundings. There is thus a genuine union between the medical profession and the statisticians based upon a broad spirit of coöperation and mutual appreciation and service. Nursing is likewise served by the application of statistical results to the facts of sickness in the community. There should be, therefore, a beginning of proper appreciation for statistics in the practical work of the hospital training school and a continued growth of this appreciation in the post-graduate personal and professional life of the nurse.
RELATION OF CLINICAL TO SOCIAL HISTORIES

OBLIGATION OF HOSPITALS, DISPENSARIES AND PUBLIC HEALTH NURSING-AGENCIES TO COORDINATE RECORDS AND SECURE WHAT STATISTICIANS WANT

BY DR. HUGH AUCHINCLOS

Assistant Visiting Surgeon to the Presbyterian Hospital, New York City

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The meeting was called to order at 10.30 A.M. by Miss Parsons, President of the League.

Topic: Problems of Teaching.

CONDITIONS WHICH WILL AID THE INSTRUCTOR TO RENDER HER BEST SERVICE

BY ELIZABETH BURGESS, R.N.

Inspector of Nursing Schools, New York

One instructor of nurses to whom I wrote asking for suggestions which might be of aid in this paper, replied that if training schools ever came near a standard, a great deal could be done to establish better working conditions for the instructor; but at present it would be hard to outline anything which would be useful, as there are 47 varieties. I am not sure whether she meant that to apply to the schools or to the instructors, it could, I think, be applied to both. But for all of our differences I am sure we are united in the desire for good teaching, and there is no doubt that we are also approaching a standard.

By the instructor, I am referring to the woman engaged by the school to occupy the particular position of nurse teacher, and whose special department is the class room. Just what she teaches must rest largely with the school. In no case will there be a dearth of material.

Her advent is so recent that only those who have been graduated within the past few years can testify, from the standpoint