

of the pupil, to the worth of her instruction. And as yet only a comparatively few schools have had the privilege of her presence on their staff.

A short time ago I heard a woman, who as a junior student nurse had had her preliminary science teaching in one of the few colleges which are affiliated with nurse schools, say that one nurse instructor now giving classes in the school with which as a graduate she is connected, is giving instruction in the elementary sciences which so greatly exceeds in value what she had in the college, that she felt no comparison could be made and she pointed out that its greater worth consisted in the close application, richness of illustration, and correlation with the actual work of nursing, which could be made only by a nurse, who is also a trained teacher.

I by no means wish by citing this instance to depreciate the value of the coöperation of the college and the nurse school, but I see a field for nurse instructors not only in schools for nursing, but in connection with the college courses for young women who are in the nursing schools.

The particular instructor above referred to is a college graduate, a graduate of a school of nursing and holds the Teachers College diploma for Teaching in Schools of Nursing.

Although this paper refers to this type of teacher, it must not be thought that her advent has in any way lessened the value or the need of other instruction given by both volunteer and paid physicians, or of that given by nurses whose duties are primarily executive. Every principal, assistant, supervisor and head nurse is without question a teacher, even when her teaching is of that unconscious type, which is so far reaching in its effects; each should however be responsible for some part of the formal instruction of the school. The teaching of the physician is invaluable in certain subjects.

I will not in this short paper attempt to point out just what subjects should be taught by the physician and what by the nurse, but I would draw your attention to the fact that we still see courses of study outlined where all the instruction specified under the head of Ethics is scheduled as given by a physician.

By grouping both physicians and nurses in all departments as teachers not only is much valuable service preserved, but there

is also kept alive the appreciation that the work of the hospital is being done largely by students, and that as students their work must be directed.

This group, each more or less of a specialist in his or her department forms the most favorable environment for the work of the special instructor.

It is quite true that in the majority of schools the instruction is still given by an overtaxed superintendent of nurses, supplemented by voluntary lectures from the attending staff of physicians and surgeons.

That the majority of the graduate nurses of today received their training under these conditions is also true and that we were sent out from those schools with the sound foundation of knowledge which has been the basis of good work is due to the ceaseless and tremendous efforts put forth by the women longest in our profession who, while bending all their efforts toward making effective the teaching and nursing of the day, were at the same time, with wonderful foresight working for the establishment of the present Nursing and Health Department of Teachers College, from which are going out yearly increasing numbers of nurses, prepared to give as good instruction in Schools of Nursing as is being given in other schools and colleges. These things should make us realize the burden that is placed upon the shoulders of the more recent graduates, for the advent of instructors, good class rooms and other good things in some schools, does not make it universal. Every woman interested in nursing in our hospitals, and in sending out nurses into all the fields of work which are clamoring for them, should realize that tremendous efforts are still needed that these nurses may be adequately prepared to meet the increasing service which the public demands and which we as nurses desire to give.

To return, however to the instructor, no teacher ever entered a more live and interesting field of work, no teacher ever had greater opportunities.

She is teaching a curriculum which makes a direct appeal to her student, a curriculum full of social values, there is nothing in the subject matter which, to use words often used by teachers in depreciation, is "dead, abstract, or bookish." The entire material is not only capable of immediate application, but the application is made in response to real needs, and under her very eyes.

She is, however entering a field in the hospital where to a great extent she must find her place. The majority of nursing schools having nurse instructors have but one, they must depend on voluntary instructors, the teaching of ward experience, and the partial time of those engaged more directly in administrative capacities in the institution. Aside from the teacher, the principal of the school can do more than anyone to make the work successful.

The teacher should be given freedom in the planning of her work. In the same way supervisors and head nurses should be given opportunity to carry out their own ideas, they should be encouraged to make suggestions for improvement in service and in nursing procedures. Changes should not of course be made either in curriculum or in nursing technique without the knowledge and approval of the superintendent, but one's best work is done when directed by interest and initiative. The head of a school who is able to direct initiative without curbing it and who gives credit for good work to those working with her and under her is advancing the efficiency of the institution; incidentally she is increasing her own value.

The instructor can not give her best unless unhandicapped, unless she works in harmony and has the sympathy and the advice of the superintendent of nurses. On the other hand she must appreciate the difficulties of the administrative side and herself coöperate. She will work best as I have said, if the various other graduates are also grouped as teachers, if the school's educational work is not thought of as a class room affair by the nursing staff. We all know that it is not that in the least, and that the class room instruction and the formal classes are of importance to the extent that they are carried into actual practice in our wards, but many head nurses do not grasp this aspect.

What should be the status of the instructor?

She should have the same rank on the educational side as the first assistant on the administrative side, and her value should be recognized not only in rank but in salary. There must be time given for the proper preparation of work.

At a round table conference of instructors and their problems held at the meeting of this association last year, the conclusion was reached that twenty hours of work was the maximum num-

ber required of the high school teacher, and that even less was required of the college instructor, that we could hardly expect efficient work if more than twenty hours was demanded in our schools. This twenty hours means actual class room work. It takes no account of the office hours every instructor should keep for the benefit of students desiring to come to her for aid, or for the many hours of preparation or for the hours it takes to check and mark students on written quizzes, for the correction of note books and other incidentals. The teacher must also keep her knowledge fresh. I can hardly conceive of the nurse teacher giving the same material over and over year after year, as we all know to our sorrow is sometimes done by our physician lecturers. If time is not given to preparation and study, proper class work will not result. This calls to mind a personal experience as an instructor. I had been teaching a class in practical nursing in the demonstration room of a school, a two hour period; after dismissing the students I picked up my books and stepped into the adjoining lecture room to get something which I desired to take to my office. As I entered there rose up a group of students, most respectful and expectant. They were a great surprise, but I realized at once from their manner that it was me they expected, although what the class was I had not the least conception. I resorted to the teachers sometimes abused question and asked one young woman to summarize the last lesson. Only then did I discover it to be a class in solutions. While I have laughed over that incident many times, I believe we all will agree that when it was possible for that to happen, the teacher was not being given an opportunity to do her best work. She was being as rushed as is the superintendent, who when she has been working at the top notch all the morning amid all kinds of problems and telephone messages, suddenly remembers or is more likely reminded, that she is scheduled for a class in Ethics. We should not do the students and hospital an injustice by crowding the teacher.

A very reasonable privilege, I believe would be the giving of an additional month's vacation, if not each year then every second year, with the understanding that every two years the teacher will add to her value by attending Summer School, thus not only adding to her knowledge but keeping what she has

fresh and up to date. She should have her private office away from the executive offices if possible. It is well to have it near the class rooms. Students should be encouraged to go to her for help.

Not only must she give to her work thorough and conscientious preparation, but she must have a sympathetic insight into the needs of her students and this last is not gained entirely through class room contact.

The relation of instructor and student must be a different one from the old relationship of superintendent and pupil nurse. The discipline of the school and by discipline I refer here to the insistence on obedience, exactness, courtesy, et cetera; those things so essential in a well organized hospital, need not be interfered with in the least by the instructor knowing her students. She is not primarily a dispenser of discipline, although she should not ignore infringements of rules which come to her notice. She may in fact be the greatest aid the superintendent has in this regard, because of this more intimate knowledge. Our students, young most of them, need to be helped to independence, not an independence which means an unreadiness to conform to regulations, but to a readiness of action, an alertness of mind and discipline of one's self.

This teaching and aid falls to the share of the instructor, it is one of her privileges which is not wholly included in the twenty hours of class room work.

There must be books, reference books, magazines and the students must have ready access to them and have opportunity to use them. They must also have time for study, and must not be so fagged that the time of the best instructor will be wasted.

Miss Susan Watson, instructor at the Peter Bent Brigham Hospital feels that two factors contribute largely to her success. They are that for the first four months the probationers do not go on the wards, and there is no divided interest, or fatigued bodies to contend with. She says "we have never had any lack of interest, and the fact that the probationers have a chance to become acclimated before beginning on the wards is the reason some give for coming here to train." The second factor she names is the one I have already spoken of, the freedom given by the superintendent of nurses to the instructor allowing her to carry out her ideas without interference, and with helpful interest

rather than adverse criticism. Miss Watson feels also that the excellent physical condition of her pupils has helped much in her work.

While I at present believe that some ward experience is valuable to a probationer in connection with her class work, a teacher giving instruction in the elementary sciences to a preliminary class would without doubt be largely helped by the condition which Miss Watson advocates.

There must be equipment, both laboratory and demonstration, there must be class rooms, but the equipment need not be elaborate; it must be added to, replaced and kept in good condition.

These conditions must exist if instructors are to render their best service and continue in the teaching field.

Is it advisable that the teaching of theory be done wholly by one person and the teaching of nursing technique by another? There are differences of opinion; it is probably simpler in the large school for one to teach the sciences in their application to nursing, and have the actual technique taught by another. Personally I am very fond of teaching and believe there is no more gratifying work than teaching probationers and student nurses, but I would never be quite satisfied to teach the sciences only, I want to teach them how to apply this knowledge, how to give baths and make mustard pastes. This is probably because nurse teachers are essentially nurses and the desire for personal service is strong. However instructors may feel regarding this, I am sure all will agree that no teaching which they may do is more valuable than that done at the bedside, and that it is essential that the instructor keep closely in touch with the practical nursing, even if she is not privileged to hold some of the classes.

I cannot close without testifying from personal experience to the value of the instructor. It has been my privilege for nearly the past five years to have an instructor as one of my assistants. During that time two women held the post. Both were graduates of Teachers College. They had not ideal conditions, or all the aids which I have tried to outline, but their work was invaluable, their coöperation perfect, and interest as great as my own. I feel certain that no superintendent would do without this help, if she realized its value and it was possible for her to secure it.

TEACHING IN THE HOSPITAL AND PUBLIC HEALTH SERVICE

By AMBROSE L. SUHRIE, Ph.D.

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I know that nurses are accustomed and sometimes required to rely upon the medical profession for counsel and I have been told that some physicians generously volunteer advice to nurses when they haven't even requested it, and so I was not a little surprised when you invited me, a layman, to accept a place on the program of your national organization.

I am not a physician, although I am sometimes introduced as a doctor. I know I am only a pseudo-doctor when the term is used in the conventional sense with which you are all entirely familiar. I am one of the fifty-seven varieties to be found on the Campus of any great American university. But I am well aware, as doubtless you are, that your guild or profession of nursing and my craft or profession of teaching long have cherished the same ideals of public service and that fundamentally the ministry of teaching and the ministry of healing are one. For it must be clear to the most casual observer, that the more fully we who teach are enabled to realize the larger aims of education which Herbert Spencer defined as "rational and complete living," the less need there will be for your remedial services. And it must be equally evident that the more fully you are permitted to engage in educational work and the more rapidly the public health service is extended the more certainly and completely Mr. Spencer's educational aims will be realized in this generation.

I have long been interested in the organized activities of your several associations as well as in the beneficent ministrations of the individual nurses. It was not, however, until two years ago when I began conducting a series of conferences on teaching problems with some seventy-five or more of the nurses of Philadelphia and suburbs under the auspices of the League of Nursing Education that I got my first clear conception of the educational possibilities of your hospitals and of your field service. I shall always hereafter think of you as a group of educational workers, for I must confess that I was not a little surprised to find that without any comprehensive study of educational aims

or educational practices you had more or less successively organized into the body of the curriculum of your training schools and in the extra-mural activities of your public health service those elements of practical training which I had long contended should be a part of the general education of every intelligent woman. I found also, to my surprise and disappointment that the great public whom you faithfully serve has been so woefully ignorant of your aims and of your achievements that it has not yet seen the wisdom of providing you with the equipment and maintenance absolutely necessary if you are to project the educational aspects of your work on even the most conservative scale.

Thus far I have purposely spoken without reference to my topic. First because it was in my heart to say these things and secondly because it is always so much easier to write *off* than *on* the topic assigned, especially when the topic happens to be rather specific and technical. When I was invited to speak on this program at a joint session of the A. N. A., the N. L. N. E. and the N. O. P. H. N. I was duly cautioned not to overlook any one of these branches of the nursing service. Because I was afraid that this injunction might result in my overlooking all of them I came out to the first joint session of your organizations, ostensibly to hear Mr. Thomas Mott Osborne but really to hear Miss Goodrich, Miss Parsons and Miss Beard, the presidents of these several associations. I listened with rapt attention to these three able leaders both because of the intrinsic importance of their appeals to the intelligence and conscience of the nation and because I wanted to discover, if possible, the bond of common interest which had brought these three organizations together in a series of joint meetings. I came away from that meeting feeling that I had found an answer to my question. My rather intimate knowledge of the interests and activities of the local Philadelphia League of Nursing Education covering a period of two years had prepared me to understand in part the importance and the complexity of the educational problems which your national organization is endeavoring to solve, and Miss Parsons' excellent address made it clear that the hospitals can never accomplish their larger service until the public has more fully coöperated in the development of their educational program and that the care of the sick, important as that may be is per-

haps of less consequence from the viewpoint of society's ultimate welfare than the effective training of those upon whose intelligence, skill and devotion we must depend in yet larger measure to remove the causes of sickness and sin, in the great world outside of the hospital walls. She gave you a clear picture of a hospital so organized and so administered as to embody a dynamic educational ideal in its progress of public service and she left no doubt in your mind that in the future the nurse who is prepared to administer or to teach in such an institution must have had an adequate grounding in the principles of educational administration and some definite training in the principles and practice of teaching under normal classroom and laboratory conditions.

And then to those of us outside of your ranks who are engaged in educational work and who have long recognized the unique value of the services of the public health nurse to the school as well as to the home, Miss Beard brought a new appreciation of the wisdom and foresight with which the organization of public health nurses is planning to provide the most vital and timely educational service to the children of the nation in the awful crisis that is now impending.

And Professor Goodrich, the president of your parent organization, made a powerful appeal, as you will well remember, for such a comprehensive educational program in our American democracy as would bring the benefits of the science of healing to all our people.

And all of these women made it clear at least by implication that they felt, and your expressed approval of what they said justifies the inference that you believe that the separate objects for which your several organizations exist, important as they may be, are insignificant in comparison with the common purpose you all have to share with all others outside of your ranks as well as within them all those principles of health and healing which are easily within the comprehension of laymen when presented by those who are trained to impart knowledge, to fix habits, and to inspire ideals. And so I take it your common problem is how to become more effective teachers in all public and private relations, how to so master the principles of educational psychology and how to so acquire the technique of good

teaching as to increase your resourcefulness and multiply indefinitely the number of those who may have cause to call you blessed among women.

And so now I have arrived at my specific subject, but I still insist on interpreting it broadly, for I take it that those who set me down for this topic desired me to state why specific professional training is necessary for teaching and to state also the indispensable minima in such training as well as to state the unique value of educational psychology as an element in that preparation.

Some years ago I heard a venerable Pennsylvania educator say that there are three classes of teachers; (1) Born teachers, (2) Teachers who will have to be born again and (3) Teachers who had better never been born. With respect to the first of these groups, the born teachers, I know the belief is still held that the world is full of men and women who, without any technical training or other special preparation are possessed of ideal qualifications for teaching. I sometimes wish that I too could share that simple and childlike faith, but the fact of the matter is the more I look about in search for these teachers the more difficult it becomes to find any reliable clue to any that have lived since the Great Flood. In other words, the born teachers are all dead, though I have no doubt there are some hospital board members just as I know there are some members of boards of public education who firmly believe they have in their employ many such individuals. I think I can dismiss the third class, those who might never have been born, without special comment. But with respect to the second class, those who must be born again, by a process of serious and in most cases prolonged training, much may be said and since we all belong to that class we ought to find ourselves really interested in a brief survey of what is involved in the process of teacher training. It presupposes a reasonably good academic preparation. Then it calls for a serious study of certain underlying principles of education and finally, if really professional work is contemplated, it requires some directed observation of children and of teaching and in addition some actual practice in teaching under intelligent and constructively helpful supervision. May I here add that in my judgment these distinctly professional elements in

the preparation for teaching are as fundamental to the success of the public health nurse in her work as they are to the nurse who assumes the teaching function in a hospital training class. It is exceedingly gratifying to note that Teachers College, Columbia University, and a few other institutions having good equipment and recognized academic standing have recently established departments of nursing education. The curricula in these institutions give definite recognition to the importance of the professional element in preparation for teaching the science of nursing in hospitals and in preparation for many forms of community and public health nursing.

Specifically just what are some of the principles in education and in teaching we may lay hold on. Well, some of them have to do with the nature of the person to be taught, that is, with his fundamental human instincts. Some of them have to do with the problem of securing and holding interest and attention. Some have to do with the process of learning to organize, to memorize, to fix habits, etc., etc. May I develop a few concrete illustrations of what I mean. The instinct of imitation is so strong in children, and indeed in most adults who are not individualized in some marked degree, that we may well appeal to it as one of the most powerful factors of accomplishment. The school nurse, the visiting nurse, the public health nurse in any line of service who does not realize that her example is a certain means to bringing about the objects she seeks or in defeating her own purposes has not reckoned with the strength of the natural inclination among children and most adults to imitate the conduct of others. And on the other hand the nurse who does understand the strength of this fundamental instinct will not be too impatient with the child who in an untoward social environment lapses frequently from the model in health conduct she has set for him. The closely allied instinct of emulation is so deep seated that the wise teacher by the careful organization of a group of learners may substitute the personal influence of one or more members of the group itself for her own example as a continuing and a dynamic factor in conduct or behavior.

Then there are many other instincts, such as fear. This instinct is not nearly so dynamic as was once supposed though I must confess that when I hear some of the teachers and social

workers tell how much some children, and adults, too, fear contact with water, I sometimes wonder whether this reaction may not indicate the survival of impulses acquired in a remote period of our racial history when our ancestors lived in the tree-tops, high and dry.

The problem of interest is largely solved by an appeal to some fundamental instinct, as for instance, the instinct of curiosity in children, or by a proper consideration of the background of personal experience of the individual learner, in the case of both children and adults. Attention may be secured on the positive side by capitalizing interest. On the negative side it may be sustained by shutting out all distractions of an objective and of a subjective character. It may not be inappropriate to remark at this point that if your hospital boards could understand how utterly impossible from psychological considerations alone it is for the student nurse to give her undivided attention to lectures or to class discussions in the evening hours when she has fully spent her vital force on the exhausting physical labors of the day and if they could be made to realize how far the nurse-teacher who has been under a similar physical and mental strain must fall short of the power to concentrate her thought and energy under these conditions on a given teaching problem they would surely find a way to give up further attempts to attain the unattainable.

Now then, a word about the whole memory and habit forming aspect of education and our dependence upon educational psychology for the principles which govern it. A very important part of the definitely professional equipment of every nurse consists in her sure remembrance on occasion of certain facts of knowledge, certain principles of science, certain arbitrary formulae peculiar to the practice of her craft, and also upon her having mastered the technique of manipulations of certain kinds to the point where they are to all intents and purposes automatic. At the basis of what is involved in acquiring these skills are certain well defined psychological principles, or laws. To attempt to teach without mastering these principles and their application is to play the part of a tyro. To attempt even to study without knowing these principles and their application usually results in much waste of effort and unsatisfactory attainment. Fortunately

practical considerations have given larger relative emphasis to laboratory work in the hospital training schools than in most other types of educational institutions, and so it happens that the factor of unconscious imitation is given wider scope than would otherwise be the case. But it is true in the laboratory work as elsewhere that economy of learning results from the conscious and intelligent application of principles.

A very simple statement of what is involved in the formation of a single habit involving the acquiring of skill in manipulation will serve to illustrate a principle which has much wider application to the whole memory-habit forming aspect of teaching and learning. Let us suppose you wish to teach a probationer how to make up beds, or, to be more definite, a bed. You don't wish to have her merely imitate you in doing it. That may be an effective method, but if your probationer is ordinarily intelligent it is not the most economical method and you wish therefore to rationalize the process. Well then you must first give her a clear idea of what she is to accomplish, of what a bed properly made up looks like. With her attention on the finished product as she has seen it or pictured it in imagination from your description you proceed to give her deliberately a demonstration of the steps to be taken. Her attention is centered in every detail. Then as occasion offers under your inspection she goes through the steps again and yet again until by and by she has become expert and the process has become automatic. That is to say, she has taken step number *one* when she has gotten a clear idea of the thing to be done. She has taken step number *two* when she has fixed her attention on the process and has consciously gone through it to its conclusion. She has taken the *final* step or steps in fixing the habit when by numerous conscious repetitions of the whole process she has so completely mastered it that it no longer calls for thought, but has become automatic. These three steps are involved in the formation of any habit or in the mastery of any kind of technical skill. They find a close parallel in every form of memory achievement. If I had the time to do so I might show how every standard lesson type grows out of the need for the specific application of some one of the laws involved in learning just as the conscious formation of a correct habit illustrated above, depends chiefly (after the initial stages) on persistent and self-conscious drill.

One word more and I am through. You will recall that I said that preparation for teaching on a high plane of professional efficiency involves not only a knowledge of the subject matter we would teach and a comprehension of the psychology of teaching and of learning, but in addition a sufficient amount of practice under supervision to make sure that the point of application has been reached. It is with me a well fixed conviction based on much observation that the effectiveness of hospital class room teaching and all public health nursing that is educational in its intent could be measurably increased if as a part of the definite preparation of young women who contemplate entering on this work were included courses in the theory and practice of teaching comparable in scope to the training given in these lines at the best normal schools of the country and covering the equivalent of a year's work in addition to the nurse training course as now given.

TEACHING PROBLEMS OF PUBLIC HEALTH INSTRUCTORS

By ANNE H. STRONG

Of all the problems confronting public health instructors just now one problem is of prime importance. I wish to discuss it this morning, passing over, though with regret, other more technical ones that I had intended until a few days ago to bring forward at this time.

Every thoughtful woman in public health work sees on the one hand enormous need of the work that nurses can do not only to save life but to increase the physical efficiency of the nation; on the other hand she sees the totally inadequate number of nurses already trained for public health nursing, the prospect of greatly increased need in the future, and the possibility of greatly decreased numbers of women preparing to meet it. Today each one of us is asking herself the same question; how can I with my experience and ability serve most effectively in this crisis that we as a nation are passing through? And I am convinced that we who are teachers of public health nurses can at least for the present serve best by training the greatest possible number of nurses for the work of health conservation. This is

a teaching problem, clearly because without students we cannot teach. I will try to show just why I consider public health nursing a patriotic service, just why it is a national need, and just why I feel that our greatest problem is to obtain greatly increased numbers of nurses for our training courses in New York, Philadelphia, Cleveland, Chicago, Boston, and elsewhere.

We have come a long way since the time when victory was believed to depend only on those actually fighting on the battle field. It seems incredible now that anyone ever believed it. It has become a commonplace that preparedness either for peace or for war depends equally on industrial organization and conservation of national resources. Of all our national resources, human life is the most important. Public health nursing directly contributes toward the conservation of human life; this is the fact that I want chiefly to emphasize today.

I should hardly be speaking as I do, if the public health nurse's work were merely bedside nursing, or if it concerned itself merely with the welfare of sick persons, fundamental and necessary as such service is. This she does and will continue to do; but her most important function is not the cure but the prevention of sickness. Six years ago Dr. Winslow called the visiting nurse "the most important figure in the modern movement for the protection of public health;" and since then her field of usefulness and her usefulness in her field have enormously expanded. Her contribution to the public safety is her preventive work.

It is hard to show by figures and diagrams the value of any preventive work. No one can say just how many cases of malnutrition nurses prevented last year by teaching mothers how to feed their children, or how many cases of cardiac disease she prevented by keeping the child with scarlet fever from infecting his brothers and sisters. The nurse is not the only health agent at work, and we do not wish, even if we could, to give her glory beyond her due. Some results can be measured, however, and in order to illustrate the kind of preventive work done by public health nurses I should like to describe two studies recently published.

The first is a study by Mr. Michael Davis of prenatal care given during the years 1914 and 1915 to 731 pregnant women in five wards of Boston. This care included work done by pre-

natal clinics and medical attendance at delivery, so that the nurse, though essential, was not the only factor. Her work consisted of visits at 10 day intervals, persuading the expectant mother to attend a prenatal clinic, instructing mothers as to hygiene of pregnancy and preparation for confinement followed by nursing visits for about two weeks after delivery. Details of the experiment I will not go into; they are available in print. The important point is that the death rates among these babies where mothers had prenatal care were reduced from one-half to one-third of those found among babies not receiving prenatal care in these wards during the same period. This reduction held for the first week, first month and first year of life. Not less striking is the fact that the proportion of still births was only one-half that of the general population.

We must face that fact that at no distant day men of our nation may be called upon to die, fighting for their country on land or on the sea. Is it not then doubly worth while to save the lives of these babies? In the first annual report of the Canadian Patriotic Fund, General Baden-Powell said:

The true victory will lie not so much in the actual tactical gain on the battlefield today as in the quality of the men who have to carry on the work of the country after the war. War kills off the best of a nation's manhood; therefore, extra care must be exercised to save every child—not for its own sake or for its parents' sake but for the sake of the nation. It has got to be saved from infant mortality, then from ill health, and finally from drifting into being waste human material. We must economize our human material. Each individual must be made (1) healthy and strong, (2) endowed with character, for becoming a valuable citizen for the state.

The other illustration that I should like to give you shows some results of the visiting nurse service of the Metropolitan Life Insurance Company. This company has over 10,000,000 industrial policy holders, and the study applies to the diseases causing nearly half the white mortality in 1911. After allowance had been made for all other factors known to the statisticians, the reduction in death benefits due to the nursing service and public health education was 12.8 per cent. That means, of course, saving the lives of nearly 13 per cent of this vast number of people. Reduction in death rates always means reduc-

tion in sickness as well, so that improved health as well as the saving of life has been the result of the nursing service. Is not any saving of life, necessary as it is in time of peace, doubly necessary for a nation at war?

I hardly need to go back to the time when nurses began their work in public schools, and tell you how school nursing first made school medical inspection effective. Statistics are available to us all, showing results in remedying physical defects and controlling communicable diseases. I should like now to connect these well known facts in your minds with a statement I saw recently to the effect that in New York City last summer 75 per cent of the men who applied to enlist in the National Guard for service on the Mexican Border were rejected by the recruiting officers for physical disability. A large number of these rejections were for heart lesions, kidney disease, and such disabilities as defective teeth, hearing and vision. If as children these men had received the treatment for their defective eyes and ears and teeth and tonsils that is given wherever effective health work is carried on in school, if the germs of scarlet fever and measles and diphtheria that impaired their kidneys and hearts and hearing had been destroyed before reaching them, we may safely say that not only the spirits but the bodies of many of these 75 per cent would have been fit for service. Surely it is a grave situation when three-quarters of a large body of young men are unfit for active service.

In Great Britain after two years of war, a Committee on Health of Munition Workers said:

At the present time when war is destroying so much of its best manhood, the nation is under special obligation to secure that the rising generation grows up strong and hardy, both in body and character. It is necessary to guard not only against immediate breakdown, but also against the imposition of strains that may stunt future growth and development.

This is no time to turn our attention away from the health needs of children. It is a time rather to redouble our efforts to increase the number of school nurses and infant welfare nurses, until adequate provision has been made to meet the health needs of every child in every state of the Union.

If European experience during this war has shown one thing more clearly than another, it has shown the part played by

organization for national defense of all forms of labor and technical skill. Not only those in the firing line are giving full measure of patriotic service, but equally those who are keeping alive the fundamental industries without which no army can continue the struggle, without which no modern nation can live.

Among the famous 100,000 that first went from England to the trenches in France were physicians, engineers, mechanics, and other skilled workers. The greater need of these men at home was demonstrated, in many cases too late. We have been warned to avoid such blunders. We shall doubtless make our own original blunders in our own original way; but specially trained workers should be very sure they are right before giving up necessary work that they and no others can do.

The supply of nurses with special training for public health work is now entirely inadequate; in the future the need will be greatly increased. This is true in all forms of social work. We shall have more undernourished children, more bottlefed babies of mothers working away from home, more destitute families, more poverty, more sickness. To meet this as far as nurses can, we shall need greatly increased numbers of women trained for such work. To obtain these students is the most important problem of public health instructors today, and I want to make the strongest appeal I can to the profession as a whole to help in supplying this need. I want especially to appeal to superintendents of training schools to bring it to the attention of their pupils. The expense of a postgraduate course is an obstacle; but the question now is not only whether we can afford to make ourselves as useful as possible to our country, but whether we can afford not to.

In closing I want to say that I wish President Wilson had included women in his plan for the selective draft. In Europe war has already shown the value of women's work for national defense. Very many women, I believe, would welcome an organization competent to direct them either to continue their regular work, or to assign them to other work where their particular experience and ability would ultimately be more effective. As no such demand has been made upon women, it remains for us, each for herself, to decide, soberly, unselfishly, patriotically, just where and how in the long run we can serve our country best.

"The supreme test of the nation has come," said Mr. Wilson.
"We must all speak, act, and serve together!"

Tuesday Afternoon, May 1, 1917, Joint Session

Topic: The Relation of the Private Duty Nurse to the Public.

Miss Francis Ott presiding.

THE RELATION OF THE PRIVATE DUTY NURSE AS A SOCIAL WORKER

By MARIE T. LOCKWOOD

Superintendent, Visiting Nurse Society, Wilmington, Delaware

Get your meaning first of all! Ask the question until it is answered past question, what am I? What do I stand for? What name do I bear in the register of forces?—Wm. Gannett.

The private duty nurse has always been doing social work, whether she has known it or not. Just what grade of work it has been depended largely on the individual woman.

Few people, in any capacity, have a greater opportunity to do social work better than trained nurses, and, surely none are better equipped to handle certain social questions than the nurse with *social* training.

However, this paper is not to deal entirely with the nurse who has had social training, but with *all* nurses, wheresoever and howsoever situated.

To realize something of the far reaching influence that radiates from the activities of a nurse (be she in ever so obscure a family) definitely points out her responsibility to the social fabric.

I have known communities aroused to social action entirely through the message of a nurse, and I have known community action smothered and killed by spineless placidity, or by well meaning porcupines. The business of a nurse is eternal interpretation. She delivers the message and waits the answer, and fights off the "bugaboos" along the route. There is hardly a corner of this big land of ours that her route has not covered, hence the necessity for having this medium of interpretation the

best equipped. The more isolated a nurse be from the nursing activities, the more often is her influence greatest for social work.

I should suggest the best possible nurse for developing rural communities for the same reason that the best ministers should be at the country church, for it is *here* that each has the biggest opportunity to do real lasting good.

It is here, too, that the nurse of refinement, education and training is most necessary. The imprint of a nurse's influence upon her own work, and that of other nurses is well nigh indelible through her intimate relationships to family machinery. Nothing is harder to erase than impressions nurses leave, and woe betide her successor *whatever* she was. If good favor follows her, one has to step lively to keep up to the Miss Perfection who preceded you, and if ill-favor starred her course, the discredit mark placed opposite *all* nurses names will take a long time, if ever they are, to wipe out.

I name the three requisites: Refinement, Education, and Training, in the rotation that should prevail, believing that howsoever faulty one's educational advantages may have been, or the meagerness of her training school facilities, no truly *refined* woman can ever leave muddy tracks.

Nurses need to identify themselves with other women's activities and interests. Most of us settle down to too narrow a rut. If "women need education, need economic independence, need political enfranchisement, need social equality and friendship; because without them they are less able to do their duty to themselves and to other neighbors," then how can *nurses* afford to be negative anywhere?

We stand for life and health, and a stand for any principle must be vital and should make us better, for, this is our work; and being a worker we add to the world's worth and increase every body's share. In order to increase this worth one must use her power for more intelligent social value.

Today our system of training women in hospitals is undergoing a great broadening, educational readjustment, post-graduate courses, close mingling with other important social agencies are opening up vistas of heretofore closed gardens of endeavor. Every nurse that finds herself in a strange community only has to

ponder what seed she may be sowing for future reaping, to realize that she is related to the great whole, whether she puts a spoke or a spike in the wheel of progress, rests with her idea of correlated service.

Many nurses unversed even in the elementary rudiments of social work rush in to straighten out social tangles which require a social expert. Poorly trained social workers itch to handle and mangle medical problems, which shows that intolerance and impatience are daughters of ignorance, and that the better we know our own limitations and appreciate others' fitness along special lines the better social work we stand for in our midst.

To call to our help the agencies about us, to fill in the gaps with service of others who can render it better than we can, means coöperative intelligence. Nurses must remember that one's life as individuals in society is not unrelated or isolated, that the most highly individualized person is the inmate of the insane asylum, and the only one who can't work with others.

Most of us are fitted to be only a link in the chain of the great conducting system of service. It is only here and there a link is charged with an electrical personality. Each part of the chain is a necessary and noble one, and we must not "ground the wires" by indifference. Whether we make our social service adequate, expert, or poor, rests with one's understanding of social efficiency. Let us broaden that understanding!

"Life means, to be sure, both head and heart, both active, both complete, and both in earnest."

THE RELATION OF THE PRIVATE DUTY NURSE TO THE PUBLIC AS AN EDUCATOR

By CAROLYN GRAY

City Hospital, New York

Last winter when the date of this meeting seemed far distant, I foolishly agreed to write a paper on "The Relation of the Private Duty Nurse to the Public as an Educator." It was a cold stormy day and May seemed a long way off. It is a failing of mine to have unlimited confidence in my ability to do almost anything six months hence! Now that I stand here before you, my many

years of hospital work point with accusing fingers at the few months of private duty experience which I have to my credit. Yet those few months have done valiant service in helping me to understand some of the problems of the private duty nurse, and have filled me with respect for the women who are able to do this exacting work successfully year after year. It is, therefore, with a feeling of admiration and a very keen appreciation of the difficulties which beset the pathway of a private nurse that I attempt to speak of her opportunities as an educator.

One is reluctantly forced to admit that many nurses are not in any true sense of the word educators. This is a lamentable fact, and the responsibility for it must be put on the schools that have attempted to train them, but have failed to make them realize how numerous and diversified their opportunities are. Private nursing is a most important field, and needs many of the best recruits we can give to it. Granted that it has many disadvantages, it also has many compensations, not the least of which is the heart-felt appreciation shown by the majority of those served. No one can deny that the private duty nurse is at the present time a public benefactor, but no one has ever yet dreamed of the good she might do if she were better equipped for her work.

Because I want to stimulate your imagination, I am going to ask you to visualize as clearly as possible your ideal nurse. Endow her with all the physical qualities you think she should possess. Dress her in the uniform that appeals most strongly to you. Add any touches that will make her more satisfying and more clearly perfect in your opinion. Then presuppose that she has the scientific knowledge of hygiene, psychology, sociology and all the other "ologies" that she will need. It is just here that I always experience difficulty in filling in the picture of my ideal nurse, because almost every day I hear of some branch of human knowledge that it is absolutely necessary my nurse should have.

Let us follow our nurse as she goes about her work, sometimes in the homes of the poor, other times in the homes of the rich, for need of her services opens every door to her and makes the circle of her influence almost limitless. In almost every type of home there are many problems other than the care of the patient which the nurse, if she be a keen observer, cannot fail to appreciate. Our ideas regarding the proper care of children have been

modified to a great extent in recent years, and the opportunities for suggesting wiser care, more rational feeding, a more sympathetic recognition of childish limitations, particularly where there is any abnormal mental or physical condition, present themselves in endless variety. In the homes of the poor it might be possible for her to suggest a wiser outlay of the small income showing possible economies, especially in buying food with high nutritive value for a limited expenditure of money. She could also serve as a connecting link between the families of the poor and the many agencies for relief, advising them to whom to apply for the specific help needed.

Much has been done to increase interest in the maintenance of health and disseminate a knowledge of hygiene, but even after such knowledge has become common property, it often fails to function in the lives of men and women until *some one* has applied it and shown how to adapt it to the special needs of the individual and his environment. Not infrequently an attack of illness puts the patient in an apperceptive frame of mind which makes him or her a very apt pupil. This represents a valuable opportunity for a most useful form of education and it is to the credit of our ideal nurse that she is well enough equipped to make good use of all such opportunities.

In addition, think how often it is possible for her to interpret the rich to the poor and vice versa, as well as to show how the right solution of social problems affects not one special group but *all* the members of a community. We are daily coming to recognize more fully the interrelationship of different classes. We have learned from sad experience that the unhealthful condition of our slums affects not only the slum dwellers but even the residents of our most exclusive sections. Tuberculosis is no respecter of persons and though it often originates in the slums, it may easily be carried far from them. I am reminded of the experience of a woman serving as a factory inspector who found among the packers of sanitary drinking cups a girl in an advanced stage of tuberculosis. The health of all who use drinking cups was endangered by the conditions that make this possible, and it is the duty of the nurse to bring home such knowledge to those who can use it as a weapon for prevention.

For three years we have stood aloof and watched the gigantic

struggle going on in Europe. Despite the warning voice of prophets we, as a people, have felt it the part of wisdom to keep out of the struggle, and have quieted our conscience by sending such alms as we could spare. Latterly, our attitude has entirely changed and I interpret all our war preparations as an evidence of our realization that the solution of the European problem affects *not* only Europeans but the whole civilized world. If our nurse has a broad enough social viewpoint to recognize the value of the diversity of national characteristics, and also has the common needs of all peoples, she can, as she goes from one home to another, be a potent factor in instilling an idea of internationalism that will help to make those with whom she comes in contact humane as well as *patriotic*.

Always and everywhere our ideal nurse should serve as a recruiting officer to the ranks of pupil nurses. She knows full well that the demands the training makes are more than offset by the fascination nursing has for the woman who really finds it her vocation. With so many recruiting officers our ranks should be well filled. The fact that they are not makes one wonder why? I have often wished it were possible to have all the graduates of our schools answer this question. From a wide variety of answers, I suspect we would find that *long* hours are a determining factor in keeping many young women out of our profession. Perhaps it is only honest for us to admit that the governing boards of training schools have made many of the conditions such that our private duty nurses who know these conditions have educated the public to believe that the life of a nurse is undesirable. Possibly, if our schools and their graduates, through their alumnae associations, could coöperate with the governing boards of training schools, to improve these conditions it would be possible to make the advantages so apparent that those who had been kept away by the long hours and other limitations would gladly join our ranks.

Moreover an honest interpretation of the history of nursing schools and their relative position in many hospitals forces one to realize that they will never attain their maximum of usefulness until they are endowed. It is the private duty nurse who comes in contact with those who have the means and would have the desire to endow our schools if they knew the benefits that would result from such endowments. This opportunity is indeed a

privilege and one that many private duty nurses are not cognizant of.

Last of all our ideal nurse has a wonderful opportunity to educate the public regarding the necessity for nursing legislation. Every bill introduced by nurses in every one of the states that has nursing laws has had for its purpose:

1. Improvement of the care of the sick.
2. Better education for the nurse so as to fit her to give this care.
3. Protection of the public by making it possible for them to differentiate between the nurses who have qualified themselves and those who have not.

Not until public opinion has been educated to realize that the legislation for which we are working will really benefit the public, even more than the nurse, will the opposition be overcome. We are convinced that public opinion in regard to nursing problems depends more on the private nurse than upon any other representative of our profession. Perhaps when each and every private nurse makes it her special business to know all about proposed nursing legislation and is able to meet the arguments for and against it intelligently, so that each one does her share to educate public opinion, we shall find we have more friends than we need.

In conclusion I would summarize the opportunities of the private duty nurse as an educator as follows:

1. Application of scientific knowledge to various problems of the home. (a) Training and feeding of children. (b) Wise expenditure of limited income. (c) Application of hygienic principles to individual needs.
2. Applications of social science to social problems.
3. Serve as an ideal to young women seeking their vocation.
4. Help to improve the quality of public opinion regarding the scope and importance of nursing, and the need for endowment of nursing schools.
5. Enlighten the public regarding the purpose of and necessity for so-called "Nursing Bills."

If the ideal nurse whom we have in mind is to act as an educator along these various lines, she must of necessity keep herself informed of the scientific discoveries that affect her work and she must know enough about the different problems with which

the members of her profession are struggling to discuss them intelligently. I anticipate that some of you are questioning how she, with her long hours of arduous work, can possibly do this. My answer would be: Let her

First. Take advantage of all the literature published by the boards of health of our cities and states, of the various pamphlets published by insurance companies, as well as the popular books on health subjects which are available in most of our public libraries.

Second. Join the alumnae association of her school and take an active part in all that her alumnae attempts to do.

Third. Subscribe to *The American Journal of Nursing* and *The Modern Hospital*.

Fourth. Attend as many of the meetings of the state and national associations as possible. This will be a good beginning as it will suggest new possibilities and additional means for improvement.

If our ideal nurse is to be able to meet all these opportunities intelligently, can nature endow her too generously or nursing schools over-educate her? Rather is it not necessary that such an important connecting link between our schools and the public should be in a very true sense an *ideal nurse*?

Tuesday May 1, 8.15 p.m., Joint Session

Topic:

Practical Demonstration: Miss Sara Murray, Educational Director, Pennsylvania, presiding.

1. (a) Making of a Bradford frame bed. Technic by Miss Ophelia M. Feamster. Demonstration by student of the Philadelphia General Hospital. (b) Dry cupping by student of the Jewish Hospital, Philadelphia. (c) Dry pack by student of the Frankford Hospital, Philadelphia.

2. Demonstration: How to Teach Solutions—Theoretically and Practically. Instructor, Miss Amy Trench, Resident Instructor, Mt. Sinai Hospital, New York. Students of the Philadelphia General Hospital.

REPORTS OF ROUND TABLE DISCUSSIONS

ROUND TABLE ON MODERN DEMANDS AND HOW TO MEET THEM

Miss Laura R. Logan, presiding. Only a very few of the pressing demands made upon the Training Schools could be discussed.

The first, suggested by Miss Jessie Taft's paper on mental hygiene, was—A demand for trained workers in this field. As few general hospitals are prepared within themselves to provide a training other than theoretical in this branch of nursing work, it was felt that affiliations must be made. A discussion as to affiliations in general resulted, and expressions of opinion as to the value and difficulties involved were varied.

THE VALUE OF AFFILIATIONS

1. Would bring training schools into closer relationship and greater uniformity of method would result.

2. The opportunities for more varied training could be given to a greater number of nurses.

3. The lack of interest noted in the senior year in the work which has become more or less monotonous would be supplied by the broader experience.

4. A more social spirit among nurses would be created and versatility and resourcefulness developed.

DIFFICULTIES

1. Many state hospitals available for affiliation frequently lack facilities for teaching and housing. Standards are low and general hospitals have a prejudice concerning them.

2. Hospitals where a general training can be given and a highly specialized training as well, has difficulty in planning affiliations without handicapping their own training schools. It was thought therefore, that hospitals which are the complement of each other should arrange affiliation.

Another demand discussed was the teaching of psychology. In few hospitals is it a required course, but the experience of some training school superintendents who have made it an elective is that:

1. The students enjoy it.
2. The student is better adapted to understand and have tolerance for the average individual and the group.
3. The student is better prepared for student government and has a better understanding of the problems of the faculty.

A fourth demand discussed was that of teaching occupations. It was conceded that this was a most desirable branch of a nurse's education which could be supplied in affiliation with institutions where occupational therapy is developed, but the same difficulties present themselves. Special courses might be planned by coöperating with industrial or handicraft schools or a teacher employed in the institution to direct this branch of work. The question of whether or not massage should be a part of the general training or a specialized branch was discussed and the opinion of those present expressed the belief that it was a recognized treatment and should be a required subject in the curriculum.

SUMMARY OF ROUND TABLE ON MENTAL HYGIENE

Miss Elnora Thomson, Superintendent Illinois Society for Mental Hygiene, presiding.

The Round Table on Mental Hygiene was opened by reviewing the work outlined by the Mental Hygiene Section and making recommendations for future work during the coming year.

1. Recommendation was with reference to the organization of the section with a view to more effective work, thus preventing duplication of work and records, viz.:

2. To make a survey of Mental Hospital Training Schools in the United States, whether state or private, to ascertain the status of the training schools.

3. To study the question of affiliation of mental with general hospitals and general with mental hospitals.

4. To study the question of post graduate courses for mental work and make a list of available training schools.

5. That the Mental Hygiene Section becomes a publicity agent setting before the profession and general public the necessity for and value in mental training for nurses.

6. To prepare a bibliography on subjects relating to mental work.

ROUND TABLE ON HOW CAN WE MAKE THE SENIOR YEAR MORE PROFITABLE TO THE NURSE

Miss Grace Allison, Lakeside Hospital, Cleveland, Ohio, presiding.

The subject—"How can we make the senior year more profitable to the nurse?" may be interpreted to mean "How can we apply our resources and our methods toward keeping alive a waning interest, and also direct that interest toward more definite understanding of the value of present opportunity." The increased values of the future are the outcome of a well received and well developed present. The looking backward with regret is often an acknowledgment of having had an unappreciated present.

That interest does wane and indifference creep in, that responsibility is ignored or lightly taken, that both attitude and loyalty toward the profession and the training has less of the ideal than we could wish, are facts which are appearing in our senior year, and which we are reluctant to acknowledge. If we acknowledge these facts we must question ourselves as to the reason for their existence.

Why is this spirit growing? Why does the interested active junior and intermediate develop into the indifferent, bored and somewhat skeptical senior, who makes no effort to conceal she is only waiting till her "Time is up," as though she were convict.

It is in one sense the result of accumulation. She may enter at an impressive age and the many experiences, desires or otherwise may have an effect upon her ideals. Her physical powers have been greatly taxed, and her attitude is partly the result of continued fatigue. She has had too little time for mental recreation. Her training has exceeded her education. The educational program of the senior year is partly devoted to specialties in medicine and surgery and she has applied these principles sometimes before she receives the theory, and where the connection between theory and practice is lost there is little interest or value created.

Our educational side is very elementary, yet even here it must be received passively. We lack time for classes, space and equip-

ment which they require and many times some one to teach. So the education which should develop individual activity, formation, organization and expression of ideas, which should stimulate powers known and develop those unknown, which should make of them a whole being, strong, complete, confident and equipped, dwindles to an almost negative force.

If their training, discipline and education have been passive, if with tedious hours and oft repeated duties we have caused inertia, we need not expect a mental craving for that which requires still more effort, till we can better balance the opportunities we offer them. Till we can bring to the senior year that which is not entirely common to the entire course, or as it has been aptly expressed by a voice from the high school: "Will the average pupil be inspired by the thought that he is in the high school, when he realizes that he is still studying the common branches just as he did in the grades?" We cannot expect a continued and unflagging interest.

In the last year could we work out a scheme by which members of the class group may be given definite terms of instruction and practice in both administration and practice teaching? Add to this if it is desired, some special work in dietetics and nutrition. The present demands for this particular knowledge are very great. Could we provide outside courses of two hours a week for a period of six to twelve weeks where courses in public health, social service or Red Cross could be taken or, if it is so desired, history, sociology or economics? We should give them a taste of opportunities before them to make them anxious for wider knowledge, and to in some measure comprehend the greatness of responsibility. This restive, restless spirit should not cause us too great a disappointment. We cannot destroy it, we cannot suppress it or stamp it out. We can educate and direct it as we direct other forces. It may be the expression of the light ahead, the expansion of the training-school from a form of apprenticeship to an educational system. It may bring about the union and balance of theory and practice. If we grow dissatisfied with what we have, it is a sign we are wanting something better. This dissatisfaction may be the force through which our dreams will come true. From it may come a better method of training and teaching expressed through the Central School for Nursing, and it may bring endowments for the Training Schools.

To those who have experienced some of the conditions here mentioned, I ask their discussion, their way of meeting and of dealing with them.

Following Miss Allison's remarks a discussion took place in which some reasons were given for the lack of interest shown in the senior year. One reason expressed was heavy operating room duty where continuous excitement reigned, followed by routine ward duty with which the nurse was familiar and in the tired, relaxed state in which she came to this period she had no special interest to stir her enthusiasm.

It was felt therefore that in the senior year new interests and new activities should be created to stimulate the waning enthusiasm and make the last year the most inspiring of all—applying principles rather than repeating them. The conclusion arrived at was:

That the senior year can be made more profitable

- A. By presenting the fundamental problems for
 - 1. Private nursing.
 - 2. Public health.
 - 3. Administrative work.
- B. By correlation of all nursing work to general social activities.
- C. By offering opportunity for self expression.

SUMMARY OF ROUND TABLE DISCUSSION ON PROBLEMS OF VISITING INSTRUCTOR

Miss Katharine Ink, presiding.

- A. *Introduction.* Conditions as found in many schools and to which adjustments must be made, viz.:
 - Lack of uniformity in preliminary education which complicates the problem of selection of material to be given.
 - Quality of theoretical-work must be related to
 - (1) Previous education (varied).
 - (2) Living conditions (in some instances several students in one room).
 - (3) Hours of duty on wards (long and hard).
 - (4) Suitable place for study (frequently not provided).

B. Method of Procedure used by a visiting instructor.

1. Effort has been made to teach students how to study and economize time.

2. Material has been organized and outlines given. Loose-leaf note-book required.

Notes written up and drawings made to illustrate work in physiology.

3. At the end of each system studied in physiology a long list of questions is given for study. A written quiz on this material is then given.

In the chemistry course notes on each lecture and demonstration were written up and corrected.

An outline for each day's work was posted on the bulletin board in the class-room, copied in the note-books, and material filled in as lesson was studied.

In the class in Solutions, small pocket note-books were prepared by each student in addition to materia medica note-book.

In every subject new material is presented to the class before any study is begun.

4. For Graduate Students.

(a) Physiology. Term papers required. Example of topics: Leucocytosis—Rigor Mortis—Fatigue—Hormone—Therapy—Commercial uses of Animal Tissue.

(b) Personal Hygiene and Municipal Sanitation.

Type-written outlines of each lecture given out before class. The assignment is given at the end.

Term paper required at end of course.

(c) History of Nursing.

Outlines similar to Hygiene outlines given to each student.

Term papers also required.

Photographs from Public Library shown.

C. Equipment.

Most helpful spirit of coöperation shown by Public Library. At one branch, special shelves are devoted to our reference books.

A list of references for each topic assigned for a term paper was prepared for the librarian, who gathered material and put it on reference.

List of books for future reading was prepared and printed, and a copy given to each student.

Home-made charts were prepared for the physiology courses, since the equipment was usually limited.

Specimens obtained from the butcher were always used for demonstration.

D. Conclusions.

1. Necessity for shortening hours of duty.
2. Lengthening probation period for more theoretical work.
3. Raising educational standard for admission to schools of nursing.

Wednesday Morning, May 2, 1917, Closing Business Session

The meeting was called to order by the President at 9.30 a.m.

Miss Parsons: We will come to order for the last session of the Conference of 1917.

We have a suggestion that the Committee on Revision wishes to bring before this body. I will ask Miss Taylor to read it.

Miss Taylor: The resolution is from Miss Greener, Chairman of the Revision Committee. I move the adoption of the following resolution:

Resolved, that the Board of Directors be hereby authorized to proceed with the incorporation of the National League of Nursing Education under the laws of the District of Columbia and that in such case they are hereby authorized to perform all such acts for the National League of Nursing Education as shall be necessary to annul the present corporation organized under a statute of the State of New York; to transfer all funds from the existing corporation to the new corporation and to make such changes in the by-laws of such, annually, as may be found necessary after making the change;

And be it further resolved, that the officers elected at the convention of the National League of Nursing Education, as incorporated in the state of New York, shall be the officers of the corporation organized in the District of Columbia.

Miss Parsons: You have heard this resolution. What is your wish concerning it?

On motion of Miss Francis, seconded by Miss Lawler the resolution was adopted.

Miss Parsons: In connection with the educational interests of the League I am going to ask if Miss Jammé will tell us about the invitation to contribute to the program of the National Education Association at Portland and what is being planned.

Miss Jammé: I received a letter from Miss Parsons some time ago stating that the National Education Association would meet at Portland on July 7 to 14; that she had communicated with the general secretary, Mr. Springer, asking if we could have some representation at that meeting. Mr. Springer had written that there were two ways in which we might have representation, one creating a department of nursing education, and the other to contribute to either the child or social hygiene section. I took up the matter with the chairmen of both of these sections, and Mr. Hines, of Indiana, who is the Chairman of the Section on Child Welfare Work, said that he would be very glad to have us in his section and would give us room for two papers. That seemed to be the best place as a department would necessitate a great deal of work and necessitate someone being in Portland to conduct it and also to have an audience. It is unfortunate that in both Washington and Oregon we have very few members of the National League of Nursing Education, but I wrote a circular letter to the superintendents of each training school asking if a department was created whether they would come; and I was very much pleased to receive a response that they would. But in the meantime we had to decide whether we wanted the department or whether we wanted to come in some existing department, and in view of the condition on the coast at the present time and the uncertainty as to where we would be and what we would be doing about July 7 to 14, it was thought best to ask for a place in the child welfare section. Consequently we have asked two nurses, one in Portland and another one who is not in Portland, to prepare papers, one on some special phase of child nursing work and one on school nursing. Both of those papers will be published in the report of the National Education Association.

Miss Parsons: I think that this is really an epoch in the history of the education of nurses. So far as I know it is the first time that we have been invited to participate in the program of a

national association. Local leagues have often invited us to present papers at local educational conventions, but I think that this is the first time that a national convention has asked us to present anything.

Is anybody here prepared to say just what the American Nurses' Association or the *Journal* has decided to do about the Interstate Secretary? I think Miss Riddle could tell us about the *Journal* Board and what they would like to have the League do.

Miss Riddle: The *Journal* Board decided the other day to make an appropriation of something like \$2000 for the provision of an Interstate secretary; and it has sent, I think through its secretary, an invitation to this organization to do something, and likewise to the American Nurses' Association. So it would look as though an interstate secretary was practically secured.

Miss Parsons: Can you tell us how the *Journal* proposes to use the services of the Interstate Secretary?

Miss Riddle: The Interstate Secretary is really for the benefit of the nurses of the country, and incidentally we hope it will assist in increasing the subscriptions to the *Journal*. During the last two or three years about this sum of money has been spent in circularizing for subscriptions for the *Journal* and it now seems wise and proper that we should turn over that money for the benefit of all the associations, and that we would probably get just as many subscriptions out of it as we had been doing during the past few years. Now it seems to me the Interstate Secretary can work up interest in the different associations. I am very sure that the *Journal* had not in mind so much the help which this Interstate Secretary would be to itself as it would be in creating an interest in the association.

Miss Parsons: At the last meeting of the Joint Board of Directors the League committed itself to a recommendation that we should assist to a certain extent in paying the expenses of such an Interstate secretary, if it was voted that the other associations could do their share. We felt that it was extremely important that we should have some one in the field to talk to the nurses who cannot get to these conventions and do not go to state associations, perhaps, and tell them what nurse educators are trying to do, to tell them the trend of nursing education and nursing legislation and what they should do, to help it along.

I would like to ask the Treasurer if she can tell the members present what she thinks would be the rational thing for us to offer if we can offer anything towards this project.

Miss McKechnie: Madam President, I do not believe I can give any very definite statement on that point. As we are now, we have about five hundred and twenty members, roughly, I think, and at the rate of \$3 a year membership dues that gives us a little more than \$1500. Our yearly expenses have just left us a bare balance. At the same time our Secretary's work is increasing to such an extent that I think we must make provision for an ample amount to cover assistance there. Whether the Interstate Secretary will relieve the Secretary I question very much. I do not believe she will. But I think we ought to feel that the Secretary has all the assistance that she needs in the way of clerical aid. I am not prepared at all to say what this society could do. It would seem to me that if we did take any definite steps we would have to make a statement of what we might offer, and if we had not enough in the treasury it would have to be made up by special taxation.

Miss Parsons: Well, I think if this society could pledge \$500 towards the expenses, that would be well, and I do know that there are some members who felt that it was so important for us to have representation in the field at large that they would be glad if necessary to contribute towards the expenses. And then we also felt the chances were that the society would not object to the levy of a small tax if that ultimately proved necessary. It really seemed as if the society could safely offer \$500 towards the expenses of the Interstate Secretary. Does anybody want to make a motion to this, and just throw it into the meeting for discussion?

Miss Clayton: I make the motion, Madam Chairman, that the society devote \$500 towards the expenses of the Interstate Secretary.

The motion was seconded by Miss Friend.

Miss Parsons: Miss Clayton moves and Miss Friend seconds the motion, that the League pay \$500 towards the expenses of the Interstate Secretary. Is there any further discussion on this?

Miss Riddle: Madam Chairman, may I ask for an amendment to that motion by inserting the word "\$300 to \$500?"

Miss Parsons: Do you accept that amendment?

Miss Clayton: Yes.

Miss Riddle: There was such a very evident feeling at the Board meeting of the *Journal* that this association should not be taxed, that they had already done so much that if they could appropriate a small amount it would be really very helpful and much appreciated, but that the money ought to be raised in some other way.

Miss Parsons: We will have to try all the harder to get subscriptions for the *Journal* to appreciate their generosity. I think that the loyalty of the nurses at large towards our association is very evident. They have always been most considerate about our portion of the expenses, realizing that we are the smallest, although the oldest organization; and of course we feel in importance our work is second to none, but we always have been exceedingly poor.

You have heard the motion as amended. Is there any further discussion? If not all those who are in favor of the motion as amended, that the League offer to contribute to the expenses of the Interstate Secretary from \$300 to \$500, as proved necessary, say aye; opposed. It is so ordered.

Now the Educational Committee, of which Miss Nutting is chairman, has told us already that the curriculum that we have been looking for so long and for which nurses all over the country have been writing, is in press. It represents a perfectly enormous amount of work, not only on the part of the committee but on the part of many others who have been asked to look over the curriculum suggested for the different departments of nursing. Miss Nutting urges—and I don't think she needs to urge—that we permit the committee to charge whatever seems reasonable for that curriculum. She thinks that perhaps 75 cents or a dollar a just charge for a copy, and I should be very glad if some one will make a motion that the committee be authorized to charge what seems to them just. The committee is to have the money that comes in, for other educational committee work.

Miss Lawler: I move that the Educational Committee be authorized to charge whatever they see fit.

Miss McKechnie: I second the motion. I do not think there is any danger that the Educational Committee will charge more than they ought to.

Miss Parsons: Miss Lawler moves that the Educational Committee be authorized to charge whatever they think is necessary for the curriculum. It is seconded by Miss McKechnie. Is there any further discussion concerning that motion? If not all in favor say aye; those opposed. It is so ordered.

Miss Jammé: Would it be in order for me to explain the difference between the requirements of this curriculum and that of the Legislative Committee.

Miss Parsons: Yes, I wish you would speak to that.

Miss Jammé: There have been a good many questions coming to me in regard to the recommended requirements by the Legislative Committee of the American Nurses' Association, and there has been some confusion in the minds of some people between the two things, the Educational Committee of the League and the Legislative Committee of the American Nurses' Association. The Legislative Committee of the National Association is endeavoring to outline what will be the requirements recommended by the National Association to be adopted as a minimum requirement to state boards of examiners in order to clear up to a certain extent or as much as possible the question of the basis of reciprocity between states. The minimum requirement is based on the requirement for the average school, in our state. The Educational Committee of the League has recommended a curriculum which is ideal. The League's recommendations are ideal. The recommendations of the Legislative Committee will be required, they will be eventually compulsory, and without doubt they will not be approved at this meeting, because it will require another year to work on these minimum requirements.

The tentative draft as it stands now has been multigraphed and is at the information desk, where anybody can obtain it at the cost of five cents, which will cover the expense of mimeographing; and that is just as it stands now before the national committee and as it will be recommended at the Advisory Council this morning.

A great deal more work will have to be done on this and the Board of Examiners will probably take it into its Legislative Committee, at least a member of the Board of Examiners, and by next year we will probably have something in better shape.

We must remember that in looking over this draft that we

have to have a balanced curriculum, and that we have to fix the things as the average in the small schools. The large schools take care of themselves and can carry on the ideal of the Educational Committee.

If there are any other questions on this I would be glad to explain further.

Miss Parsons: Are there any other questions you would like to ask Miss Jammé? I would like to ask Miss Jammé if she has consulted with Miss Nutting and Miss Stewart of our Educational Committee as to the desirability of throwing this smaller, lower minimum into the field against the minimum that that committee is issuing.

Miss Jammé: No, we have not arrived at that point yet.

Miss Parsons: This was for the use particularly of the State Board of Examiners, wasn't it?

Miss Jammé: Yes. In order to equalize the requirements in different states. The requirements are so different now that it is impossible to have a proper basis of reciprocity.

Miss Parsons: There is bound to be a good deal of confusion in the minds of different people when they find out that the Educational Committee is recommending a curriculum that has a minimum that differs from the curriculum that may possibly be recommended by the Legislative Committee; but as Miss Jammé says, that does not have to be accepted or recommended until next year.

Miss Lawler: As I understand it, after we accept Miss Jammé's report that will be the requirement in the different states?

Miss Jammé: Yes, if there is a recommendation adopted.

Miss McKechnie: Madam Chairman, we hear that the curriculum is made to give the small school a chance in the matter of education of the pupil. I think the point of making the curriculum of the state to suit the small school is going to be difficult later on, and we are going to stay at that low standard and it will be difficult to bring the schools up to the higher standard.

Miss Jammé: The Legislative Committee provides for a certain number of hours' instruction, a certain length of time in each service; and the school that cannot come up to the length of time in each service or what is required might do so by affiliation; and it settles the question of affiliation. Some states require, we

will say, six to nine months' affiliation for certain subjects, and other states require two months, other states require three months. So affiliation is just about as chaotic as reciprocity at the present time.

Miss Parsons: I wish when the work is finished to the satisfaction of the Legislative Committee that the members of the Educational Committee might have it to study, so that at our next meeting, when action is to be taken, we shall have their opinion definitely formed. Then it can be before us, so that we can intelligently discuss it and vote upon it.

I have heard a suggestion that the State Board of Nurse Examiners would like to have a federation to consider the best way of working out their problems; and no steps have been made towards such a federation, but I should like to know whether anybody here is prepared to say what is in the minds of the members of the state boards as to a possible federation. Can you tell us?

Miss Jammé: I think Miss Friend could tell us of the initiative steps and probably what action we took at a meeting of the State Board Examiners.

Miss Friend: Madam President, the proposal of a federation came from Ohio, through Dr. Matson, of the American Medical Association who is the Executive Secretary of our Nurse Examiners' Committee, simply because the American Medical Association found that they could do nothing with their state board problems until they got this really separate body. They began with a sort of council of the states. We now propose to work up to a federation, and I believe it is our plan to organize this council in connection with our national association, and then in time, when we see it is necessary or can work up to it, to have a federation simply for administrative purposes. That is, the educational recommendations will come from the national association and then the members of the state boards of examiners will work out the best ways of administering these problems. Miss Jammé, who is chairman of the committee, probably had better tell you of the position in regard to this council, whatever we are going to call it.

Miss Jammé: It seems as if the federation was a budding off, as it were, from the main organization, and we felt that we did not want to do that; we wanted to still remain within the organi-

zation. Consequently action was taken to recommend to the Board of Directors that we should have a section in the same sense that there is a section on mental hygiene and private duty nurses, that we should have a section of boards of examiners, and the section will be composed of a chairman, a vice-chairman and a secretary; and in that way we will be able to get closer together and to have a definite time for our conferences and meetings with the American Nurses' Association.

Miss Friend: May I add one work in regard to reciprocity? It is not just recently taken up, but we have not had a chance to talk of it. We have been using in Ohio memorandums which have been sent to a great many states which really met the test. We really exchange examinations. For example, if a graduate nurse comes into our state and meets our requirements, she would be accepted through reciprocity. We would only ask other states to accept our graduate nurses who met their requirements; simply an exchange of examinations.

Miss Lawler: The reciprocity clause in the Maryland bill, when the law was passed last, was to register nurses from a state in which they are already registered, taking into consideration the school from which they graduate, its requirements rather than those of the state.

Miss Parsons: I see our Legislative Committee rather recommends in all the states that it consider such a clause.

Miss Jammé: I just wanted to say in regard to the wording of our laws, our laws are not worded properly. Reciprocity means even exchange; if we are going to register it means, "If you will do this for me I will do that for you." But our law says "requirements equivalent to." Now what "requirements equivalent to" have we had the past three years whatsoever? We have not had any standard of requirements. And this is one object in having our standards up to what will be our minimum requirement as a national standard. And that has had to be done in the boards of medical examiners and it has to be done in the educational department; and when we have a national standard then we can very easily have real reciprocity between our states; and I cannot see that we can get reciprocity until we have that, and until we amend our laws and have a real reciprocity clause.

Miss Powell: May I ask Miss Jammé whether she feels that

there will be any danger of a board saying to a superintendent of nurses desirous of giving more than the minimum to her pupils, "The National Board requires so much. Why do you give more?"

Miss Jammé: I think it is analogous with the medical associations. If you will read Dr. Flexner's report of the Carnegie Foundation you will see that they have had to make their minimum standard, the standard for the medical school.

Miss Parsons: I would like to ask Miss Jammé, in comparison with this scheme that she is working on, what she thinks of the value of that clause in the Maryland bill that permits this individual reciprocity, which seems to me both just and stimulating.

Miss Jammé: I think it is very good. We thought that Maryland reciprocity was better than any we have had. South Dakota, the latest one, is a little better. It says, "provided that such state will recognize our nurses." Usually the law reads, "Nurses may be registered without examination," but wants her certificate from another state having requirements equal to this state. South Dakota goes a little further and says, "Provided that such state will register the nurses who are registered in South Dakota." But I think it is the only law that makes that provision in that clause.

Miss Parsons: Well, we shall look forward, I am sure, to the report of the Legislative Committee with great interest next year, and we hope that they will form that council that they are talking of. That should be productive of great assistance and good results.

I would like, while we are on this educational topic, particularly, to ask the meeting if they think the Educational Committee might spend some time this next year, if possible, in formulating a curriculum for training attendants, and see what they will recommend as a standardized course, and whether they would recommend organizing schools for attendance at this time? Also whether they would recommend organizing them in training schools or outside of training schools. I know in the discussion some of us were having there were those who thought it was very demoralizing to train attendants in the same school with trained nurses. I think we were all agreed though that if the hospital had a convalescent home that the convalescent home, if there were separate living quarters for the attendants, would be a satisfactory place in which to train attendants, or if it had a ward or a build-

ing for chronic patients, that that again would be a good place to train attendants. However, we hardly have time to thrash this out at this meeting, but I think that the Educational Committee would be glad, probably, to know whether you would like them to take up the question of the training of attendants seriously during the coming year.

Miss McKechnie: Madam Chairman, it seems to me that it is time now that we should recognize the need and prepare for it. And I should be very glad to make a motion that a committee be formed to consider a curriculum for a school of attendants and round it out and say just exactly what it should cover.

Miss Parsons: You hear that motion made by Miss McKechnie and seconded by Miss Coonihan. Is there any further discussion?

Miss Taylor: Is this a new committee or referred to the Committee on Education?

Miss Parsons: You mean to leave it to the Committee on Education do you not?

Miss McKechnie: I am perfectly willing to have it that way.

Miss Parsons: If there is no further discussion we will put the motion to a vote, that the Education Committee be asked to express itself as to the standing of attendants and say what it considers a desirable plan for training. Is that the meaning, Miss McKechnie?

Miss McKechnie: Yes.

Miss Parsons: All those in favor say aye; those opposed. It is carried.

We have an honorary member to be proposed by Miss Nutting. I will ask Miss Taylor to read the letter.

April 30, 1917.

Miss Sara E. Parsons,
Bellevue Stratford Hotel,
Philadelphia, Pennsylvania.

MY DEAR MISS PARSONS:

I write to propose for Honorary Membership in the National League of Nursing Education, Mrs. Bedford Fenwick, of London, England, the editor-in-chief of the *British Journal of Nursing*, Honorary President of the International Council of Nurses, and President of the Society for the State Registration of Trained Nurses in England.

Mrs. Bedford Fenwick is a most able and distinguished member of our profession who has for the past thirty years devoted herself with conspicuous energy, ability and courage to the support and protection of sound standards in nursing education and to the maintenance of a just economic status for professional nurses. We shall be honored in electing Mrs. Fenwick to honorary membership in the oldest society of nurses in America.

Faithfully yours,
M. ADELAIDE NUTTING,
Director, Department of Nursing and Health.

Miss Riddle: I move that this be accepted and that she be voted into the membership of this association.

The motion was seconded by Miss McKechnie.

Miss Parsons: Miss Riddle moves and Miss McKechnie seconds the motion that Mrs. Bedford Fenwick be voted into our association. Is there any discussion? All those who read the *British Journal of Nursing* I am sure will concur heartily in the thought that Mrs. Bedford Fenwick would honor our association by being a member, and that it was a happy thought on the part of Miss Nutting to show our sympathy with Mrs. Fenwick and the standard she advocates in this way, and particularly at this time. The war has created an especially different situation for our English sisters, and the establishment of the College of Nursing in London again has produced great difficulties.

If there is no discussion I will ask all those in favor of this motion to say aye; those opposed. It is unanimously carried.

Miss Jammé: Madam Chairman, may I suggest that if it is possible that the action of this body should be cabled to Mrs. Bedford Fenwick as soon as possible?

Miss Parsons: Miss Jammé suggests that we cable the action of this body to Mrs. Fenwick. I think by the expression of the faces it is desired that it should be so done. I will ask Miss Taylor if she will read the communication I received by special delivery last evening from Miss Nutting.

May 1, 1917.

We, the members of the National League for Nursing Education, composed of the superintendents and teaching staff of about six hundred training schools for nurses, and other institutions of America in which nurses are being taught or are occupied, wish at this time to send our

cordial greetings to the Society for the State Registration of Trained Nurses of England.

We wish in this message to express our high appreciation of the long and valiant services which your society has rendered to the cause of nursing in your unfailing and untiring efforts to safeguard the liberties of the working nurse; to preserve for her the right to deal with her own professional affairs, and to urge upon her the responsibility and the obligation of so doing. In particular we desire to express the complete sympathy of the League with the present struggle which your society is now so courageously making to secure for nurses adequate representation on the governing boards of those bodies which are seeking to control nursing affairs.

In order that the maintenance of proper educational standards for nurses, and also of a just economic status for nurses, may not pass from the hands of nurses who alone are able to interpret their own needs and direct the issues arising from them, it is of the highest importance that your efforts should succeed.

We, the members of the National League for Nursing Education of America, welcome therefore this opportunity of affirming our belief that the principles for which the Society for Registration of Trained Nurses in England is contending, are fundamental principles of human government and cannot safely be disregarded in this great, important and vitally responsible branch of women's work.

Miss Parsons: You have heard this suggestion. What action do you wish to take?

Miss Jammé: Madam Chairman, I would like to move that this recommendation be accepted.

The motion was seconded by Miss Goodrich.

Miss Parsons: Is there any discussion before we put it to a vote? If not all in favor say aye: those opposed. It is so ordered.

We have a communication from the Committee on Mental Hygiene which Miss Taylor will read.

RECOMMENDATION FROM THE MENTAL HYGIENE SECTION OF THE A. N. A.

In order to prevent duplication and to strengthen and unify the work on mental hygiene, it was decided to recommend to the N. O. P. H. N. and the N. L. N. E. that no separate committee be appointed for their organizations other than representation from their organizations on the Committee of the Mental Hygiene Section.

The Committee also would recommend that the officers of the section consist of a chairman and secretary to be appointed by the president of the A. N. A., the chairman to appoint her own committee.

It was felt that the committee should consist of nine members, to be divided into three sections according to locality, each section to be composed of one representative from each of the three national organizations.

The Committee would request that one joint session be given at the next conference to the mental hygiene section, the topic to be presented from the standpoint of the training school, the private nurse and the public health nurse.

Miss Parsons: What is your pleasure as to this recommendation?

On motion of Miss Eldredge seconded by Miss Giles the recommendation was accepted.

Miss Parsons: Miss Riddle has something she wishes to put before the meeting, I believe. Didn't Miss Nutting ask you to present something?

Miss Riddle: Yes. Madam Chairman, Miss Nutting asked me to present to this body, if it seemed feasible, a request for a committee to whom may be referred names of nurses looking for positions, as well as names of institutions and associations who are looking for workers. She thinks this might be met by coöperating and working with the Collegiate Bureau, already organized for the use of college women along this line; she has had some communication with this Collegiate Bureau, and they, I think, would be very willing to coöperate with such a committee.

Miss Parsons: You have heard the suggestion of Miss Nutting. I suppose the idea would be in working on it to take the matter up and see what arrangements might be made.

Miss Riddle: I think her idea was that the Committee should make a study of it first and report back possibilities.

Miss Milne: Would it be possible to affiliate or to join the American Hospital Association? They have such a bureau and they have been sending out notices frequently lately as to vacancies in the various hospital departments for superintendents and assistants.

Miss Parsons: If we have a committee appointed they could take up these various possibilities and study them and find out what would seem to be the most feasible and make their recommendation, perhaps, at our next convention. Do you wish to take action on this suggestion?

Miss Burgess: Madam Chairman, I move that such a committee be appointed.

Miss Parsons: How? Do you want to add that to your motion?

Miss Burgess: Be appointed by the Chair, a committee of three.

Miss Parsons: Miss Burgess moves that the Chair appoint a committee of three to consider the establishment of a bureau of information for applicants and people to fill positions, etc.

The motion was seconded by Miss Friend and approved.

Miss McKechnie: I perhaps have already expressed my opinion and have also heard opinions from others as to the program of the present sessions. I do not know how a good many members of the League feel about the League meetings. Perhaps it is my own mental attitude, I don't know; but I really feel that we have not had the League meetings and League matters very definitely placed, during the convention; and it would seem right and fitting that when the new Program Committee come in that we should offer some suggestions as to next year.

I would like to make my suggestion. That is that we have at least two full definite days for league meetings and perhaps one in the beginning of the convention and perhaps another at the end of the convention, and that the intervening days we come together with the other organizations, in at least one general session each day, but that we always keep our own league affairs rather marked out, so that we can carry on a consecutive idea of the educational side of nursing. My own impression has been that education has been so mixed up with the practical part, the Public Health Organization and the American Nurses' Organization that we have not been able to keep it very clear. I think the meetings have been splendid in a great many ways, but I think there is that difficulty. That is the suggestion I would like to make.

Miss Parsons: I heard some one else make the suggestion that the Program Committee consider giving up the morning to the individual organizations, perhaps having general meetings in the afternoon; and I have heard again that perhaps it would be well to have the programs similar to what they were last year and the year before, having three large joint meetings and the rest of the

time given to the individual organizations. I would be very glad to have the President of the American Nurses' Association speak to that.

Miss Goodrich: Madam President, I think she would be glad to speak to that. I think we all feel that there is a very great advantage in coming together as frequently as we can. The League educates the great body of nurses. The National Organization of Public Health Nurses represents a very rapidly growing and very important field. Consequently I conceive that we shall make our greatest contribution to the service of humanity, that is, the conservation of human life, if we get together as frequently as we can.

But we must also, I think, carry on efficiently the special business of each organization; and I have given the matter, I assure you, a great deal of thought during these days, but I have not been able to attend as many sessions as I wished. It does seem to me that if we could give our mornings for the business of the various associations, and even the sections, which are in the future going to be very important, the private duty section, the mental section, etc., and then in the afternoons and evenings come together in joint session, I think that might be better than two whole days, for the joint sessions; because each of these whole day's meetings alone means perhaps lessening the number of days in any particular field, and with the others, because they think, having transacted their business, they must go home.

Miss Parsons: I am sure that the Program Committee, which has the most difficult job, will be very glad of definite suggestions in this line. And I would like to say that I recall very vividly a good many years ago hearing considerable talk about the west breaking off from the east, and a good deal of talk about the interests of the American Nurses' Association, which was then the Associated Alumnae, being alien to the interests of the Society of Superintendents of Training Schools; and there were people who felt we were in imminent danger of splitting up. And since we have begun these conventions, where we all meet together, there has been a most wonderful development of sympathetic coöperation and of understanding of our different interests and of the points of contact, which are so close. Every one wants to go to all the public health meetings, and it would seem as though every-

body wanted to come to the League meetings. Do you want to make a definite recommendation from this body to the Program Committee?

Miss Clayton: I think the suggestion will be brought to the three associations that next year we have general meetings in the evening only, and that the Public Health Association have different headquarters in the city in which we are going than the League and the American Nurses' Association. I think that will be a great mistake, from my own point of view.

A Member: Do you recommend separate headquarters?

Miss Parsons: Separate headquarters has been brought up. I certainly recommend that we do not have separate headquarters if any hotel can accommodate us all. And the argument will be that at Atlantic City we did have separate headquarters.

Miss Goodrich: If we can be patient another year or more then we will have biennial meetings. I think that will help very much, because in the intervening year these different organizations can come together and concentrate on their own problems, then every two years we shall come together again in a great big united organization. At least that is the way the problem presents itself to me. I think it will be very sad if next year, which is our last year of annual meetings, we should not have central headquarters.

Miss Parsons: Do you want to put that in the way of a motion, Miss Clayton, so that we can vote on it definitely?

Miss Clayton: To start an argument, I move that we have one central headquarters for the three organizations, and that the joint sessions be held only in the evenings, subject to the discretion of the committee, to leave the mornings and afternoons for the meetings of the separate organizations and round tables.

Miss Russell: From an experience of three years on the Program Committee and from what I have seen in this meeting, which may have been somewhat bewildering in its wealth of matter, I would like to say that it seems to me wise to leave it entirely in the hands of the Program Committee, under the direction of the Executive Committee, in order that they may be as free as possible to work out a very difficult problem.

Miss Parsons: Miss Russell is in a position to speak with authority to that motion, and her feeling is that the Program

Committee should be left free so as to work out the problem as satisfactorily as possible under the direction of the Executive Committee, Now is there any one who seconds Miss Clayton's motion?

Miss Eldredge: I second it.

Miss Parsons: Miss Eldredge seconds Miss Clayton's motion, which was to the effect that the three organizations have the same headquarters, that they have their joint sessions in the evening and that the rest of the time be left free for their individual interests. Is there any further discussion before we put that to a vote?

Miss Goodrich: Would that interfere with Miss Russell's suggestion?

Miss Parsons: That is a question. I should say it was antagonistic, unless we simply offer it as a recommendation—we could not be arbitrary in the matter anyway when it comes to that.

Miss Goodrich: I like Miss Russell's suggestion very much.

Miss McKechnie: Could we have perhaps a motion in place of Miss Clayton's, simply to refer the suggestions of this body to the Program Committee and let them work it out?

Miss Clayton: I am willing to withdraw my motion, but I still think that the opinion of this body should be expressed very forcibly regarding headquarters. It doesn't make any difference about the program. That can be left to any body; but I think the other strikes the bottom of our interest.

Miss Parsons: Miss Clayton is willing to withdraw her motion, but she still maintains that this body should express itself definitely as to its desire, if such it prove to be, that we have central headquarters and let the Program Committee work out their meetings as they may.

Miss McKechnie: May we not vote on that separately?

Miss Goodrich: I was going to say, would not Miss Clayton just change her motion to include those propositions? I think that is what we all approve of, that we have the same headquarters and a certain freedom for the Program Committee, with the approval of the Executive Board.

Miss Parsons: You withdraw that motion then?

Miss Clayton: I withdraw it.

Miss Parsons: Will Miss Goodrich make the motion?

Miss Goodrich: I would rather somebody else made this. I think it would be better if the President of the American Nurses' Association did not make a motion, because she should be entirely free, as it were.

Miss Parsons: Are you willing to make that motion, Miss Clayton?

Miss Clayton: Yes.

Miss Parsons: Does any one second the motion, that this association express its desire that we have central headquarters and leave the Program Committee to work out its program as it thinks best?

The motion was seconded by Miss Giles and carried.

Miss Parsons: I think the next thing on our program is to consider the invitations for our next convention. Miss Taylor will tell you what has been offered us.

Miss Taylor: We have had invitations from Cleveland, Ohio, and Providence, Rhode Island.

Miss Parsons: Can any one tell us what the American Nurses' Association has decided on for their meeting?

Miss Eldredge: The American Nurses' Association Executive Board decided to recommend to the association that we should accept the invitation of Ohio.

Miss Parsons: Cleveland, Ohio. Does any one wish to make a motion now as to the place of the next meeting?

Miss Powell: I move that we recommend Cleveland.

Miss Parsons: Miss Powell recommends that we accept the invitation from Cleveland, Ohio.

The motion was seconded by Miss Lawler and carried.

Miss Parsons: I believe the next thing is to hear the report of the Resolutions Committee, Miss Johnson.

RESOLUTIONS NATIONAL LEAGUE OF NURSING EDUCATION

(1917)

We submit the following resolutions:

WHEREAS: The success of the 1917 convention is due to the efforts of the executive officers, to the chairmen and acting chairmen of committees and to all those who have contributed to the program.

WHEREAS: This work has been done by women, upon whom in many instances, the National Crisis has already laid additional burdens,

WHEREAS: We shall be able to again take up our work with fresh inspiration and courage, with a broadened vision and renewed ideals,

Be it resolved that an expression of our appreciation be extended to all those who have participated in this work.

WHEREAS: Our meetings have received courteous and intelligent interpretation by local and associated press representatives.

WHEREAS: The social activities have greatly contributed to the enjoyment of all,

Be it resolved that grateful appreciation be hereby extended to the Committee of Arrangements—to the honored hostesses of the many women's clubs, to the hospital boards, and to all others who have given so generously of their time and strength to perfect the details of entertainment.

WHEREAS: Hospitality has been shown by Wanamaker's store, H. K. Mulford and Company, University of Pennsylvania, Campbell Soup Company, W. B. Saunders Publishing Company, Curtis Publishing Company, and the churches and guilds of this city,

Be it resolved to most heartily thank these organizations for their cordial welcome and delightful entertainment.

WHEREAS: The National League of Nursing Education has suffered a loss by the death during the past year of Miss Mabel Morrison, Superintendent of Robin Wood Hospital, Toledo, Ohio and of Miss Nellie Gilmour, Superintendent of Nurses, Royal Alexandra Hospital, Edmonton, Alberta, Canada,

Be it resolved that an expression of our deep sympathy be extended to the family of each and a copy of these resolutions placed upon the minutes of this organization.

WHEREAS: The hotel management of the Bellevue Stratford has efficiently cared for nearly three times the number of women expected.

Be it resolved that our thanks and appreciation be extended to them.

WHEREAS: Our retiring President, Miss Sara E. Parsons has so graciously and with conspicuous ability presided over the National League of Nursing Education, during the last year,

Be it resolved that we express our sincere appreciation of her splendid service to this organization.

WHEREAS: The President has been loyally assisted by the other retiring officers, Miss Jammé as First Vice President, Miss Clayton as Second Vice President and Miss McKechnie as Treasurer,

Be it resolved that our sincerest thanks be extended to these official women.

GRACE ALLISON, *Chairman*,
ELIZABETH HOGUE,
SALLY JOHNSON.

Resolved: That the A. N. A., the N. L. N. E., and the N. O. P. H. N., heartily endorse War Prohibition as suggested by Hon. Eugene H. Foss, and be it further resolved that:

A copy of this resolution be sent to Woodrow Wilson, President of these United States of America.

WHEREAS: The various official and unofficial organizations of Philadelphia have extended such gracious and generous hospitality to those assembled at the annual meeting of the A. N. A., the N. L. N. E., and the N. O. P. H. N., held in Philadelphia April 26 to May 2, 1917.

WHEREAS: This consideration has so greatly added to the pleasure and effectiveness of these meetings, be it

Resolved: That the A. N. A., the N. L. N. E., and the N. O. P. H. N. express their sincere and genuine appreciation to Hon. Thomas E. Smith, Mayor, Department of Public Health and Charities, Philadelphia Chamber of Commerce, Local Arrangements and Program Committee and their assistants.

WHEREAS: The clergy of Philadelphia opened their churches to the members of the A. N. A., the N. L. N. E., and the N. O. P. H. N., during the present annual meeting and lent such spiritual dignity and encouragement to this convention,—be it

Resolved: That the A. N. A., the N. L. N. E., and the N. O. P. H. N., offer an expression of their appreciation for the inspiration and encouragement given to their members at this time.

WHEREAS: The local associated press have reported with such accuracy and clear understanding the various sessions of the A. N. A., the N. L. N. E., and the N. O. P. H. N., have assembled in spite of the pressure for news crowding their pages at this time,—be it

Resolved: That the A. N. A., the N. L. N. E., and the N. O. P. H. N., extend to the local and associated press an expression of their recognition and gratitude for their valued coöperation and assistance in spreading the message, which the Nurses Organizations have been desirous of giving to each other and to the public.

WHEREAS: The management of the Bellevue Stratford Hotel have made such splendid provision for our comfort, and have made such excellent arrangements for our meetings, be it

Resolved: That we, the A. N. A., the N. L. N. E., and the N. O. P. H. N., do convey to them our heartiest thanks.

WHEREAS: The splendid success of this convention has been in so great a measure due to the untiring zeal of the executive officers of the American Nurses Association, the League of Nursing Education, and the Nurses Organization for Public Health Nursing, and the Chairmen of the Committees, and all those contributing to the program,—be it

Resolved: That we do extend to them our gratitude for the inspiration of these meetings.

CAROLYN C. VAN BLARCOM, *Chairman.*
AGNES DASPET,
MINNIE F. PATTERSON.

Miss Parsons: You have heard the report of the Resolutions Committee. What is your pleasure?

It was moved and seconded that the report be accepted.

Miss Parsons: All who are in favor of accepting these resolutions say aye; those opposed. It is so ordered.

We will next ask for the report of the Tellers.

REPORT OF THE TELLERS

OFFICERS (1917)

President—Miss S. Lillian Clayton, R.N., Philadelphia General Hospital, Philadelphia, Pa.

First Vice-President—Miss Sara E. Parsons, R.N., Massachusetts General Hospital, Boston, Mass.

Second Vice-President—Miss Grace Allison, R.N., Lakeside Hospital, Cleveland, Ohio.

Secretary—Miss Effie J. Taylor, R.N., Johns Hopkins Hospital, Baltimore, Md.

Treasurer—Miss M. Helena McMillan, R.N., Presbyterian Hospital, Chicago, Ill.

Directors—Three years—Miss Mary M. Riddle, R.N., Newton Hospital, Newton Lower Falls, Mass.; Miss Anna C. Maxwell, R.N., Presbyterian Hospital, New York City; Miss M. Adelaide Nutting, R.N., Director, Department of Nursing and Health, Teachers College, New York City; Miss Clara D. Noyes, R.N., Director Bureau Nursing Service, American Red Cross, Washington, D. C.

Directors—One year—Miss Louise M. Powell, R.N., University Hospital, Minneapolis, Minn.; Miss Lauder Sutherland, R.N., Hartford Hospital, Hartford, Conn.; Miss Anna C. Jammè, R.N., State Board of Health, Sacramento, Cal.; Mrs. Ralph Apted, R.N., 40 Ransom Street, Grand Rapids, Mich.

Miss Parsons: I feel as if it was hardly necessary to introduce our new president, Miss Clayton. The League is honored in having a woman of such ability, and we have all had an opportunity to get acquainted with her at this session and to see how very efficient she is in managing large affairs. And I am very glad to introduce to you Miss Clayton, President of the League for this next year.

Miss Clayton: I am sure I wish to thank the League for this honor, and I also assure you that I would not have accepted it had Miss Parsons not refused it, and secondly, had she not promised to continue in the work that is begun this year by acting as Vice-President; so there will be no interruption in the good work Miss Parsons has started.

Miss Powell: May I, in view of the fact that I think we are losing one of our officers who has served for the longest period of time, probably, seven years, as Treasurer, Miss McKechnie, propose a rising vote of thanks for her work.

Miss Parsons: You have heard the motion. Those in favor please rise.

The motion was carried unanimously by a rising vote.

Miss McKechnie: Madam Chairman and members of the organization: I am sure I cannot let it go without saying something, after the intimate relation with every member of the association that I have had for these seven years, to communicate with each one once and probably twice during the year, has been altogether pleasant. I have enjoyed it so that I am quite glad to have given this long service to the organization.

Miss Parsons: I think Miss McKechnie is planning, perhaps, to go to Canada to do some war work, but we sincerely hope we shall have her with us when we meet again. Those of us who have worked with her for several years feel that we could scarcely get along without her; always alert, always watchful, always stimulating and always efficient. I can, moreover, say from my own experience in connection with the League in an official capacity, that it is a privilege to hold office for this body of women, the opportunity it gives for the closer acquaintanceship with the nurses at large. I hope we shall never lose the splendid coöperative spirit. There appears not to be the least thing that is ever obstructive or small or petty. One of the most splendid things that one observes is that even the women who have, perhaps, the most difficult problems to surmount in their efforts to meet standards, instead of saying, "Well, it is no use," are asking "How can we improve the standards? Will you help us?" The good of the whole seems to be the ideal of all who are in the association. And before we close I do want to urge that we go back determined that we will not be diverted from our most earnest efforts to improve

nursing education by the duties of war, with the distractions that come with this constant sense of impending disaster. Through it all let us try to be normal and sane and go ahead each day just as earnestly with the work we have in hand as if there was no question in our minds as to the stability of what we have built up, and let us hold together and work together and permit no kind of division in our forces. If we do differ ever as to policies and what is right to do, let us differ among ourselves, but present a united front to the world at large.

If there is nothing further to come before the meeting, I believe a motion to adjourn is in order.

On motion the meeting adjourned.

LIST OF MEMBERS

HONORARY MEMBERS

- BOARDMAN, MABEL T.....American Red Cross, Washington, D. C.
 CLEMENT, ANNA G.....Pittsfield, Mass.
 FENWICK, (MRS.) BEDFORD....20 Upper Wimpole St., London, W., Eng-
 land.
 JENKINS, (MRS.) HELEN HARTLEY, 232 Madison Ave., New York City.
 JONES, (MRS.) M. CADWALADER, 21 E. 11th St., New York City.
 KIMBER, DIANA C.....High St., Swindon, Wilts, England.
 OSBORNE, (MRS.) WM. CHURCH.40 E. 36th St., New York City.
 RICHARDS, LINDA.....1677 Middlesex St., Lowell, Mass.

ACTIVE MEMBERS—INDIVIDUALS

- AHLERS, CAROLINE C.....Asst. Prin. of Nurses, Miami Valley Hos-
 pital, Dayton, Ohio.
 AHRENS, MINNIE H.....Supt. Infant Welfare Society, 104 S. Michi-
 gan Ave., Chicago, Ill.
 AITKEN, ANNIE A.....Supt. Rutland Hosp., Rutland, Vt.
 ALBAUGH, R. INDE.....Sec. & Treas. Board of Nurse Examiners,
 Pleasant Valley, Conn.
 ALLEN, BERTHA W.....Supt. of Nurses, Lowell General Hosp.,
 Lowell, Mass.
 ALLINE, ANNA L. (Life member), At Home, Harrington, Maine.
 ALLISON, AMY.....Supt. Nurses, Methodist Hosp., Omaha,
 Neb.
 ALLISON, CATHERINE H.....Supt. Proctor Hosp., Proctor, Vt.
 ALLISON, GRACE E.....Prin. School for Nurses, Lakeside Hosp.,
 Cleveland, Ohio. (In France.)
 ALLYN, HARRIET J.....Supt. The Griffin Hosp., Derby, Conn.
 ANDERSON, LYDIA E.....109 Greene Ave., Brooklyn, N. Y.
 ANDERSON, MATHILDE.....Surgical Supervisor, The Pacific Hosp.,
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 ARNOLD, IDA DUNHAM.....Supt. State Hosp. Tr. School for Nurses,
 Scranton, Pa.
 ARNOLD, LOUISE F.....Supt., Samaritan Hosp., Troy, N. Y.
 ASHBY, ALICE.....Milwaukee Co. Hosp., 566 Van Buren St.,
 Milwaukee, Wis.

- ASSELTINE, ELIZABETH A.....Supt. Hosp. & Tr. School, Ryburn Memorial Hosp., Ottawa, Ill.
- ATKIN, EDITH.....Prin. School of Nursing, Binghamton State Hosp., Binghamton, N. Y.
- ATKINSON, WINIFRED W.....Supt. Grace Hosp., Richmond, Va.
- AUSCOMBE, E. MURIEL.....Asst. Prin. Mount Sinai Hosp., Cleveland, Ohio.
- AUTEN, I. M.....Supt. Shawnee Gen. Hosp., Shawnee, Okla.
- AYRES, EUGENIA D.....Supt. Elizabeth Gen. Hosp., Elizabeth, N. J.
- AYRES, LUCY C.....Supt. Woonsocket Hosp., Woonsocket, R. I.
- BAKER, BESSIE.....Asst. Supt. Nurses, Johns Hopkins Hosp., Baltimore, Md. (In France.)
- BAKER, GRACE E.....509 S. 4th St., Columbia, Mo.
- BALCOM, HELEN.....At Home, R.F.D., No. 2, Santa Barbara, Cal.
- BARNABY, MARIETTA D.....Supt. Henry Heywood Memorial Hosp., Gardner, Mass.
- BARRETT, IDA M.....Supt. Blodgett Memorial Hosp., East Grand Rapids, Mich.
- BARRY, SARAH C.....Supt. of Nurses and Matrons, City Hosp., Providence, R. I.
- BARTLETT, HELEN CONKLING..Pres. Maryland State Board of Examiners of Nurses, Baltimore, Md., 1211 Cathedral St.
- BARTLETT, VASHTI R.....Gaithersburg, Maryland. (At Home.)
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- BEATTIE, GRACE B.....22 Brooks St., Somerville, Mass.
- BEATY, (MRS.) F. M.....City & County Hosp., Fort Worth, Texas.
- BEATY, M. LOUISE.....Supt. Nurses, Presbyterian Hosp., San Juan, Porto Rico.
- BECHTEL, EMMA H.....Supt. Burge Deaconess Hosp., Springfield, Mo.
- BECKER, MARIE L.....Supt. Nurses, The Volga Hospital, Volga, S. Dak.
- BEECROFT, LAURA A.....West Alexander, Pa.
- BEERS, AMY.....Supt. Jefferson County Hosp., Fairfield, Iowa.
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- BELYEA, MARGARET S.....Asst. Supervisor, Phipps Psychiatric Clinic, Johns Hopkins Hosp., Baltimore, Md.
- BERRY, (MRS.) JENNIE S.....Supt. M. A. Montgomery San., Charleston, Ill.

- BEST, ELLA G.....Educational Director of Tr. School, St. Luke's Hosp., Chicago, Ill.
- BIDMEAD, R. ELIZABETH.....Directress of Nurses, Children's Hosp., Philadelphia, Pa.
- BISHOP, FLORENCE A.....Supt. Rockingham Memorial Hosp., Harrisonburg, Va.
- BLEEKER, FRIEDA.....Asst. Supt. Tr. School, German Hosp., Kansas City, Mo.
- BLOOMFIELD, H. L.....Hahnemann Hosp., Chicago, Ill.
- BOWEN, SARA A.....Supt. Springfield Hosp., Springfield, Mass.
- BOYD, LOUISE CROFT.....City & County Hosp., Denver, Colorado.
- BRANLEY, FRANCES M.....Supt. Nurses, St. Joseph's German Hosp., Baltimore, Md.
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- BRIDGE, HELEN LILLIAN.....Asst. Supt. Nurses, Barnes Hosp., St. Louis, Mo.
- BRINK, CARRIE J.....Supt. Nurses, Bellevue Hosp., New York City.
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- BROUSE, CLARA F.....94 Charlotte St., Akron, Ohio.
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- BURGESS, CHARLOTTE.....Vermillion, South Dakota.
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- DONENWERTH, EMMA A.....Supt. People's Hosp., Akron, Ohio.
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- DOTY, PERMELIA M.....969 Fifth Ave., New York City.

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- DOWLING, DELIA G.....Supt. Homeopathic Hosp., Utica, N. Y.
- DOZIER, ALBERTA.....Supt. Nurses, Wesley Memo. Hosp., Atlanta, Ga.
- DRISKO, ELLEN.....Supt. Tr. School, Salem, Mass.
- DROWN, LUCY L.....73 Fairmount St., Lakeport, N. H.
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- DUNLOP, MARGARET A.....Supt. Nurses, Pennsylvania Hosp., Philadelphia, Pa. (In France.)
- EAKINS, MARTHA ST. J.....Office 181 American Ambulance, Neuilly-Sus-Seine, France.
- EBERSOLE, SARAH C.....Social Service Dept., Memorial Hosp., Worcester, Mass.
- EGGERT, LOUISE.....Supt. Jane C. Stormont Hosp., Topeka, Kan.
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- ERDMAN, BERTHA.....Glockner Sanatorium & Hosp., Colorado Springs, Colo.
- ERSKINE, CORNELIA D.....Ellis Hosp., Schenectady, N. Y.
- EVANS, CAROLINE.....Utica Homeopathic Hosp., Utica, N. Y.
- FAHS, KATHERINE.....Supt. Nurses A. E. L. M. Hosp., Guntur, S. India, Asia.
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- FLYNN, KATHARINE.....Supt. San Francisco Tr. Sch., San Francisco, Cal.
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- FOX, ELIZABETH GORDON.....Supt. Visiting Nurses' Assoc., 2506 K St.
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- FULMER, HARRIET.....Supervisor Cook Co. Rural Nurses, 917
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- GILES, IDA F.....Instructor of Nurses, German Hosp., Phila-
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- GILTNER, M. I.....Supt. Nurses, Piedmont San., Atlanta, Ga.
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Assoc., 269 S. High St., Akron, Ohio.
- GLENN, ELIZA C.....Supt. Nurses, Passavant Memorial Hosp.,
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- GOEPPINGER, LIZZIE L.....Asst. Prin. Hartford Hosp., Hartford,
Conn.

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- GOLDEN, ROSE K.....Supt. Nurses, City Hosp., Louisville, Ky.
GOOD, MARY E.....Supt. Tr. School for Nurses, Milwaukee
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- SISTER AUGUSTA MARGARET...Asst. Supt. Hospital of St. Barnabas, Newark, N. J.
- SISTER MARY GILBERT.....Head Nurse St. Joseph's Hosp., Island Park, Fargo, N. D.
- SMITH, ALICE L.....416 S. Dunn St., Bloomington, Ind.
- SMITH, AMELIA L.....Address unknown.
- SMITH, ANNIE H.....Asst. Supt., Rochester General Hosp., Rochester, N. Y.
- SMITH, EUNICE A.....Supt. Nurses, General Hosp., Rochester, N. Y.
- SMITH, FANNIE C.....Supt. Elyria Mem. Hosp., Elyria, Ohio.
- SMITH, HELEN K.....Supt. Home Hosp., 522 E. 78th St., New York City.
- SMITH, NINA A.....Brooks Hall, Columbia Univ., New York City.
- SNIVELY, MARY A. (Life Member)...At Home, 50 Maitland St., Toronto, Can.

- SNYDER, GERTRUDE M.....Lady Supt. Gen. Hosp., Vancouver, B. C.,
Can.
- SPEARS, SARAH W.....Supt. Riverside Hosp., Jacksonville, Fla.
- SQUIRE, MARIETTA B.....Private Nurse, 139 N. 12th St., Newark,
N. J.
- STANLEY, MARGARET E.....Lady Supt. Victoria Hosp., London, Ont.,
Can.
- STEELE, KATHERINE J.....Asst. Supt. Nurses, Metropolitan Hosp.,
Blackwell's Island, New York City.
- STENNES, JOSEPHINE.....Supt. Good Samaritan Hosp., Rugby, N. D.
- STEVENS, ANNE A.....Supt. Nurse, State Dept. Health, Water-
town, N. Y.
- STEVENSON, (MRS.) CHARLES G..Pres. N. Y. State Nurses Assoc., at home,
1316 85th St., Brooklyn, N. Y.
- STEWART, ALICE E.....Supt. Tbc. League Hosp., 2851 Bedford
Ave., Pittsburgh, Pa.
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Nurse Unit 14—Waiting orders.)
- STEWART, ISABEL M.....Asst. Prof., Teachers College, Columbia
Univ., New York City.
- STEWART, MARY C.....No. 1 Canadian General Hosp., B. E. F.
France.
- STEWART, ROBINA L.....MacDonald College, P. O. Pr. of Quebec,
Can.
- STIMSON, JULIA C.....(In France.) Supt. Nurses, Washington
Univ. Trg. School, Barnes Hosp., St.
Louis, Mo.
- STOVER, HELEN M.....Asst. Supt. Nurses, Minneapolis City
Hosp., Minneapolis, Minn.
- STOWE, EMMA L.....Supt. Nurses, Univ. of California Hosp.,
San Francisco, Cal.
- STRINGER, ELIZABETH.....Supt. District Nurses, 80 Schermerhorn St.,
Brooklyn, N. Y.
- STRONG, ANNE H.....Asst. Prof., Public Health Nursing, Sim-
mons College, Boston, Mass.
- STRONG, ISABEL L.....At Home, 1821 T Street, Washington, D. C.
- STRUTHERS, FLORENCE.....Trudeau, Essex Co., New York.
- STUEBEN, CLARA A.....Private Nurse, 218 Wesley Ave., Oak Park,
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- SULLIVAN, ELIZABETH E.....Supt. Nurses, Children's Hosp., Boston,
Mass.
- SUTHERLAND, A. LAUDER.....Prin. Tr. Sch., Hartford Hosp., Hartford,
Conn.
- SUTHERLAND, MYRA L. M.....Supt. Pawtucket Memorial Hosp., Paw-
tucket, R. I.
- SUTLIFFE, IRENE H.....8 West 92d St., New York City.
- SUTTON, ANNE K.....Supt. Buck Run School, Minersville, Ia.

- SWANK, CLARA M.....Supt. St. Luke's Hosp., Cedar Rapids, Iowa.
- TAYLOR, EFFIE J.....Supr. Henry Phipps Psychiatric Clinic, Johns Hopkins Hosp., Baltimore, Md.
- TAYLOR, JEAN.....Supt. Nurses, Danvers State Hosp., Hathorne, Mass.
- TAYLOR, MANCE.....Supt. St. Luke's Hosp., St. Louis, Mo.
- TAYLOR, MINNEHAHA.....Instructor Nurses East Bay San., Oakland, Cal.
- TEMPLETON, (MRS.) KATE C. Supt. Nurses, Lincoln Mem. Hosp., Knoxville, Tenn.
- THEILE, IDA M.....Instructor Lane Hosp., San Francisco, Cal.
- THOMPSON, DORA E.....Supt. Army Nurse Corps, Room 345½ War Dept., Washington, D. C.
- THOMSON, ELNORA E.....Supt. Mental Hygiene Society, care of Hull House, Chicago, Ill.
- THURLOW, JOSEPHINE A.....Supt. Burbank Hosp., Fitchburg, Mass.
- TITTMAN, ANNA L.....Sec. Illinois State Board Nurse Exam., Capitol Bldg., Springfield, Ill.
- TOOTHAKER, HELENA M.....Supt. Nurses, Manhattan Eye, Ear and Throat Hosp., New York City.
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- TRENCH, AMY H.....Asst. Prin. Tr. Sch., Mt. Sinai Hosp., New York City.
- TRIGG, MARY H.....Supt. Greenville San., Greenville, Miss.
- TROTTER, ALBERTINE.....Supt. Nurses, St. Elizabeth's Hosp., Elizabeth, N. J.
- TUNSTEAD, EDITH.....Instructor Miami Valley Hosp., Dayton, Ohio.
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- WARR, EMMA L.....Supt. Emeritus, St. Louis Tr. Sch., City Hosp., St. Louis, Mo.
- WASHBURN, ETHEL F.....Supt. Milford Hosp., Milford, Mass.
- WASHBURNE, IDA.....Supt. Eastern Maine General Hosp., Bangor, Maine.
- WATERS, LOUISE M.....Head-Nurse, Clara Barton Hosp., Los Angeles, Cal.
- WATSON, GRACE.....Instructor, Bellevue Hosp., New York City.
- WATSON, SUSAN A.....Instructor, Peter Bent Brigham Hosp., Boston, Mass.
- WEBER, KATHERINE.....Supt. Nurses, Olney San., Olney, Ill.
- WELSH, MARY A.....Dietitian, Blodgett Mem. Hosp., Grand Rapids, Mich.
- WHEELER, CLARIBEL A.....Supt. Mt. Sinai Hosp., Cleveland, Ohio.
- WHEELER, MARY C.....Supt. Ill. Tr. School, Chicago, Ill.
- WHICHER, EDITH P.....Supt. Greenwich Hosp., Greenwich, Conn.
- WHITE, LILLIAN L.....Asst. Supt., Univ. of Cal. Hosp., San Francisco, Cal.
- WHITE, REGINE.....Supt. Johnston Emergency Hosp., Milwaukee, Wis.
- WHITE, VICTORIA.....Supt. St. Lukes Hosp., South Bethlehem, Pa.
- WHITTAKER, ANNIE J.....Prin. Sch. of Nursing, Jewish Hosp., St. Louis, Mo.
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- WILKINSON, MARTHA J.....Supt. V. N. Assoc. (34 Charter Oak Ave.), Hartford, Conn.
- WILLIAMS, FLORENCE L.....Supt. Ohio Valley Hosp., Steubenville, Ohio.
- WILLIAMS, ISABEL N.....Night Supt., Columbia Hosp., Columbia, S. C.
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- WILSON, (MRS.) ANDREW.....45 15th Street, Wheeling, W. Va.
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- WILSON, MABEL.....606 W. 113th St., New York City, N. Y.
- WILSON, MARGARET SEXTON.....Euloe Hosp., Chico, Cal.
- WILSON, MARGARET S.....Supt. Orthopaedic Hosp., Philadelphia, Pa.
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- WOLCOTT, GRACE L.....Supt. Waterbury Hosp., Waterbury, Conn.
- WOOD, EVELYN.....Instructor, Ill. Tr. School, Chicago, Ill.
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- WRIGHT, ELIZABETH M.....Supt. Rockford Hosp., Rockford, Ill.
- WRIGHT, FRANCES T.....Supt. North Adams Hosp., North Adams, Mass.
- YOUNG, ALIDA.....Supt. Nurses, Lying-In Hosp., Providence, R. I.
- YOUNG, GRACE E.....Base Hosp. No. 4, U. S. Army E. F. France.
- YOUNG, ZAIDEE E.....In France. (Address care of Montreal Gen. Hosp.)
- ZU PANN, ELEANORE.....Instructor Red Cross, La Crosse, Wis. Address care of Lutheran Hosp. (France.)

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 DECEASED MEMBERS

MISS LILA LETT.....	Died November 3, 1893
MISS LOUISE DANCHE.....	Died June, 1898
MISS FLORENCE HUTCHINSON.....	Died December 26, 1902
MISS EVA MARY ALLERTON.....	Died January 5, 1907
MISS ELLA UNDERHILL.....	Died August, 1909
MRS. ISABEL HAMPTON ROBB.....	Died April 15, 1910
MISS A. A. CHESLEY.....	Died November 7, 1910
MISS CONSTANCE V. CURTIS.....	Died December 12, 1910
MRS. J. E. SNODGRAS.....	Died April 20, 1910
MISS CORA OVERHOLT.....	Died July 25, 1911
MRS. CHRISTINA BANKS WRIGHT.....	Died November 30, 1911
MISS LUCY ASHBY SHARPE.....	Died March, 1912
MISS FLORENCE BLACK.....	Died March, 1913
MISS EDITH W. SEYMOUR.....	Died October, 1913
MISS ISABEL McISAAC.....	Died Sept., 1914
MISS A. C. ROBERTSON.....	Died April, 1915
MISS M. E. JOHNSTONE.....	Died —, 1915
MRS. F. E. S. SMITH.....	Died —, 1915
MISS ADELINE HENDERSON.....	Died November, 1915
MISS ALICE A. GORMAN.....	Died February 6, 1916
MISS MABEL MORRISON.....	Died —, 1917
MISS NELLIE GILMOUR.....	Died —, 1917
MISS ELIZABETH REID.....	Died —, 1917

 HONORARY DECEASED MEMBER

FLORENCE NIGHTINGALE.....	Died August 14, 1910
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LIST OF MEMBERS BY STATES AND COUNTRIES

ALABAMA

East Lake

MAGUIRE, LUCY C.

ALASKA

Fairbanks

PATTON, MARY R.

ARKANSAS

Fayetteville

RILEY, RUTH

Fort Smith

TYE, MENIA S.

CALIFORNIA

Berkeley

SHERMAN, ETHEL

Chico

WILSON, MARGARET S.

Eureka

MASON, IDA M.

Los Angeles

ANDERSON, MATHILDE

ARMSTRONG, CHARLOTTE

DONNELLY, JULIA M.

HODGDON, MARIE C.

JONES, EMILY L.

LINDQUIST, SIGNA E.

MITCHELL, (MRS.) LAURA L.

PAHL, (MRS.) HARRIET W.

SIRCH, MARGARET F.

WALKER, MRS. HORATIO, JR.

WATERS, LOUISE M.

WILLIAMSON, ANNE A.

Oakland

HALL, MARY I.

KRONE (MRS.), LOUISE A.

TAYLOR, MINNEHAHA

Pacoima

MATHIS, CORA A.

Pasadena

JOHNSON, RUTH B.

PICKHARDT, LILA

Redlands

SAUNDERS, MARY L.

Sacramento

JAMMÉ, ANNA C.

San Diego

CHUBBUCK, JULIA S.

San Francisco

COOK, GENEVIEVE

FLYNN, KATHERINE

HEDEMARK, ALMA C.

HOGUE, ELIZABETH

MACKENZIE, MARY A.

PARISH, SUSAN G.

STOWE, EMMA L.

THEILE, IDA M.

WALSH, MARY R.

WHITE, LILLIAN L.

San Jose

MEIKLE, JESSIE W.

Santa Barbara

BALCOM, HELEN

HURDLEY, MARY JEAN

South Pasadena

JOHNSON, ELIZA

Stockton

MCDONALD, ANNA G.

CANADA

Burnick, Ont.

RITCHIE, MRS. FLORENCE C.

St. John, New Brunswick

RETALICK, MAUDE E.

Hamilton, Ont.

MADDEN, KATE

Kingston, Ont.

LEWIS, H. L.

London, Ont.

SCOTT, MRS. MARTHA

STANLEY, MARGARET E.

Montreal, Que.

GOODHUE, NELLIE

HENDERSON, MARY F.

HERSEY, MABEL F.

LIVINGSTON, N. G. E.

SAMUEL, MARY A.

YOUNG, ZAIDEE E.

Ottawa, Ont.

HALL, CHRISTINE C.

Quebec

STEWART, ROBINA L.

Regina, Sask.

COOPER, GRACE

St. Catherines, Ont.

COPELAND, D. JEANETTE

MACMAHON, AMY E.

Toronto, Ont.

FLAWS, ELIZABETH G.

MULDREW, GERTRUDE

POTTS, FLORENCE J.

ROWAN, GEORGIE L.

SNIVELY, MARY A.

Vancouver, B. C.

SNYDER, GERTRUDE M.

Welland, Ont.

BURGAR, DONNA G.

COLORADO

Colorado Springs

ERDMAN, BERTHA

Denver

BOYD, LOUISE CROFT

MCCLASKIE, MAUDE

SCHILLABURGER, M. ELIZ.

CONNECTICUT

Derby

ALLYN, HARRIET J.

Greenwich

MILLER, MAUDE W.

VROOM, MARY

WHICHER, EDITH P.

Hartford

GOEPPINGER, LIZZIE L.

SUTHERLAND, A. LAUDER

WILKINSON, MARTHA J.

New Haven

FLETCHER, MABEL

HEAVREN, ROSE M.

HUNTER, JEAN ALLISON

ROBINSON, MARGARET J.

Norwich

DOWD, KATHLEEN A.

Pleasant Valley

ALBAUGH, R. INDE

Stamford

CUNLIFFE, ANNIE

Waterbury

MADEIRA, EDITH

WOLCOTT, GRACE L.

Winsted

LOVE, MARY L.

ROCHE, ELIZABETH

DISTRICT OF COLUMBIA

Washington

CLEMENT, FANNY F.

DELANO, JANE A.

FLEMING, ELLA D.

FOX, ELIZABETH G.

HAY, HELEN SCOTT

HAYES, ANNA G.

HIGBEE, (MRS.) L. A. W.

MINNIEGERODE, LUCY

NEVINS, GEORGIA M.

NOYES, CLARA D.

STRONG, ISABEL LAURENCE

THOMPSON, DORA E.

DELAWARE

Wilmington

MORAN, CATHARINE E.

MORAN, MARY A.

ENGLAND

London

MAYOU, EDITH

WILSON, FREDERICKA

FLORIDA

Jacksonville

SPEARS, SARAH W.

Orlando

DAVIDS, ANNA

FRANCE

"Somewhere"

EAKINS, MARTHA ST. J.

MATTICE, BRENDA F.

OLIVER, M. EVELYN

Boulogne

CHISHOLM, ETHEL L.

British Exp. Force

PENTLAND, RUTH E.

Paris

ROSS, ELIZABETH B.

GEORGIA

Atlanta

DOZIER, ALBERTA

GILTNER, M. I.

Augusta

DENDY, EMILY R.

HARTRIDGE, (MRS.) AGNES C.

Savannah

MEIER, LUELLA C.

RAINES, MARTHA STONE

SAVILLE, L. C.

ILLINOIS

Anna

CRABTREE, FRANCES

Champaign

PERRY, AURILLA J.

Charleston

BERRY, (MRS.) JENNIE S.

Chicago

AHRENS, MINNIE H.

BEST, ELLA G.

BLOOMFIELD, H. L.

BREEZE, JESSIE

BUCKINGHAM, ATTALEE M.

CHRISTIE, JESSIE F.

DEAN, MYRTLE

DELAHUNT, ELIZ. M.

DOLORES, SISTER MARY

ELDRIDGE, ADDA

FOLEY, EDNA L.

FRANKENTHAL, (MRS.) L. E.

FRELIGH, LISLE

FULMER, HARRIET

GLENN, E. C.

HOFSETH, ASTRID

HORN, JESSIE A.

JACKSON, ESTHER T.

JOHNSON, CHARLOTTE

KELLY, HELEN W.

KNAPP, BERTHA L.

MACDONALD, JESSIE L.

MACK, EVA

MCMILLAN, M. HELENA

NOYES, URSULA C.

PHELAN, MARIE T.

SHOUSE, FRANCES

STEWART, ELLEN

THOMSON, ELENORA E.

VAN BLARCOM, CAROLYN

WHEELER, MARY C.

WOOD, EVELYN

Coleta

PROCTOR, ELIZABETH

Decatur

CLELAND, R. HELEN

RODGER, MAE G.

Elgin

OBERG, IRENE C.

Evanston

MCCLEARY, ADA B.

Kankakee

KENNEDY, MAY

Moline

DAHLGREN, EMILIA

Normal

JUSTIS, LULA J.

Oak Park

STUEBEN, CLARA A.

Olney

WEBER, KATHARINE

Ottawa

ASSETTINE, ELIZABETH A.

Peoria

LEVREAU, HATTIE

Quincy

RINGLAND, MRS. M. P.

Rockford

WRIGHT, ELIZABETH M.

Springfield

TITTMAN, ANNA L.

Waukegan

McCUNE, GLADYS

INDIA (SO.)

Guntur

FAHS, KATHERINE

INDIANA

Bloomington

SMITH, ALICE L.

Indianapolis

BROWN, NELLIE GATES

CLARKE, (MRS.) ETHEL P.

South Bend

PARKER, MARGARET R.

IOWA

Cedar Rapids

CRAWFORD, (MRS.) T. LYNN

SWANK, CLARA M.

Des Moines

HARTLEY, HELEN S.

Fairfield

BEERS, AMY

Iowa City

HAARER, MARY C.

KNIGHT, MAUDE E.

Jefferson

BRITT, PEARLE E.

Mason City

DAVIS, ANNA LOUISE

Minersville

SUTTON, ANNE K.

KANSAS

Topeka

EGGERT, LOUISE

Wichita

LEWIS, ADELAIDE M.

KENTUCKY

Covington

MORGAN, MAE A.

Louisville

GAGGS, ALICE M.

GOLDEN, ROSE K.

JOHNSON, MATTIE

Somerset

KEEN, FLORA E.

Valley Station

RICE, LILLIAN E.

LOUISIANA

New Orleans

SINNOTT, NINA E.

MAINE

Bangor

WASHBURN, IDA

Harrington

ALLINE, ANNA L.

Portland

DEARNESS, MARGARET M.

MARYLAND

Annapolis

WOHLGEMUTH, MARGARET

Baltimore

BAKER, BESSIE

BARTLETT, HELEN C.

BELYEA, MARGARET S.

BRANLEY, FRANCES M.

BURKE, (MRS.) MAUDE D.

DICK, CHRISTINA

ELLIOTT, MARGARET

FLANAGAN, NETTIE L.

KENDALL, JESSIE

KENT, (MRS.) FRANK

KIMMICK, KATHERINE

LAWLER, ELSIE M.

MILLER, AMY P.

NASH, JANE E.

SAMPSON, STELLA W.

SINCLAIR, MARGARET

TAYLOR, EFFIE J.

Gaithersburg

BARTLETT, VASHTI R.

MASSACHUSETTS

Boston

BEARD, MARY

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- CARR, ADA M.
CATTON, JESSIE
COONAHAN, MARY
DANA, CHARLOTTE W.
DIETER, MARGARET
DOLLIVER, PAULINE
DIBBLEE, MARIAN
FLASH, ALICE H.
GARVIN, GERTRUDE P.
GIBSON, ANNA L.
HALL, CARRIE M.
LAKE, ALICE L.
McCRAE, ANNABELLE
NICHOLS, E. M.
PARSONS, SARA E.
REDFERN, HELEN L.
STRONG, ANNE H.
SULLIVAN, ELIZ. E.
WATSON, SUSAN A.
WOOD, HELEN
- Brockton*
HYSLOP, BLANCHE
- Brookline*
PRATT, LAURA S.
- Cambridge*
GRANT, ALMA E.
RADFORD, ANNIE E.
- Clinton*
DIETER, MARGARET
GAMMON, HAZEL R.
- Fall River*
LEADER, HELEN J.
- Fitchburg*
THURLOW, JOSEPHINE E.
- Framingham*
MASON, IRENE W.
- Gardner*
BARNABY, MARIETTA D.
- Hathorne*
TAYLOR, JEAN
- Holyoke*
DOHERTY, ETHEL M.
- Jamaica Plains*
TRACY, SUSAN E.
- Lawrence*
EICKE, BETTY
- Lynn*
WORRALL, (MRS.) FRANCES A.
- Malden*
PERRY, CHARLOTTE M.
- Melrose*
COOK, MELISSA J.
- Milford*
WASHBURN, ETHEL F.
- Millon*
BURNS, CHRISTINE L.
- New Bedford*
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GARLAND, E. EUNICE
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- Newburyport*
GRANT, JESSIE E.
- Newton Lower Falls*
ALLAN, BERTHA W.
RICHMOND, THERESA I.
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Flint.
SCHILL, ANNA M.
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SELDEN, ELIZABETH
WELSH, MARY A.
Lansing
COLEMAN, ANNIE M.
Newberry
HALL, NELLIE B.

MINNESOTA

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ENGLISH, IRENE R.
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STOVER, HELEN M.
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Red Wing
HAYS, ANNABEL B.
Rochester
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St. Paul
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PORTER, SISTER ESTHER J.
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BURNS, MARY A.
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TAYLOR, MANCE
WARR, EMMA L.
WHITTAKER, ANNIE J.
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HUGHES, MARGARET M.
VAN LUVANCE, L. R.

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Laconia
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Nashua
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LITTLEFIELD, JULIA A.

Binghamton

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LE FEBRE, THEODORA H.

Brooklyn

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COPELAND, M. AGNES

COPELAND, M. LAVINIA

DUDLEY, MARGARET A.

HATFIELD, ELIZABETH

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LOUIS, MARIE

RECE, ANNE E.

SABOL, ANNA M.

STEVENSON, (MRS.) CHARLES G.

STRINGER, ELIZABETH

Buffalo

DAVIS, NELLIE

Canandaigua

KRAEMER, ELINE K.

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HYDE, SARAH E.

Geneva

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Harwell

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Middletown

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BURNS, SARA G.

CADMUS, NANCY E.

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CRANDALL, ELLA P.

CREELMAN, JOSEPHINE L.

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DOCK, L. L.

ELLICOTT, NANCY P.

GOODRICH, ANNIE W.

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GREENER, ELIZABETH A.

GREGG, ELIZABETH

HALL, AMELIA A.

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HOWE, FANNY R.

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 SMITH, HELEN K.
 SMITH, NINA A.
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HOGLE, ALMA C.
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MCKEE, CAROLINE V.
WHEELER, CLARIBEL
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SHAFFER, ALVERNA R.
TUNSTEAD, EDITH

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OREGON

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Bryn Mawr

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 MILNE, C. I.
 MILLER, MARY B.
 MORAN, MARGARET J.
 MURRAY, SARAH M.
 PRINGLE, MARTHA E.
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 WORRELL, ANNA R.
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Punxsutawney
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Scranton
 ARNOLD, IDA D.
 GRANT, JANET GORDON
South Bethlehem
 BROWN, MARIE SCHLEY
 WHITE, VICTORIA
West Alexander
 BEECROFT, LAURA A.

PORTO RICO

Ponce
 ROBBINS, ETTA L.
San Juan
 BEATY, M. LOUISE

RHODE ISLAND

Newport
 PATERSON, MARY H.
Pawtucket
 SUTHERLAND, MYRA L. M.
Providence
 BARRY, SARAH C.
 GARDNER, MARY S.

JEHAN, EVELYN C.
 LORD, INEZ CLARK
 McINTYRE, GRACE LINA
 YOUNG, ALIDA
Woonsocket
 AYRES, LUCY C.

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Columbia
 WILLIAMS, ISABEL N.

SOUTH DAKOTA

Dell Rapids
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Vermilion
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Volga
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Memphis
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TEXAS

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Fort Worth
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Gainesville
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Galveston
 SCHACKFORD, CLARA L.
Houston
 BURNETT, (MRS.) J. P.
Post
 FARWELL, MARY F.
 HARTFORD, (MRS.) J. F.
San Antonio
 WALTHALL, (MRS.) T. J.

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LANE, SUSAN

VERMONT

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Brattleboro

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Proctor

ALLISON, CATHERINE H.

Rutland

AITKEN, ANNIE A.

VIRGINIA

Alexandria

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Danville

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Harrisonburg

BISHOP, FLORENCE A.

Richmond

ATKINSON, WINIFRED W.

MCLEOD, JOSEPHINE

MEYER, ELIZABETH M.

RANDOLPH, AGNES D.

ROBERTSON, RUTH T.

VAN VORT, ROSE Z.

Winchester

DIDIER, ANGELICA P.

WASHINGTON

Billingham

WILKINSON, ELLA A.

Seattle

HALL, E. H.

NEWBURG, HILDA

Spokane

BURNS, JOHANNA S.

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HASTINGS, HARRIET

Menomoni

KRUEGER, MATHILD H.

Milwaukee

ASHBY, ALICE

ISERMAN, GERTRUDE

WHITE, REGINE

Wawatosa

GOOD, MARY E.

NIFER, CORA V.

NORTHAM, (MRS.) ADELAIDE

ADDRESS UNKNOWN

DAVIS, E. MILDRED

GARDINER, ANNA H.

MORGAN, MABEL L.

SMITH, AMELIA L.

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2-10
H. E. H.
A. J. H.
S. J. H.
J. J. H.
J. J. H.

WEST VIRGINIA
H. J. H.
J. J. H.
J. J. H.
J. J. H.

WISCONSIN
K. J. H.
J. J. H.
J. J. H.
J. J. H.

MINNESOTA
J. J. H.
J. J. H.
J. J. H.
J. J. H.

ADDRESS UNKNOWN
J. J. H.
J. J. H.
J. J. H.
J. J. H.

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G. J. H.
H. J. H.
J. J. H.

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VERMONT
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VERMONT
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