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OF THE

NATIONAL LEAGUE OF NURSING EDUCATION

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Committee to be formed
AMERICAN SOCIETY OF SUPERINTENDENTS OF TRAINING SCHOOLS FOR NURSES

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

Anna L. Alston, President, Louise Darche, Secretary, Lucy L. Drown, Treasurer

Officers for years following have been:

1894 New York, January 10–11.
   President, Anna L. Alston; Secretary, Louise Darche; Treasurer, Lucy L. Drown.
1895 Boston, February 13–14.
   President, Linda Richards; Secretary, Louise Darche; Treasurer, Lucy L. Drown.
1896 Philadelphia, February 11, 12, 13, 14.
   President, M. E. P. Davis; Secretary, Mary S. Littlefield; Treasurer, Lucy L. Drown.
1897 Baltimore, February 10, 11, 12.
   President, M. Adelaide Nutting; Secretary, Lavinia L. Dock, Treasurer, Lucy L. Drown.
1898 Toronto, February 10, 11, 12.
   President, Mary Agnes Snively; Secretary, Lavinia L. Dock; Treasurer, Lucy L. Drown.
   President, Isabel McIsaac; Secretary, Lavinia L. Dock; Treasurer, Lucy L. Drown.
1900 New York, April 30, May 1–2.
   President, Isabel Merritt; Secretary, Lavinia L. Dock; Treasurer, Anna L. Alline.
1901 Buffalo, September 16–17.
   President, Emma J. Keating; Secretary, Lavinia L. Dock; Treasurer, Anna L. Alline.
1902 Detroit, September 9, 10, 11.
   President, Lystra E. Grettter; Secretary, Lavinia L. Dock; Treasurer, Anna L. Alline.
1903 Pittsburgh, October 7, 8, 9.
  President, Ida F. Giles; Secretary, M. Adelaide Nutting; Treasurer, Anna L. Alline.

1905 Washington, May 1, 2, 3.
  President, Georgia M. Nevins; Secretary, M. Adelaide Nutting; Treasurer, Anna L. Alline.

1906 New York, April 25, 26, 27.
  President, Anna W. Goodrich; Secretary, M. Adelaide Nutting; Treasurer, Anna L. Alline.

1907 Philadelphia, May 8, 9, 10.
  President, Maude Banfield; Secretary, Georgia M. Nevins; Treasurer, Anna L. Alline.

1908 Cincinnati, April 22, 23, 24.
  President, Mary Hamer Greenwood; Secretary, Georgia M. Nevins; Treasurer, Anna L. Alline.

  President, Isabel Hampton Robb; Secretary, Georgia M. Nevins; Treasurer, Anna L. Alline.

1910 New York, May 16-17.
  President, M. Adelaide Nutting; Secretary, M. Helena McMillan; Treasurer, Anna L. Alline.

1911 Boston, May 29, 30, 31.
  President, Mary M. Riddle; Secretary, M. Helena McMillan; Treasurer, Mary W. McKechnie.

1912 Chicago, June 3-5.
  President, Mary C. Wheeler; Secretary, Jessie E. Catton; Treasurer, Mary W. McKechnie.

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

1913 Atlantic City, N. J. June 23, 24, 25.
  President, Mary C. Wheeler; Secretary, Jessie E. Catton; Treasurer, Mary W. McKechnie.

1914 St. Louis, Mo., April 23 to April 29.
  President, Clara D. Noyes; Secretary, Sara E. Parsons; Treasurer, Mary W. McKechnie.

1915 San Francisco, Calif., June 20 to 26.
  President, Clara D. Noyes; Secretary, Sara E. Parsons; Treasurer, Mary W. McKechnie.

1916 New Orleans, La., April 27 to May 3.
  President, Clara D. Noyes; Secretary, Isabel M. Stewart; Treasurer, Mary W. McKechnie.
1917 Philadelphia, Pa., April 26 to May 2.
   President, Sara E. Parsons; Secretary, Effie J. Taylor; Treasurer, Mary W. McKechnie.
1918 Cleveland, Ohio, May 7 to May 11.
   President, S. Lillian Clayton; Secretary, Effie J. Taylor; Treasurer, M. Helena McMillan.
1919 Chicago, Illinois, June 24 to June 28.
   President, S. Lillian Clayton; Secretary, Laura R. Logan; Treasurer, M. Helena McMillan.

The Society has Affiliations with
American Nurses Association.
The American Child Hygiene Association.
National Vocational Guidance Association.
American Social Hygiene Association.
National Association for Study and Prevention of Tuberculosis.
National Education Association.
The meeting was called to order at 10.15 a.m. by the president, S. Lillian Clayton.

Miss Clayton: The meeting will come to order. It gives me great pleasure this morning to introduce Mrs. Ira Couch Wood, who for a great many years has been a friend to nursing and nursing interests and who will welcome us this morning.

ADDRESS OF WELCOME

By MRS. IRA COUCH WOOD

Director, Elizabeth McCormick Memorial Fund, Chicago, Illinois

It is indeed a very pleasant task that has been assigned to me this morning. I do not know any convention that I ever looked forward to—and we have a great many in Chicago—with the pleasure that I have to that of the nurses coming together to discuss the educational progress of their profession. I have always rejoiced that Chicago is as near the center of the country as it is, since you may therefore come to us as often as you please. I assure you that our welcome is very real and very cordial whenever you meet in Chicago.

You may think perhaps it is a little bit over-fervid this morning, that we have rather outdone ourselves in the matter of the warmth of our welcome. I hope that you will not think we are
entirely to blame for that. In the matter of weather we are hoping in July for the lake breeze that we brag about in Chicago, and that we may give you a real Chicago breeze. Although we have been waiting some weeks instead of the usual three days, I feel sure that it is on its way to greet you and change a little bit the warmth of the weather welcome here.

You have come together, when you have, perhaps, the most serious matters before you that can possibly be presented to your profession, because every thinking person feels that this is the time when we must make the very most of the lessons of the war. A tremendous responsibility is bearing upon us, and only with devotion and leadership and a long look ahead are we going to meet these problems and responsibilities as they must be met.

This same thought was put in rather amusing form the other day, which I think I will share with you. There was an old lady down in Texas who was much given to knitting socks for the soldiers. She could not do much else in the world but she could knit. So she knit dozens and hundreds of pairs of socks and she would sit on her porch in Texas and rock and knit and knit and rock endlessly as the days went by. Finally last fall her niece came to her and said, “Auntie, do you know that the Congress of the United States has asked us to pray for victory for our soldiers?” Auntie said no, she hadn’t heard of it. “Well,” the niece said, “Auntie, what kind of a prayer do you think we ought to use?” And the Auntie thought a minute and said, “Well, dearie, I think most any kind of a good prayer would do to help bring victory except only one, ‘Now I lay me down to sleep.’” Nor is this the moment for us to lay ourselves down to sleep if we are going to meet the great responsibilities and opportunities that are opening for women.

Last night we had a suffrage jubilee here in Illinois, rejoicing over the fact that Illinois was the very first state to ratify the suffrage amendment. I am perfectly sure that in all the states you are going to follow and ratify the amendment in a very short time, and then freedom of women for all ages is going to be a reality in a very, very short time.

But I feel it is particularly fortunate that this gift so long delayed is given to us at a time when it is more important than at any other in the history of the world, when women bring their
contribution to the problems of the world. Suffrage is spreading to the other nations. I want to speak of the women of Germany at the present time. It is rather hard to feel that our nation, which we have always told the world was progressive, was one of the last to give suffrage, but I hope the American women are going to be the first to make the best use of it.

We may have been preparing ourselves for this great moment, but the gift of suffrage is going to be of no avail to our women unless we have an educated and trained citizenship to meet this responsibility. It is going to be of no avail unless the people, who have not believed in suffrage, who have not believed in the higher forms of education for women, are willing to accept the great responsibility of leadership and show the way to women who must follow in exercising this condition of citizenship. There is no limit to what as women we may accomplish if we come to the problems of government with an independent vision and a free mind, determined to work out some of these great responsibilities for ourselves, not as women alone, but as far bigger when working with men as citizens in the solution of the problems of the state.

I think it is fortunate that we have this new gift almost within our hands, because I feel sure it will help the working out of some problems that particularly face your profession today. And it is interesting that just at this moment we are all of us more or less determined to make use of the lessons of the war, not only the professional women but lay women who have found in the war not a land of sadness but the greatest satisfaction they have ever found. I think the war has done so much for our young people, our young men and women, and a very great deal for the women of the nation in showing them the possibilities of public service.

Now that service must be continued and training must be provided for the great business of women's contribution to the general welfare. And of course I feel very strongly that much of the training and much of the education should take place within the ranks of your profession.

We were all staggered as lay women when we found this great call of the war and that great call of the influenza, that great tragedy which it seems we might have been spared. When that call came I know of nothing more tragic than the women whose
hearts were deeply touched and who came in hundreds and thousands saying, "Can we do anything?" We realized with all their goodheartedness and sympathy and emotion they had no contribution to make because they had not a single day of training which would have shown them the way to be helpful in that great emergency.

I believe that we are confronted with two big problems: more and better education for the highly trained woman, and more general education for a great many women. I think it is difficult sometimes to reconcile those two points of view from the aspect of the training school alone. But I believe it is only when we have grasped the immense possibilities of training among women that we are going to intensify the training of the future.

There is a great movement to respond to public clamor for shorter courses and more general education, but I do not believe we are going to meet the demand by lowering the standards for the better type of nursing education. I think it possible that we may shorten the time if we intensify the course, but if we do that the hospital management must be awakened to take from the shoulders of the nurses many of the burdens and much of the drudgery that they have carried in the past.

We need as we never needed before the leadership that your profession can provide in this great business. It is a contradictory fact of the war that when life seemed to be thrown away in a more prodigal way than ever had been known before we were realizing that human life had never been so precious and we have thought, and I believe, the great business of conserving human life is yours and the physicians' before it is any others of the population. But that responsibility you must carry and you must give the lay people of the country the leadership that they need. You must attain more and better education for the finely trained nurse leader, that she may go out and start hospitals and training schools and carry this great gospel of public health to all the people.

Last year I came very closely in touch with the needs of our state of Illinois through the state welfare work. If we are going to carry on that program, that fundamental business of saving the children of the nation, you must provide us with enough women to give the training and education necessary to
the lay mind. I heard Dr. Livingston Farrand, of the Red Cross, say only the other day, "We will get nowhere with this problem if we have not the trained public health nurse for leadership." That is going to be one of the problems that I hope you are going to advance in your discussion here at this time.

It is also true that there is complaint now of the need for more women who know something of the household care of the sick. I believe it will be possible in a few years to provide enough trained women to carry all the nursing burdens. I think if there could be a way devised to train more young women in the home care of the sick in an adequate way—I do not mean only out of a little text-book but I mean in some highly adequate way—I think if you could do that or find a way of doing it you would make a very definite contribution to the matter of national health. I know it is not easy, I know it has a great many difficulties, but we are going to hope that your profession and all the others must be willing to adventure into untried and new paths. We cannot follow the paths that we followed before. The war has cut across every field that we trod, and we must start new ones for ourselves if we are going to achieve the future that should come to the world with the blessings of peace. And I believe you must try new things and try experiments, fail in some and succeed in others.

But of course we are never going to achieve what you fought for all these years, the real recognition of the nursing profession as one of the greatest professions for women, unless we are going to have the public at large be willing to make endowments for nursing and nursing education with the same generosity that they make them for men for all forms of education. (Applause.) And we certainly need great institutions for public service in which training for nursing is going to be a part and in which training for social service is going to be a part not only in this college course which has been so generously endowed, but we must appeal to the people for this program in which you are a large part, on the biggest financial basis on which you are able to place it.

That means propaganda. That means, if you will, advertising, though I do not like the word. It means putting nursing education by every means we can possibly use to the front as being one of the great fields for women's endeavor. We know the fields
that she has entered, the hundreds of fields now open to her. But we must make it clear that nursing offers in rewards and personal satisfaction and achievement what almost no other profession for women does.

There has been a little bit of desire, I think, to criticise the nursing profession of late, with the idea that the registered nurse has forgotten sometimes her privilege of service. I am sorry to see such criticism has occurred in this city and state. I do not believe any such criticisms are well founded. The war service of nurses answered the question over and over again in glowing language. There can be no question about it. But I think we must convince the public that service is still the watchword of the nursing profession, that the few carping critics who doubt it must be made to come to terms by the very standard that you will adopt here for the service of women in the program.

I heard a very stimulating thing said the other day by Dr. Winslow on the discussion of child welfare as a witness in Washington. He said that the most important thing before us today is the education of women for the nursing profession, and that if he had a million dollars he would give it to a nurses' training school without a second thought.

So I hope that you will hold to that idea of insisting that nursing education be placed alongside of other forms of education for women. Place this prominently before the people as one of their objectives, that they do everything to broaden the scope of your work as well as to intensify it. I believe that you will then be expected to assume the responsibilities that have come to you after the war and will assure the public that you are adequate for this enormous business of putting forward the national health.

Another little story that occurs to my mind, also from Texas, is that of an old man who drove in his ox team one day to a place where he had not been for some time and where he struck a new cement road. He never had seen it before. He saw a large sign "15 miles per hour." The old man looked at it a long while and finally turned to his ox team and said, "Well, it is a pretty swift pace for us, but we will try to make it."

I think that is true about many of the things that have come to us. It is going to be a pretty swift pace that has been set for women in all these new responsibilities. I think the thing we
must do is to provide leadership for women, training for women in all the fields of service. We must prove as women that in the first place we are equal to our primary job of wifehood and motherhood and then we must go on into the field of public service and show men that we are perfectly capable of carrying these great educational and civic problems and if possible do a little bit better with these problems than have the men in the past.

It is a very high ideal, I am perfectly convinced of that, but with such a group as is here today, with the lines clearly laid down for meeting these great obligations of your profession, I am perfectly sure that this confidence is acting as a standard for us and is going to provide methods of procedure for us all for the future that holds so much more fine service for women than anything we had ever dreamed of in the past.

I bid you welcome to Chicago. I hope we will be very generous to you in every way and I hope we will moderate the temperature so that you will feel that you are not carrying on your discussions under so over-fervid a temperature. I thank you very much.

RESPONSE AND ADDRESS

By S. LILLIAN CLAYTON

President, National League of Nursing Education

I am sure no words of mine could thank Mrs. Wood for her very cordial welcome; but more than her cordial welcome to us as guests is her thorough understanding of our problem. If more people thoroughly understood us I am sure it would help greatly. We believe that we shall go away from Chicago better able to meet the problems to which she has referred because of her understanding and her faith.

For those members present and for those members not present I should like to express our sincere appreciation to Mrs. Wood for her understanding and her welcome.

It is always a pleasure to meet this group of the world's workers, but this year it is a special pleasure. Through the peculiar experiences had in common with all other members of our profession we must of necessity have developed some qualities which
will make us capable of larger service to the world as it organizes for the welfare of its people, just as a short time ago it organized for war.

We are here today under circumstances unique in the world’s history, under conditions which are daily disclosing to us new values in life, leaving only to the unreflecting mind the fear that all is lost, all system gone, the world drifting in sheer madness without compass. Of course this is not true. Great spiritual principles are at work, great basic truths appear, to be seen in a clearer light, to serve as a better guide for all nations. It is as I have said, new values are being determined daily, all things are being more accurately appraised.

There are certain things which the world’s war has brought into prominence. Of a few of these I would like to speak. The greatest change which the war has wrought in the minds of humanity, even in human nature itself, is the impetus it has given personal service. It is not true that the war, with all of its destruction, has been a curse, if from it there arises a universal recognition of that for which our profession has so long stood, that we are our brothers’ keepers, that we are intimately concerned with that which causes him suffering, with that which degrades him or holds him back from the realization of the best that is in him.

We are entering upon a new era in our profession, an era in which all groups of people interested in human welfare must work together. An example of this has been given to us during the past two years. The nursing profession has passed through the most critical years since its founding. “It has been a time of severest test as to the actual necessity of its work, the stability of its members, the faith and perseverance of the leaders and the interest and generosity of the public.”

Our war record has been given to us in splendid reports written by the chairmen of the various committees that worked out the nursing service of the war. These many of you have read and no doubt some of these reports will be personally presented at this meeting. It is not necessary to tell this audience of the establishment of the Army Training School in order that “the needs of the military hospitals might be met by providing for them the same nursing care that civil hospitals have enjoyed for the past
half century.” Those of us who remained at home need not be
told how the nurse did her part in guarding the health of the com-
community, as more and more the medical resources of the country
were drawn upon for service overseas.

Second only to the call for nurses for our soldiers has been the
constant call for more and more public health nurses. We are
told by the superintendent of one of our visiting nurse societies,
that the “industrial establishments where the shortage of work-
ers has made plain the economic necessity of efficiency based on
the health of the worker, have been unable to meet their needs.”
Rural communities, where at best there are but few nurses and
doctors, have been bereft of nearly all their medical resources.
Their one hope has been to procure visiting nurses, which, in
time and money is the most economical use to be made of that
precious commodity, a nurse’s training and experience.

More clearly than ever has the war emphasized the value of
child life, such recognition being symbolized by the creation of
the Children’s Year; and, again, the keynote to the whole pro-
gram of saving the lives of children for their country has been
the public health nurse.

Such is the profession’s war record, the maintenance of the
continuity and standard of work through the stability of all its
nursing forces, the assistance in the production of more and
more nurses through its training schools, and the extension of its
work to include the military establishment.

Then came the epidemic that almost eliminated from our
thoughts the problems of the war. We have learned from our
history of nursing that the responsibility of a community, a
body, or an individual, is measured by its opportunity. We
know that, if this be true, the body of our profession carries today
a burden no one can call light. That it has accepted the responsi-
bility is shown by the growth of the profession during the past
forty years, and the placing upon it of greater responsibility by
public demand. That it still accepts this responsibility in the
same spirit is shown by the past two years of service, when it has
passed the test and has come forth infinitely stronger than ever
before.

You who have shared in it all are now ready to meet a new
order of things. As Cardinal Bourne has said,
New social conditions confront us, new relations between the different sections into which society is divided will arise as a consequence of the destruction of the formerly existing conditions. The very foundations of political and social life, of our economic systems, of morals and religion are being sharply scrutinized, and this not by a few writers and speakers, but by a very large number of people in every class of life.

Just as all society and all types of work are being scrutinized, so is the nursing profession. We must, therefore, meet the new demands. The most insistent of these are for the various public health needs, for hospital executives, for teachers and supervisors, and for nurses to meet the home care of the sick in all classes of society.

We hear from all groups of workers, from our schools, our colleges, our universities of the exacting demands made upon the profession.

The announcements of our universities tell us the thing we know, but oftentimes forget because so engaged with our individual local problems, that in public health nursing the development has been most remarkable, that requests are constantly coming, especially for leaders, for the educational and preventive work now being instituted under city and state boards of health, for administrators and for teachers. Surgeon-General Rupert Blue states that

For the first time in its history, the United States Public Health Service, during the recent war, organized a division of Public Health Nursing. It is not too much to say that without this aid our success in keeping down sickness in the extra cantonment zones and in making the venereal disease rate in our army lower than that of any other army of modern times could not have been achieved. In continuing our general campaign for health and this special fight against venereal disease, we depend upon the continued assistance of the public health nurses. Back of these we hope to have the sympathetic understanding and support of all the women of the country. We believe we will have this when it is fully understood what the nurse accomplishes for her community. We depend upon the women of the nation not only for understanding and support, but we depend upon them to encourage young women to take up the profession of nursing and to insist that hospitals provide suitable training for nurses in public health, including work in venereal diseases.

In backing the nurse, whether she be the nurse for public health, for administrative work, or for teaching, the women of the nation will be backing one of the most vital agents in the struggle against diseases that threaten the very life of our nation.
RESPONSE AND ADDRESS

We are justly proud of what our profession has done in the past, but we realize a parting of the ways has come, and we must intelligently choose our future course. That we will, there is not the slightest doubt. We will meet the need of the public and of the individual because it is our responsibility to meet the present need, just as it was our predecessors' to meet that of the past. It is said of Alice Freeman Palmer in her strenuous years as president of Wellesley College, that she leaned on her necessities instead of being broken by them. We should do likewise.

Just as chapter after chapter of our development has opened up and changes have been made to meet the current demands of former days, so they will be written clearly for our guidance now.

But if the nurse is to meet these needs, what about the preparation for it? We are finding the imperative need of larger education, and if the opportunity of today is to be accepted, we must assume the responsibility of education for it. This education must have as its purpose the complete development of the student, every power, every gift, every possibility of life that will increase her usefulness to society, that will add to her happiness and to the happiness of the world. We must realize that if we have seen our duty in terms too small, we shall now see this great service revealed by the war, and accept the new opportunities for thinking and working in larger terms. We can only discover truth by a rational and democratic interest in life. Our interest must extend outward to include those broader relationships, as well as the personal. If this war has taught us one thing more clearly than another, it is that service cannot be limited to any particular field of endeavor, but that the whole profession must mobilize in an infinite variety of ways in order that it may overcome its difficulties. "This is an era when hard thinking must displace easy thinking and when facts should be made to overcome fallacies; a time when the whole matter of meeting our responsibilities be lifted out of the confusion and perplexity of half light into the knowledge of the "truth that sets us free."

May we in the coming days of this convention work together that we may gain the truth, keeping in mind that the ideal organization or individual may be expressed in the words of one whom we all know and admire: "The longer I live the more I am certain
that the great difference between men or nations, between the feeble and the powerful, the great and the insignificant is energy, invincible determination, a purpose once fixed, and then death or victory."

That quality will do anything that can be done in this world, and no talent, no circumstance, no opportunity, will make success without it.

If we have come to our problems with this quality, a program will be made whereby the needs of the various groups may be met and we may be assured that the part the training school will play in national efficiency after the war will be second to none.

Miss Clayton: We will now proceed to our business of the day. You all realize that according to our constitution, which was accepted last year, we should not have had a convention this year, but because we felt the great necessity for calling this meeting, a special notice was sent to all members. The Secretary will now read the call to this meeting, so that we may know the business to be transacted at this time.

Cincinnati, Ohio, April 12, 1919.

To the Members of the National League of Nursing Education:

I am writing to urge your attendance, as a member of the National League of Nursing Education upon the special meeting which this organization is to hold in Chicago, June 24, 25, 26. The meeting will be held at the Congress Hotel and is being specially called to consider an important revision in our Constitution and By-Laws, as well as for the discussion of certain pressing problems in nursing education.

I am writing also to enlist your cooperation in increasing the membership of our organization. Will you not approach all those in your school engaged in educational work, as well as graduates of your school whom you know are engaged in the training of nurses, and impress upon them the advantages of membership in, and their obligations to become members of, the National League of Nursing Education. Invite them to apply at once to the Secretary for an application blank, so that we may present their applications for membership at the June meeting.

Thanking you heartily for your cooperation in increasing the membership and in urging a large attendance at the meeting in Chicago, I am

Cordially yours,

Laura R. Logan,
Secretary.

Miss Clayton: We will now have the report of the Secretary.
A word of explanation is due you regarding the belated report of the Twenty-fourth Annual Convention held in the city of Cleveland, May, 1918. It proved impossible last summer to find a publisher who could bind himself to a definite contract because of war conditions and the possible draft of his printers, etc. The work of your secretary as chairman of the Department of Nursing, Woman's Committee, Ohio Branch, Council of National Defense delayed somewhat the editing of the report last summer. Later the outbreak of the epidemic caused further unavoidable delay. Williams and Wilkins, the publishers who were selected, agreed to do their best to hurry the issuance of the volume but the installation of new machinery delayed the forwarding of the galleys until this month. The volume will be in your hands shortly. The delay is to be regretted, but, inasmuch as our deliberations last year were largely plans to meet war conditions, and inasmuch as with the signing of the Armistice there has come a new peace program calling for new plans, our last year's report becomes a historical volume, precious but not urgently needed for immediate work.

Six Executive Board sessions have been held during the year, as follows: Cleveland, May 11, 1918; Washington, December 2, 1918; New York, January 15, 16 and 17, 1919; and Chicago, June 24, 1919.

At the first meeting the special committees were appointed. Elsie M. Lawler was made chairman of the Committee to Award Chevrons and Effie J. Taylor, chairman of the Program Committee for the special meeting in Chicago. Helen M. Wood was appointed delegate to the National Association for Study and Prevention of Tuberculosis and Anna C. Jammé to the National Education Association. Miss Nutting, chairman of the Educational Committee was empowered to reorganize her committee. A new Membership Committee was appointed with Jessie E. Catton as chairman. The remaining committees were left as standing.

It was voted that a resolution favoring the Federal Suffrage Amendment should be sent to Congress.
Miss Nutting was appointed to represent the League on the National Committee to Obtain Rank for Nurses.

The payment of the League’s share of the expenses to the Interstate Secretary was endorsed.

At this meeting also Miss Goodrich reported the formation of a committee on the Army School of Nursing plan.

The second executive meeting which was delayed until December by the epidemic, was called for the discussion of plans to meet emergencies and to effect changes in nursing education, which had been brought to a focus by the signing of the Armistice, especially along public health lines. The reports of all committees were received. The Program Committee outlined its plans for the Chicago meeting. The Membership Committee presented ten names which were accepted into membership. The Education Committee presented its plan of ways and means, through changes and fuller utilization of our present educational system, to meet all new demands. Following this report Miss Crandall brought before the League directors the present urgent demand for more public health nurses and the plans of the National Organization for Public Health Nursing in a series of resolutions. It was agreed that the program of the Education Committee, the report of which will be submitted and read to you at these meetings, had already anticipated the response outlined by the National Organization for Public Health Nursing. Plans for cooperation of these two organizations were discussed.

The Committee on the Training of Attendants was asked to meet jointly with the Education Committee of the National Organization for Public Health Nursing, and to prepare and present their joint deliberations at the Chicago meeting.

The question of the publication, by the League, of a bulletin to stimulate the educational work of nursing schools throughout the country was brought up, and, after full discussion, was referred to a committee for report and recommendation at a later meeting.

A plan for opening a Central Bureau for Advisement and Placement for returning nurses led to discussion and the formation of a joint committee of the three national nursing organizations. Miss Noyes announced the intention of the American Red Cross Nursing Service to organize such a bureau as that under discus-
The urgent necessity for increasing individual and state membership in the League was reiterated and the need to give our plans for educational development as wide publicity as possible was emphasized. To this end the secretary sent a letter in April to the entire membership urging their coöperation in bringing these about. A second letter, urging the formation of state and local Leagues, was sent at the same time to some sixty-five prominent members of the National League in states where no state or local leagues existed. In addition, a letter was sent addressed to some 1100 superintendents of training schools, who were not members of the organization, enclosing application blanks for membership in the League.

As over against the receipt of 60 new membership applications last year and 16 the early part of this year, 107 applications have been received since April and at present they are coming in at the rate of 3 or 4 a day.

Five states, North Carolina, Oklahoma, Texas, Alabama and Washington, are applying for membership at this meeting, while four states, Mississippi, New Jersey, Oregon and Utah have state Leagues in process of organization.

At the January meeting of the Executive Board the treasurer's report and that of the Program Committee were considered. The Membership Committee presented six candidates who were accepted.

Rank for nurses was discussed, and the secretary asked the president of each state league a letter of information concerning the Lewis-Raker Bill and embodying a plan of state organization for the advancement of the support of this bill and its passage by Congress. The secretary dispatched such a letter.

Further plans of the Education Committee were discussed and approved; particularly the publicity measures to be taken in a campaign for shorter hours for student nurses, in which the joint board of directors were asked to coöperate. Letters of appeal, to be sent to all members of the League, bespeaking their support in the campaign, were delegated to various members of the committee. Further work projected by the Education Committee included (1) measures to affect the grading and classifying of
schools of nursing, (2) the study, through a committee, of the readjustment of student work to better educational ends, and the elimination of such routine duties of the student nurse as are unessential educationally, and (3) the reprinting of such papers, *The University Education of the Nurse*, by Dr. Richard Olding Beard, and *A Sounder Economic Basis for Schools of Nursing*, by M. Adelaide Nutting. The Education Committee also recommended that the National Organization for Public Health Nursing be asked to organize a campaign among recent graduates for public health work, and be asked to provide whatever should be necessary in the way of speakers and literature. This suggestion was later presented by the secretary to the National Organization for Public Health Nursing and it has been adopted by its Board as part of its program of work. The Education Committee proposed addressing circulars to all the training schools recommending a reduction in the time of training, that should provide in the third year of the undergraduate period definite specialized training in public health or some other form of nursing.

The report of the Committee on the Training of Attendants was heard and a further meeting was planned with the Education Committee of the National Organization for Public Health Nursing, in order that the programs of these two committees might be more in agreement. The final combined plan was adopted at the May meeting.

The fourth meeting, a conference of the joint Board of Directors of the three national organizations, held in New York City on January 17, resulted in the following recommendations and assignment to various bodies for performance:

1. The compilation of uniform information concerning training schools was assigned to the American Nurses Association, the various state associations to be asked to publish the same. The National League of Nursing Education was asked to prepare an introduction to the compilation which should outline the requirements of a standard school.

2. The American Nurses Association was asked to urge the formation of state committees on rank for nurses.

3. The formation of a state headquarters was advocated for the conduct of all nursing affairs.

4. The appointment of a salaried inspector or educational director on whole or part time in each state was approved.
5. It was agreed that suitable educational qualifications be required in inspectors of training schools, and that some experience in training school work was vital.

6. That the conference of State Board Examiners be held in 1919 at the time of the meeting of the National League of Nursing Education.

7. That it was the sense of the joint conference that the nursing profession should take on the training of attendants under the guidance of graduate nurses and should regulate their practice under Nurse Practice Acts.

A motion that the training of attendants with mandatory licensure be approved, was carried together with a motion that this resolution be sent to the state associations for the guidance of the respective state legislative committees.

8. That the joint conference go on record as approving the 52-hour-week as the maximum for student nurses.

9. That the joint conference recommend that state Associations urge the passage of an amendment to registration laws in those states which require three full calendar years of training in hospitals for registration, the amendment to provide that an approved year of academic work in a college or technical school, or, an academic year of approved courses of training for public health nursing, be accepted as a substitute for eight months (an academic year) of the three year hospital training course. This recommendation was referred to the Legislative Section of the American Nurses Association.

The year has been a busy one and the secretary would reiterate former secretarial recommendations that full time would be none too much for the adequate conduct of routine duties, and for a fair amount of constructive work.

Requests for copies of the Standard Curriculum continue to come in.

Inquiries concerning the recommendations from our Committee on the Training of Attendants, are coming in to the secretary.

The League will not be fulfilling its purpose until it has reached and received the cooperation of more of the nurses in charge of the 1800 or more training schools of the country. Replies to letters writ-
ten by the secretary express an eagerness on the part of such superintendents to belong to the organization but frequently conclude, "I do not know anyone who is eligible to sign my application." Consideration of means for widening the acquaintance in such states of League members already there with such training school heads is important. This obstacle to the increasing of our membership but emphasizes the need we all know for the more general formation of state and local leagues and the importance of widening the contact of those already formed.

The present membership is as follows:

- Honorary members.......................... 8
- Life members.................................. 4
- State Leagues.................................. 22
- Individual membership......................... 671
- Resignations received during the year........... 5
- Deaths......................................... 4
- Applications to be acted upon at this meeting.......... 123

Laura R. Logan,
Secretary.

On motion the report, as given above, was accepted.

Miss Clayton: May we have the report of the Treasurer?
Miss McMillan: This is really the report of the auditor.

FINANCIAL REPORT OF THE TREASURER

January 1, 1918 to January 1, 1919

Cash balance, January 1, 1918.................................. $1,406.22

Receipts during the year

<table>
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<tr>
<th>Description</th>
<th>Amount</th>
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<tr>
<td>Fees and dues (individual)</td>
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<td>Fees and dues (state)</td>
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<td>Exchange on checks</td>
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<tr>
<td>Sale of reports</td>
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<tr>
<td>Interest on investments</td>
<td>1,126.07</td>
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<tr>
<td>Interest on deposits</td>
<td>13.03</td>
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<tr>
<td>Sale of Standard Curriculum</td>
<td>849.64</td>
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<tr>
<td>------------------------------------</td>
<td>----------</td>
</tr>
<tr>
<td></td>
<td>$3,286.50</td>
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<tr>
<td></td>
<td>$4,136.14</td>
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<tr>
<td></td>
<td>$5,542.36</td>
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</table>
### Disbursements during period:

- Clerical assistance: $133.55
- Printing and stationery: $1,163.61
- Dues in other societies: $23.67
- Checks charged back by bank: $3.22
- Officers' expenses: $477.16
- Postage: $257.21
- Telegrams: $55.40
- Exchange on checks: $19.80
- Incorporation expense: $100.00
- Expressage: $3.30
- Program of Convention: $55.48
- N. D. Council Expense: $63.26
- Report of Convention: $250.86
- Audit: $10.00

Total: $2,616.52

### Educational Committee:

<table>
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<tr>
<th>Item</th>
<th>Amount</th>
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<tbody>
<tr>
<td>$116.69</td>
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### Educational Committee Printing:

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<tr>
<th>Item</th>
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</thead>
<tbody>
<tr>
<td>1,300.00</td>
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</table>

Total: $1,416.69

### Cash balance, January 1, 1919:

<table>
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<tr>
<th>Description</th>
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</thead>
<tbody>
<tr>
<td>Cash on hand, January 1, 1918</td>
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<tr>
<td>Received from sale of Standard Curriculum</td>
<td>$799.94</td>
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<tr>
<td>Total</td>
<td>$849.64</td>
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### RECONCILIATION OF BANK BALANCE January 1, 1919:

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<th>Description</th>
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<tbody>
<tr>
<td>Bank's balance, January 1, 1919</td>
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<tr>
<td>Interest accrued which was not entered on the records until January, 1919</td>
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<tr>
<td>Check outstanding</td>
<td>$1,529.15</td>
</tr>
<tr>
<td>Cash balance, per Cash Record Book</td>
<td>$1,509.15</td>
</tr>
</tbody>
</table>

This is to certify that I have examined the records kept by M. Helena McMillan, Treasurer of the National League of Nursing Education, and that I found them to be correct, and to agree with the report attached.

Flora Alfaretta Voorhees,
Accountant and Business Specialist,
16 N. Wabash Ave., Chicago, Ill.
To bring the amount up to date the auditor has again examined the accounts and certifies that the following attached report is correct.

FINANCIAL STATEMENT

JANUARY 1, 1919, TO JUNE 17, 1919

This is to certify that I have prepared the following attached report, prepared from the records kept by M. Helena McMillan, Treasurer of the National League of Nursing Education.

FLORA ALFARETTA VOORHEES,
Accountant and Business Specialist,
16 N. Wabash Ave., Chicago, Ill.

Cash balance, January 1, 1919: $1,509.15

Received during period:

<table>
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<th>Description</th>
<th>Amount</th>
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</thead>
<tbody>
<tr>
<td>Fees and dues (individual)</td>
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<tr>
<td>Fees and dues (state)</td>
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<td>Interest on deposits</td>
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<tr>
<td>Sale of Standard Curriculum</td>
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<tr>
<td>Contribution</td>
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<tr>
<td><strong>Total</strong></td>
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<tbody>
<tr>
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Disbursements during period:

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<td>Clerical assistance</td>
<td>$50.00</td>
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<td>Printing and stationery</td>
<td>75.50</td>
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<tr>
<td>Dues in other societies</td>
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<tr>
<td>Officers' expenses</td>
<td>451.02</td>
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<tr>
<td>Postage</td>
<td>55.38</td>
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<tr>
<td>Telegrams</td>
<td>17.60</td>
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<tr>
<td>Audit of 1918 records</td>
<td>10.00</td>
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<tr>
<td><strong>Total</strong></td>
<td><strong>$674.50</strong></td>
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<table>
<thead>
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<th>Description</th>
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<tbody>
<tr>
<td>Educational Committee</td>
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<tr>
<td>Educational Committee Printing</td>
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<td><strong>Total</strong></td>
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<table>
<thead>
<tr>
<th>Description</th>
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<tbody>
<tr>
<td><strong>Total disbursements</strong></td>
<td><strong>$1,825.66</strong></td>
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</table>

Cash balance, at close of June 17, 1919: $1,867.04
Miss McMillan, Treasurer:

Miss Clayton: You have heard the report of the treasurer, what is your pleasure?

Miss Isabel Stewart: May I ask Miss McMillan if there was not a sum of $200 appropriated during this last January or February, at the February meeting, for expenses of the Committee on Education, $200 to be provided from the general funds of the League? Am I right in that? And then also may I explain that the large deficit in the Committee on Education perhaps looks larger than it actually is, because we still have a good many publications on hand which are not sold.

Miss Clayton: As soon as we have sold our new edition of the curriculum we will not have a deficit in the educational fund. We all want then to go home and sell them to our boards of trustees and officials, etc. What action will you take on this report?

On motion the report was accepted.

Miss Clayton: May we have the report of Miss Eldridge, the interstate secretary?
REPORT OF THE INTERSTATE SECRETARY

All of you know that the interstate secretary was appointed in October, 1917, for one year, and that the appointment was extended for an additional half year, which is just drawing to a close at the end of this month.

The work of the interstate secretary was rather vaguely outlined at first. I think the National League through its president outlined that the work of the interstate secretary should be to establish as far as possible state and district leagues throughout the United States, and to prove, if possible, the need of ten such secretaries instead of one. But representing, as the interstate secretary does, the American Nurses Association, the National League of Nursing Education and the American Journal of Nursing, has been somewhat like a three ring circus, because wherever she is asked to address a group she must fairly represent all three of these organizations. I am going to read an extract from a letter which is, I think, a fair example of what was expected in different states as the subject for address, which states the need as was often expressed to the interstate secretary:

The graduates have taken a state of indifference that is not good for organization. The student nurses need encouragement and the hospital boards need to know what to do to support their graduate employees in order to keep up their training schools efficiently. We have but two hospitals providing the eight hour day. The interest in rank is almost nil. Our small hospitals need to see better the necessity of affiliation. Also they need to know the difference between good and poor head nurses and superintendents and our graduates also need to learn the trend of the times in the nursing world. They see some things but they do not believe them. We all need a thorough awakening.

Perhaps with this as a standard you might say that the work of the interstate secretary is a little difficult to put down on paper and a little difficult to outline.

I am reminded of the story which those of you who have been in some of the meetings have heard me tell of Mark Twain. When asked to address a meeting, he stated his subject and was told that it was very fine but that there was a political meeting on and he might do some damage with that subject. So he handed his sheaf of papers out and said, "Here are twenty subjects." The chairman of the reception committee looked
at them and looked at him and said, "Now, Mr. Twain, it is truly remarkable that any one man can speak on twenty subjects at a moment's notice." Mr. Twain's reply will answer very well for the reply of the interstate secretary. His reply was this, "Oh, those are titles. The subject matter is all the same." And the subject matter, whether we are talking of the League of Nursing Education, or the National Association and its reorganization, or whether we are talking of the *American Journal of Nursing* and what it is put out for, it is all the same, it is nursing.

With these introductory remarks I will proceed to read the formal report.

A formal report since the Cleveland meeting was presented at the executive meeting held in New York January 16, but this is the first presented to the National League as a whole. Since May, 1918, I have been in Illinois, Iowa, Wisconsin, Vermont, New York, North Dakota, South Carolina, Ohio, Indiana, Missouri, Oklahoma, and Nebraska. I have been in Illinois I think three or four times and I have been in Wisconsin three times. I have attended state meetings of the League in Wisconsin, Vermont, New York, Massachusetts, Connecticut, North Dakota, Illinois, Indiana, Missouri, Oklahoma; I have attended meetings of local leagues in Rochester and Binghamton, N. Y., in St. Louis and Kansas City, Mo., and meetings with superintendents in Utica, in Des Moines and Sioux City, Ia. I have talked to hospital boards and trustees in Sioux City, Ia., Lawrence, and Northampton, Mass., Columbia, S. C., Fort Wayne, Ind., and in Omaha, Neb., and have held conferences on training schools with various members of boards in Columbia, S. C., Kenosha, Wis., and Hastings, Neb. General meetings, including pupils, graduates and members of hospital boards and any others interested were addressed in Fitchburg, Northampton and Pittsfield, Mass., and in Middletown, Conn., and Burlington, Ia. These have been groups where I have been supposed to present the subject of nursing from every point of view that one could at a single general meeting, and I have endeavored to see that everybody was interested. I have attended conferences of the American Red Cross, the Army School of Nursing, and the Child Welfare Association. Addresses have been made to the pupils taking state board exam-
institutions in Indiana, Missouri and Oklahoma, before fifty-five
meetings, including alumnae associations, or pupils and gradu-
ates, to twenty-three meetings for pupils, one group of private
duty nurses, and one of Catholic sisters (and this group of Catholic
sisters had never been addressed by any one outside of their order
before). One conference was held to discuss a course outlined for
the high schools of Nebraska in home care for the sick at the Uni-
versity of Nebraska. Ten other addresses were given to young
women on Nursing as a Profession and one address on The Reor-
ganization of the American Nurses Association to the students of
the Department of Nursing and Health at Teachers' College.

This is a summary indicating only the opportunities given for
presenting the subject of nursing in its various aspects to the
public and the profession. It seems hardly possible in this
report to convey to the members of the League the profound
impression of the need for better work in our schools and better
enforcement of our laws. It would seem after this year and a
half of work that I find myself overwhelmed with the fact that
in so many directions we are including and broadening the educa-
tional side of our best schools while poorer schools are faihing in
most essentials. It is still possible to find in our various states
schools sending out pupils during part of their training, and that
even in some of the better schools; students on night duty for five
continuous months; to find living conditions that are appalling; to
find pupils living unchaperoned outside of the hospitals, no one,
not even a maid, in the house; schools accepting pupils and grant-
ing them full time for a month in one school and two in another,
many of them not even asking for a reference. I was told in one
school when I asked why some of these conditions existed that an
appeal had been made to the state board, but the secretary of the
board was a friend of a member of the hospital board and he did
not wish to interfere. Some of our state boards have had to
resort to sworn statements as to the courses given and the con-
ditions in schools, as otherwise the statements were made to
agree with the requirements of the state board of examiners.

The impression has been given me that we are building on the
roof while our house is still on stilts and badly needing a founda-
tion. Efforts on the part of some state boards to make their
work living has revealed conditions positively unbelievable.
They are largely handicapped by lack of funds to obtain school inspection, and in many instances by lack of power to appoint an inspector. I am thoroughly convinced that what we need before we can obtain better educated and more thoroughly trained nurses for the public health field or any other field, is that our entire effort must be put back of our schools to obtain better educated and better trained women for these positions; that we must have a campaign of education for hospital boards, the general public, our medical boards and even our nurses themselves, that we may realize and make them realize that it is not to be a good school to merely equal the requirements of the state board, and, that those starting schools for nurses be made to realize that they must have schools in the best sense, properly kept and with proper people well equipped at their head, before they ask the young woman to give two or three years for education and training.

I am overwhelmed by the need, and by the fact of the need, to get underneath and do obvious things. But I do want to say that our state boards are making improvement. There does seem to be a general awakening and a desire to improve. Our state boards are beginning to understand that women on those boards must really be educators or they cannot dictate an educational policy, and an effort is being made, I believe, in almost every state to try to find out what really is being done in the schools. Miss Cadmus' letter in the Modern Hospital with its plea for greater cooperation is certainly the keynote for our work for the next few years. I have found people on training school boards who had no idea that our state laws were minimum requirements, and who felt that they had reached the highest point in nursing education when they gave this minimum. I find nurses themselves not realizing at all that a state board examination covers merely the least they can possibly know, but seemingly looking upon it as a test which will daunt the best prepared.

An interesting thing which I wish to call to your attention is the fact that, for the next month, I am going to Montana to assist in an institute which is to be held there. This will complete the work of the interstate secretary, which you know is concluded the last of this month. Last year this institute was held for public health nurses but this year it is to include those who are teaching in nursing schools and those at the heads of
such schools. I am to go there to do what I can to help them out in this work; and, following that, I am to go to the first of the sectional meetings of the American Nurses Association which were proposed last year at Cleveland, when the states of Montana, Oregon, Idaho and Washington are to meet at Glacier Park for a three-day session.

I feel so strongly that the emphasis on our work, and the work still to be done, is on cooperation and on an understanding of our problems that I am going to read to you some quotations from an article on *Anonymous Liberalism* in the April *Century*, which I have used as a text for almost every address which I have given ever since I read it, graduating addresses and everything else. It is the reply of business methods to professional standards, and the standard of professional judgment to business; and as we claim to be a profession it seems to me that every word in it applies to us. It quotes from John Stuart Mill and closes also from Viscount Morley, and I believe that this is the keynote of our work.

The future of mankind will be greatly imperiled if great questions are left to be fought out between ignorant change and ignorant opposition to change.

In too many places we find people rushing madly to put in college affiliation when their schools are not giving attention even to nursing education. That is ignorant change. On the other hand we find everywhere nurses who say, “If it was good enough for me it is good enough for them.” That is ignorant opposition to change. And I believe we should take these thoroughly home.

And then a quotation from Viscount Morley:

> When classes are exasperated great economic and social forces flow with ideal sweep over communities only half conscious of what is befalling them. Wise statesmen are those who foresee what time is thus bringing and try to shape institutions and mould men’s thoughts in accordance with the change that is silently surrounding them.

Surely that should be the program of the National League, to try to realize what these changes are that are sweeping over the community and to meet them.
Miss Cadmus' letter reminds me of the third quotation which I have written here which I will also read:

We must have a basis in a sense of common service or public duty or else it creates a feeling of divided interest and permanent estrangement which has been all too visible to the rest of the community. The responsibility rests upon the leaders of both groups.

I think that applies not only to business, but equally as well to the nursing organization, to our medical organization and to our hospital boards.

In closing this report I want to thank the National League of Nursing Education for this opportunity given me to represent them for the past year and a half. I also wish to present to them the thought that if I fail to convince them that the president's statement to me on taking this office, "We want you to prove not only that we need one interstate secretary but ten," is true, it is because, not of failure on my part to see this need, nor I think in a certain sense to meet it, but because the need is difficult to condense into a report which they have time to hear. The old saying is that "Too much to say is as difficult and unproductive as nothing to say."

Adda Eldredge,
Interstate Secretary.

Miss Clayton: You have heard this very excellent report of your interstate secretary, Miss Adda Eldredge, of the work that has been accomplished during the past year. What will you do with it?

On motion by Miss Noyes, and seconded by Miss Lawler, the report was accepted.

Mrs. Ethel P. Clark: Miss Eldredge visited Indiana, among other schools, and we felt the need so greatly I should like to move a vote of thanks to her as interstate secretary for the stimulating and helpful work she did.

Miss Clayton: You have heard the motion which has been seconded, that a vote of thanks be extended to Miss Eldredge for the work she has done. All in favor will indicate by a standing vote.

The motion was unanimously carried.
Miss Clayton: Perhaps your expression proves that we do need ten interstate secretaries instead of one. Perhaps you need more. Last year you came to the convention after having gone over your work very carefully. You came prepared to say that you would continue to uphold the standards of nursing education regardless of war, regardless of all the outside pressure that was being brought to bear upon you. You have upheld those standards in spite of it all. You have passed through the war and something perhaps as bad as the war. You are still maintaining your standards.

Miss Eldredge’s report is a hopeful one, in spite of the truth she has given. She has given us the truth and, therefore, we can go back to our homes realizing the things that we still must accomplish, and work harder than ever to accomplish them. Then if we have upheld our standards through the war our work is just beginning for something larger and better, perhaps.

May we have the report of the Finance Committee?

REPORT OF FINANCE COMMITTEE

LIST OF SECURITIES HELD BY MESSRS. BROWN BROTHERS & CO., 59 WALL STREET, NEW YORK CITY, JANUARY 1, 1919

<table>
<thead>
<tr>
<th>Security</th>
<th>Amount</th>
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<tr>
<td>Bangor &amp; Aroostock R. R. Wast. Ext., 5% due 1939</td>
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<tr>
<td>Dominion of Canada, 5% due 1921</td>
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<tr>
<td>United Kingdom, Great Britain and Ireland (purchased December 18, 1918), 5½% due 1921</td>
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<tr>
<td>Lehigh &amp; New England R. R. Co., 5% due 1954</td>
<td>1,000</td>
</tr>
<tr>
<td>Potomac Elec. Power Co., 5% due 1936</td>
<td>4,000</td>
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<tr>
<td>United Kingdom, Great Britain and Ireland, 5½% due 1919</td>
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<tr>
<td></td>
<td><strong>$12,000</strong></td>
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Cash record for year 1918

Cash balance in Endowment Fund, January 1, 1918........... $504.85

Interest received:

- January 5, on $1,000 Lehigh & New England R. R. .......... 24.75
- January 5, on $4,000 Potomac Elec. Power Co. ............ 99.00
- February 2, on $1,000 Bangor & Aroostock R. R. .......... 24.75
- March 4, on $1,000 United Kingdom, Great Britain and Ireland .......... 24.75
- April 3, on $1,000 Dominion of Canada .................... 24.75
- May 4, on $4,000 New York Central Ry .................... 99.00
- July 4, on $4,000 Potomac Elec. Power Co ................ 99.00
**PROCEEDINGS**

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<tr>
<td>July 4,</td>
<td>on $1,000 Lehigh &amp; New England R. R.</td>
<td>$24.75</td>
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<tr>
<td>August 3,</td>
<td>on $1,000 Bangor &amp; Aroostock R.R.</td>
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<tr>
<td>September 5</td>
<td>on $1,000 United Kingdom, Great Britain and Ireland</td>
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<tr>
<td>October 3,</td>
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<td>November 4</td>
<td>on $4,000 New York Central Ry</td>
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<td><strong>Total</strong></td>
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<td></td>
<td>Interest on deposits at Illinois Trust and Savings Bank</td>
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<td>13.03</td>
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<td></td>
<td><strong>Total</strong></td>
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**Summary**

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<td>Total invested funds</td>
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<td>Interest received on deposits</td>
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<td><strong>Total January 1, 1919</strong></td>
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**LIST OF SECURITIES HELD BY MESSRS. BROWN BROTHERS & CO., 59 WALL STREET, NEW YORK CITY, JUNE 17, 1919**

<table>
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<th>Security</th>
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<tr>
<td>Bangor &amp; Aroostock R. R. Wast. Ext., 5% due 1939</td>
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<td>Dominion of Canada, 5% due 1921</td>
<td>1,000</td>
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<tr>
<td>United Kingdom, Great Britain and Ireland, 5½% due 1921</td>
<td>4,000</td>
</tr>
<tr>
<td>Lehigh &amp; New England R. R. Co., 5% due 1954</td>
<td>1,000</td>
</tr>
<tr>
<td>Potomac Elec. Power Co., 5% due 1936</td>
<td>4,000</td>
</tr>
<tr>
<td>United Kingdom, Great Britain and Ireland, 5½% due 1919</td>
<td>1,000</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>$12,000</strong></td>
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**Cash record between January 1, and June 17, inclusive, 1919**

<table>
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<tr>
<th>Description</th>
<th>Amount</th>
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<td>Cash balance in Endowment Fund, January 1, 1919</td>
<td>$1,139.10</td>
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<tr>
<td>Interest received:</td>
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<tr>
<td>January 5, on $4,000 Potomac Elec. Power</td>
<td>$99.00</td>
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<tr>
<td>January 5, on $1,000 Lehigh Elec. &amp; New England</td>
<td>24.75</td>
</tr>
<tr>
<td>February 5, on $1,000 Bangor &amp; Aroostock</td>
<td>24.75</td>
</tr>
<tr>
<td>April 4, on $1,000 Dominion of Canada</td>
<td>24.75</td>
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<tr>
<td>May 3, on $4,000 United Kingdom, Great Britain and Ireland</td>
<td>108.90</td>
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<tr>
<td>May 3, on $1,000 United Kingdom, Great Britain and Ireland</td>
<td>27.23</td>
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<td><strong>Total</strong></td>
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<tr>
<td>Interest on deposits at Illinois Trust and Savings Bank</td>
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<td></td>
<td>9.12</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>$1,457.60</strong></td>
</tr>
</tbody>
</table>
Summary

Total invested funds .............................................. $12,000.00
Cash in Endowment Fund, January 1, 1919 .................. 1,139.10
Interest received on investments .............................. 309.33
Interest received on deposits .................................. 9.12
Total, June 17, 1919 .............................................. $13,457.60

Upon motion the report was accepted.
We will have the report from the Arrangements Committee.
Is Miss Henderson present?

_Miss Bena M. Henderson:_ Speaking for the Arrangements Committee, announcements will be made at the different sessions of the association.

_Miss Clayton:_ The Arrangements Committee has already spoken for itself in the great comfort that surrounds the convention.

May we have a report from the Program Committee?

_Miss Logan:_ In the absence of Miss Taylor, the chairman of the Program Committee, I will read her report.

**REPORT OF PROGRAM COMMITTEE**

The Program Committee has little to report other than that shown in the printed pamphlet already in your hands. Owing to the distance which separated the several members, it was impossible to have more than one complete committee meeting.

The first meeting was held in December, in Washington, at which all members were present. Miss Jammé and the chairman met twice in January at Camp Meade, and a fourth meeting was held in January in New York, at which Miss Stewart and the chairman were present. The fourth member of the committee, Miss Wheeler, was consulted through correspondence.

Other meetings were held with Miss Clayton in Philadelphia and Miss Stewart in New York. Each member of the committee was extremely active and responsible for a portion of the program, and a great effort was made to discuss as many of the topics requested as possible, and thus make the meeting both profitable and practical.

_Isabel M. Stewart,_
_Mary C. Wheeler,_
_Anna C. Jammé,_
_Effie J. Taylor, Chairman._

On motion this report was accepted.
Miss Clayton: May we have a report of the Isabel Hampton Robb Memorial Fund?

Miss Elsie Lawler: Madam President, I have no regular report but the last Robb scholarship awards have been given as follows:

Helen E. Bond, Maryland.
Elizabeth H. Cannon, South Carolina.
Laura F. Grant, California.
Anna J. Haugan, South Dakota.
Viana B. McCown, Illinois.
Elizabeth M. Meyer, Virginia.
Angela R. Mitchell, Maryland.
Millicent B. Northway, Wisconsin.
Mary S. Young, Pennsylvania.

As I remember it, I have not my papers here, there were twenty-seven applications, and of these a certain number wished to prepare for public health work, and because of the very generous scholarship being awarded by the Red Cross, the Robb scholarships were given simply to those applying for teaching or teaching work. There were five of these which have been referred and there have been two applications received since this list was closed.

Miss Clayton: You have heard this report. If there are no corrections or remarks it will be accepted as read. It is accepted.

May we have the report of the Membership Committee?

Miss Logan: In the absence of Miss Catton, chairman of the Membership Committee, I will read the report.

REPORT OF THE MEMBERSHIP COMMITTEE

Individual Members

ABBOTT, MARY E..................Assistant Superintendent, Long Island College Hospital, Brooklyn, N. Y.
ALTENEDER, MARY C..............Resident Teacher, Children’s Hospital, Philadelphia, Pa.
ANDERSON, MABEL MARY.........Instructor, Lutheran Hospital, Moline, Ill.
ANKENNEY, FAITH...............Superintendent of Nurses, Iowa Methodist Hospital, Des Moines, Ia.
BAKER, MARY ALBERTA...........Superintendent, Henry W. Putman Hospital, Bennington, Vt.
BAKKE, GUTSINE M. Superintendent of Nurses, Chamberlain Sanatorium and Hospital, Chamberlain, S. D.

BATES, Ethel H. Superintendent, Olean General Hospital, Olean, N. Y.

BATES, INEZ A. Instructor, Christ Hospital, Cincinnati, O.

BECKER, AUGUSTA Assistant Superintendent, Baptist Hospital and Sanatorium, Houston, Tex.

BOTELE, MARY E. Acting Superintendent, Children's Hospital, Philadelphia, Pa.

BROWN, (Mrs.) DAISY WRIGHT. Dumont, Ia.

BROWN, EDITH M. Superintendent of Nurses, St. Barnabas Hospital, Newark N. J.

BROWN, MARGARET R. Principal of Training School, Salem Hospital, Salem, Mass.

BRIGGS, (Mrs.) CHARLOTTE. Superintendent, Methodist Hospital, Hutchinson, Kan.

BURT, FLORENCE. Superintendent, Noyes Hospital, St. Joseph, Mo.

(CLARK), Sister M. BEatrice. Superintendent of Nurses, St. Joseph's Mercy Hospital, Sioux City, Ia.

CLARKE, ALICE B. Instructor, Robert W. Long Hospital, Indianapolis, Ind.

CLARKE, FRANCES S. Superintendent, St. Luke's Hospital, Marquette, Mich.

COLE, KATHLEEN A. Assistant Superintendent, Ossining Hospital, Ossining, N. Y.

COLLINS, LOUISE M. Superintendent, Riverside Hospital, Jacksonville, Fla.

COMMER, ALICE B. Superintendent of Nurses, Florence Infirmary, Florence, N. C.

CRAFTE, GRACE T. Superintendent of Nurses, Madison General Hospital, Madison, Wis.

CROSS, ANNIE L. Private Duty Nurse, Post, Tex.

CURRIE, MARY. Superintendent, Riverside Hospital Association, Riverside, Calif.

DANIEL, EMILY OLIVA. Assistant Superintendent, Visiting Nurses' Association, 924 Brush St., Detroit, Mich.

DAVIS, AMANDA M. Assistant Superintendent, Moses Taylor Hospital, Scranton, Pa.

DEMPS, KATHERINE. Directress of Training School for Nurses, McKeever Hospital, McKeever, Pa.

DEMYER, Sister EMMA L. Principal School for Nurses, Deaconess Hospital, Cincinnati, O.

DINNEEN, NAN. Superintendent, Infants' Hospital, Milwaukee, Wis.
DURKEE, LULA B. . . . . . . Acting Principal, Harper Hospital, Detroit, Mich.

EITEL, ANNA L. . . . . . . Assistant Superintendent, Trinity Hospital, Milwaukee, Wis.

ELECTA, SISTER M. . . . . . . Superintendent of Nurses, Seton Hospital, Cincinnati, O.

EPPLEY, CARRY E. . . . . . . Superintendent of Nurses, City Hospital, Minneapolis, Minn.

ERHARD, LILLIE G. . . . . . . Superintendent, American Stomach Hospital, Philadelphia, Pa.

ERLANDSON, ELFRIEDA V. . . . . Assistant Superintendent, Wesley Memorial Hospital, Chicago, Ill.

EYRE, MARY BROOKS . . . . . . Superintendent, Minnequa Hospital, Pueblo, Colo.

FARNsworth, HELEN A . . . . . . Non-resident Instructor, Christian Hospital, Kansas City, Mo.


FERREE, CAROLINE E. . . . . . . Superintendent, West Ellis Training School, Chattanooga, Tenn.

FLETCHER, (MRS.) AGNES DUBRAU . . . . . . . Superintendent, Clinton Hospital Association, Clinton, Mass.

FREDERICK, HESTER K. . . . . . Third Assistant Superintendent, Johns Hopkins Hospital Training School, Baltimore, Md.

FRIEDINGER, (MRS.) STELLA M. . . Superintendent of Training School and Hospital, John C. Proctor Hospital, Peoria, Ill.

FROST, MABEL E. . . . . . . Superintendent, Hanover General Hospital, Milwaukee, Wis.

GRANT, LAURA M. . . . . . . Assistant Inspector Schools of Nursing, State Board of Health, Sacramento, Calif.

GRIEP, LENA A. . . . . . . Superintendent, El Reno Sanitarium and Training School, El Reno, Okla.

HAGGERTY, MARGARET H. . . . . . . Superintendent of Nurses, Children’s Homoeopathic Hospital, Philadelphia, Pa.

HANLIN, MARIE E. . . . . . . Instructor of Nurses, United States Base Hospital, Fort Sam Houston, Tex.

HANSELMAN, ANNA M. . . . . . . Supervisor of Operating Room, Baptist Sanatorium, Houston, Tex.

HARRIS, HARRIET L. . . . . . . Assistant Superintendent of Nurses, Massachusetts Eye and Ear Infirmary, Boston, Mass.

HEINMILLER, MAY E. . . . . . . Superintendent of Nurses, Bismarck Hospital, Bismarck, N. D.
HENDERSON, BENA M........Superintendent, Children's Memorial Hospital, Chicago, Ill.
HERRMANN, (Mrs.) HELEN S....Assistant Director and Chief Instructor, Polyclinic Section, 1818 Lombard St., Philadelphia, Pa.
HINES, DELPHINE.........Superintendent of Nurses, Trinity Hospital, Milwaukee, Wis.
HODGINS, EDITH............Instructor, Clara Barton Hospital, Los Angeles, Calif.
HOLDEN, HARRIET E.........Instructor, Delaware Hospital, Wilmington, Del.
HOW, (Mrs.) ANNE..........Principal Training School, Manhattan State Hospital, Ward's Island, New York City.
HOWARD, EVELYN I.........Principal Training School, Bridgeport Hospital, Bridgeport, Conn.
INGWERSEN, ELLA C........Superintendent, La Crosse City Hospital, La Crosse, Wis.
IRELAND, MINNIE ROBB.....Radiographer and Pharmacist, Monmouth Memorial Hospital, Long Branch, N. J.
IRVING, HELEN.............Instructor, California Hospital, Los Angeles, Calif.
IVERNS, LEONE N...........Acting Superintendent, Peter Bent Brigham Hospital, Boston, Mass.
KENNEDY, (Mrs.) JULIA P....Director Dispensaries and Social Service, Mercy Hospital, Chicago, Ill.
KERN, BARBARA..............Superintendent Presbyterian Hospital, Waterloo, Ia.
KREWSON, SARAH..........Superintendent Training School, Jewish Hospital, Philadelphia, Pa.
KURTZMAN, (Mrs.) DOROTHY...Instructor Public Health Nursing, University of Minnesota, Minneapolis, Minn.
LAND, MARY A..............Chief Nurse, Base Hospital, Fort Sam Houston, Tex.
LEECE, ELIZABETH.........Superintendent of Nurses, Mercer Sanatorium, Mercer, Pa.
LEGER, M. ELIZABETH......Instructor and Assistant, United States General Hospital No. 41, Fox Hills, Staten Island, New York City.
LOCKWOOD, MARIE T.........Superintendent, Visiting Nurses' Association, 802 West St., Wilmington, Del.
MACGACHEN, ANNA L.........Superintendent, St. Mary's Hospital, Patterson, La.
MACLAURIN, JANET.........Superintendent of Nurses, Newport Hospital, Newport, R. I.
McELDERREY, GRACE D.......Superintendent, Hackley Hospital, Muskegon, Mich.
McIntosh, Jean B. Superintendent, Nichols Hospital, Battle Creek, Mich.
McLaughlin, Anna Superintendent, Mid-Valley Hospital, Peckville, Pa.
Marcelline, Sister M. Superintendent of Nurses, St. Vincent's Charity Hospital, Cleveland, O.
Martin, (Mrs.) Gela Harmon. Superintendent, Riverside Hospital, Paducah, Ky.
Matthews, Frances C. Superintendent, New Samaritan Hospital, Sioux City, Ia.
Mechtilde, Sister Mary. Directress of Nurses, Mercy Hospital, Pittsburgh, Pa.
Meehan, Alice A. Assistant Superintendent, Illinois State Training School of Psychiatric Nursing, Chicago State Hospital, Chicago, Ill.
Meitzler, (Mrs.) Kathryn K. Instructor, Angelus Hospital, Los Angeles, Calif.
Miller, Henrietta. Head Nurse Pediatric Department, University Hospital, Minneapolis, Minn.
Miller, Veronica. Anaesthetist and Instructor, Henrotin Hospital, 939 N. La Salle St., Chicago, Ill.
Mitchell, Esther A. Superintendent, Nurses Training School, Vicksburg Infirmary, Vicksburg, Miss.
Monfort, Candice. Superintendent of Nurses, New State University Hospital, Oklahoma City, Okla.
Morris, Mary Elizabeth. Superintendent, Park Avenue Hospital, 789 Park Avenue, Rochester, N. Y.
Muckley, Mary M. Director of Public Health Nursing, Old Capitol Building, St. Paul, Minn.
Neumeyer, Lydia F. Superintendent, Ortonville Hospital, Ortonville, Minn.
Nichols, Martha. Superintendent of Nurses, Vanderbilt Hospital, Nashville, Tenn.
Nies, Mary Louise. Superintendent, Frederick City Hospital, Frederick, Md.
Niles, Blanche. Superintendent of Nurses, Clifton Springs Sanatorium, Clifton Springs, N. Y.
Norton, Bessie L. Superintendent, Winchester Hospital, Winchester, Mass.
Olson, Harriet. Superintendent of Nurses, Ensworth Hospital, St. Joseph, Mo.
Orris, June. Superintendent, Polyclinic Hospital, 1818 Lombard St., Philadelphia, Pa.
Parks, Nellie S. Instructor, School of Nursing, University of Iowa, Iowa City, Ia.
Payne, Julia B. Assistant Superintendent, Ryburn Hospital, Ottawa, Ill.

Pearson, Harriet Superintendent, Baroness Erlanger Hospital, Chattanooga, Tenn.

Peterson, Clara V. Superintendent Training School for Nurses, Dr. Benj. F. Bailey Sanatorium, Lincoln, Nebr.

Reed, Frances L. Directress of Nurses, Delaware Hospital, Wilmington, Del.

Reed, Lillian Alice Instructor, Rochester Homeopathic Hospital, Rochester, N. Y.

Reid, Eliza Priscilla Supervising Instructor, Rochester General Hospital, Rochester, N. Y.

Ricarda, Sister Mary Superintendent, Mercy Hospital, Scranton, Pa.

Ruffer, Elsie L. Superintendent of Nurses, St. Luke's Hospital, St. Louis, Mo.

Runyan, Hazel Supervisor of Nurses, Flower Hospital, Toledo, O.

Ryan, Sister Aquinata Superintendent, Saints Mary and Elizabeth Hospital, Louisville, Ky.

Scherer, Elizabeth Superintendent of Nurses and Hospital, Glenville Hospital, Cleveland, O.

Schleicher, Louise Assistant Superintendent of Nurses, Lenox Hill Hospital, New York City.

Schlutz, Matilda C. Medical Supervisor, University Hospital, Minneapolis, Minn.

Sly, Sara E. President American Journal of Nursing, Birmingham, Mich.

Smith, Emma C. Directress of Nurses, University Hospital, Philadelphia, Pa.

Staley, (Mrs.) Margaret H. Instructor, Passavant Memorial Hospital. Home Address, 3605 Pine Grove Avenue, Chicago, Ill.

Stein, Sister Ignatius Superintendent of Nurses, St. Mary's Hospital, Duluth, Minn.

Stewart, Helena Russell Assistant to Secretary, National Organization for Public Health Nursing, 317 West 45th St., New York City.

Struckmeyer, A. C. Greenville, Miss.

Sweet, Leone Assistant Superintendent, Training School for Nurses, Battle Creek Sanatorium, Battle Creek, Mich.

Swinson, Matilda E. Surgical Supervisor, University Hospital, Minneapolis, Minn.

Thomas, Florence J. Head Nurse, Maternity Department, Delaware Hospital, Wilmington, Del.
PROCEEDINGS

THOMPSON, (Mrs.) EMILY J...........Superintendent of Nurses, Franklin Hospital, San Francisco, Calif.

WALSH, ADELAIDE M...............Director Social Service Committee, Children's Memorial Hospital, Chicago, Ill.

WARNER, MARY C...................Superintendent of Nurses, St. Joseph's Hospital, Lancaster, Pa.

WHITE, ANNA M....................Instructor, Kansas City General Hospital, Kansas City, Mo.

WIEDLOCHER, Sister MAGDA-LENE........St. John's Hospital, Springfield, Ill.

WILDGRUBE, EMMA A...............Supervisor, St. Anthony's Hospital, Oklahoma City, Okla.

WOODS, NORA C.....................Chief Nurse, Elgin State Hospital, Elgin, Ill.

ZIEGELER, HENRIETTA C............Superintendent, Oklahoma Hospital, Tulsa, Okla.

STATE LEAGUES

Alabama     North Carolina     Oklahoma
Texas        Washington

JESSIE E. CATTON, Chairman.

Miss Clayton: These names have all been acted on very carefully by the Membership Committee before they are submitted to this body. What action will you take in regard to this report?

On motion the report was accepted.

Miss Clayton: May we have the report of the Public Education Committee?

Miss Marion A. Vannier: Miss Powell, the chairman of this committee has asked me to read this report.

THE REPORT OF THE PUBLIC EDUCATION COMMITTEE

As chairman of the Public Education Committee, I regret that there is little to report and have only the rather overworked excuse of the war. Fortunately there has been so much valuable publicity on the subject of nursing during the past two years that the work of this committee could better be spared than in normal times.

As soon as the list of state presidents could be secured letters were sent to each asking that they appoint Public Education
Committees in each League. The work as it had been carried on in the past three years was outlined and in addition they were asked to work out some plan by which we could get such information as would help us to decide whether there is any demonstrable effect upon the health of student nurses owing to an eight hour day.

In May these presidents were again written to and asked to send reports of any work accomplished during the past year. The following reports have been submitted:

**California:** 1. Printed material. Publicity was concerned very largely with the war needs and in coöperation with the American Red Cross and Women's Committee of the Council of National Defense. The Bureau of Registration of Nurses published 4000 reprints of the pamphlets *Nursing—a National Service* and *A Message*, and distributed these pamphlets to the high schools, colleges, normal schools, libraries (state, county, city), to prospective students, and to all inquirers concerning nursing.

2. Talks were given at the universities of California, Stanford, Occidental and Southern California, also in a large number of high schools, by the director of the Bureau of Registration of Nurses and by the assistant inspectors.

3. News letters. Four news letters were published during the summer of 1918, reaching about 400 newspapers. These letters related to the education of nurses, in regard principally to war work.

**Connecticut:** The State League did no publicity work this year owing to the fact that the Woman's Committee of the Council of National Defense did so much. Just now the State Board of Examiners has secured a list of the names and addresses of all young women referred to Connecticut training schools. We intend to follow them up and see how many were really admitted and, if possible, keep track of those who volunteered for patriotic reasons, even if they withdrew their applications at the close of the war.

**Maryland:** In reply to your card of the 12th instant, the League has been able to do very little this past year along the lines of public education. Most of our work was done in connection with the Woman's Section of the Council of National Defense, and this spring we have talked to one college, one high
school and one grammar school. We have, however, made requests to be allowed to speak in the different schools. No attention has been paid to these requests and we have only recently learned the reason, which is the great shortage of teachers. For this reason the schools are not encouraging the presentation to their students of other vocations.

Minnesota: In the fall the president of the State League was asked to allow her name to be put on a Public Speakers’ Bureau; she was allowed to name her subject, which of course was to relate to nursing. She accepted with pleasure, but stipulated that she be allowed to furnish a speaker other than herself at her discretion. Owing to the epidemic there was only one call during the winter. This will be followed up during the coming year. Miss Josephine Creelman, who did such splendid publicity work for us throughout the state last year, has only been traveling since April so her report is not in.

Ohio: All publicity work was directed from the office of the president of the Ohio State League of Nursing Education who had been appointed chairman of the Department of Nursing, Woman’s Committee, Ohio Branch, Council of National Defense. Addresses were delivered in ten universities and woman’s colleges. One thousand copies of Opportunities in the Field of Nursing; 10,000 copies of the nursing leaflet issued by the Committee on Nursing at Washington; 1500 copies of the pamphlet by Isabel M. Stewart, Nursing—a National Service were distributed throughout the state. Six hundred copies each of two posters calling for recruits were distributed throughout the 88 counties. These were prepared by the chairman of the Committee on Nursing and printed by the Council of National Defense. In 63 of the counties special State publicity appeared in the local newspapers, conducted by the chairmen of the local committees on nursing of the Council of National Defense.

It is impossible to estimate the exact number of addresses delivered throughout the state in the 63 counties where active recruiting was carried on.

The president of the state League attended five district conferences of the Council of National Defense during July, August and September and at all of these as chairman of the state Committee on Nursing conducted round tables and made addresses on nursing.
Rhode Island: Different members have conducted Red Cross classes throughout the year; some have spoken at institutions of learning in the interest of nurse training schools.

Members assisted in the drive for graduate nurses to enroll in the Red Cross and took part in the parade which ended the drive.

In the drive for student nurses, members assisted all through the week and also assisted with the Nursing Survey.

Virginia: Your letter, containing a request that a Public Education Committee be formed in the state League, and, that superintendents be asked to furnish information regarding the connection that exists between long hours of duty and illness among pupil nurses, was read and discussed at our annual meeting.

Regarding the former request I am glad to report that such committee has been formed with, I think, a clear conception of its duties. Regarding the latter we feel that owing to the influenza epidemic only an imperfect report could be given. Letters have been sent to all superintendents of training schools asking them to keep accurate records during the coming year and to furnish us a report at the end of that period. We are also urging all schools to adopt, as soon as possible, an eight hour day.

Louise M. Powell,
Chairman.

On motion the report was accepted.

Miss Clayton: May we have the report of the Department of Nursing and Health?

REPORT OF THE COMMITTEE ON THE DEPARTMENT OF NURSING AND HEALTH

The effect of the war upon the colleges and universities of the country has been to reduce greatly the number of students in every division of work. In some colleges whole departments have had to be closed, temporarily at least, for lack of students. While the Department of Nursing and Health suffered in common with others, it is encouraging to find that there have been during the year extending from July 1, 1918, to July 1, 1919, 178 nurses registered as students. This number includes those in attendance not only during the regular year, but at the summer session and for part time work. The classification is as follows:
The students of the regular year were drawn from 18 states and the Philippine Islands, and represent 39 different training schools. About 34 per cent of them have had work beyond the high school in college or normal school. Each year there are a few ambitious students making up high school deficiencies in order to matriculate.

It should be stated that out of the 95 students registered during the regular college year a large number (48) were third-year students from several training schools, taking the single term of combined theoretical and practical work in which the College cooperates with the Henry Street Nurses' Settlement. This course is intended to give selected senior students who are interested in public health nursing some practical idea of the kind of work they would be expected to do in that field and some elementary instruction in its main principles and general methods. The students take 6 hours weekly in lecture and class work, 2 hours in case conferences with supervisor, and 32 hours of visiting in the homes of the special districts which have been organized as training centers. This short course is proving useful in helping student nurses to decide whether they want to take up public health nursing or not (and in the majority of instances they do), and it is also useful to the training schools in enabling them to offer desirable opportunities to their students. A letter from one of the superintendents of a training school whose students have been attending the courses during the past year writes:

There is no difficulty regarding their willingness to take up public health work after having their course at the College. My opinion is that
most of the students we graduate now are unwilling to do private duty work. As you have these students in your hands for four months' training in public health work, it would seem likely that you would inspire them with so great a desire for public health work that they would never want to do anything else. In fact, that has been the result of their association with the College and the Settlement thus far. I foretell that the time is not far distant when private duty work will be done largely by attendants. I feel sure of this if the spirit for public work prevails in other schools to the extent that it does here. I do not know of one member of our class to graduate in June who wishes to undertake private work. They will come back to the hospital, or they will do public health work.

Up to the present time our efforts have been largely devoted to helping in the preparation of nurses for general work in the public health field in which the need has been great. With the development, however, which is now taking place of similar courses in a number of colleges, the need is being met and it becomes important and indeed essential for us to turn our attention to other aspects of our work, and to extend it to include the training of teachers of public health nurses. Courses of this nature will be developed during the coming year under the direction of Miss Strong who has been appointed for part time work at the College.

It is hoped and expected that Miss Goodrich will be able to return to the College next year and resume her teaching in training school administration.

The number of recorded requests for our students to fill positions is

<table>
<thead>
<tr>
<th>Position</th>
<th>Number</th>
</tr>
</thead>
<tbody>
<tr>
<td>Superintendents of Training Schools.</td>
<td>49</td>
</tr>
<tr>
<td>Superintendents of Hospitals.</td>
<td>26</td>
</tr>
<tr>
<td>Educational Directors of Training Schools.</td>
<td>4</td>
</tr>
<tr>
<td>Instructors in Training Schools.</td>
<td>83</td>
</tr>
<tr>
<td>Demonstrators.</td>
<td>2</td>
</tr>
<tr>
<td>Teachers of Hygiene.</td>
<td>5</td>
</tr>
<tr>
<td>Assistants and Supervisors.</td>
<td>32</td>
</tr>
<tr>
<td>Public Health.</td>
<td>27</td>
</tr>
<tr>
<td>School Nursing.</td>
<td>21</td>
</tr>
<tr>
<td>Infant Welfare.</td>
<td>7</td>
</tr>
<tr>
<td>Industrial Nursing.</td>
<td>2</td>
</tr>
<tr>
<td>Supervisors of Public Health Nurses.</td>
<td>3</td>
</tr>
<tr>
<td>Social Service Nurses.</td>
<td>5</td>
</tr>
<tr>
<td>Miscellaneous.</td>
<td>9</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>275</strong></td>
</tr>
</tbody>
</table>
As will be seen, the demand for teachers at present outstrips that in any other division of our work. In this connection it is very interesting to find requests coming for teachers prepared not only to teach the elementary sciences and practical nursing, but to teach special subjects such as nursing in obstetrics, and pediatrics. If a head nurse or supervisor of these departments of hospitals could secure special training to fit her to teach her own subjects, it would add greatly to her value and usefulness and to the strength of the teaching force.

The summer session brings us a good many special problems, and among them is ever present that of the number of candidates for admission whose education and training were received a good many years ago and who do not measure up to the college or department requirements. Yet it is obvious that many such applicants are fine, earnest, right-minded women of substantial experience, already engaged in teaching in or managing training schools and seeking some help in their work, and we have felt that some way ought to be devised of helping them. We have thought of working up something in the way of Teachers Institutes which might be held in various places, not unlike Farmers Institutes, where a good group of students could be got together, enough to meet the necessary expenses, and in the course of a fortnight a good deal of helpful instruction could be given on principles and methods of teaching. The difficulty would be in finding highly trained persons of experience to conduct such institutes, but already two or three have come to mind.

After all plans for the coming summer session had been completed and the announcement printed, we felt it incumbent upon us to respond to a request from the United States Public Health Service to cooperate with it and the Bellevue Social Service Department in arranging special courses to prepare a group of qualified nurses for work as State Supervising Nurses in Venereal Disease Clinics. In response to another request we have arranged a special course in industrial nursing to follow Dr. C. A. E. Winslow’s course in industrial hygiene.

Our division of Occupation Therapy has been carefully developed during the past year and the courses as now arranged cover from one to two years depending upon the student’s previous training. The demand for trained workers in this field was
greatly expanded during the war, and all of the 75 students who were with us during the year have been called into service. Just how great the demand for teachers of occupations in hospitals will be after normal conditions are reached we are not sure, and will greatly value advice from members of the League as to how far we ought to go in developing this work.

Some general idea of the trend of interest in the different branches of nursing may be gathered from the kind of inquiries which have come to us during the year. They are as follows:

<table>
<thead>
<tr>
<th>Branch</th>
<th>Number</th>
</tr>
</thead>
<tbody>
<tr>
<td>General</td>
<td>291</td>
</tr>
<tr>
<td>Training School Administration</td>
<td>61</td>
</tr>
<tr>
<td>Hospital Administration</td>
<td>53</td>
</tr>
<tr>
<td>Teaching</td>
<td>92</td>
</tr>
<tr>
<td>Public Health</td>
<td>244</td>
</tr>
<tr>
<td>Public Health Supervision</td>
<td>7</td>
</tr>
<tr>
<td>Child Welfare</td>
<td>3</td>
</tr>
<tr>
<td>School Nursing</td>
<td>21</td>
</tr>
<tr>
<td>Social Service</td>
<td>11</td>
</tr>
<tr>
<td>Industrial Nursing</td>
<td>7</td>
</tr>
<tr>
<td>Miscellaneous, approximately</td>
<td>50</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>840</strong></td>
</tr>
</tbody>
</table>

This is irrespective of hundreds of personal inquiries. And about 350 inquiries which we have not as yet had time to classify. This will make in all about 1190.

The work in the Department is expanding steadily, and it will require our best efforts and judgment to keep it moving ahead in true and full response to the needs of our nurses and the many fields in which they are laboring. We are relying upon your continued interest and cooperation.

Anna C. Maxwell,
Chairman.

Miss Clayton: You have heard this most interesting report of the Department of Education.

Upon motion the report was approved and accepted.

Miss Clayton: We have heard all the reports that were to be presented. Are there any questions?

On motion, there being no questions, the meeting was adjourned, until two o’clock.
The meeting was called to order at 2.15 p.m. by the president, S. Lillian Clayton.

Miss Clayton: The meeting will come to order. We will now have the report of the Committee on Constitution and By-Laws. Miss Greener, the Chairman of this committee is not able to be with us and Miss Susan Francis, of Philadelphia, will please present the report.

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

The Revision Committee begs to call your attention to the fact that owing to many rapidly occurring changes arising as the result of the war and its sequences, the face of the whole nursing situation has been radically changed during the past two years. Conditions in the nursing world have become most complex; administrative, educational, economic and social problems in training schools, hospitals and public health fields have multiplied so rapidly that the recently accomplished change in our Constitution and By-Laws, by which our conventions were arranged to occur biennially instead of annually, now appears to be a serious mistake.

For the next few years there will undoubtedly be urgent need for more frequent consideration of our important nursing problems. The National League is the body to which all turn for counsel and help. It is, therefore, most important at the present time that the members be given an opportunity to meet each year in uncrowded session to discuss these varied problems, in order that we may have understanding, cooperation and harmony in our ranks. As the leading nursing group of the country, the National League should plan each year to become more helpful and efficient. The first and most necessary steps for development are the appointment of a paid secretary and the provision of suitable headquarters. Development along any line means the expenditure of considerable money. Our dues have never done more than barely meet our running expenses. In consideration of these facts it would appear necessary to continue our
campaign to secure new members and to increase our dues from $3.00 to $5.00 per annum. With the greatly increased cost of printing, paper, etc., it will be impossible to meet even the expense of publishing our annual report and conducting annual meetings without increasing the dues unless funds for the league are to be secured in some other manner. Your committee, therefore, makes the following recommendations:

1. That the Constitution and By-Laws be revised so that the National League shall revert to its former custom of holding meetings annually instead of biennially.

2. That in such case, we elect our officers annually instead of biennially.

3. That the annual dues of the League be increased from $3.00 to $5.00 per annum and that the initiation fee of $2.00 be abolished.

4. That the Revision Committee be empowered to make such changes in the Constitution and By-Laws as shall be necessary to accomplish the purpose of these resolutions. That the amended Constitution and By-Laws shall go into immediate effect after being acted on by the League at the 1920 meeting.

At this time your committee also wishes to place before you for discussion and consideration two other important suggestions which they have been requested to consider.

1. The provision of a clause in our membership regulations for the admission as associate members of lay persons, who at the time of election, are serving as trustees, directors or superintendents of training schools, hospitals or public health organizations, or who may be engaged in important educational work. If such extension of membership is desired by the League the privileges of same should be definitely outlined.

2. Provision for a more definite organization of the work of state and local Leagues and of their membership regulations in order that duplication of membership may be reduced and unnecessary multiplication of organizations avoided.

The League is requested to give definite instructions and suggestions regarding these points if it is their wish to embody additional clauses concerning same in the Constitution and By-Laws, which may be acted on at the 1920 meeting.

Elizabeth A. Greener,
Chairman.
Miss Clayton: You have heard the report of the Committee on Revision of Constitution and By-Laws. What action will you take on this report?

Upon motion the report was accepted.

On motion the reports of the Standing Committees were called for first and a detailed discussion of the suggestions offered by the report on Constitution and By-Laws postponed until after other reports had been read.

Miss Clayton: May we have the report from the Committee on International Affairs? Miss Stewart, the chairman, referred the secretary to Miss Lavinia L. Dock whose letter in reply will be read.

June 15, 1919.

My dear Miss Logan:

I think our foreign co-workers would be very much gratified at receiving direct a personal invitation to the Atlanta Meeting from the National League of Nursing Education. When you are ready to send out the letters shall I give you any addresses?

It seems to me that your League (being, as it is, chiefly educational) need not restrict its invitations to the bare officers of the national societies united in the International Council of Nurses, but might do a very happy thing by inviting also women abroad who are especially interested in the educational problems even if they are not officers of national societies. Does not this seem to you a good idea?

The American Nurses Association is sending its invitations to the Presidents and Secretaries of National Societies (who form the Executive Council of the International) through me—and I think it would give a pleasant feeling to foreigners to have the personal contact widened by your letters emphasizing the educational side and calling out women who have this special interest. Each country might, for instance, send some one representing education, or you could look over the field and choose.

I am very cordially yours,

Lavinia L. Dock.

Miss Clayton: You have heard Miss Dock's recommendation that we invite to our next full meeting the officers of other national organizations. Will you take some action regarding the same?

Miss Helen Kelly: I move that we act on Miss Dock's suggestion and invite the foreign representatives, beginning next year.

Miss Clayton: You have heard the motion made by Miss Kelly, seconded by Miss Logan. Is there any discussion of this motion? If not all in favor please signify by saying aye; opposed. It is carried.
We do not have reports from any other standing committee today except the Education Committee, which we will have later. Perhaps we can take up the report of the Committee on By-Laws.

You will of course remember that our Revision Committee completed its work last year, that our constitution and by-laws as revised had been accepted the year before. They went into effect last year, but as Miss Greener tells you, due to the war new conditions have arisen which make it necessary to again revise them. She makes very definite recommendations, which require serious thought and deliberation on your part. We hope we will have full and free discussion. Perhaps to bring these up one by one will make it more simple. First,

That the constitution and by-laws be revised so that the National League shall revert to its former custom of holding meetings annually instead of biennially.

May we have some expression as to that recommendation?
The following statements were made in reply to a question regarding procedure.

Miss Clayton: You see it is not to change our laws at this particular meeting but to get your approval, as we understand, for this committee, your approval of these changes, so that the Committee on By-Laws can do its work between now and 1920. You see last year the question came up that some of these things should be changed. We had just accepted our by-laws. They could not be changed then, at our last meeting. The By-Laws Committee was asked to continue its work, and now it comes to us that these suggestions be acted upon by this body as to its approval or disapproval, so it may have prepared for us at the next meeting the revision that shall be acted upon. Is that clearly understood?

Miss Sly: Madam Chairman, it seems very clear in my mind that what this particular body wants to do is to discuss these questions and recommend for adoption the various recommendations which have been presented.

Miss Clayton: Either accept or reject.

Miss Sly: Yes, as recommendations to the next convention.

Miss Clayton: Yes. Shall we read this first statement again?
Miss Logan: The first recommendation is:

That the constitution and by-laws be revised so that the National League shall revert to its former custom of holding meetings annually instead of biennially.

Miss Clayton: Now may we hear from the body as to its opinion concerning this law?

Miss Eldredge: I move that this recommendation be made.

Miss Clayton: It has been moved by Miss Eldredge, seconded by Miss Haarer, that this recommendation be made. We should like it discussed.

Miss McMillan: Madam President, holding the League meeting every year would give us an opportunity to have a League meeting by itself every second year, which would seem very helpful to us. The alternate year we would meet with the other organizations. And there are probably other advantages, too. We need to meet every year and compare notes and get ideas, and the fact that we would have all the time the second year for the League problems seems to make it particularly a good thing that we should have yearly meetings.

There being no further discussion, upon motion the first recommendation was adopted.

Miss Clayton: The second recommendation?

Miss Logan: The second recommendation is:

That in such case we elect our officers annually instead of biennially.

Miss Clayton: According to our present constitution we could only have election of officers biennially.

Miss Nevins: I move that this recommendation be adopted.

Miss Clayton: It has been moved by Miss Nevins, seconded by Miss Sly, that this recommendation be adopted. Is there discussion of this?

Miss McMillan: Madam President, does it not seem in a large organization of this kind, where the responsibilities of the officers are so great, that particularly in the office of president a two year service is not too long? One year's service is a short service. I would, I believe, not be in favor of changing that to an annual election.
Miss Nevins: What is there to prevent electing the same president for five years in succession if we want to? But it gives us an opportunity if we do not like some one of reelecting.

Miss Helen Kelly: Isn't there a certain amount of work connected with the elections that might be eliminated? I agree with Miss McMillan that two years' service is none too long for the officers of the organization. I would like to move against changing that.

Miss Clayton: We must emphasize Miss Nevins' statement that it does not mean the officers may not remain in longer than one year, but it gives the officer an opportunity to withdraw comfortably and also the organization an opportunity to have her withdraw comfortably if they so desire. It is true there is a certain amount of work connected with an election of officers for the Nominating Committee. It is a question as to which is the more important. Is there any other discussion?

There being no further discussion, the second recommendation was carried.

Miss Logan: The third recommendation is

That the annual dues of the League be increased from $3.00 to $5.00 per annum and that the initiation fee of $2.00 be abolished.

Miss Palmer: Does that increase provide sufficient revenue to take care of our affairs?

Miss Clayton: Perhaps the Treasurer can answer that better than any one else.

Miss McMillan: I am hardly prepared to answer such a question. We have a deficit this year in one of our important committees and many of the things that the officers and the Board of Directors are very anxious to establish have to be delayed because our funds are very limited.

Miss Lawler: May the question of whether we may some day have a paid secretary be considered at the present time, because it is a matter of increasing the dues to cover that, too.

Miss Clayton: The question has been brought before us many times of having a fulltime paid secretary. Any one who stops to think of the amount of work that a busy woman has to do to take care of the secretarial work of this organization can readily understand this. It is needless to say the raising of our dues to
$5.00 would not cover the salary of such an officer. We have no income with which to do so. An educational body such as this, also needs a place for central headquarters. Again, needless to say our dues would not cover that cost. This morning we heard the report of Miss Eldredge, our interstate secretary. Those of you who come from various states realize the value Miss Eldredge has been to your state; and it requires more dues in our treasury to take care of this reappointment. All of these are vital needs of the League, to say nothing of the current work of the Education and other Committees.

Miss Lawler: Could we recommend to the Committee that a budget be prepared, so that we could have some idea of what the expenses would be that we have to meet, and then the amount of the increase in dues could be discussed with more definite information at hand?

After some discussion it was moved, seconded and carried that the Finance Committee be asked to submit a budget at some later meeting of this session at which time the third recommendation should come up again for consideration.

Miss Logan: The fourth recommendation is:

That the Revision Committee be empowered to make such changes in the constitution and by-laws as shall be necessary to accomplish the purpose of these resolutions. That the amended constitution and by-laws shall go into immediate effect after being acted on by the League at the 1920 meeting.

Miss Lawler: I do not want to talk too much, but may we recommend also in suggesting this to the committee that one other thing might be taken up and that is the appointment of a secretary, and how that is to be done? If we have a paid secretary, according to our constitution now, she is elected by ballot. Would that be a satisfactory way of appointing her or should she be appointed by the Executive Committee, if it should be a paid position? That would have to be considered by the Revision Committee in the change of constitution, would it not?

After discussion it was moved by Miss Lawler and seconded by Miss Stewart that it be recommended to the Revision Committee that they include in their revision the manner in which a paid secretary should be appointed.

The motion was carried.
Miss Logan: The next item is

At this time your committee also wishes to place before you for discussion and consideration two other important suggestions which they have been requested to consider:

1. The provision of a clause in our membership regulations for the admission as associate members of lay persons, who at the time of election are serving as trustees, directors or superintendents of training schools, hospitals or public health organizations, or who may be engaged in important educational work. If such extension of membership is desired by the League the privileges of same should be definitely outlined.

Miss Lawler: Madam Chairman, have we acted on the previous (the fourth) recommendation read?

Miss Clayton: We did not act on the previous one because it seemed better to include the others first. We have acted upon everything that has been voted upon, I think, but there was one read. May that one be read again.

Miss Logan: The fourth one, which was not acted upon, that is

That the Revision Committee be empowered to make such changes in the constitution and by-laws as shall be necessary to accomplish the purpose of these resolutions. That the amended constitution and by-laws shall go into immediate effect after being acted on by the League at the 1920 meeting.

Miss Clayton: It would seem better to read all of our recommendations before acting upon that one. The recommendation before us is as to whether we shall have lay membership in our organization.

Miss Palmer: Madam President, is it customary for strictly professional bodies to have lay members even as associate members?

Miss Clayton: The question may be stated thus: Is it customary for strictly professional bodies to have lay membership.

Miss Isabel Stewart: I believe that the National Education Association has such members who are trustees of schools. I think that is true.

Miss Clayton: But not having voting power?

Miss Stewart: I don’t know.

Miss Hilliard: What is supposed to be gained by having these lay people members of the association?
Mrs. Haasis: I would like to speak for the National Organization for Public Health Nursing and state that we have had lay membership for some years and last December amended our constitution and by-laws so as to include four lay members on our Board of Directors. We have found them invaluable, both from their advice to us, and, also, from the standpoint of financial support. And I think that this organization will find them a strength in some ways.

Miss Nevins: Is there any member of the Committee on Revision of the Constitution and By-Laws here to speak?

Miss Clayton: Is Miss Francis present? If so will she speak to this?

Miss Francis: I believe one of the points brought up in discussion was particularly to have educators as lay members, that the method of education used in other bodies would be invaluable to us, as that is our particular function. If we had members of training school committees, members of boards of managers, it might also be of assistance to the training school superintendent as a means of educating such members.

Miss Palmer: I would like to speak to that, as one of the founders of this League. It seems to me, while I have not personally any objection to associate members, that the disadvantage of including nonprofessional members in our body would be its serious effect upon restricting the freedom of speech on the part of a great many of our members. It would seem to me that it is not easy for a great many of us, even in the presence of our own associates only, to take part in discussions and to express ourselves with entire freedom and ease. Wouldn't you feel very much more restricted if even a small proportion of the members present were lay educators and members of your own boards of trustees, of hospitals and training schools? Of course, the coming together where each of us may say all that she wants to say freely is the most important part of this organization.

Miss Maxwell: Is it not true that our boards of managers should know what we are doing? We are not wishing to criticise them before the public, but we are discussing extreme problems in a way in which they have never seen them before. If they should be admitted, they might hear what our difficulties are.
Miss Helen Kelly: Would not meeting with a body of women, such as our League is, tend to dignify the nursing profession and nursing work in the minds of some of the hospital training school boards?

Miss Claribel Wheeler: Would it not be a very definite way of educating the public as to our needs in our schools of nursing?

Miss Clayton: We would be glad to hear from every one. Every one here has hospital problems, every one has dealt with her board of trustees or with committees in her locality during the past few years. We know where we have received help and where we have not, and where we would have received more help had people understood our problems better.

Miss Logan: Madam President, I do see both sides of this question, and yet I do think we want to think of this most carefully before making a decision. I think what Miss Palmer says is perfectly true: a technical educational body of this sort may not upon second thought wish to admit lay members, and rightly so, for even though there be advantages they may be far outweighed by the disadvantages. I am wondering if we are thinking a little bit too much of the financial advantage.

Miss Nevins: The conditions of such lay membership also would have to be carefully considered.

Mrs. Haasis: It is perfectly possible to admit lay members as associate members, giving them the freedom to hear and take part in discussion, but it is not necessary to admit them to vote on technical questions. That is the line that is drawn in the Public Health Nursing Organization.

Miss Hillard: But I understood that there were four lay members acting on the board of directors and that it seems to me is a very important part in the actual direction of the organization. I understood you to say that the Public Health Nursing Organization had four on their Board of Directors, with power to vote.

Miss Clayton: That is something new the Public Health Nursing Organization just organized. That would not necessarily have to follow. Miss Nevins' suggestion is a very good one. Perhaps if we added the rest of this recommendation we would have more basis upon which to express our opinion. Will Miss Logan read that again?
Miss Logan (reads):

The provision of a clause in our membership regulations for the admission as associate members of lay persons, who at the time of election are serving as trustees, directors or superintendents of training schools, hospitals or public health organizations, or who may be engaged in important educational work. If such extension of membership is desired by the League the privileges of the same should be definitely outlined.

Miss Isabel Stewart: Isn’t it a question here of just what we can do to promote nursing education? After all our trustees and the members of our school boards are really just as much concerned or, presumably, just as much interested in promoting nursing education as a professional body of women. I am sure they are not quite so deeply interested in it as we are. This organization is a professional organization, of course, but it is a professional organization for a certain purpose, and they can join and help in promoting that purpose, it seems to me, without in any way injuring the status of the professional people in the field.

Miss Eldredge: Madam Chairman, I think I know the subject which is up for discussion, although I was not present and have not heard any resolutions that were read until this last moment or two.

We undoubtedly need, and I thought I had brought out fully this morning that the most important thing we should have is the cooperation of our boards of directors; but, unless we limit their control of our policies almost to the point where it now is, it will hinder not help us. If we put lay members on our boards, if we want them as contributing members, if we are looking to them for an income, we should consider the matter most carefully. We may have good hospital boards—Miss Maxwell, I believe, has a wonderfully educated hospital board to do the things that she needs there, but the greatest menace to nursing education today are our hospital boards in many parts of the country. And whatever position the members of hospital boards were given in the League it would have to be well defined and very carefully restricted at the present time, because we find in ever so many places where chapters of the American Red Cross have been put in charge of nursing affairs, that these lay bodies have overridden the nursing profession and that the nurses have little or nothing to say about
their own affairs, that they are controlled entirely by the lay membership. This is a very comparable instance.

Those of you who helped in the student nurse drive know that, while we had wonderful results from such places as Ohio where Miss Logan, our secretary, was chairman of the State Committee on Nursing of the Council of National Defense, in many places we could not get the lay members of the council even to listen to the nurses tell them about who should be admitted to apply for our schools of nursing, their standards, etc. And those of us who worked in Washington know that we had between 800 and 900 applicants sent in who were absolutely unfitted for admission to schools of nursing.

A great many of our hospital boards do not consider the nursing body as a professional group. We must educate them. I do not say that they should not come to our meetings, because I do not feel competent to state that, but if they do it must be an exceedingly well defined relation or we will lose the control of the nursing profession by the nursing profession, which has been obtained for us during all those years our pioneers fought single handed against hospital boards and against prejudiced medical opinion.

In my report this morning I tried to bring out strongly the tremendous need for cooperation between hospital boards, the general public and the nursing profession. I believe before we admit these hospital boards to full membership or even to a very strong active associate membership in our nursing profession, we should recognize that that means in very many instances the man who owns the commercial hospital, who boasts that he made $3000 off of the student nurses specializing in his hospital. The men who own such hospitals and who are running them for personal benefit alone, insult boards of hospitals who are working for good conditions.

I think that we need education, but we must begin at the foundation and we have got to educate our owners in some other way before we admit to any membership, even slight, people who are going to influence the nurses. Today in certain parts of the country you cannot get a nursing proposition through if any doctor says he does not believe in it.
I agree with the president we do not want to be against the doctors. But it was a pretty serious fight before the nursing profession got out from under their control. And now our hospital boards in many parts of the country are composed entirely of medical men who are opposed to nursing and its standards.

Miss Palmer: I just want to say one thing more. I venture to say that if one dominating doctor were sitting on this platform and were to lay down the law as to how we were to vote on any given question, we would every one of us do exactly as he told us to as a matter of habit.

Miss Clayton: I must say just one word to you in spite of occupying the chair. We must not permit any one to feel that we are separate either from lay people or from the medical profession. We are not. On the other hand, we must make everybody realize that we have a great many problems in the twentieth century that we did not have in the nineteenth century, and these problems of the twentieth century are ours, as a nursing profession, to solve. If, in solving these problems, we need the help of lay people, why should we not have it? If, in solving these problems, we need the help of the medical profession, why not have it?

On the other hand, we have independent problems that we solve ourselves. If we are to bring the greatest amount of light upon all of these we absolutely must work in the light of knowledge and there isn't anything in our hospitals that should not and could not be brought before our boards of trustees if we do it carefully, and of course we would. The question has been brought forward that our superintendents of nursing need educating. They do. We all need educating. But it can only be done by letting the light shine through all and working together. What that best way is must be decided.

Miss Eldridge: We all like to profit by what we find in other states and other countries. It has been called to my attention that in Canada it was lay people who decided what nurses should go overseas. In the United States on the other hand it was the nurses themselves who said what nurses should go overseas. Problems such as these have been met in other countries, and in neighboring countries the nursing profession have found that when they accepted lay members on such basis as we have been discussing today they have lived to regret it.
I want to say again that I believe most fully that ignorant change made by ignorant opposition to change would be the most fatal thing that could happen to us in this country. But I do believe that the majority of the nursing profession do discuss their problems. It is too often true, I am sorry to say that problems that we discuss in our National Association and that we discuss and decide as nurses are taken home and are not acted upon as they have been decided upon by the nurses, but are sometimes acted upon, decided upon by boards and by medical boards in opposition to the nurses.

It may be that the proposition to admit members of these boards as lay members in this association might solve that question. But I wish that I could take you all out into the different states in which I have been and that you might talk to some of the boards that I have talked to. I wish you could be met by the spirit in which some of those boards have met what we have had to say. And I want to assure you that what was said by us was not said in a spirit of antagonism. On the contrary, I have been congratulated on the tactics that I took with boards of directors, for I have thought their interests were the same as ours and I did not wish to be considered antagonistic. But we have found an utter lack of comprehension and unwillingness to pay heed to us in many states. And I say that in considering the admission of lay members we must include not only New York, and Ohio, and Pennsylvania, and California, but we must include all the new states, Oklahoma, Nebraska, and some of the southern states, where they do not yet believe in our leadership. It was there only a little while ago that I was told, in one of the southern states in which I visited, that they would not consent to allow nurses to be on the board to examine anybody. They told me to keep our women up here; that they did not want them down there.

Miss Noyes: Madam President, may I say a word? I have been rather far away from training schools for the last three years, but I am still vitally interested in them. And isn’t it a fact that the training schools are no better than they are today because the superintendents are no better? And why are those superintendents no better than they are? Simply because their schools are what they are. Now how can you ever make those
schools better until the boards of trustees and governing bodies know what the schools should be like?

If we could have an associate membership to bring those particular boards of trustees here to listen to what we say I believe that the superintendent would have many less difficulties than she has at the present time. We need not give them the vote. That is the last thing on earth we would want, to create a big body of associate members, perhaps, with votes that would outvote us at any meeting.

Miss McMillan: Madam President, is there any way by which an arrangement could be made experimentally? I mean having associate membership for a certain number of years, which is that we do not commit ourselves finally. I do not think it is possible to do such a thing as Miss Sly discussed here yesterday.

Miss Clayton: We could revise our constitution again.

Miss McMillan: I think that is what you are doing now.

Miss Clayton: I know, but again.

Miss Palmer: It is a favorite saying of mine, it is much easier to keep out of trouble than it is to get out of it.

Miss Eldridge: Madam President, might it not be well to ask for an expression from the states? Because it seems to me that if each state, knowing its own problems, would reply we would get a better idea than from a few people talking. The non-professional do need education. I have been preaching that everywhere. And to ask the different states might bring forth valuable information. There are a good many representatives.

Miss Isabel Stewart: Might we talk this over among ourselves, for a while, for a day or two, and bring it up again? Because it does seem to me that we need to think it over a little more carefully.

Miss Noyes: I understand it is not to be settled today, anyway, it is simply a matter of recommendation.

Miss Clayton: Miss Stewart makes the motion that this clause wait over a day or two in order to allow us all to think the matter through, at which time we can act upon it. Miss Palmer seconds this motion. Is there any discussion? All in favor please signify by saying aye; opposed. It is carried.

Miss Logan: The second division of this second group is that,
Provision for a more definite organization of state and local Leagues and of their membership regulations in order that duplication of membership may be reduced and unnecessary multiplication of organizations avoided.

Upon motion it was voted to accept this recommendation. *Miss Logan* (reads):

The League is requested to give definite instructions and suggestions regarding these points if it is their wish to embody additional clauses concerning the same in the Constitution and By-laws, which may be acted on at the 1920 meeting.

The fourth recommendation, upon which action was omitted before:

That the Revision Committee be empowered to make such changes in the Constitution and By-laws as shall be necessary to accomplish the purpose of these resolutions. That the amended Constitution and By-laws shall go into immediate effect after being acted on by the League at the 1920 meeting.

*Miss Clayton:* It has been moved by Miss Sly, seconded by Miss Maxwell, that this recommendation be adopted. Any discussion? If not all in favor please signify by saying aye; opposed. It is carried.

The next business meeting of this body will be held Friday evening at 7:30. Please come prepared to act upon these suggestions.

May we have the report of the Education Committee?

**REPORT OF THE COMMITTEE ON EDUCATION, 1918–1919**

The committee has had three meetings during the year, the first in Washington, D. C., in December, and the other two in New York City in January.

The first meeting was devoted to a careful consideration of the main problems in the field of nursing education, which stand in need of immediate study or action. It was finally decided that the committee should concentrate its energies during the year upon the following lines of work.
1. The organization of a movement to secure a reduction in hours of duty for pupil nurses.

2. The preparation of a plan for classifying or grading nursing schools with the view to affording the public some more reliable information regarding the standing of nursing schools.

3. The study of methods for making the practical training of the pupil nurse more profitable through the elimination of routine domestic duties not essential to their training.

4. Possible methods of assisting in the recruiting and training of more public health nurses.

5. The publication of bulletins and reprints on educational matters for the use of superintendents and teachers.

At the following meetings plans were more fully discussed and subcommittees appointed to carry on these various lines of work.

1. In the movement for shorter hours, it was decided to prepare two pamphlets, one for more general distribution, which would take up the arguments for shorter hours, and the other for the use of superintendents, showing methods of organizing training schools on the eight hour basis. It was felt that the whole nursing body should cooperate in this campaign, so the Executive Committee of the League was asked to take the matter up with the Joint Board of Directors, which agreed to give the fullest support to the movement.

A sub-committee composed of Anna C. Jammé, M. Helena McMillan, Effie J. Taylor, Anne Hervey Strong and Isabel M. Stewart, Chairman, was appointed to prepare these pamphlets. They have just been completed. The limitations of our funds make it impossible for us to distribute these pamphlets as widely as we would wish. We have sent copies of the general bulletin to the presidents of Boards of Trustees of 1000 hospitals of 50 beds and over from Miss Wheeler's list, and we have sent copies of both pamphlets to the superintendents of nurses of these schools.

The original idea was to have this material available earlier, when legislatures were considering amendments in nursing bills. It was felt that it might be possible to have some provision governing the hours of work for pupil nurses incorporated in the laws of the different states, it being quite as appropriate and logical to legislate on hours of practical work as on hours of class-
work. The material was not ready for use this spring, but it can now be obtained in any quantity desired.

It is hoped that alumnae and state organizations may take the matter up and see that all trustees and executive officers of hospitals throughout the country have the fullest possible information on this subject of hours.

The committee had also intended to distribute this letter rather widely among women's clubs, and other civic and charitable organizations, but it was later decided that this more general publicity should be postponed till we could see how far the hospitals themselves would be prepared to go without outside pressure.

2. The sub-committee which was appointed to prepare a basis or standard for the classification of nursing schools, was composed of Elizabeth Burgess, Helen M. Wood and Carolyne Gray, Chairman. This committee is making some preliminary inquiries on the methods used in classifying other types of educational institutions, and it is hoped that they will have a working plan ready to submit by the end of this summer. An outline of the requirements for a Grade A School is submitted for discussion.

3. The sub-committee on student work in hospitals, composed of Louise M. Powell, Maud Landis and Sally Johnson, Chairman, presents the following preliminary report which is attached.

4. Owing to the immediate need for workers in the public health field, it was felt that the training schools should be asked to make a special effort to interest their students and graduates in this work and to help in preparing them for it. The committee therefore decided that the Secretary of the League should send a letter to superintendents of training schools recommending that students wishing to prepare for public health work be allowed some reduction in time spent in various departments of hospitals in order to take

a. In the three year course an eight months' period of training in public health nursing in an approved institution.

b. Or, in the two years and three months' course (college graduates), four months of theoretical and practical training in an institution of accepted standards.

It was suggested that this practical training might be provided through the hospital dispensary, where no well organized visiting
nurses association was available, and that it should be understood that where the training is taken outside, the hospital should not necessarily be responsible for the expense.

It was felt that either the Public Health Nursing Organization, who had the students, or the students themselves should bear the expense. And I want to make it quite plain that this was not intended for all the students in the training schools, but those who wished to take up this branch of public health work.

5. In regard to publications, the committee finds itself in charge of a fairly active publication bureau. The Standard Curriculum is in its second thousand and the requests keep up in a very gratifying way. We will probably need to order another thousand before the year is out, and we take this opportunity to ask all the members of the League to send in suggestions for corrections or changes which they would like to see incorporated in the next edition.

A few of you have mentioned changes to me personally, but we would like very much to have those suggestions in writing, and the committee will be very glad to take them up and to discuss the possibility of including them in the next edition of the Curriculum.

In response to quite a number of requests, particularly from returning nurses, we published this spring a pamphlet on postgraduate courses, giving information about opportunities for training in obstetrical, children's, contagious and mental work. This will have to be enlarged later to include other branches of postgraduate study. This pamphlet also I sent with those pamphlets that have not been delivered yet.

In addition to these publications and the two already mentioned on hours, we are having reprints made of two papers for which there have been constant requests. Dr. Beard's classic address on The University Education of the Nurse, and Miss Nutting's paper on A Sounder Economic Basis for Training Schools, both of which are of special interest at the present time.

So many inquiries are coming in about the organization of nursing courses in universities, that it is evident we shall have to prepare a pamphlet on that subject as soon as possible. The committee will be glad to have other suggestions for leaflets or pamphlets which are urgently needed and will try to secure competent people to prepare such material.
The committee has recommended that the League of Nursing Education should issue its own regular journal or bulletin in order that it should have room for the discussion of important educational problems which need to be constantly brought to the attention of our superintendents, principals and instructors. This recommendation has been referred by the executive committee to a special committee of the League.

The Nursing and Health Branch of the Alumni Association of Teachers College has turned over to us the pamphlet on Opportunities in the Field of Nursing and some material which they had accumulated on Graduate Courses. The Committee of Nursing of the Council of National Defense has also turned over to us the pamphlets it had on hand when the committee dissolved.

And, by the way, there are quite a number of these pamphlets, and although the war is over and some of the material is out of date, there is still a good deal of information in those pamphlets that might be used, and we are very glad to send them out in quantities simply for the cost of mailing and handling, and we have already sent out several hundred of these to different states and will be glad to do that just as far as the supply goes. We have several thousand of some of the pamphlets left.

The sum of $200 was presented to us by the Committee on Nursing, from the balance left in its treasury. This, together with the $200 appropriated by the League for the use of the committee, constitutes our capital. Of this, over $120 has been expended on the publicity work on hours. Most of the work of preparing, publishing and distributing these publications has been done on a volunteer basis, with very occasional clerical assistance. It is quite evident that if we are to continue this work, we will have to have larger resources and a more definitely organized machinery to handle the great amount of detail work which is now required.

It has been the custom for the Education Committee to outline each year the significant events in the progress of nursing education and to make certain recommendations for the future.

Decidedly the most important event of the year is the appointment of a committee of which Dr. Winslow is Chairman, to consider the question of the best kind of preparation for public health nursing. This committee arose out of a conference which
was called by Dr. George Vincent, President of the Rockefeller Foundation, to discuss this phase of public health work. In considering the preparation of nurses for this field, it will be necessary to study very thoroughly the whole question of the education and training of all nurses. The committee is exceedingly fortunate in having secured Miss Josephine Goldmark for this investigation. Miss Goldmark's ability in this type of work has given her an international reputation, and we can have every assurance that her study of the situation in nursing education will be not only careful and exhaustive, but also impartial.

It will be recalled that this Committee on Education urged the importance of such an investigation of nursing education at the convention in Boston in 1911, and was then authorized to appeal to the Carnegie Foundation to undertake the work. This appeal and others made later were unsuccessful. It is, therefore, a matter of the greatest satisfaction that we are now going to have this much-needed study of our whole system of professional education, and we look forward with eagerness to the results.

Another event of marked importance in nursing education is the appropriation by the American Red Cross of $100,000 for scholarships for public health nurses. The larger portion of this is to be given in substantial scholarships to well qualified applicants, without any restrictions as to the students' future work. It is of special interest to report that the Red Cross has also responded to a request of the Joint Committee to give $15,000 in scholarships to well-qualified candidates wishing to prepare for work as instructors in nursing schools. The National Organization for Public Health Nursing has also appropriated $10,000 for the training of nurses wishing to prepare as teachers of public health nursing. The number of hospitals awarding scholarships for post-graduate study to their own graduates is also increasing, so that it ought not to be impossible for any ambitious and capable young woman to get assistance in preparing herself for more advanced work in these special fields. Superintendents of nurses and instructors will do a great service both to the nurses themselves and to the profession, if they will bring to the attention of the scholarship committee or those conducting courses of instruction the names of unusually promising students or graduates, who otherwise might be unable to secure additional training.
Several more universities have established or are considering establishing schools of nursing. The University of Texas, which was the first in the country to give a nurse a seat on its faculty, is developing its school of nursing, and the Universities of Iowa and Wisconsin are planning further extensions of their work in the near future. Michigan has established a professorship in public health nursing. Two or three more colleges are making plans for a five year course in nursing leading to the degree. In Canada university courses in nursing are to be opened in Vancouver, British Columbia and in McGill University, Montreal.

Pre-nursing courses were also given in several colleges last summer as a war emergency measure. A committee from the League was appointed to assist in working out the first of these.

The report of this committee is given separately.

There have been several gifts of money to training schools for educational work, the sums ranging between $10,000 and $130,000. It is very gratifying to note evidences of steady improvement in the direction of better buildings for nurses’ homes, better equipped classrooms, better reference libraries, etc. Several schools report efforts to shorten hours and it is evident that this movement is growing.

In spite of organized efforts during this past year to weaken or break down our educational system, it is encouraging to remember that as at other times the storm passes and our house still stands. We have been under fire from all quarters, one group of critics insisting that we are overtraining our nurses and another group of our medical friends in the public health ranks insisting just as loudly that we are requiring too low standards of education, and failing to supply them with nurses who are highly enough trained. It is difficult to carry out any policy which will be satisfactory to every one.

No doubt changes will have to be made and reforms which we have ourselves long urged, will have to come. But we have every evidence from the way our nurses overseas met their difficult task, that most of our training schools are doing a substantial and mighty useful work. We feel that the women in charge of our schools can be trusted to hold fast to the things which are good and to work ahead steadily, making experiments as they can and trying to meet the new demands in the best way they can find.
Preliminary Report of the Sub-Committee on How to Make the Practical Training of Nurses More Profitable Educationally

1. The problem

We all know that pupil nurses do a good deal of routine ward work which cannot be called essential to a nurse’s training, and that there are objections on the part of pupils and applicants to unskilled labor which is not only not educationally profitable, but which actually interferes with proper training in nursing.

The problem of this committee was to decide what duties might be omitted from the regular work of student nurses, and to submit a plan by which this work could be satisfactorily cared for in other ways.

The following is the result of the committee’s discussion:

2. Some of the reasons for readjusting student nurses’ work

a. The present waste of pupils’ time after the hospital has been at the trouble and expense of training them for nursing work.

b. The improvement in nursing service resulting in fewer complaints from patients.

c. The possibility of attracting more and better applicants.
d. Only way of bringing in shorter hours which must inevitably come soon.

e. Justice to pupils who come for nursing training demands that some of routine work be eliminated.

I think I might explain here that it is not the thought of the committee that the student nurse should be relieved entirely from all this routine household work. I think the idea is that the student nurse should learn all of these, even the simplest of these household procedures, the cleaning, dusting, etc., should all be learned in the early part of the training, but there is no object in the nurse going on year after year repeating these more or less routine duties.

3. Duties which student nurses might be relieved from after they have once been learned

Dusting, chamber work (filling pitchers, care of washstands, etc.), making empty beds, carrying trays and feeding helpless patients, care of utensils, bath-tubs, basins, etc., care of linen cupboards (stacking linen, cleaning shelves, etc.), care of supply closet, making dressings, caring for plants and flowers, much work with convalescent patients, running messages, taking patients to clinics, wheeling patients to and from balconies, etc.

4. How to provide for this work

The principal plan discussed was the use of a paid helper to assist the nurses on the wards. The names suggested for such a worker were, ward helper, hospital helper, ward maid, ward assistant, ward attendant, nurse maid or nurses’ aid. The last two seemed to be objectionable, but no definite recommendation was made as to the other names.

Some objections to helpers of this type were raised on the ground that they would be difficult to get, their duties would be hard to regulate, they would charge about as much as trained nurses and might afterwards claim to be nurses. The general opinion seemed to be, however, that such helpers are needed, and that with their use the training of the student nurse could be better defined and made more educational, and thus attract students of superior education.
The salary suggested for these helpers varied from $25 to $50 per month, including laundry and meals. Some suggested that they live in the hospital and some in their own homes. Eight hour duty was recommended. Suggested arrangements of hours (1) 7-1 and 4:30-6:30, (2) 7 a.m.-6 p.m., with two hours off duty during the day and one-half hour for each meal.

The status of such a helper should be definitely established, so that she would not be confused with the nursing on the one hand, or the ward maid on the other. Her uniform should be distinct, either an all-over apron (like a canteen apron) to cover her dress or some other suitable washable uniform, with rubber heeled shoes for hospital wear. She should be responsible to the head nurse only and her duties should be specified exactly. Pupil nurses should not be allowed to turn over any of their allotted work to such a helper.

SALLY JOHNSON,
Chairman.

REPORT OF THE COMMITTEE ON PART-TIME TEACHING

This committee was appointed by the League to work with the Committee on Nursing of the Council of National Defense last summer, and when the Council of National Defense dissolved this committee then was turned over as a part of the Committee on Education. It was originally appointed to see what could be done to get teaching assistance for some of the smaller schools which were suffering from the scarcity of teachers and the financial burdens of the war.

The suggestion has been made that the national funds appropriated under the Smith-Hughes Bill for the promotion of vocational education might be available for the use of nursing schools. The committee at once consulted the Federal Board of Vocational Education in Washington, which is in control of these funds, and found that although the money is designed for the development of industrial, commercial, agricultural and home economics education among home makers and wage earners particularly, it would be quite possible to include the teaching of pupil nurses under the division of home economics, if the work was not above high school grade, if not less than 144 hours'
instruction yearly were given, and if the students were working on the part-time basis. The instruction would be given either in the training school or the high school, it would be entirely without cost and would be under the supervision and control of the state and federal representatives of the Board of Vocational Education, who would cooperate with nursing and hospital representatives.

We made it quite plain that pupil nurses are students, not employees, that the better class of nursing schools are based on a high school education and are distinctly of professional rank, and that such schools would not be willing to apply for aid on the basis suggested. During the war emergency, however, we believed that other schools which have not been able as yet to require a full high school standard might be glad to avail themselves of such an arrangement as this, for the teaching of their preliminary sciences.

You probably all know that a few years ago this Smith-Hughes Bill was put through and appropriated a large amount of money for the development of vocational education. The plan is that wherever any state wishing to secure money to develop vocational education shall give half of the money from the state treasury, then the other half will be supplied from this Federal fund. There was a very large amount of money available and we felt it might be possible to secure some assistance in this way for the nursing schools. Perhaps if I just tell you about this it is easier than to listen to the paper.

We went to the representatives of the Federal Board in Washington and they were very much interested in the proposition. They said that although the money had been appropriated specifically for the development of trade education and agriculture and home economics education, that they saw no reason why our work should not be included in the Department of Home Economics Education. We were, however, certain that limitations were very definitely specified. One of these was that all education which was provided for by this fund must be of a secondary grade, that is, it must not be above high school grade. Another specification was that people who were having these classes must be doing part-time work in some vocation, and it was assumed that they were to be wage earners. That is, it was
intended really for people who were engaged in industrial, commercial or agricultural work, and it was on that part-time basis. In that way the fund is distinct from any fund which is provided for high school work generally.

Another specification was that there must be at least 144 hours in the year. They would not take classes under that number of hours; and that the work was to be under the supervision of their representatives in the state, that is, the representatives of the Federal Board of Vocational Education, but they would be very glad, they said, to work closely in cooperation with the representatives of the nursing professions and representatives of the hospitals.

We explained to them quite fully that our work was professional work, that we did not consider it at all on the same plane as trade education or industrial education; that our schools, most of the representative schools, had required high school as the standard for admission and that therefore the work which we were undertaking was in advance of high school work, and we assured them that schools of that grade, of that standard, would not care to ask for assistance under the provisions of the Smith-Hughes Bill; but we felt that during the war emergency particularly, where schools were suffering, many of them, for the lack of instruction, that it might be that some schools which did not require the full high school standard would be willing to ask for such assistance for the teaching of their preliminary sciences, which might be assumed to be under high school grade for that group of schools.

The representatives of the Federal Board understood just what the situation was, and offered the most cordial cooperation in any plan the committee might suggest. They agreed with us that it was better to try out a small experiment in a few schools in different parts of the country and see what the results were, before making any definite recommendations for nursing schools generally.

The committee then worked out a minimum program of preparatory work covering 144 hours, to be given in one school term of sixteen weeks, students to be on duty not more than four hours daily. Nursing subjects were to be given by the hospital itself, but the elementary sciences, cooking, etc., would be given
in the high school or vocational school. The following nursing representatives were appointed in nine different states: Sally Johnson, New York; Harriet L. P. Friend, Ohio; Edith Clapp, New Jersey; Helen M. Wood, Massachusetts; Sarah Murray, Pennsylvania; Elsie Lawler, Maryland; Mathilda Kruger (Mrs. Lamprey), Wisconsin; and Helen Farnsworth, Missouri. Miss Jammé, who is also a member of the committee, served as state representative in California.

These representatives selected a few nursing schools suitable for carrying out such an experiment, discussed the plan with them and got in touch with the State Directors of Vocational Education, who had received instruction from the Federal Board about the arrangement. This took a good deal of time and indeed in several cases months passed before the different representatives could get together. Because of this delay it has not been possible to put the complete plan through in any of the states, though several nursing schools have made connections with high schools in their vicinity and have started out with two or three subjects on a part-time basis. Three or four others are planning to start next fall and in one place, Kansas City, four or five schools are planning a combination preparatory course to be given in the Polytechnic College. This school has secured a special appropriation of $2400 to equip laboratories for the nursing group, and the whole scheme is being put through in close cooperation with the City League of Nursing Education.

The question which we have to discuss here—and I think it is the important thing that this committee wanted to bring to your attention—is whether it is going to be for the best interests of our profession to encourage any considerable extension of these affiliations with high schools.

Most of our members who took the matter up in their states this spring seem to feel that there are some hopeful possibilities in such affiliations. They mention the excellent equipment, the good teaching and the fact that students seem to be stimulated by the change in atmosphere when they go to the high school for some of their work. On the other hand, it is noted that some of the courses are too elementary for our students, or not exactly suited to their needs, and that our more mature students may not feel entirely at home among the young high school girls. The
main objections which the training schools offer are on the practical side. And the schools, of course, that were to try this out were schools not of the stronger type at all, because we knew that it was not any use trying it out with the better schools. It was the more isolated school, that was already struggling, finding great difficulty in getting teaching done that was approached. They find it difficult to release their students for classes, especially where the high school and hospital are not near together. They find it difficult to fit classes into the high school schedule, and in one or two cases the hospital, which was a private one, objected to asking the city schools for help, even though funds come largely from the Federal and State Boards.

Even from this very limited experience there does not seem to be much question that the arrangement could be made to work in a good many places if we should decide that this is the best way to help our schools. The question is not whether individual schools would profit by such a system of free teaching, but whether it would be good for the profession as a whole to have our work too closely associated with the trade school type of education or even with the work of the ordinary high school. If we allow it to be generally understood that many of our students are of lower than high school grade and that our teaching in the average school is of secondary rather than professional standing, it will be more difficult to attract the women of better education into our schools and to convince the public that our education is really on a professional basis. No professional school that I know of puts its work on a high school basis. I mean that they require high school as a foundation for their professional training and they do not go back into the high school for any part of their professional training.

There is also a danger that if we turn over a good deal of our work to a public educational system we might not always be able to guide it as we would like, or to break the connection when the time comes to push our work a step farther ahead.

The committee concludes that the greatest possible service the high school can do for us is to keep their students till they graduate and send them to us with a broad sound general education on which we can build. Where they lack this, we believe there is some reasonable basis for their returning to the high school to
get their elementary sciences, even after they have begun their professional training, but we feel that it would be much better to get this before entering the training school.

There does not seem to be any doubt that it is much more satisfactory for us in every way to work out such affiliations with schools whose standing is above that of the ordinary high school—with normal schools, higher technical schools, colleges or universities. It is becoming fairly common for high schools to add one or two years to their ordinary four year course, thus giving the high school the status of a junior college. Where there is no opportunity of this kind, there is no reason why the facilities offered in a good high school should not be utilized to the full, but we should avoid giving the impression that this is an accepted or general policy in nursing education. Such arrangements could usually be made between the individual hospital or a group of hospitals and the local high school, possibly with the payment of a small fee. We would thus avoid the misunderstanding and the unnecessary publicity, which would surely come from a more widely advertised arrangement with schools of secondary grade such as that under the auspices of the Federal Board of Vocational Education.

The Federal Board issues a leaflet that goes out all over the country. The first thing they ask is, “Can they put that in a leaflet?” You see what would happen. We would be there sandwiched right in between all the commercial and trade schools, a very miscellaneous assortment, and we felt at once it was something we should consider very carefully before we got ourselves into it, and we asked them not to give any publicity whatever before we made any decision as to what this association would do.

The representatives of the Federal Board, while willing to help nursing schools, realize that this problem of nursing education does not really lie in their field. They are, however, much interested in the training of the attendant or practical nurse, and they have been beset with requests to take this up at the earliest possible date. They are anxious to work with our nursing organizations in this matter and have asked us to outline a plan by which they can supply the classwork in dietetics, housekeeping, etc., for groups of attendants while the hospitals supply the practical
work. This offer has been submitted to the committee on the training of attendants. We believe that some such plan is practicable and are hopeful that it will be tried out as soon as possible.

Isabel M. Stewart,
Chairman.

Report of the Committee on the Vassar Training Camp for Nurses

At the request of the Committee on Nursing of the General Medical Board of the Council of National Defense, the League of Nursing Education appointed a committee to assist in working out the proposed preparatory course which was to be held at Vassar College during the summer of 1918. A committee of four was appointed, Elizabeth C. Burgess, Anne Hervey Strong, Carolyn E. Gray, and Isabel M. Stewart, chairman. Miss Gray was unable to serve, so the work was carried on by the other three members in the closest cooperation with Miss Nutting, Chairman of the National Committee on Nursing, who was largely responsible for the idea and who had from the first been the chief adviser of the Vassar representatives.

It is quite unnecessary to outline in detail the plan of the Vassar course, as it is now quite familiar to all of you. A full description may be found in the Journal and in the pamphlet on Preparatory Courses for Nurses in Colleges and Universities which was published last summer by the Committee on Nursing.

A word may be said, however, about the relationship of the committee to the college representatives, both officers and alumnae. From the very beginning the nursing representatives were consulted on every matter which had any connection with the professional side of the work. There were frequent conferences both at Poughkeepsie and New York and an almost daily correspondence with Dean Mills kept us closely informed of every step in the development of the plan. All the details of curriculum, teaching staff, equipment, etc., were worked out in this way, and it is the greatest pleasure to be able to testify to the splendid spirit of cooperation which we found in all our relationships with both the Vassar representatives and the affiliating hospitals.
This experience convinces us that effective and harmonious cooperation between nursing institutions and organizations and colleges is perfectly practicable and that the benefits to be derived from such association is mutual. While we had much to learn from the college people, they were generous in acknowledging the new point of view which they received about the demands of nursing work and the educational value of the nursing training.

It is probably too early to attempt a summary of the total results of the Vassar experiment. There is no question that such a course, given under the auspices of a well known college, with carefully selected instructors of good academic standing, does attract a much larger group of well qualified applicants than the average hospital training school itself can attract. Even without the extensive publicity which the Vassar course received, such a course has an immense recruiting value, and it does undoubtedly raise the prestige of nursing among college women and among the public at large.

As to the value of such a course as compared with that given in a good hospital, there is evidently some difference of opinion. The students were unusually enthusiastic last summer, but we will have to wait until the end of their training to get their final opinion as to whether this kind of a course really gave them any better start than they would have received in the ordinary training school. It remains to be seen too whether their future contributions to the profession would seem to justify the rather unusual efforts which were made to give them a sound foundation, a broad outlook and a clear vision of the needs of the nursing field.

The fact that about 33 per cent of the Vassar students have dropped out of the training schools is not at all an argument against such a course in view of the usual percentage of elimination during the first few months in all training schools and the effect of the armistice on those who entered with the idea of war service.

The superintendents under whom these students have worked have offered some criticisms of the course but on the whole they seem to have felt that the students have measured up well. In spite of the added expense to the hospital some superintendents seem to prefer to have the student take her course in the hos-
pital from the beginning, while others say that it was a decided advantage to the hospital to have an entire group entering with practically all of their preparatory instruction completed.

If the course were to be given again we would want to suggest a few changes. We should make the course a little longer or lighten the curriculum somewhat. We should advise affiliation with only a small number of hospitals who would be in full sympathy with the idea. We should want the subsequent course of theoretical and practical work to be very clearly defined to avoid the confusion and dissatisfaction which occurred where the students were either pushed at once into too heavy responsibilities or compelled to repeat again a large part of the preliminary training they had had.

We feel that while a summer course of this type is a good way of interesting college women and preparing them to enter nursing schools on the two-year basis, it would not be advisable to ask colleges to give such a short course for students without full college training. The type of affiliated course leading to the B. S. degree seems a much more satisfactory arrangement for these. It does seem worth while, however, in view of our great need for more well educated women in nursing to consider whether we might not do well to make some effort to continue the Vassar experiment in some form. The question of expense would have to be considered as the course last summer did not at all pay for itself.

The Committee on Nursing of the Council of National Defense under whose auspices this work was initiated last summer, went out of existence before it could accumulate the data necessary for a definite recommendation on this subject. The Chairman of that committee believes that the committee would have advised that such a careful study be made by the League of Nursing Education through its Committee on Education. This might be done next year in connection with the proposed pamphlet on affiliation between nursing schools and universities.

Isabel M. Stewart,
Chairman.

Miss Clayton: It is certain that the Committee on Education has not been an idle one this year. You have heard this report. What is your pleasure?
On motion the report was accepted, and any procedure regarding part-time work under the federal vocational education was left to the judgment of the committee.

Miss Clayton: May we have the report of the committee on the training of attendants? We have received letters from all over the country asking that this report be given at this time, and that we have very full discussion of it.

REPORT OF COMMITTEE ON TRAINING OF ATTENDANTS

Miss Hilliard: This committee has held five meetings, three in New York City and two in Philadelphia. At the first meeting we met Mrs. Haasis, of the National Organization for Public Health Nursing, to learn how they felt about the trained attendant. We found a strong feeling that the attendant should not be trained in any kind of institution, but rather in a housekeeping center.

The committee met alone the second time to consider where and how this training should be given, and in what it should consist. A rough outline was drawn up and it was suggested that perhaps the best text-book was that of the Red Cross, which has recently been revised by Anne Hervey Strong. The difficulty with this book is that it was written for an entirely different group of pupils. However, the content is much what is needed for trained attendants.

At the first meeting the course was definitely outlined and later presented to the executive committee meeting in New York City. Since that time the committee has met the Education Committee of the National Organization for Public Health Nursing, for full discussion. The feeling seemed to be that the outline which we submitted and which had been accepted by the Executive Committee of the League should be altered in some particulars. We had suggested a year's course of training. The public health nurses thought that the need for these women was so great that the course should be shortened. The feeling still persisted that the training should be rather that of the housekeeper than that of the nurse and should be given in a housekeeping center as far as possible.
The fifth meeting was held by two members, one from our committee and one from the Public Health Committee, in Philadelphia. The outline drawn up and accepted by this committee is as follows:

Entrance qualifications: (1) Age, not less than eighteen years. (2) Ability to read and write English correctly and to keep simple bedside records, (3) good physical condition and (4) evidence of good moral character.

The length of the course was fixed as one year, at least nine months' time to be spent in some institution and three months to be spent in a public health agency which would be approved by the National Organization for Public Health Nursing.

With respect to subjects to be taught, we did not take up the practical side of the work, as the institutions were so varied that it seemed impossible to outline it. The theory was outlined as follows:

<table>
<thead>
<tr>
<th>Subject</th>
<th>Hours</th>
</tr>
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<tbody>
<tr>
<td>Elementary nursing</td>
<td>20</td>
</tr>
<tr>
<td>Cooking and dietetics</td>
<td>20</td>
</tr>
<tr>
<td>Hygiene</td>
<td>15</td>
</tr>
<tr>
<td>Care of children and nervous patients</td>
<td>5</td>
</tr>
<tr>
<td>Care of the chronic and convalescent</td>
<td>5</td>
</tr>
<tr>
<td>Accidents and emergencies, common household accidents and emergencies</td>
<td>5</td>
</tr>
<tr>
<td>Total</td>
<td>70</td>
</tr>
</tbody>
</table>

I would like to draw attention to the fact that the institution giving this course would not be eligible for appropriation under the Smith-Hughes Act, which requires 144 hours of instruction. We did not recommend further instruction because it was the consensus of opinion of the institutions consulted that were then training attendants, such as the Montefiore Home of New York, state hospitals for the insane and various other institutions, that the women who had less than a high school education were not interested in very much class work, any more than a minimum, and that such women as would be interested in more class work would go ahead and qualify for nursing. We may be in error, but these were the arguments that guided us in making this recommendation.

The types of institution approved for training attendants were only those which had connection with the Registered Nurse
Training School. Hospitals that would be approved were hospitals for convalescents, for nervous diseases, for the insane, for chronic and incurable diseases, for the tuberculous, and in addition, infirmaries in almshouses, infirmaries in orphans homes, homes for crippled children, institutions for the feebleminded and epilepsy.

At the last meeting in Philadelphia it was suggested that we add ethics 5 hours and anatomy and physiology 5 hours to the above report as submitted.

I would like to say w[[ that there are two states that have passed laws regarding the training of attendants. One, that of Virginia was a war measure, and meant to be temporary in character. I do not think we need to consider it particularly. The other, that of California, is quite otherwise.

I will note some of its differences from the plan outlined by our Committee. It includes the care of mothers and infants, in other words obstetrics, and provides for affiliation. The schools for training attendants may affiliate with each other or with other approved institutions for the required practical work when the home school does not afford sufficient experience.

It provides for a teacher who must be a registered nurse. The work must be given under a registered nurse. It also provides for proper classroom and living conditions. It provides for the sort of application blanks and school records which must be kept, which are similar to those in use in training schools. The age is the same as recommended by our committee. All other entrance qualifications are the same. The course of instruction provides for classwork and practical work. The subjects to be added are as follows:

<table>
<thead>
<tr>
<th>Subject</th>
<th>Hours</th>
</tr>
</thead>
<tbody>
<tr>
<td>Practical nursing procedures</td>
<td>40</td>
</tr>
<tr>
<td>Elementary anatomy and physiology</td>
<td>10</td>
</tr>
<tr>
<td>Hygiene</td>
<td>14</td>
</tr>
<tr>
<td>Cooking and diet for the sick</td>
<td>20</td>
</tr>
<tr>
<td>Infant feeding</td>
<td>5</td>
</tr>
<tr>
<td>Care of the convalescent and chronic sick</td>
<td>5</td>
</tr>
<tr>
<td>Care of infants and children</td>
<td>10</td>
</tr>
<tr>
<td>Care of the tubercular</td>
<td>4</td>
</tr>
<tr>
<td>Care of the aged</td>
<td>3</td>
</tr>
<tr>
<td>The social aspect of sickness</td>
<td>3</td>
</tr>
<tr>
<td>Total</td>
<td>113</td>
</tr>
</tbody>
</table>
I have come to believe from the conferences which we have had in our own and other committees that, in creating this group of young women, unless we can have mandatory legislation for the protection of the registered nurse, and, unless we can insure that these attendants do the work that they are entitled and trained to do, we are going to create a group of inferior nurses. It was the consensus of opinion of those who had trained such young women that they did not continue to be attendants but went into the field as nurses. I understand that there is no way in which you can keep this group of young people, having very transient liability, from working as nurses if they choose. Certainly the fact that they are engaged by physicians and by the public as nurses leads me to feel that we will not have very much consideration or protection from either the public or the medical profession in maintaining the standards which we wish to maintain.

It seems to me the next step is to get the legislation which will control the situation before we should go ahead with the work of training this group of women, who as I say, are going into the field now occupied by the graduate nurse for we will be in reality creating a woman as an attendant who would practice as a nurse, and whom we do not approve of as nurses.

On motion the report was accepted.

Miss Clayton: We shall now be very glad to take up the discussion of this report of Miss Hilliard's on trained attendants. As I stated before, it is a question that interests every one. We hope you will discuss it very freely.

Miss Parsons: Madam President and members: I think it is something like fifteen years that we have been discussing the possibility of trained attendants who might care for certain cases in our homes and assist trained nurses, and I think for that length of time we have deferred any real action, largely because we felt there should be compulsory registration for the trained nurse, and meantime other people are training attendants in one way and another. In the meantime the public and the medical profession seem to be equally indifferent as to whether or not they have the really trained nurse, or the young woman who has been discharged from a training school, or one who has been simply a practical nurse, or perhaps trained in a correspondence school or some short course school.
It really seems to me very vital that we no longer go on record as deferring this branch of instruction. I think for the sake of the public that insist upon employing them that we should try if possible to give them as thorough a practical training as we can, and in the meantime work on for compulsory registration. But after all the responsibility, it seems to me, for the type of woman who cares for the sick in their homes is not absolutely and entirely the problem of the nurse. I think it is somewhat a medical responsibility. I think the medical profession and the public at large have a responsibility, and, until they are awakened to it, I do not see how we are going to get those conditions that seem ideal and desirable. But I do think that we are somewhat open to criticism if we hold off any longer from giving this training to women who are able and desire practical experience for attendants service. And I think the hospitals that are too small, so to speak, to undertake the training of nurses for registration would be good laboratories for the training of attendants, and I think convalescent hospitals and chronic hospitals would also be suitable places. But my personal experience in hospitals for nervous cases makes me feel that they would be an undesirable place in which to give such training. In the hospitals for nervous cases we need the highest type of nurses, and they are not usually bed patients and there would not be much work in the way of making beds and that sort of thing for them to gain. So I should personally prefer to exclude that field as a desirable field for the training of these women.

Miss Eldredge: Madam President, in my going about the country I have come to the conclusion that there is only one way to control the attendant and control the graduate nurse, and that is that every nurse feels it her bounded duty that there shall be a central directory. If you control the nurses it will control not only the graduate nurse, but the attendant.

Miss Helena McMillan: I would like to ask if Miss Eldredge thinks this central directory is applicable to a large city, like Chicago and New York?

Miss Eldredge: In New York and Chicago you have more than one nurses' directory. That may be perfectly possible. I know that the registration of the attendant in the nurses' directory is controlling the situation in a good many parts of the
country. And we cannot stop the nursing of the attendant, but we can get them on the registries. Boston, I believe, is controlling the situation to a great extent by so registering practical nurses and making them go out as practical nurses. It is finding that a great many of them are glad to have that status.

Miss Hilliard: I believe that if in New York City every alumnae association would move its registrar to the central directory and have its own registrar and have one number in New York City from which to obtain registered nurses, we would control the situation. But we haven’t gotten that degree of centralization. It seems to be a very hard job to get every alumnae association to give up its individuality. I would not ask them to do so. I think another desirable feature would be that the registrars would not then work eighteen or twenty hours a day as now, but could relieve each other in a very professional way. If we could combine in New York City I believe we could control the situation and I believe we would have the practical nurse with us, because many of them do not wish to go out under false pretences. But when there is a commercial registry whose income comes from a percentage, it is to their interest to send out a woman for the highest possible salary. Whether she likes it or not, she can go out at that rate or she can lose her place on the registry, just as she chooses.

Mrs. Haasis: The committee at no meeting was unanimous in any conclusion it came to. We were as nearly unanimous as on any subject that the small special hospital which has been spoken of is usually not a desirable place to train attendants, because so many are special surgical hospitals where the patients are acute cases, and it is not in the care of acute cases that we wish these women trained.

Again, we were not unanimous in ruling out any hospital or institution as desirable for training attendants. Some of the committee felt that the experience in an institution spoiled the attendant for the home where they were obliged to do housework. A large proportion of the committee felt that the emphasis should be placed on preparing women who would be the equivalent of the intelligent mother and that the emphasis should therefore be placed on the housekeeping and the care of the normal child rather than on the care of the acute case.
Miss Clayton: Is it not true that we want skilled nursing for our poor, for our middle class and for our wealthy people? Is it not true that we want the attendant for the wealthy, for the middle class and for the poor if we need it at all? Is it not for the case where we do not have acute illness? The visiting nurse societies, if I am not mistaken, are now establishing hourly nurses, where the wealthy person may have an hourly nurse or the poorest person may have the same by paying the attendants in the home where they do not wish to pay for graduate service.

Miss Isabel Stewart: It seems to me perfectly impossible to meet all demands, but the demand for the cheap nurse will certainly not be met, it seems to me, by an attendant, because even a domestic servant would be beyond the purse of a poor family, and the attendant, as we all know, charges from $18 to $20 and sometimes $25 a week, and it would be quite as impossible for the poor family to employ an attendant as to employ a trained nurse, or just about. So that really, as far as the clamor for the cheap nurse is concerned, the attendant would not meet that clamor at all. In any case I cannot see that she would meet it. It seems to me the attendant is just for the chronic case, for the well-to-do or middle class family and for certain assistance that that attendant could give in a visiting nurse association where she is employed by the visiting nurse association and not by the family.

Miss McMillan: Has the question of the woman herself been taken up? I mean how many women have indicated that they are willing to take such a course? Has that side been looked into at all?

Miss Eldredge: I can answer that question just briefly. All the 800 or 900 women who tried to enroll in the United States student nurse reserve during the war, but who did not come up to the educational standards had a special letter sent to them asking if they would go into chronic hospitals, into hospitals for the mentally ill, or into any sort of an attendant service. I spoke to Miss Brathwaite, when I was in Washington only a month or so ago and she said the number who replied that they were willing was a negligible quantity.

Miss Barnes: Perhaps we do have to train the attendant, but it is not very easy for us to sit here with our own ideals in committee meeting and with our own ideals and fairly complete
knowledge of what is involved, and most of the time I think forget, in a measure, at least, the psychology of that other woman about whom the question has just been raised. The woman who has the qualifications to take the full nurses' training and then has two or three years of fine training, with people of fine ideals, comes to have standards of ethics that do prevent such things as profiteering that we were all so well aware of on the part of the practical nurses and others, does make us keep together, maintains standards, does prevent us from assuming responsibilities that we know we cannot meet. But the kind of training that is necessary for this other woman, who is, after all, a problematic creature, does not provide that kind of training, does not give her those ethical standards, in fact, does not make any warrant at all that she is going to remain an attendant after she becomes an attendant. We may train perfectly good attendants, but as those who have been training attendants tell us, very soon the attendant disappears and after a little time somewhere, sometimes not very far away, a so-called nurse does appear.

We may, however, have the trained attendant, but while we are facing that necessity, if it is a necessity, can we not think of how much more emphasis than we have been putting we may put on the possibility of another solution of the same problem. I mean in the direction of greatly increasing the Red Cross courses in home nursing, which will provide in every home a trained attendant who is very greatly concerned for the welfare of that home, being the mother or the daughter.

The point has been made that we are in great danger of providing poor nursing for poor people. Are those who can afford the service of a well-trained nurse going to make use of the attendant instead of the trained nurse? Is it not after all going to resolve itself into our providing, in the last analysis, partially trained people to nurse those of small financial resources, while the well-to-do are cared for by the better nurse, providing a kind of class distinction, which is the last thing in the world that we want?

Must we not, in the solution of this problem, emphasize more yet than we have, in the extension of public health nursing to all the people, the supplement of the public health nurse with the service of the household helper who is so trained that she cannot possibly mistake herself for a nurse?
It seems to me that the woman who can satisfactorily carry on the ordinary duties of the kitchen, has sufficient intelligence to carry out orders given her by a skilled nurse who comes into the home in the capacity of a visiting nurse. In training a household helper, whatever we might call her, instead of the trained attendant with hospital experience, we would be providing the needed service without running any risk of having her mistake herself, as she is so apt to do, for a nurse.

Miss Isabel Stewart: We know that the families that could afford to pay large wages to servants cannot find them or cannot get them in any way?

I believe that it is one of the problems of the age what we are going to do about domestic service, and if we just make the work of that person simply domestic service we won't attract any one, we won't get women who will be willing to undertake the work at all. At least I am afraid we won't.

Miss Kelly: Why would it not be well, if we are going to make of this woman a household helper, to plan to have such a helper in every household, by introducing into our educational program in the high school some training in home nursing? This Red Cross program, the program for nursing, it seems to me could be adapted to that household course; and in that way we could have the technical training enter more and more into the high school.

Miss Hilliard: Such a plan was tried in some of the night high schools in New York, with undesirable results. The course was supposed to fit young women for home care of the sick, and was taught by a woman physician, who had had no training in nursing. There was no hospital training connected with the course and it met only one or two hours three evenings a week at the high school. The Board of Education issued a certificate for Home Care of the Sick. There were no entrance requirements as to age, education or character, and we found that young and foreign and illiterate women were registering for it. These young women then had cards printed stating that they were specializing in obstetrical nursing.

Miss Clayton: This is a most interesting discussion, but it is five o'clock and we still must have our reports from the state presidents. Could we postpone the discussion of this until Friday night?
On motion the discussion on training attendants was postponed.

President Clayton: Our state presidents have come from far away and we would hear their reports this afternoon. Is there a representative from Arkansas here? Is California represented?

THE REPORT OF THE CALIFORNIA STATE LEAGUE OF NURSING EDUCATION

The State President was called overseas, and the writer was made the chairman of the Southern Section while the vice-president has presided over the Northern Section. Owing to influenza our meetings were interfered with for two or three months. Aside from that we have had good attendance. Discussions of training school subjects and problems have kept us busy and enthusiastic. We have in the south missed Miss Lila Pickhardt owing to her long illness, not only for her own sweet personality, but for her brilliancy and directness in all problems close to our hearts. We are as a society growing in interest and number.

Our training schools are well organized. We have as heavy if not the heaviest curriculum of any of the states. Much credit is due the director of training schools, Miss Anna C. Jammé and her assistants Miss Kate Douglas in the south and Miss Laura Grant in the north. They are ever ready to give us good council and to advise, and they solve many problems for us. We are working with the high schools in the education of our pupils in preparatory subjects such as chemistry, biology, nutrition and cookery, physics, etc. Where we are unable to send them to recitations we can give them the privilege of night school.

Our greatest problem now is the scarcity of pupils. Every school is lacking in its lists as far as I can ascertain.

Those of us who have the privilege of attending League meetings, feel we would be unable to maintain our training schools as well under these trying times were we deprived of this organization.

Laura L. Mitchell,
Chairman.

Miss Clayton: We have not time to discuss these reports, but will take action upon them later. May we have the Colorado report? Connecticut?
THE REPORT OF THE CONNECTICUT STATE LEAGUE OF NURSING EDUCATION

The Connecticut State League of Nursing Education held its annual meeting at Waterbury, in January.

Miss Adda Eldredge, interstate secretary, addressed the meeting, also Miss Doyle on Social Hygiene. Rev. Lewis of Waterbury reviewed some of his experiences in France.

Miss Harriet J. Allyn, our representative to the special meeting in Chicago in December, gave an excellent summary of that meeting.

The semi-annual meeting was held in Hartford in May. Topics before the nursing world at the present time were discussed, following the outline given in an early announcement of the meeting of the National League. Although we have done nothing special in the past year, we hope to do far more the coming year, especially along the lines of publicity, bringing our schools before the high schools and also higher institutions.

Each school is endeavoring to maintain the standard set for it both in requirements for admission and in the training of its pupils in class work and hospital duties. Nearly every school is giving a short course to a limited number of pupils in public health work or social service work.

Hartford Hospital has instituted eight hour duty for its nurses and several hospitals will probably be able to change to such a schedule by this fall.

A letter was sent to Congress recommending relative rank for nurses. A tribute to Miss Jane A. Delano was read at the May meeting.

LIZZIE L. GOEPPINGER,
President.

Miss Clayton: May we have the report from Illinois? Indiana, Iowa, Maryland, Massachusetts?
The Massachusetts League of Nursing Education has met but twice this year on account of the epidemic.

The midwinter meeting was one of great interest, Miss Adda Eldredge, the interstate secretary addressed the League on The Responsibility of the Hospital to the Training School. She emphasized the importance of convincing Boards of Trustees that they must cooperate more effectively with the faculty of the training school by appropriating enough money to provide for proper classroom equipment and by providing adequate instruction. "We must not forget," she said, "that there are many to follow us and we must do all in our power to make the way for them as easy as possible."

At this same meeting an arrangement was made for a course of ten evening lessons in the principles of teaching at the Massachusetts General Hospital. Miss Katherine Shute, who is in charge of the English department of the Boston Normal School was appointed instructor. The aims of this course have been threefold: (1) To stimulate an interest in teaching in pupils about to graduate; (2) to provide practical assistance to young teachers who have had no instruction in teaching methods; and (3) to give the more experienced teachers new methods of presenting their subject matter. The response to this course has been very gratifying, the class numbering eighty-two. These lectures have been most helpful.

At the second meeting Miss Mary L. Davis gave a talk on the teaching of dietetics in small hospitals where there is no resident dietitian. Miss Lucy Gillett, director of the Dietetic Bureau at 46 Cornhill, discussed the advantages of close cooperation between the nutrition worker and the visiting nurses.

Bertha W. Allen,
President.

Miss Clayton: Michigan.
REPORT OF THE MICHIGAN STATE LEAGUE OF NURSING EDUCATION

The meetings of the League have in previous years been held with the Michigan State Nurses Association. In January of this year for the first time a separate meeting was arranged for. This was the sixth annual meeting, with thirty-two members present. The total membership of the League is sixty-five, and twenty-one new members were admitted during the year.

Through the efforts of the two state nursing organizations, a Department of Public Health Nursing has been established in the university, and twenty-six students enrolled in February for the first course of four months. This course is to be repeated this summer and in the fall the length of time is to be extended to eight months. Graduates and student nurses have been admitted. The director of the department is the first woman to be appointed to a professorship in the University of Michigan.

During February the governor asked the president of the Board of Registration to draft a bill to license practical nurses. A meeting of the Executive Board of the League was called to which the nurses serving on the Board of Registration were invited. It was decided to recommend to the Legislative Committee of the State Association that no amendments to the present law or new legislation be presented this year. Late in March a bill was introduced. Its advocates were those men interested in hospitals with training schools in connection, training schools which did not meet the requirements of the Board of Registration. The bill gave the title of "junior nurse," very little preparation was required, and the State Board of Health was to examine and license the applicants. Through the combined efforts of the State Association, the Board of Registration, the League and many interested people, this bill was not voted upon in the regular session of the Legislature. The Governor included it in his call for a special session. A new bill with no improvement was drafted, the title "Registered Practical Nurse" being the only important change made. This bill was reported out June 11 by the Committee on Public Health without recommendation, was immediately tabled and in this way smothered.
Newspaper publicity similar to that reported last year has been continued and aided in the legislative work. Ex-Governor Ferris, a man interested in educational standards, was active in our behalf.

A committee of influential women has been formed to aid in securing rank for nurses. Mrs. Russell Alger, Jr., of Detroit, is chairman, and Mrs. L. E. Gretter, Miss Elizabeth Parker and Miss Fantine Pemberton represent the nursing organizations. Both associations have contributed sums of money to carry on the work. The report of a recent committee meeting has not been received.

The League has invested $55 in War Savings Stamps. In response to the request of the National League, a Committee on Public Education has been appointed.

The Committee on Affiliations has been securing data, and, as soon as possible, all superintendents with established affiliate service will meet with the Executive Board for the purpose of standardizing the work, and, also, to be ready to make suggestions to schools needing to broaden the training of their students to meet the requirements of the Board of Registration.

The March Bulletin of the State Board of Health was devoted to nursing subjects and reports. The material was furnished by the Board of Registration, and the State Medical Association edited its May journal as a Victory Number. Hospitals furnished pictures of buildings, lists of officers, student nurses, and names of all nurses who had done, or were at the time engaged, in military service.

The training school inspector was sent by the League to the conference in Chicago called by the Committee on Nursing of the General Medical Board, of the Council of National Defense.

Much of the work planned has been held in abeyance because of the time devoted to legislative work but the decided victory for our nursing standards and the opportunity of making known our work and aims to a greater number of people have been of inestimable value and we are now ready to work upon recommendations received at this meeting.

The officers are: President, Fantine Pemberton, R.N., Ann Arbor; Vice-President, Lystra E. Gretter, R.N., Detroit; Secre-
tary, Grace McElderry, R.N., Muskegon; Treasurer, Annie M. Coleman, R.N., Lansing; Chairman of Credentials, Mary Welsh, R.N., Ann Arbor.

Fantine Pemberton, R.N.,
President.

Miss Clayton: May we hear from Minnesota?

THE REPORT OF THE MINNESOTA STATE LEAGUE OF NURSING EDUCATION

The Minnesota State League was unable to hold the usual number of meetings owing to the influenza epidemic. A bill was introduced in the State Legislature, (1) making State Registration for nurses mandatory, (2) granting licenses to nurses' aids as "Licensed Aids," (3) increasing the educational requirements for state registration for nurses, until in 1926 they must have high school diplomas to be eligible and (4) adding a clause requiring a 56 hour week for student nurses. The state labor law had this clause, but omitted it, when we put it in our bill. Our bill was recommended by both Committees (the House and Senate), but was not passed.

A committee from the League was appointed to work with lay women throughout the state to work for the Lewis-Raker bill for rank for nurses.

M. Louise Powell,
President.

Miss Clayton: Missouri?

Miss Pointsett: The President of the Missouri League is not here, and not having sent me a letter from the state, the report will have to be impromptu. I have only a little copy which states the number of members, 12, the last payment of dues, February 14, the name of the president, Ann Gillis, of St. Louis, and that of the secretary, Charlotte Forrester of Kansas City. This is all I have aside from the report of the last meeting.

This year we took up especially the furtherance of the preliminary course for nurses in St. Louis, in connection with the Washington University. In Kansas City in connection with the
Polytechnic Institute, which is a junior college, we have a preliminary outline for beginning our work from September 8 with four hours' duty in the hospital for the hospitals that avail themselves of this opportunity in their graduate school, and three hours every afternoon in this institute, and with subjects such as hygiene, bacteriology and chemistry to be taught by professors of the institute and practical nursing to be taught by nurses appointed by the League. Also another nurse will give a short course in ethics and history of nursing. About how much they are accomplishing in St. Louis along that line I can tell you nothing further. There has been a wide distribution throughout the state of Miss Nutting's article to the secondary schools, to arouse the interest of the high school student to entering nurse training.

Miss Clayton: New York?

Miss Logan: The State President from New York, Miss Edith Aiken, has sent a letter stating that she was not able to prepare a formal report. She states that:

Addresses have been made before Mothers' Clubs, and high schools in the western section of New York and the Capitol District. The Southern Tier League has had representatives through the country speaking at high schools, and the same instructor, also, gave a course in practical demonstration for home nursing. Circular letters have been sent by the League asking for lectures to high school and college students.

Miss Hilliard: I would like to say, although I am not an officer of the New York State League, that the League is composed of five or six local Leagues—six, I think, up to date, the Buffalo, the Genesee Valley, the Monroe County, the Southern Tier, New York City and Brooklyn. It has also individual membership. It has one meeting yearly and it is held in conjunction with the meeting of the New York State Nurses Association.

I cannot speak for the local Leagues, with the exception of New York City, where we hold monthly meetings from November until June, and at each monthly meeting there are two papers.

This last year we have taken up the subject of the eight hour day for pupil nurses. We had an illustrated lecture on "Fatigue and Efficiency." We have taken up the work of the Committee on Rank. We have also had papers on student government, on the control of venereal diseases, on the household and maternity
centers which are formed in New York City, and altogether we have had rather a busy year.

A large number of committees have been working for procuring rank for nurses, for procuring some memorial for the nurses who have fallen in the service of their country, and for a representation of the League in the other clubs of New York City. Then we have a very active committee on teaching, and a committee on instructors. Of course there is a large membership in New York City and thereabouts and the work of the New York City League has been very active during the year.

Miss Clayton: May we have Ohio's report?

THE REPORT OF THE OHIO STATE LEAGUE OF NURSING EDUCATION

The work of the State League as a whole was largely merged in the work of the Committee on Nursing of the Woman's Committee of the Ohio branch, Council of National Defense. The president of the League served as Chairman of this State Committee on Nursing and, as such, directed all the work of publicity and recruiting throughout the state. She organized committees in 63 of Ohio's 88 counties. Nurses were represented upon all of these committees and in many cases were chairmen. Besides the publicity furnished from Washington much ingenuous and clever publicity appeared in local newspapers under the guidance of these local committees and the nursing lay county chairmen. (See report for Ohio, in report of committee on Public Education earlier in this report). Not only were the schools of nursing filled, but the percentage of student body was greatly increased, and 609 applications were forwarded to Washington from the office of the chairman and about 200 other applications were in process of completion when the armistice was signed. Some 200 applicants with insufficient education went back to school to finish the required minimum of one year high school, all in the hope of being prepared to enter spring classes. In certain counties special classes for groups of such candidates were planned and conducted by the cooperation of local nursing committees with high schools.
Ohio enrolled only candidates with at least one full year of high school credits, the amount of education required by the Ohio State Medical Board for admission to its recognized schools of nursing. The educational qualifications of the recruits sent in from Ohio were in percentages as follows:

<table>
<thead>
<tr>
<th>Qualification</th>
<th>Percentage</th>
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<tr>
<td>College graduates</td>
<td>5</td>
</tr>
<tr>
<td>From 1 to 3½ years of college credits</td>
<td>21</td>
</tr>
<tr>
<td>High school graduates</td>
<td>39</td>
</tr>
<tr>
<td>From 1 to 3½ years high school credits</td>
<td>35</td>
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</tbody>
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The educational work done through the medium of these committees was of decided benefit to nursing education in Ohio. Today women have begun to know what constitutes a good school of nursing, and interest has been aroused which never before existed.

The annual meeting of the Ohio State League of Nursing Education was held in Toledo, May 6 and 7, in conjunction with the meeting of State Nurses Association, as a full afternoon session. Three papers were read and discussed. The 52-Hour Week for Student Nurses, by Phoebe M. Kandel of Springfield; Training of Attendants by Grace Bentley of Cleveland; and Readjustment of the Curriculum to Meet the New Demands, by Isabel M. Stewart of Columbia University.

The annual reports of the four local leagues were given at this meeting as follows:

1. The Cincinnati League has a membership of 29. Earlier in the year its members were active chiefly in work for the United States Student Nurse Reserve Campaign, covering the recruiting stations and distributing literature, and making speeches in outlying districts throughout Hamilton county as well as the city. The papers of 81 recruits were sent to swell the quota of the state.

   The seven training schools of Cincinnati increased their student body materially, the increase varying for the different schools from 50 to 98 per cent of their usual number. Sixteen (16) scholarships were obtained for use in local schools ranging from $300 to $420 each.

   Two important meetings of the Cincinnati League have been held since the epidemic finally subsided. Both of these were luncheon meetings and well attended. One was in conjunction
with the public health nurses of the city, at which the principal speaker was Dr. Cary P. McCord, the newly appointed professor of Industrial Medicine and Public Health at the University of Cincinnati. Professor McCord dwelt particularly on the part the nurse must play in the new program of preventive medicine. At the other meeting the discussion centered around the 52-hour a week program, and the question of Tuition Versus An Allowance for Student Nurses.

2. The Cleveland League has held monthly meetings throughout the year with three exceptions. Topics of general interest were taken up at these meetings, in addition to the discussion of training school problems. Two pieces of work have been done by two committees of this League, one on the standardization of nursing technique in the training schools of Cleveland, and the other the formulation of a suggested curriculum for the last two years of high school which could be used as a guide for those students who plan to enter a school of nursing after graduation. The committee on the standardization of nursing technique was constituted by instructors of practical nursing from the different schools. They met weekly throughout the winter and demonstrated and discussed nursing procedures, deciding upon the methods which seemed best from all points of view. It is expected that these procedures will be printed for use in the Cleveland schools of nursing. The other committee was made up both of high school teachers interested in nursing, and of principals and instructors of schools of nursing. Luncheon meetings were held at the Woman's City Club and specialists on high school subjects were invited to attend and express their views. An outline has been made as a result of these conferences which is to be presented to the superintendents of the schools in Cleveland. The Cleveland League has a membership of 30.

It also was active in assisting with the United States Student Nurse Reserve Campaign in Cleveland and Cuyahoga County, and sent in 30 recruits.

3. The Columbus League carried on no active work as an organization. Its individual members, however, were members of the Nursing Committee of the Council of National Defense and gave talks to high schools and college groups before, and during the campaign for student nurses, and sent in 30 recruits.
4. The Toledo League has held no regular meetings because of the epidemic, but reports a close cooperation on the part of its members with the Committee on Nursing of the Woman's Committee, Ohio Branch, of the Council of National Defense during the year, particularly during the United States Student Nurse Reserve Campaign. The Toledo League has 45 members.

The officers of the State League for the ensuing year are: Laura R. Logan, President; Elinor Hamilton, Vice-President; Grace E. Allison, Secretary; Phoebe M. Kandel, Treasurer; Directors, Florence Deaver, Mary Vogler, Marie Lawson.

Laura R. Logan, President.

Miss Clayton: May we have Pennsylvania's report?

THE REPORT OF THE PENNSYLVANIA STATE LEAGUE OF NURSING EDUCATION

The Pennsylvania League of Nursing Education, has a membership of 115. The League held two meetings during the year. The first at Harrisburg, Pa., on January 1, was a business meeting. The other, held in Johnstown, Pa., on April 30, was attended by a large number of teachers and superintendents of nurses. Miss Lillian Clayton, presented a paper, entitled, The Training School as Part of a Program of National Efficiency. Miss Harriett Frost, spoke on Public Health Nursing in Relation to Training Schools and Senior Students, and Miss Grace Watson who was in charge of the Nurses' Training Station at Vassar, read a paper on Preliminary Course. The three papers were excellent and the members of the League felt they were most fortunate in their speakers.

The question of the eight hour law was discussed very generally. The points brought out were in relation to eight hours consecutive work and the divided day and whether class hours should be included in the eight hours or not. Instances of several schools were cited and it was found that the eight hour day meant eight hours on duty in the hospital. It was moved and seconded that the Pennsylvania League of Nursing Education go on record as approving the eight hour law for nurses and report its action to the National League of Nursing Education.
The question of the shortage of applicants was discussed. It was felt generally that there would be a shortage this fall. As heretofore, many schools have no shortage and we find such schools are having shorter hours, social diversions, better home and educational advantages. A certain amount of publicity work is being carried on throughout the state and more will be done during the summer and fall. It was recommended by the Educational Committee that applicants might be secured by the following organized publicity:

1. That detachments of high schools and normal schools be invited to visit the hospitals.
2. That a vocational speaker be appointed to talk to groups of students.
3. That all publicity work be reported to the State League.

It was found that the applicants were better prepared from an educational point of view than in recent years.

A decided step forward has been taken in the western part of Pennsylvania in public health nursing by the organization of a Public Health Nursing Association in Allegheny County, one of the largest counties in the state and one of the foremost industrial sections of the country.

An opportunity will be given to the hospital training schools to send their senior nurses for a three months' course in visiting nurse work. The schools approved of the plan and it has been endorsed by the Pittsburgh League of Nursing Education. This plan will help to answer the fourth point, what are we doing to provide public health nurses and teachers?

The Philadelphia League held six regular and three special meetings. Also, sixteen lectures were given on public health work, to which all senior nurses were invited. In addition to this, they had regularly Saturday night classes at which time teaching methods were demonstrated. The Philadelphia League formulated a plan of affiliation of the schools of Philadelphia with the hospital for Contagious Diseases. The plan was approved by the Director of Health and will soon be in operation. In several sections of the state, affiliations have been made with high schools for class work in chemistry, history, biology and English literature. These plans worked out well as far as could be learned.
The matter of securing data in relation to sick nurses was not acted upon, as the report would not cover a sufficient length of time. No new local leagues were reported, but there are several district leagues in formation at this time.

Jessie J. Turnbull,
President.

Miss Clayton: Is there a report from Rhode Island?

THE REPORT OF THE RHODE ISLAND STATE LEAGUE OF NURSING EDUCATION

The League has held only three meetings, the October meeting being omitted due to the epidemic.

An open air meeting was held in June, 1918, at which the Cleveland Convention was reported. Miss Inez C. Lord spoke of the hospitality shown the delegates and of her impressions of the meetings. Mrs. Churchill reported for the League and Miss Fitzpatrick for the American Nursing Association.

The annual meeting was held in January at the Memorial Hospital, Pawtucket with Miss Nellie M. Selby as hostess.

Miss Helen Wood, Acting Superintendent of Nurses at the Massachusetts General Hospital and Miss Lewis, Medical Social Service Worker for the same institution, spoke of the work done there for Social Service, both as it concerns the training school and the people helped by it.

At the April meeting, held with Miss Aldia Young at the Providence Lying-In Hospital shorter hours, uniform curriculum, and the establishment of a teaching center for all training schools were the principal subjects taken up. A committee was appointed to confer with Mr. Walter Ranger, Superintendent of Public Schools and to report what could be done through the School Committee in establishing such a center.

At the June meeting, 1919, Miss Carolyn Gray spoke on Shorter Hours for Nurses in Hospitals. Miss Gray's address was intensely interesting and gave rise to an animated discussion. This meeting was held in "The Grove" at the Rhode Island Hospital, a beautiful spot. Guests were invited and many, including several of the local superintendents of hospitals and head nurses, etc., attended.
The League worked to help protect the Rhode Island State law for the Registration of Trained Nurses from a very harmful measure, which if it had been put through would have destroyed all protection for nurses in the state. Assistance has been given the committees in the work of two Surveys taken in the state, one under the League of Nursing Education and the other under the Red Cross. A small pledge of money toward the work of the National Committee to Secure Rank for Nurses in Military Service has been made. Members have addressed groups of college women, high school girls, Red Cross workers, and training schools on different subjects for the advancement of the interests of nursing in general, such as enrollment of pupils, Red Cross enrollment, reconstruction, etc.

There have been five meetings of the Executive Board.

INEZ C. LORD,
President.

Miss Clayton: Any report from Vermont? Have we a report from Wisconsin?

THE REPORT OF THE WISCONSIN STATE LEAGUE OF NURSING EDUCATION

The membership in the Wisconsin State League of Nursing Education has increased to 43.

During the year Local Leagues have been organized at Madison, Oshkosh and Milwaukee, and three other districts are preparing to organize.

A committee to secure rank for nurses has been very active during the winter. Considerable publicity work has been done by the State Speakers Bureau and others in the way of speaking to high schools and colleges on nursing as a vocation.

A bill was introduced into the Wisconsin Legislature giving the board of supervisors of every county the power to hire a nurse in every county to supervise all activities pertaining to health and the welfare of the county. Through the efforts of the league and the other nursing organizations the title "Graduate Nurse" was substituted for "Nurse."

MABEL FORREST,
President.
Miss Clayton: Indeed it is very encouraging to note the great amount of work the various state Leagues have been performing during the past year in spite of all the difficulties.

There are a few announcements to make and at this meeting. We must have a Resolutions Committee appointed. What is your pleasure regarding the Resolutions Committee?

Upon motion by Miss Hilliard, seconded by Miss Logan, it was voted the committee be appointed by the Chair.

Miss Clayton: I hope you will attend all the meetings tomorrow, and remember on Friday that we have the closing business session, which is important to everyone.

It is now in order for a motion to adjourn. Thank you for your patience and time.

On motion the meeting adjourned.

Wednesday Evening Session, June 25, 1919

The meeting was called to order at 8.30 p.m. by the president S. Lillian Clayton.

It was opened by a prayer by the Reverend John Donald McLaughlan, Rector of the Church of our Savior, Chicago, and was followed by the singing of "America" by the audience.

Miss Clayton: Our topic tonight, The War Service of Nurses, places us at once in the shadow of a great sorrow, a sorrow that is shared with us by all nurses and all countries. Our topic also places before us the greatest cause we have ever had for thanksgiving in our profession. And, tonight, we have with us those who have lived close to those problems, more closely than many of us, and they bring to us from the depths of their knowledge the truths that we want to know.

I will ask the secretary to read a letter from Surgeon General Ireland.
The President,  
National League of Nursing Education,  
Chicago, Illinois.

DEAR MADAM:

The opportunity afforded me to express my commendation of the work of the nurses in the World War to such a representative body of professional women as the League of Nursing Education, is indeed a pleasure. Through you I hope my appreciation will be conveyed to the nurses of America who responded so loyally to their country's needs. The Army Nurse Corps, comprising among its personnel women from the highest positions in the nursing world, has splendidly fulfilled its traditions. The exceptional professional skill of its personnel, coupled with the psychological influence exerted by the sympathetic feminine presence, made the Army Nurse Corps a very notable factor in the success achieved by the Medical Corps of the Army. It was my experience that the nurses at all times and under the most trying circumstances displayed patience and courage of the finest order. They attested their loyalty and devotion to duty by self-immolation, and quiet, unquestioning obedience, giving no thought to personal safety.

And to those who sacrificed their lives in line of duty, I desire to pay my highest tribute. Their names will be immortal on our country's honor roll, and their heroic devotion to duty will ever be an inspiration to the womanhood of our nation.

Yours very sincerely,

(Signed) M. W. Ireland,  
Surgeon General, U. S. Army.

The first paper that we shall listen to tonight is, The War Service Rendered by the Nurses of the Army Nurse Corps. Miss Dora E. Thompson, Superintendent of the Army Nurse Corps, could not be with us but has sent a representative, who will read her paper.

HOW THE ARMY NURSING SERVICE MET THE DEMANDS OF THE WAR  

By DORA E. THOMPSON  
Superintendent, Army Nurse Corps

On the day the United States declared war with Germany there were in the Army Nurse Corps 233 members of the Regular Corps, and 170 reserve nurses, who had been assigned to active
service as a result of the mobilization of troops on the border. After war was declared, the need both in this country and overseas continued to increase, until at the date of the signing of the armistice there were 3542 nurses in the Regular Corps, and 17,956 reserve nurses, making a total of 21,498, approximately 10,000 of this number, including regulars and reserves, serving overseas. The need had been met by the nurses of the country. How it was met, and the record of the wonderful work of the nurses, I will attempt to show in the following paragraphs.

The heroic work of the nurses in the Spanish American War demonstrated to the Medical Department of the Army the great value of graduate nurses in Army Hospitals; therefore, the Army Nurse Corps was established by Act of Congress, February 2, 1901, to consist of a superintendent and as many nurses and chief nurses as might be needed, the nurses to be appointed for three year periods, and chief nurses to be appointed by promotion from the ranks of the Corps. At that time there were but 100 nurses in the service, stationed in the Philippine Islands and a few general hospitals in the United States. The Corps grew very slowly, and, just before the mobilization of troops on the Mexican border in 1916, consisted of but 150 nurses. The mobilization of troops, however, necessitated the establishment of many hospitals along the border, and a consequent increase in the nursing personnel.

When war was declared with Germany, April 6, 1917, there were but 17 stations at which nurses were serving, including this country, the Philippines and Honolulu; when the Armistice was signed, there were 169 stations in this country alone where nurses were serving, in addition to 10,000 nurses, both regulars and reserves, serving overseas detailed to many different base hospitals, evacuation hospitals, casualty clearing stations, et cetera.

You are probably familiar with the fact that the enrolled nurses of the American National Red Cross Nursing Service constitute the reserve of the Army Nurse Corps, and in time of war or other emergency may, with their own consent, be assigned to active service in the military establishment. It was due to the farseeing vision and indefatigable labor of Miss Jane Delano, as Director of the Red Cross Nursing Service that the reserve force was established and in readiness to respond to the call when the need arose.
As the war progressed, the Red Cross was called upon to furnish large numbers of nurses to meet the rapidly increasing needs of the service. Throughout the entire war the Army Nurse Corps branch of the Surgeon General’s Office has worked in close coöperation with the American Red Cross Nursing Service in meeting the need for nurses. It was early recognized by the executives of both organizations that it would be necessary to waive certain requirements for entrance into the service for the duration of the war. The age limit was modified to include applicants from 21 to 45. Registration was waived. Nurses who were not citizens of this country, but who were citizens of any allied country, were accepted if otherwise eligible. The waivers necessary in order to obtain the large body of nurses needed were made with great reluctance on the part of both the Surgeon General and the Red Cross, but the old requirements for appointment in the Army Nurse Corps were restored by the Surgeon General immediately upon the signing of the armistice. After that date no more reserve nurses were needed, and in fact no more nurses have been appointed in the Regular Corps, the names of eligible applicants being placed on file for future appointment when vacancies occur. Since the signing of the armistice, demobilization has progressed as the need for nurses has decreased. But the great work of reconstruction will of necessity keep a large force in the service for some time.

Among those nurses enrolled by the Red Cross were a number of Catholic Sisters who were graduate nurses. These Sisters were assigned to active duty with the Army Nurse Corps and sent overseas with Base Hospital No. 102. A large group also served temporarily at Camp Taylor during the influenza epidemic.

In noting our sources of supply, a small number of colored nurses were assigned to active duty at two cantonment hospitals, where large numbers of colored troops were concentrated.

Nurses enrolled by the Red Cross were assigned to active duty with the military forces for the period of the war emergency. It was, therefore, deemed advisable to permit the nurses who came into the Corps direct to receive appointment for the period of the emergency or for three years as they desired.

Early in the war it appeared that should the fighting continue a number of years the nursing resources of the country would be
exhausted. To meet this future need in part, there was established by the War Department the Army School of Nursing. Miss Annie W. Goodrich, R.N., was appointed Dean of this school.

With a view to immediate preparedness, the American Red Cross Nursing Service had established courses throughout the country for Nurses' Aides. It is an interesting fact in its relation to the supply of graduate nurses the country gave the Army, that shortly before the armistice was signed, the Surgeon General had requested the Red Cross to enroll 1500 Nurses' Aides, and had hostilities not ceased on November 11, these aides would have been sent overseas, as an adequate supply of graduate nurses seemed perilously near the end.

You will all remember that in the latter half of 1917, the Army was being rapidly mobilized in this country, and large cantonments for the training of these men were established in different parts of the United States. Each cantonment was a small city in itself. It was planned that each cantonment should have a thousand bed hospital, but many had hospitals of far larger bed capacity. For each hospital of 1000 beds it was considered necessary to have a personnel of 100 nurses, although some of the larger hospitals had a personnel of several hundred, and during the influenza epidemic a few had from 400 to 500 nurses. Many large general, base, camp and post hospitals were established throughout the country; and hospitals were organized at the aviation stations, ports of embarkation and debarkation, arsenals, recruit depots; and also hospital trains were put in operation. Nurses with wide executive experience were needed for the administration of the nursing service in the large army hospitals. Some chief nurses were drawn from those already in the Corps, but many were brought in from civilian hospitals. Many of these women entered the service at a great financial sacrifice, and deserve the greatest credit for the ability which they demonstrated in the conduct of their work.

Groups were early formed for the care of psychiatric, orthopedic, eye, ear, nose and throat cases, and special hospitals were organized both at home and abroad, for the care of these cases. Groups of nurses skilled in the administration of anaesthesia were used in this country and also sent overseas, thereby releas-
ing medical officers for other work. Special courses in the administration of anaesthesia were given in the large general and base hospitals and at St. Mary's Hospital, Rochester, Minn.

Another field of work which was opened to nurses in this country was that connected with the Physical Welfare Division, organized at the War Dispensary, Washington, D. C., and nurses with special experience in public health work were assigned to this duty. The establishment of this service was found to be absolutely necessary, owing to the arrival in Washington of thousands of young women, having no friends or relatives or any one particularly interested in their physical welfare while in the city, and who came here to work in the various departments of the government. The nurses visit them in their homes when they report sick, and make recommendations as to their disposition. Nurses have also been placed in the various rest rooms in the large government buildings where minor ailments are treated daily.

The American Red Cross, at the peak of supply, forwarded the names and credentials of approximately 100 nurses to the Surgeon General's Office daily, for cantonment duty in the United States; in addition to this the nursing personnel of 50 base hospitals was organized for overseas' duty. Each of these hospitals had a personnel of 65 nurses, which number was however later increased to 100. At the same time that Reserve Nurses were being assigned to duty with the Army Nurse Corps, nurses were being appointed directly through the Surgeon General's Office in fairly large numbers. The base hospitals from No. 51 upward were organized in the Army Nurse Corps Division of the Surgeon General's Office. These groups were selected from those nurses on duty in the army hospitals of this country who had demonstrated their professional and physical fitness for overseas service.

Shortly after war was declared, Base Hospitals, 2, 4, 5, 10, 12 and 21 were immediately ordered into active duty for service overseas, for assignment to duty with the British forces. From this time on, base hospitals organized by both the Red Cross and the Surgeon General's Office were being sent overseas as rapidly as the need arose, and space on transports could be secured. Many special detachments and replacement groups were also sent from time to time. The steady stream of nurses pouring overseas did not cease until after the armistice was signed.
Early in June, 1917, a mobilization station for nurses ordered overseas was established at Ellis Island in New York Harbor, and accommodated approximately 350 nurses. This place was later taken over by the Army for hospital purposes only, necessitating the establishment of a mobilization station in New York City. A station was established at 120 Madison Avenue to accommodate 130 nurses. Later this was abandoned and the Knott chain of hotels was selected for mobilization purposes, with headquarters at the Hotel Albert, University Place and 11th Street, New York City. After the signing of the armistice, however, the mobilization station was transferred into a demobilization station for the reception of nurses returning from overseas for discharge or relief from active service, and a large number of nurses pass through that place weekly. The station functions under the Surgeon, Port of Embarkation, Hoboken, New Jersey. The majority of nurses returning to this country desire to proceed to their homes immediately, though a few have requested to remain in the service for the present.

Upon the arrival of nurses overseas they came under the jurisdiction of the Chief Surgeon, A. E. F. The assignment of the base hospitals, and the detailing of individual groups of nurses was handled entirely by the Chief Surgeon. A director of nursing service was sent overseas for duty in the Office of the Chief Surgeon in October, 1917. Her status at that time was that of chief nurse, but later she was made Director by authority of Act of Congress, July 9, 1918.

In June, 1918, a base hospital was sent to Porto Rico for duty in the cantonment hospital. Late in 1918, a group of nurses was sent to Vladivostok, Siberia, for duty with the A. E. F. at that place.

An early feature of the war was the adoption of the outdoor uniform by the Corps. Before that time, there was no outdoor uniform, but, when the first group sailed for Europe, it was seen that some mark was absolutely necessary to distinguish the nurses. The uniform is a very simple dark blue suit, which can be worn with either white or Navy blue waist. The letters, “U. S.” are worn on the lapel of the coat, with the bronze caduceus of the Medical Department with the letters, “A. N. C.” superimposed upon it. The chief nurses are distinguished by a black band of
braid around both sleeves. The winter hat is of dark blue velour, and the summer hat is a straw sailor of dark blue. A dark blue cloth overcoat was adopted as part of the uniform, the style of which is much like the coat worn by men of the service. The American Red Cross furnished nurses ordered overseas an excellent equipment of uniform, overcoat, sweater, cape, shoes, boots, et cetera. The uniform of the Corps is well recognized now, and experience has proven it of great benefit to the nurses, and has brought them many courtesies.

Recently the issuance of the uniform by the War Department has been authorized. Regulations have been amended so that members of the Army Nurse Corps may purchase from the Quartermaster Corps articles of uniform clothing and equipment, provided the property is available. The War Department has granted the nurses the privilege of wearing the war service chevron which was authorized for officers and enlisted men. This chevron is of gold, worn on the lower part of the left sleeve of uniform coat, with an additional chevron for each additional six months' service overseas. The wound chevron is the same, but is worn on the lower half of the right sleeve of all uniform coats of each officer, nurse, and enlisted man who has been wounded or gassed in action, with an additional chevron for each additional wound. A silver chevron for each six months, service in this country is allowed.

A point of interest demonstrating the place which the nurses are securing for themselves, is that the full responsibility of the ward management is now definitely placed upon the head nurse. This was done upon the recommendation of the Surgeon General with the approval of the Secretary of War. Hitherto this responsibility was shared by the wardmaster, an enlisted man.

Regulations have been changed, making the status of the nurse after that of cadet and before that of non-commissioned officer. The Army Appropriation Bill for the fiscal year, 1918, carried with it provisions for the reorganization of the Army Nurse Corps. This bill increased the number of executive officers of the Corps, authorizing six assistant superintendents. Four were assigned to duty in the office of the Surgeon General to assist the Superintendent of the Army Nurse Corps. The positions of Director and Assistant Director for each army or
separate military organization outside the limits of the United States were created. The pay of all members of the Corps was increased from $50 to $60 while serving in this country and from $60 to $70 while serving overseas. Provision was made for a sick leave for nurses of 30 days in each calendar year. The pay of the chief nurse was inadvertently reduced to $20 in addition to pay of nurse, but has recently been corrected to be retroactive from July 9, 1918.

It is regretted that a provision contained in the bill and carried on to the last reading in conference, providing for the retirement with three-fourths pay of members of the Army Nurse Corps after twenty years' service was stricken out. This measure has again been recommended by the Secretary of War, and it is hoped will become a law in the not distant future.

Among the things which have been done to make the lot of the nurse happier, was the establishment of recreation houses at many of the larger hospitals by the American Red Cross. Further, the great thoughtfulness and generosity of Mr. and Mrs. Jacob Schiff and Mr. and Mrs. Cleveland Dodge of New York City was demonstrated by the establishment of two rest houses by them for army nurses in need of rest and recuperation. These homes which are most comfortably furnished, and maintained entirely at the expense of the donors, are located at Sea Bright, New Jersey, and Riverdale-on-Hudson, New York, accommodating 25 nurses each. Nurses are sent there who are convalescent from illness, and they have derived inestimable benefit therefrom.

The World War has demonstrated beyond the shadow of a doubt that the women of the nursing profession of America met the challenge of war with the same high spirit of courage, self-sacrifice and devotion to duty manifested by the men of America. This statement is not based upon my own conclusions founded upon the records of the office, but is based upon the consensus of opinion of medical officers both in this country and abroad.

General Pershing in his report to the Secretary of War in 1918, on the activities of the American Army overseas, made the following statement:

Our Medical Corps is especially entitled to praise for the general effectiveness of its work both in hospitals and at the front, embracing men of high, professional attainments and splendid women devoted to their call-
ing and untiring in their efforts. This Department has made a new record for medical and sanitary efficiency.

To quote from a statement made by General Ireland, now Surgeon General of the U. S. Army, which will demonstrate what he thought of the nurses’ work overseas, while Chief Surgeon, American Expeditionary Forces:

The history of the work of the Army Nurse Corps in France will be a bright page when written in the traditions of these splendid women who devote their lives to care for the sick and wounded.

Colonel M. A. DeLaney, now on duty in the office of the Surgeon General, who during the greater part of the war was American Liaison Officer at the British War Office, in a statement to me gave a very pleasing tribute to the nurses under his charge with the British Forces. He said:

Perhaps the only organization of the American Army that went to France which at once went into action without special training for the new kind of warfare, was the Army Nurse Corps. These young women did not go into training camps but at once to the bedsides of the sick and wounded. They were the first Americans to go to France. Five hundred crossed the perilous ocean for duty with the British Army when the submarine sinkings were the greatest. They were caring for the wounded many weeks before a combatant American soldier was in France. Within 24 hours of their arrival, the British sisters marched out of certain hospitals turned over to us, and our American nurses, in strange surroundings, and in a strange land, marched in and took their places. All hours of the day and night they watched at the bedside of the convalescent or dying soldier, never complaining, never faltering. I have seen them calm and unperturbed when attacked by submarines, under fire at a C. S. S., or being bombed behind the lines, and never saw a single American nurse hesitate in her devotion to duty.

I had 1000 of our nurses with the British Expeditionary Forces. I had ample opportunity to observe them. Their hours were long and the climate trying, and their duties hard indeed. They went to their tasks with a will and a smile, whether in bitter cold of winter, caring for the incoming convoy of wounded or ministering to the patients whose very clothing gave off the deadly fumes of the then unknown mustard gas which burned their bodies. The discipline and esprit were superb. It will always be a pleasure to add a word of praise or commendation to these pioneers, and devoted representatives of young American womanhood who were never found wanting.
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Though the work of the nurses overseas received the greatest plaudits of the country from both the profession and the laity, the nurses who were necessarily retained in this country deserve equally as great mention. Those who remained at home were all most anxious to go overseas, and it seems to me that the courage displayed by these women, "Carrying on" far from the field of glory was as great as those who served "over there."

During the influenza epidemic, they were untiring in their efforts and met the situation in a manner which cannot be praised too highly, taking no heed for their own comfort or the number of hours they served. The heroic self-sacrifice and fidelity to duty shown by the nurses is without parallel, as no great epidemic such as this has swept over the country since the world has had the blessing of the graduate nurse. During the epidemic, 127 nurses died in this country of influenza or pneumonia resulting from it, and 35 nurses overseas.

A total number of 263 nurses died from all causes while in the service of their country. To those immortal ones who made the supreme sacrifice on the altar of liberty, we owe our highest tribute. They gave their lives to their country, they had no greater gift.

A number of nurses have been decorated by foreign governments. The Medaille d'Honneur was conferred on 37 members of the Army Nurse Corps by the French Government; the silver cross of St. Anne was conferred upon 8 nurses by the Russian government; the British Royal Red Cross was conferred upon 34 nurses by the British Government. The order of the Croix Reine Marie was conferred on three nurses by the King of Roumania.

Miss Beatrice M. McDonald, Reserve Nurse, Army Nurse Corps, received the Distinguished Service Cross conferred by the Government of the United States, and two more members of the Corps have been recommended for this honor. At the presentation of the Distinguished Service Cross to Miss McDonald, the Secretary of War commented upon the quality of the service rendered by the nurses as follows:

It gives me great pleasure in conferring this Cross to say that the Army of the United States is under deep obligation to the nurses who served so gallantly and so faithfully; that our losses in this war are so slight, relatively, is undoubtedly due to the fidelity, self-sacrifice and heroism of the
women of the Nurse Corps who ministered to our wounded at the very front.

Miss Clayton: Mrs. Lenah Sutcliffe Higbee, of the Navy Nurse Corps, has also prepared a report of her Division of the service, which will be read to us by Miss Nevins, of Washington.

WORK OF THE NAVY NURSE CORPS

By LENAH SUTCLIFF HIGBEE
Superintendent, Navy Nurse Corps

An ingenious programme committee chose as the subject of this paper, Work of the Navy Nurse Corps, and has generously allotted fifteen minutes for the report. The limitation of time in describing their work will be regarded with amusement by the members of the Corps. Even a "new nurse" in the Navy discovers within a few hours that she must be a many sided nurse product, and her work in this Government Service is found to be difficult to tabulate and analyze. She is a nurse, of course, special and surgical; she is also a teacher, particularly in operation room technique; she is a director and counsellor; a special cook and an emergency dietist; a laboratory technician and an X-ray operator; a keeper of books and inventories; a confidant of sick patients, a welfare worker among convalescents; she represents mother and sister to the lads in the Navy; and she is required to conduct her life in these diverse activities and to fulfill her professional duties in such manner as will react creditably to the record of the nursing profession. To sum up her activities and her progressions, at the same time admitting her share of the tendencies which make her very human in spite of the wonder of her; and yet acknowledging that these tendencies would render her unqualified to serve if not guarded, would be difficult in a peace time report limited to fifteen minutes; but I am asked to speak of war time activities. Under such conditions, the measurements of the nurses' work and greatness are incaulcably increased, and I believe I am not exaggerating when I state that more difficult work is required from nurse members of the Navy than from other individuals or organizations, except that of the Army Nurse Corps.
The many qualifications noted above are justly enumerated in connection with the Navy Nurses' "work." I have listened to many tearful confessions made by nurses who were undaunted by the actual professional work, but who faltered before the far reaching responsibilities of those adjustments in Government Service, which are so difficult to define and understand. In war time, the nurses' work is all that I have stated, and in this war, there has been an additional adjustment. Other workers have entered the field of Government Service, from whom have not been required the same amount of preparation and self-sacrifice which the nurse has been required to give in her training; and yet these workers have received, apparently, greater monetary reward, consideration, and recognition than have come to the majority of nurses. I believe, however, that in the thrill of her professional work valiantly performed, and in the appreciation which has been given to her by those who understood her work and her true position, the baser reward of increased pay and greater physical comfort have seemed of minor importance to the nurse.

Before speaking definitely of the Navy Nurses' work in the hospitals at home and abroad, it may not be amiss to refer again to conditions which existed during the first year of the war. For two years prior to our actual entering into this conflict, warnings had been sounded and such tentative preparations as were possible, had been made by those who were wise to the significance of war signs. Many present, today, will remember the warning voiced by our great nurse leader, Jane Delano, whose clarity of prophetic vision was equalled only by the one who shared her apprehension, the present Superintendent of the Army Nurse Corps.

The pseudo preparations which had been made prior to April, 1917, were insufficient when an awakened Congress authorized the necessary increase in the Army and Navy, and the men of the United States rushed to answer their country's call. The work of the Navy Nurses during this first year of the war cannot be described as different from the work of the nurses in the Army and in civilian hospitals. Each group was required to meet unusual conditions and all nurses felt the strain of inadequate service. In the training camps and cantonments, recruits were
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stricken by thousands, many with minor diseases due to changes in mode of living and climatic conditions, but which developed into death reaping agents because of the lack of essentials, proper construction and sufficient care. Cantonments and hospitals were taxed to their utmost and the patients overflowed into tents and emergency constructions ill fitted to meet the weather conditions which were also unusual. I am quoting a short extract from the paper of a Navy Nurse, authentically representing conditions in a Training Camp, and this description may be accepted as typical of many camp conditions:

I was ordered from ——— Hospital to a camp where an emergency hospital of 200 beds had been built in 21 days, and was operating to its fullest extent in 40 days. This date found me domiciled in a heatless room, part of a tiny shack built from unweathered boards. The combination latrine and bath were shared by all who occupied the shack, sick officers, well officers, and nurses; therefore, each of us had a scheduled hour for bath purposes; mine was 6 a.m. and if I failed to make that time I took my chances. Our dining table was a ship's table, and a bedspread was preferred to the bare boards. Our mess consisted chiefly of fried foods; our dishes were earthen, so heavy and thick that the drinking of coffee was a difficult feat. Owing to the traffic congestions, the hospital equipment was delayed, and yet operative measures were necessary so we had to meet conditions as best we could. Supplies were sterilized in small oil burners and sterile water came from the galley. Nails heated white hot over oil burners were used for cauterizing; the patients made the sponges and the surgical pads, often working when we felt they were too weak and ill for even this exertion. Our operation work gave wonderful results and there was not one case of infection.

The cold was awful! I slept under the weight of six blankets, with four hot water bottles, and shivered. Nurses would arrive, were eagerly welcomed and assigned to duty; within a day or two they would sicken, but would declare they could "keep on;" they would cough apparently all night; would work all day, and would fall on their cots for another night of coughing. Sick men were brought in at all hours; heartbroken mothers and fathers were coming and going, many offering help as they saw our dire need, and by serving meals, giving water, and cheering the poor lads, they helped us through the day's work; the wives of officers left their home duties and came to our assistance, doing anything that was possible and responding to any request; the spirit of helpfulness and cooperation in the entire camp could not have been excelled.

The camp described above is now one of the best equipped and one of the most comfortable hospitals in the Government, and one cannot help voicing the regret that the preparedness, which
could have given the present care and comfort to those lads in the first months had not materialized when it was so urgently advocated.

No words of mine can adequately describe the valiant way the nurses met the conditions described whenever such conditions existed; and if the nurses' assignments took them to stations offering better conditions, it was their regret that they could not relieve their sorely tried sisters and share the comforts of the better equipped stations. From this depth of my knowledge of what the Navy Nurses have done in the United States, I believe they should be approached with humble hearts and with hands of appreciation stretched out to them.

The normal bed capacity of the Naval Hospitals in the United States was increased from 3000 to 16,000, and to meet those conditions, nurses were assigned to 31 hospitals, in numbers varying from 15 to 220 as contrasted with 5 to 50 in peace time. In addition, 7 dispensaries were in operation and required nurses to the number of 40 to care for those who were working in the Government factories and shops, where the necessity of continuing each day's work was most essential.

The sanitary work in the Island possessions for which the Navy is responsible could not be permitted to lapse and the stations in the Philippine Islands, Guam and Samoa had to be safeguarded with sufficient personnel of medical officers and nurses. To those who have followed the duties required of the Navy Nurses described at various times in the Nursing Journals, the work of the nurses assigned to these Island possessions is well known. The instruction given to the native women is a combination of home care of the sick, midwifry, welfare work among the natives; and also includes the instruction in the three R's. There can be no doubt that this work is developing, but the foundation is as yet so insecure that cessation of the efforts for even a limited period would result disastrously. A recent phase of this development is the transfer of Pepe, one of the first class of Samoan girls who entered training, to the Naval Hospital at Mare Island, for further instruction and training. We hope a widespread influence for good will result from this venture; Pepe is a loyal Samoan and is looking forward to the influence she will exert among her people when she returns to her beloved Island home. A similar plan of
work has advanced, during the period of war, in the Virgin Islands and the necessary reduction of members of the medical profession has placed greater responsibility upon the nurses. The good results following the nurse supervision of hospitals for lepers and insane in the Island, justified the recommendation that nurses should be given this assignment.

During the past year the work of the Navy Nurses in Haiti has resulted in a well established training school for native women, under capable direction. The enthusiastic nurses are planning for the future and are laboring to have the standards of the school so well maintained that an affiliation with a registered school in the United States may result. This dream of the future for the women of the Islands adjacent to the United States should receive sympathetic encouragement from the League of Nursing Education.

At the Training Schools for Hospital Corpsmen, the Navy Nurses are on the staff of instructors and the only limitation in these assignments is the lack of ability in many nurses to convey to others the knowledge they acquired during their training.

The Navy Nurses Overseas were assigned to duty with the five Base Hospitals which were organized by the Red Cross and when complete were turned over to the Navy. Regular Nurses were assigned to the Naval Hospitals in London, and Lorient, France; and with small detachments at Cardiff, Wales, and at various points in France. It would be interesting, if time permitted, to give reports in detail of the developments of fully equipped hospitals by these units and groups which were separated in their fields of operation, but which met similar conditions in reconstructing, cleaning, modifying, and equipping old buildings in order that these structures could function as hospitals in accordance with the American standards. Base Hospitals 1 and 5 applied American methods and established American cleanliness in various structures in Brest, France. These units were in juxtaposition, but Base Hospital No. 1 had the unique experience of being a Navy Hospital, assigned to the Marine Corps, and functioning with the Army on shore. The recently assigned civilian nurses of the unit found this service situation too puzzling to merit attention, and for the most part, the nurse pursued her professional career blissfully oblivious to the distinctions in the
service; though the Chief Nurse was obliged to struggle with the difficulties of "A Divided Command." The first patient was admitted to this hospital December 14, 1917, and the last patient was discharged December 31, 1918. The report of the work in the interim records 9035 cases treated, 812 cases of influenza, 757 major operations to which must be added 2368 operations at the American battle front performed by operating teams from this unit, of which the nurse personnel was an important part. The number of deaths reported during this year's service was 439.

Base Hospital No. 5 evolved from the Methodist Episcopal Hospital of Philadelphia, situated at Brest, was the chief hospital for the naval forces overseas. The records show that the 500 bed capacity was maintained during the entire period of the activities. This hospital is still in commission, and the final report of the number of cases is not recorded. A definite appreciation of the work of the nurses of this unit, however, has been forwarded. The commanding officer, referring to an individual nurse, stated that she uncomplainingly performed exacting duty with an operating team at the front for eighteen hours continuously and when relieved for rest, did not go off duty until she had personally visited the operative cases who were regarded as in a dangerous condition. The commanding officer further stated that her attitude was shared by the majority of nurses in the unit and he could not speak too highly of their untiring devotion to duty when the emergency existed.

Base Hospital No. 2, evolved from the Stanford University Hospital of San Francisco, California, was established for the personnel of the United States Navy, but the commingling of the American and British vessels of the fleet precluded consideration of the using of the Hospital for a specific service. The site of the hospital had to be chosen from the need of the forces operating in the North Sea, and the point selected was Strathpeffer, Scotland, which was midway between the U. S. Navy mining bases and was also in convenient rail communication for hospital trains. The organization was remarkably complete and this unit maintained distinct surgical and medical sections. With such an organization and personnel the U. S. Navy was prepared for any result, had the enemy "come out." While waiting for the challenge to be accepted, patients were received from: (a) vessels
operating in the North Sea, (b) from the two mine bases, (c) vessels engaged in mining operations, (d) from oversea carriers, (e) from casual cases from different points transferred by rail.

Four operating rooms were in constant commission and a full report of 946 major operative procedures during the months of commission is a tribute to the surgical force. In addition to these operations, the number of diseases and injuries treated for the United States Navy, the British Navy, and for the British Army gave a total of 74,465. There were also orthopedic and neurological cases, numbering 8,302.

The climate of Strathpeffer is harsh, the food was not American, and the surrounding country did not offer sources of entertainment dear to the average nurse; in addition, the nurses were placed in an environment for which they were unprepared by former service experience. Considering these facts, in connection with the uniformly good report of each nurse member of the unit, a tribute must be paid to the efforts of the director of the unit, to the tact and patience of the Chief Nurse, and to the loyalty and efficiency of the nurses.

Base Hospital No. 3, evolved from the California Hospital, Los Angeles, California, was assigned to the care and treatment of the sick of the United States Naval Service, the United States Army, and the Royal Army and Royal Navy. The hospital was established in the parish poor house of Leith, Scotland, and functioned from August 17, 1918, to January 15, 1919, with a daily average of 295 patients. The taking over of this parish house, the remodeling and equipment and the final result of an approved modern hospital, the delightful quarters for nurses and the happy home life, is a pleasant episode in the grim war history. The work was hard, the hours were long, but the nurses realized that all difficulties, excepting those of climate, were reduced to a minimum, and they demonstrated their appreciation with an exceptionally fine spirit of cooperation and efficiency. This unit had to endure the sorrow of losing by death one of the most popular nurse members, who succumbed to pneumonia following influenza, a short time after the hospital was placed in commission.

Base Hospital No. 4, evolved from Providence Hospital, Providence, R. I., was assigned to Queenstown, Ireland, and constructed its own hospital buildings of the emergency type;
it is reported to have been an exceptionally well equipped organization. Although functioning for a comparatively short time, the number of cases returned to duty cured, the general impression of the American efficiency which emanated from the unit, the regard in which its members were held by the entire countryside, are facts eminently satisfying to all the members of the unit, and to the Navy. I can not pass over the work of this unit without referring again to the exceptionally fine spirit which the nurses demonstrated during the passage overseas, when their professional services were requested by the captain of the ship and were given under conditions involving personal hardship and extreme discomfort.

The Navy Nurses assigned to the Navy Hospitals in London and L'Orient creditably performed all the work that was required of them, and the bed capacity of these small hospitals of 75 and 50, respectively, were maintained throughout the entire time they were commissioned, and individual reports of unselfishness, skill, and hardships uncomplainingly endured, have added to the efficiency of these groups.

The Navy Nurses’ work is also extended to the transport service and assignments to the U. S. S. George Washington, the Leviathan and the Imperator have resulted in a group of seagoing nurses who have added so materially to the efforts of the medical officers that a request was received for assignments to ten other transports. It was impossible to approve this request as the personnel necessary to meet the hospital conditions could not be reduced by that number. At time of writing, however, nurses are being ordered to the two transports which are used for the return of alien prisoners.

The work of the nurses during the war period has been supplemented by the able work of dietitians assigned to various hospitals, and although these important members of the hospital do not come definitely under the Navy at the present time, a tribute to their unselfish work is accorded by the medical officers and nurses of the hospitals.

In outlining the Navy Nurses’ work, I have tried to express the general appreciation of their services. There have been failures, not only in the accomplishment of work but in the conception of ideals. Those of us who have watched the graduate nurse during
these years of strenuous effort cannot fail to note that many are ill prepared to take their places as instructors and directors; and many more are reluctant to assume the responsibility required in this service. No greater dangers can come to a nurse than contentment with easy duty and the belief that the completion of her course of training is the final goal. It has been difficult in many cases, impossible in others—to make the nurses realize that when one is side-tracked from inclination by duty, the only wise action is to do that duty well. Some have learned and they developed under the strain of overcoming difficulties and surmounting obstacles but others have refused to learn the lesson and, by their failures, have brought reflection upon the nursing profession in a disproportionate ratio to their numbers.

I have not been asked to bring a message to this body of nurse educators, but I do not think it is foreign to my topic to urge that a more definite effort may be made in the training schools to inculcate the sense of responsibility in pupils and to develop in greater measure the executive qualifications which are required in all positions assigned to the graduate nurses.

The war work in the Navy required the ultimate sacrifice from 25 nurses and one dietitian. They met this last requirement bravely. It is not for us to judge the one who found the strain of living too great, and effected her own departure. In all other cases, the passing forward was marked by tender and unselfish thought for others. The nurses were buried with military honors, and in the beautiful solemnity of this service, much of the sting of loss is gone; one feels so keenly the joy of service in the supreme sacrifice.

I think of this group of Navy Nurses as surrounding in welcoming spirit the one whose name was written on their Red Cross papers—Jane Delano!—the nurse leader, possessing rare personal charm and mental gifts, yet with all so simple and kindly. The full measure of her greatness will come to us more definitely with the passing years; our sensibilities are still dulled by our great loss. She told a dear companion, before sailing on that last voyage, that she craved the love of the nurses who had served in this war. The human mind cannot realize what she has learned since she went forward, but I believe she knows that what she craved is hers. The nurses know that she was one who counted
no public duty so hard as idly glittering pleasure, and that she was uncontrolled by thoughts of gain:

She was our noblest flower; in nought removed from us
Save in loftier wisdom, courage, power; the ampler vision,
The serener will, and the fixed mind
To no mean dallyings prone.

Miss Clayton: In the deepest sense we appreciate these reports that have come to us from the Army and Navy Nurse Corps. We feel that we know a great deal about the Red Cross nursing service. We know very little in comparison to that which Miss Noyes, acting Director of the Red Cross nursing service, has to bring to us tonight. Miss Noyes.

Miss Noyes: I am afraid you will have a surfeit of war nursing before the evening is over, and I really hesitate to present so long a paper, but I will try not to take too long about it.

THE RED CROSS NURSING SERVICE AT HOME AND ABROAD

BY CLARA D. NOYES

Acting Director, Department of Nursing, American Red Cross, Washington, D. C.

During the past two years the American Nurses' Association and the Red Cross Nursing Service have been called upon to meet the greatest demand for nurses ever known. That the nursing profession could meet this demand shows the great value of organization and training, and points the way to future development of the service.

The nurses of America have rallied to the service of their country with a sincere patriotism which has met not only willingly, but gladly and silently, the hardships of war service. They have served even in casualty clearing stations, sleeping, when they could catch an hour between the drives, in dugouts and in the roughest accommodations, yet always meeting the privations of war with a spirit and an uncomplaining good humor equal to that of the Allied soldier himself. The fact, however, that the nurses of America could be mobilized so quickly and so silently is rooted deep in the history of nursing.
In 1908 it was felt necessary that the Red Cross, which in the minds of almost everyone means nursing in time of emergency, should organize an adequate reserve to serve in time of national catastrophe. Red Cross nurses were first enrolled under the auspices of the chapters. This, however, was soon found unsatisfactory. Miss Boardman, at that time a member of the Executive Committee, felt that a satisfactory nursing service of the Red Cross could be developed only through the cooperation of the National Organizations of Nursing. She approached various nurses, among them being Miss M. Adelaide Nutting, then chairman of a small Red Cross Committee under the Society of Superintendents of Training Schools existing from 1903. Miss Nutting in 1908, as president of the Federation of Nurses, appointed a committee with Mrs. Isabel Hampton Robb as chairman, who in cooperation with a very active committee outlined a comprehensive plan of organization. This was later submitted to the Red Cross and while they did not accept this in its entirety they decided to ask the American Nurses Association in 1909 to affiliate with them and appoint a National Committee on Red Cross Nursing Service with a chairman for the purpose of organizing a nursing service.

Shortly after this, regulations were issued by the Secretary of War, making the Red Cross Nursing Service the reserve of the Army Nurse Corps and a proclamation was issued by the President of the United States in 1911, authorizing the Red Cross as the only relief agency permitted to render aid to the land and naval forces of the Government in time of war. The first chairman of the National Committee on Red Cross Nursing Service was Miss Jane A. Delano, who was at that time Superintendent of the Army Nurse Corps and thoroughly familiar with military procedure, and the first steps of organization were taken which were to prove of such great national value later.

When war seemed imminent with Mexico in 1916, the work in the office at National Headquarters had increased so greatly that it was felt desirable to establish a Bureau of Nursing Service, to function under Military Relief. This was done in September 1916 and it was the privilege of the speaker to be its Director. The responsibility of the bureau was the assumption of all work in connection not only with the enrollment, but with the organ-
ization of units of nurses for service, the assignment of nurses to
duty and all work in connection with the courses of instruction
of the Red Cross, in home hygiene, home dietetics, surgical dress-
ings and hospital garments. The work occasioned by the war
increased so greatly that it was decided in December 1917, by the
War Council to create a Department of Nursing with various
bureaus under it. This was done and Miss Delano was appointed
the Director. The Bureau of Nursing Service continued to
operate as the Bureau of Field Nursing Service, with the speaker
as Director, through which the preparation of nurses for duty,
their selection, assignment and equipment was conducted for
all forms of service.

| Nurses assigned to the Army through this Bureau | 17,931 |
| Base Hospitals | 48 |
| Hospitals Units | 21 |
| E. Detachments | 115 |
| T. S. U | 242 |
| Nurses assigned to the Navy | 1,058 |
| Navy Base Hospitals | 7 |
| Navy Station Units | 19 |
| Navy Detachments | 50 |
| Nurses assigned to U. S. P. H. Service | 284 |
| Nurses assigned to Red Cross overseas | 604 |
| Making a total of | 19,877 |

In other words approximately 20,000 nurses were actually sup-
plied by the Red Cross. When the armistice was signed the papers
of 600 nurses were in the War Department ready for assignment and
several thousand more had given their date of availability between
that time and the first of January 1919. We must not overlook
the fact that in addition to the number supplied by the Red
Cross about 3000 nurses had entered the Army Nurse Corps
direct and 500 were in the regular Navy Nurse Corps. It will
thus be seen that the total number of nurses in service at the time
the armistice was signed, as nearly as it is possible to estimate,
was about 25,000.

The Army had asked for the phenomenal number of 25,000
nurses by January 1, 1919, and 50,000 nurses, graduates and
pupils, by the first of June of the same year. Great anxiety
had been felt on the part of those who were working close to the
scene, as to the possibility of meeting this demand, and at the same time meet the civilian needs of our Allies and of our own country. You will hear later the report of the Army School of Nursing and the history of its organization and this would, we believe, have been the solution of the problem. Great enrollment campaigns were conducted for student nurses, not only for the Army School but for the civilian hospitals, in order that the number of nurses should be increased as rapidly as possible. Figures speak for themselves. The response by the nurses to the call of the colors is a conclusive refutation of any criticism that they failed to meet their war obligations. It is easy to speak of 20,000 nurses, but impossible for anyone to picture the tremendous amount of work in connection with the enrollment and assignment of these to service. The organization at Red Cross Headquarters had to be developed with the utmost regard for complete cooperation. The United States was divided into 13 districts. In these, Red Cross Headquarters were established with the departments corresponding to those at National Headquarters. Division Directors of Nursing were appointed and through their offices the Local and State Committee of Red Cross Nursing functioned. This decentralization of the Red Cross resulted in greater efficiency in every department of Red Cross work. Instead of enrollments and correspondence reaching National Headquarters from the State and Local Committee not to mention the thousands of Chapters, the Division offices acted as a clearing house and only those questions referred to National Headquarters which they were unable to answer. Every effort was made to standardize procedure and reduce the process of enrollment of nurses to the simplest terms. As a war measure some of the requirements for eligibility were temporarily laid aside. In spite of this decentralization the amount of detailed work brought upon the officials at National Headquarters in the Department of Nursing was enormous. The personnel to take care of this, increased from 10 or 12 to well over 100, while the Nursing Survey later developed, required a clerical staff of 240.

In order to prepare a nurse for duty with the military establishment it was frequently necessary to send many communications both by letter and telegram back and forth before the nurse became sufficiently stable to refer her papers to the War Depart-
ment. This was necessary lest some accident occur whereby the transportation which was issued from Washington might go to an address at which the nurse could not be found. To prepare a nurse for service directly under the Red Cross was even more difficult, as the precautions adopted by the State and War Departments before a passport could be issued were extremely complicated. Investigations through the Military Intelligence Department for loyalty were required for everyone, and it frequently took weeks and even months to secure the passport of a nurse for overseas duty with the civilian population in those countries that were turning to the Red Cross for help. I mention thus briefly some of the purely routine procedure that held the individuals in charge of the various bureaus under the Department of Nursing at their desks from early morning until late at night, holidays and Sundays, from the time diplomatic relations with Germany were broken until sometime after the signing of the armistice.

In order to supply the number of graduate nurses that were required, in spite of the splendid efforts made by our committees and also by representatives from Red Cross Headquarters who went about the country speaking, hoping to stimulate interest, the enrollment did not increase in proportion to our expectation. Therefore an extensive enrollment drive began June 3, 1918, lasting until June 17. This was conducted under the auspices of the Red Cross Division offices, chapters and branches. The effect of this drive was first seen early in July, 1918, and it continued throughout the summer until enrollments reached 100 a day. After the drive it became evident that the withdrawal of nurses from the community could not be carried beyond a certain point without seriously interfering with the community welfare. In August 1918, at the request of the Secretary of War, the Department of Nursing undertook a Nation-Wide Survey of Nursing Resources. The plan for conducting this survey was outlined with the greatest care by experts, instructions were sent to the Red Cross Division Managers and the work was started, the War Council appropriating a sufficient sum of money to cover the cost. It had been hoped by the Department of Nursing that through the Survey statistics concerning all types of individuals who were engaged in the care of the sick would be available. Shortly after the Survey was started the epidemic appeared,
which interfered very seriously with the work. The signing of
the armistice also proved more or less destructive, as the nurses
felt that it was not worth while filling out a questionnaire when
the war appeared to be over. Many nurses declined to make out
the questionnaires and some hospitals refused to allow their
graduate staff and pupils to do so. While a good deal of valuable
information has been secured by this Survey it has been a matter
of keen disappointment to the Red Cross that it has not been
able to secure statistics that would prove the basis of a very
complete and careful study of nursing resources.

During the early days of the war it became evident that the
area surrounding the cantonments should be covered by a prop-erly
developed Public Health Nursing Service. The United
States Public Health Service appealed to the Red Cross, which
provided the funds to finance this work. The nurse played a
conspicuous part in this plan. These were provided through the
Department of Nursing and equipped with suitable uniforms for
work. It will be interesting to note that the total number of
284 nurses were provided for the United States Public Health
Service including about 200 for the zones.

During the winter of 1918-19 the Red Cross assumed the
expense of a nurse to make a tour of inspection through the
United States Public Health Service Hospitals. As the result of
this study the United States Public Health Service created its
own Department of Nursing, selecting Miss Lucy Minnigerode,
who had made the Survey, as its first Superintendent. Many of
the cantonment hospitals are now being transferred to the United
States Public Health Service for the care of War Risk beneficia-
ries and others and the Red Cross is still supplying nurses in con-
siderable numbers to these institutions.

The Department of Nursing has sent nurses to almost every
part of Europe since war was declared, Palestine, Italy, Russia,
Siberia, Greece, all the Balkan States, Roumania, England and
France. There is almost no type of work which the nurses
assigned to these Commissions in these countries have not been
called upon to perform. They have cared for the soldiers in
military hospitals and have distributed supplies to the remote
villages in the mountains of Greece and Macedonia; in France,
working with the children of that country under the Children's
Bureau; in Italy, first under Miss Shaw and later Miss Gardner, doing extensive public health nursing. A very splendid piece of work has been established at Bordeaux, where visiting nursing under an experienced nurse from America has utilized the pupils from Dr. Anna Hamilton’s school for a few months service. This plan is in accordance with the present movement in America, whereby public health experience and instruction during the pupil’s training is now becoming the rule rather than the exception.

A unit of nearly 200 nurses has been sent to Siberia. A line of hospitals, stretching from Vladivostok to a point west of Omsk, a distance of approximately 6000 miles, is being organized. These are located mainly on the trans-Siberian railroad. In one of these hospitals a training school for native girls is being developed. The Superintendent of Nurses states:

We have found these untrained students more satisfactory help than the nurses (meaning Russian nurses in this case) who have had more or less experience at the front. At the end of five months we plan to start a new class. We do not aim at first at as complete a training—such as given in a regular hospital in the States—but we do aim to give the students a full ground-work in the theory and practice of nursing. We have found the Russian girls intelligent and as loyal as loyalty itself, once their confidence is gained. They are willing to do the hard and menial work of nursing, but they seem to lack the physical strength for it. We have found it better to conserve the nursing forces by using a larger number of graduate nurses than is common and also more orderlies and wardservants. The question of language is a hard one, but with good interpreters at hand it does not shut us out, especially as the students are eager to learn English and soon pick it up.

It has been the object of the Red Cross, in all foreign countries, to develop nursing resources from the material at hand, thus hoping should it become necessary to withdraw the units from these countries, that we shall leave behind us a permanent structure which may “carry on.”

The Department of Nursing developed early in 1917 a Division of Nurses’ Equipment in New York City through which all Army, Navy and Red Cross nurses for overseas received suitable equipment. The amount allowed by the Red Cross was not to exceed $200 for each nurse. The number of nurses equipped was approximately 12,000 for overseas duty, while all nurses in the cantonments were given capes. The entire cost of this equip-
ment alone amounted to over $2,000,000 and yet the Red Cross felt that it was money well spent as nursing personnel going into distant countries far from the base of supplies and with uncertain climatic conditions should be sent properly clothed.

The most conspicuous single piece of emergency work that has ever been done by the Red Cross was that made necessary by the terrible epidemic of influenza, which spread over this country beginning on the 14th of September, 1918, and lasting even to the present time, when within the last few days 12 graduate nurses were sent from San Francisco to Alaska to help control the ravages of this disease. Coming, as it did, to a country already more or less depleted of its nurses and weary from war pressure, it placed an unparalleled burden not only upon the Red Cross but the entire civilian population. The Red Cross quickly organized its forces, placed its resources at the disposition of the United States Public Health Service, appropriated one-half million dollars and set to work. During the period from the 14th of September until the latter part of November, from reports received—and it is felt that many assigned were not reported—15,000 individuals, nurses, student nurses, practical nurses and others were assigned to duty under the auspices of the Nursing Service of the Red Cross. In the Central Division alone 1000 graduate nurses and pupils were assigned to the military hospitals. The work required of the Nursing Service was at this time stupendous. The shipbuilding and other essential war industries, the coal mines, the isolated mountain districts, private homes, civilian and military hospitals and student training camps were begging the Red Cross for nurses. The death total was enormous, over 400,000 in the United States. What it might have been without an organized Nursing Service would be impossible to state. It proved at once the importance of better education of the women of this country in the principles of home hygiene, elementary nursing and good feeding. Thousands of letters of appreciation of the service that was performed during the epidemic by our Red Cross Nurses have been received. Quoting from one, I think, sums up all the others.

The world's greatest agency in promoting democracy, the one institution of all others that prompts true service to humanity, and acts as the great leveler in America's cosmopolitan melting pot, is the American Red Cross.
THE RED CROSS NURSING SERVICE 143

Turning quickly from this statement of war service and that rendered during the influenza epidemic to the greater war which follows as an aftermath of any war, we see the Red Cross organizing on a basis committed to work for better health conditions, not only here in the United States, but through the League of Red Cross Societies with its Headquarters at Geneva, Switzerland, and a clause written into the League of Nations which binds the two in close cooperation. It is a relief to turn from a military to a peace program, for the one is destructive and the other is constructive. It is interesting to note, in the Congressional Charter of the American Red Cross, the following provision:

In addition to its function to furnish aid for the sick and wounded armies, to carry on a system of national and international relief in time of peace, and to apply the same in mitigating the sufferings caused by disaster and disease, that it is also authorized to devise and carry on measures for preventing the same.

The American Red Cross with its 3000 Chapters, its membership of 20,000,000 adults, its junior membership of 8,000,000 children, its organized Nursing Service of more than 35,000 graduate nurses, is prepared to develop and push forward the doctrine of good health and public welfare and should help to accomplish in a short time that which might otherwise take many years. While it does not intend or seek to supplant or to compete with Public Health Nursing agencies already well established, it does stand ready to help these under certain circumstances and also to develop Public Health work in regions where no agencies exist. The individual is apt to think of the Red Cross as a whole and not as an organization made up of departments. One should remember that “home service” is not a part of the nursing service but functions under civilian relief; and while it is of inestimable value to the health program of the Red Cross it has no direction over its development, Public Health Nursing being developed under the Department of Nursing. An essential part of the Public Health Nursing work is the better education of the people in the principles of home hygiene and simple elementary nursing procedures. The course in home dietetics, which is being revised and adapted to the present requirements, is greatly needed in the field not yet covered by other agencies, such as the Department of Agriculture, through its home demonstrators, or the University Extension Courses.
As the nurses were being demobilized from service it became evident that a central office should be established to which they might turn for advice or to which the institutions and associations which had so generously relinquished nursing personnel for military purposes might apply for assistance. The Red Cross decided to open such a Bureau of Information at 44 East 23rd Street, New York City, and invited the three National organizations of nursing to cooperate with it and place their representatives in the office. This Bureau has already demonstrated its great value as the report which will be given later will show. In order that means should be available for nurses who wished to prepare for public health nursing or as instructors, or for various reasons needed assistance, considerable sums of money, approximately $130,000 has been appropriated by the Red Cross for scholarships and loans.

It is not possible in an address of this length to give concrete illustrations of individual service. I wish that it were, as thousands of instances of heroism and courage and devotion on the part of nurses and groups of nurses are readily accessible. Over one hundred nurses have been decorated for conspicuous service or valor and unquestionably many more will be recognized in the near future. The first distinguished service cross awarded to any woman was given to a Red Cross nurse in the service of the Army Nurse Corps “for extraordinary heroism against an armed foe.”

Of the courage and devotion of the nurses who went into service, there is no difference of opinion, but a report of this nature would not be complete without a word of appreciation for the great army that stayed at home and “kept the home fires burning.” In the civilian hospitals, training schools and dispensaries, public health organizations, offices (Government and A. R. C.) and in Red Cross Committees they worked under conditions discouraging and often overwhelmingly difficult. We hear little of the heroism of this group, but it was nevertheless great. Harder, many times, than that of the nurse who stepped forth uniformed and ready for military duty. There were no thrills, no excitement, no interesting experience, it was mostly dull routine, but it had to be done and it was.

While 25,000 blue stars are burning with particular brilliancy upon the service flag of the American Nurses Association, 261
Red Cross nurse stars have changed from blue to gold. Many of them gave up their lives in France, others upon the sea, many in this country in our cantonments, and their names are imperishably inscribed upon the honor rolls of our country. Shining more brightly than any of the others is the star of Miss Jane A. Delano, who died in line of duty at Base Hospital No. 69, Savenay, France, on April 15, 1919. It would be impossible to close this address without paying a tribute to the splendid service of Miss Delano to her country. It was largely due to her foresight, her perseverance and patience that the Red Cross Nursing Service was ready to meet this obligation. Memorial services have been held in her honor in all parts of the United States and the history of her life and the record of her achievement has been brought to the attention of nurses quite generally. Working with her at National Headquarters for over two years, it was my privilege to see something of her devotion to the cause which she served. She was intensely patriotic and many times when we reached the end of a weary day's work and the pressure seemed almost more than human power could stand I have heard her say, when asked if she were tired, "Well, I suppose it is no harder for us to die at our desks than for the boys to die in the trenches" and while we are saddened by the thought of her death in that far-away bare little room in Savenay, France, there was an appropriateness about it and a sublimity that enshrouded it, that made it a fitting end for one who had spent so many years in the service. While she and the others will not return, to quote Henry Van Dyke—"To our beautiful big country beyond the ocean bars, where the air is full of sunlight and the flag is full of stars," those who are returning have a greater responsibility laid upon them, for they must "carry on" for those who did not come back. They must be prepared to make sacrifices, to live through further pioneering, while we fight the "Greater War."

At this point "The Battle Hymn of the Republic" was sung by Mr. Minnema.

Miss Clayton: The contribution of the Army School of Nursing will be presented to us by the Dean of the Army School, Miss Annie W. Goodrich.
It will be recalled by some of the members present that at our convention in Cleveland in May of last year, the plan of the Army School of Nursing was presented. It is probably known to all that the recommendation of Surgeon General Gorgas that the school be established was approved by the Secretary of War on May 25th, following which the machinery was immediately put in motion for an early enrollment and assignment of students and for the obtaining of the necessary equipment for the military hospitals where these students were to be prepared.

As reports of the school have been issued at various times in the American Journal of Nursing and elsewhere, your time should not be taken up with the details of its development. Suffice it to say that the belief that the young women of the country would respond to the call if it reached them was well justified, for in the barely five months between the authorization of the establishment of the school and the signing of the armistice, 10,689 applications were filed, 5267 accepted, 3185 declined, 2219 were under consideration, 1099 students were on duty in 25 hospitals, while in the hands of the Commanding Officers were the names of 567 ready for immediate assignment.

It is obvious that a student body of 1800 played but a small part in the war and was an insignificant figure in the nursing personnel of approximately 22,000. Had the war continued and the promise of 5000 students on duty January 1, 1919, and 15,000 by July 1, 1919, been fulfilled, from the standpoint of service rendered to the sick the story would have been a different one. This we believe would have been encompassed. The enrollment of the 22,000 graduate nurses extended, it will be remembered, over a period of about seventeen months. The candidates applying for admission to the school in the brief period of five months (10,689), therefore, equalled one-half of the enrollment of nurses during seventeen months, and the accepted candidates one-fourth. This is an important item to note when estimating the value of
the school as a supplement to the graduate nurse staff from the standpoint of its numerical strength, for not only was the supply of young women by no means exhausted, but, had it not been possible to have obtained a sufficient response from young women meeting the educational requirement, it would have been possible by reducing this requirement to even two years of high school to have greatly increased the enrollment from the 3185 rejected applicants, as these rejections related mainly to their educational qualifications.

We believe that we are fully justified in claiming that the experiment has demonstrated without peradventure the desirability of a school of nursing as a part of the nursing service of the Army, and for a variety of reasons.

Since war is the purpose of the military establishment, the advantages of any scheme as a war measure should be first considered. It is hardly necessary to call attention to the exceedingly desirable reserve corps the graduates of such a school would form and from which could be selected the executives so greatly needed and in such increased numbers in war times. Not all the graduates would remain in the service. It is probable that not even all the graduates demonstrating executive ability could be assigned to military posts in times of peace, but all would be conversant with military methods, while a post-graduate course in administrative work is quite possible of development. An executive experience that includes both civilian and military hospitals would be of peculiar value in times of war.

If the school proceeds according to the present plan, the preliminary course will not be given at all posts where students are placed, as was necessitated when establishing the school so long after we were in a state of war with the need of the increased nursing service which it was to supply already upon us. The preliminary course for all the students may be given at Walter Reed—or, at the most, at Walter Reed and Letterman. Had it been possible through one or two well equipped posts to give a three months' intensive course, many of the difficulties and all of the breakdowns that occurred would have been averted.

The great asset will be, of course, the well established and tried out machinery through which an almost unlimited expansion of nursing service can be assured.
In addition to these most important contributions (a reserve nursing corps conversant with the military system and the well established machinery of a school), are several scarcely less important ones. The aftermath of war, as well as war itself, will always mean a greatly increased need of nurses. As an efficiency measure the school is, therefore, of much value through its prevention of waste of effort and experience on the part of those women intending, or through the interest aroused deciding, to make nursing their profession. Even those who are impelled by purely patriotic reasons and who do not intend to continue in the field will be the gainers through this method, and their services, not less than the services of those who desire professional preparation, will rapidly increase in value.

The extension to the largest possible number of the very unusual experience in the nursing field that inevitably offers in the military hospitals in time of war, would in itself justify this method of increasing the nursing strength. Not only will the graduate nurses have had an opportunity of refreshing and bringing up to date their surgical technic, but a most valuable store of unique experiences must have been added to their sum total of nursing knowledge; while many hundreds of nurses to-be will have shared in this. A treatment that extends through the healing of a wound to the restoration of function, and even to adaptation to a new means of livelihood, and that concerns itself with the mental readjustment not less than with the physical cure, has not been a feature of case treatment in many, if any, civilian hospitals. These students will, it seems to me, inevitably think in these terms, and through this fact bring to their nursing a much broader vision and wider usefulness.

Another part played by the school was the maintaining of the morale. An English officer dealing with the hospital situation says: "... but a great war must always be, to the armies in the field, a series of periods of pressure and of resting; and the difficulty to be overcome is in meeting the medical needs of the former when required." We believe that to meet the needs of the "periods of resting" is not less important or less difficult than adjusting to the periods of pressure. Activities stimulated to the highest degree, suddenly with nothing to expend themselves upon, are a dangerous proposition for both men and women.
CONTRIBUTION OF THE ARMY SCHOOL OF NURSING

Work, physical or mental, is the only safeguard. It is my understanding that in no hospital where a training school unit was established were all the classes omitted for more than three weeks during the epidemic. The necessity of the students returning to their books and the instructors and supervisors to their instruction as soon as the pressure of the emergency begins to lighten, is one of the most important factors in re-establishing and maintaining a normal situation, and preventing the loss of balance which is likely to follow upon such an emergency. This service alone would fully justify a school.

But we believe the great outstanding contribution of the Army School of Nursing is the emphasis it placed on trained service, and in this it did not stand alone but took its place with almost every other profession or occupation. Whatever the deviations on the outside have been, I think I may correctly assert that inside the Army there was a steady and unceasing effort to obtain trained workers. The experts in every field were summoned, together with psychologists, that efficiency tests might be applied, while the cooperation of the educational experts was sought where the number of trained workers in any given field threatened to become inadequate.

Hardly less important has been the almost dramatic demonstration of the value of the steady and unceasing effort for the upbuilding of the educational standards of our profession. To attempt to present in detail all this has meant in the brief time allotted to this paper would be out of the question, so extensive and varied has the contribution been.

It is obvious that in order to evolve and put into effective motion any plan whereby the increasing and almost overpowering demand for a nursing personnel could be met, immediate, rapid and careful analysis of as much of the situation as possible was required,—a study that called for experts not only in the hospital field, but who had had the experience which comes from a training in inspection. Through the development of State inspection of schools of nursing it was possible to call almost immediately for this purpose women who had had extensive experience along these lines.

A bureau of general information relating to the school demanded a director of long and wide training school and hospital experience
to assure the wise handling of sometimes difficult and delicate problems. That many hundreds of interviews and thousands of letters brought no criticisms from seekers for information and applicants is evidence of the ability of the assistant who rendered this service.

To make a high educational qualification for admission to the school and to give credit for advanced work involves a good deal more than would appear from the brief sentences which announce the facts. To do this in the face of the great emergency, to which thousands were likely to respond—qualified and unqualified—was an almost stupendous undertaking. It could only be done by establishing at once a division under the direction of a woman with university training, conversant with the educational systems of the country, and conversant with the problems of nursing. Such a person was found; assisting her were not only several experienced members of the profession, but young college women, through whom a division of the work was enabled, and the heavy task of reading, carrying out the correspondence for, and evaluating the credentials of 600 applications a week, with the further requirement that 300 at least should be accepted in order that they could be passed over to the assignment committee, was accomplished.

I presume that all accept now the importance of the preliminary course. That does not alter the fact that there are still comparatively few of the civilian training schools in the United States that provide it, which means that there are comparatively few graduate nurses in the United States that are familiar with what is implied by the term.

Furthermore, not hundreds, but thousands of our most highly trained women were overseas. Yet, through the timely issuance of the Standard Curriculum, not a moment had to be lost in explaining or preparing the outline for the course. The most advanced and comprehensive work which has yet been put out in nursing was in a few weeks placed in the hands of the directors of the training school units.

We were wont to say that to find a director with experience in the training school field, and as instructor versed through work in the Teachers College with the modern methods of teaching, and to place in their hands the Standard Curriculum and a group
of students, was to insure the success of the experiment in any
given military hospital. It is interesting indeed to trace the part
played—directly or indirectly—in the creation and development
of the Army School of Nursing by the Department of Nursing
and Health of the Teachers College. Beginning with the public-
ity campaign, to which was unquestionably due the number of
students that entered both the civilian and the Army schools,
through the whole gamut of experiences, we can easily trace the
lines of connection: the plan of organization; the central school;
the affiliations; the various subjects which should be included in
the preliminary course; the modern methods of the teaching of
nursing technic; the teaching equipment; the standardization of
ward equipment; the training school records; the improvization
of teaching departments; the testing of new methods, as expressed
through faculty conferences, student government, the eight-hour
day, and the like,—each and every line important in itself and
worthy of an entire paper. And all projected, not in one or two
years and not through well regulated hospitals of years of devel-
opment, but in a time of war, in less than six months, falling into
place almost like a mosaic in one thousand or more bed hospitals
established in a country where a year before (outside of hospitals
for the insane) there were not fifteen 1000-bed hospitals to be
found! This, we repeat, could never have been brought about
except for the splendid foundation, (of which the Department of
Nursing and Health of the Teachers College was the pre-eminent
structure) laid by the leaders of our profession and steadily and
persistently worked out during the comparatively few years of
the existence of schools of nursing in this country.

The place that a school of nursing has in the military hospitals
in times of peace is a matter for careful consideration. It is very
justly asserted that from the standpoint of clinical material, even
a comparatively large army will furnish but a limited experience.
We are dealing with a picked set of men at the most healthy
period of life. The cases of serious illness are not many, while
the period of convalescence in the military hospital is usually
longer than would be permitted in a civilian hospital—obviously
not a desirable service from the standpoint of a student, though
requiring a nursing personnel. This is quite true, and were this
the whole story it would mean the establishment of a school for
the sake of having the machinery ready in time of war, which would not be justifiable. But we believe there are advantages which more than offset the limitations which have been cited. Furthermore, we believe that the service will be adequate for a large school. Under the best conditions, a population of 100,000 represents a fair proportion of sickness. It is possible that the army for some years to come may number 500,000. In times of peace it is my understanding that it is the custom to extend the service of the military hospitals to the wives and children of both commissioned and enlisted men. This must bring a considerable increase. Beyond that, the very definite plans for extending the function of the Army Medical School gives promise of an active service in at least one or two centers. If supplied for the Medical School this service will be equally available for a school of nursing.

An interesting summary of the advantages and disadvantages of the military hospital as compared with the civilian hospital was presented at a conference of the directors of the Army School, and while it relates to the service in time of war, certain of the advantages are the more interesting for the fact, indicating that even in a time of war two important factors of a good teaching field in nursing were presented and would therefore be found in time of peace:

a. Superior teaching facilities for preliminary course; best given where students' services are not urgently needed.

b. The ability to correlate theory and practice because of a large graduate body. This is exceedingly valuable.

In the report of inspection of the military hospitals which led to the recommendation of establishment of the school, we tried to present the contrast between a civilian hospital maintaining a school of nursing of a high standard and a military hospital that was providing its nursing care through a graduate staff and the hospital corpsmen. We said:

In the civil hospitals the bedside care of the patient is given by a carefully selected group of women students, under the constant supervision of highly qualified instructors and supervisors. Their instruction proceeds in orderly stages from the simpler to the more difficult and important procedures. Every effort is made to stimulate in the student an interest in the patient, in the varying phases of the disease, in the result of the treatment, in the improving of her own technic, and in increasing her
powers of observation and her body of knowledge, all of which brings to
the patient the most intelligent and complete nursing care.

In the base hospitals, the nurses, except in rare instance, too few to
give the bedside care demanded of the student nurses, must relegate the
tasks, without time to instruct them, to the continually changing hospital
corpsmen, who at best do not approach the task with any desire to excel
in the field. The patient struggles to help himself or to help others in
order to relieve both the nurse and hospital corpsman.

While in times of peace the graduate nurse staff would probably be adequate and the hospital corpsmen a more stable group, nevertheless it has been found that this type of service is not as satisfactory as the service rendered by students. The intro-
duction of the student body provides a continual stream of life
into a pool otherwise bound to become stagnant. It places the
nursing procedures for the sick in the hands of those who desire
to become competent in that special field. It gives the graduate
nurse who has already during her pupil days made her contri-
bution to the performance of the routine nursing procedures of
the ward service an interesting, indeed inspiring, field to develop,
namely, the extraction from the ward service of the fullest possible
return for the student preparing for admission to the nursing
profession.

The framework of the Army School of Nursing as established
still obtains, and we believe will not be altered. The Advisory
Council, the personnel of which, it will be recalled, is exceedingly
representative, includes as ex-officio members the presidents of
our three nursing organizations, the superintendents of the Army
and Navy Nurse Corps, the chairman of the Division of Nursing
of the Red Cross, and the dean of the School, together with represen-
tatives from the Medical Corps and the Medical Reserve
Corps. Two meetings have been called. At the last a resolution
recommending the favorable consideration by the Surgeon Gen-
eral of the permanency of the school was adopted.

At this time Colonel Welch called attention to the possibility
of developing the school on a broader and more scientific basis
than was usually possible, through the release of the students
from the absolute dependence of the hospital on their services
which still almost universally exists in the civil schools.
The faculty, owing to the war situation, has been a very chang-
ing one. Under more stable conditions it is expected that an
important and representative body will be appointed at the chief
posts. Three meetings of the nurse members of the faculty of
the school have, nevertheless, already been held. At the first,
on July 2, 1918, fourteen chief nurses and directors to-be of
training school units were present, for at that time no students
had been assigned, the information relating to the school having
only been issued on June 2.

At the second conference, held January 14 and 15, 1919,
thirty-two chief nurses and instructors reported, representing
thirty-one hospitals where 1546 students were on duty.

We have been given the privilege of calling our third conference
at this time, and in Chicago, in order that we may have the benefit
of the discussions of the League.

The last statistical report shows that we have 628 students on
duty in the hospitals and under the supervision of the directors
and instructors.

One hundred and twenty-eight students have already begun
their course in the affiliating hospitals. There are altogether 756
students on duty in the civil and military hospitals.

The number withdrawn from the military hospitals is 1116,
showing that altogether there have been 1872 on duty at dif-
ferent times.

The civilian hospitals which the students have already entered
for their affiliating courses are: Bellevue Hospital and St. Lukes’
Hospital, New York; The Columbia Hospital for Women and
The Children’s Hospital, Washington; The Johns Hopkins Hos-
pital and The Hospital for Women of Maryland, Baltimore;
The Chicago Lying-In Hospital and The Children’s Memorial
Hospital, Chicago; The Rockford Hospital, Rockford, Illinois;
The Barnes Hospital, St. Louis, Missouri, and the University
Hospitals, Minneapolis.

Twenty-eight students will begin their course at the Boston
Floating Hospital on June 24. The other affiliations are with
The Brooklyn Hospital, the Post-Graduate Hospital, The Nursery
and Child’s Hospital, New York Hospital, Lying-In Hospital, all
of New York City; The Providence Hospital, Washington; The
Philadelphia General Hospital, The West Philadelphia Hospital
for Women, The Visiting Nurse Society of Philadelphia, The
CONTRIBUTION OF THE ARMY SCHOOL OF NURSING

Presbyterian Hospital and the Children’s Hospital, Philadelphia; The Boston Lying-In Hospital, The Newton Hospital, Newton, Mass.; The Illinois Training School and Cook County Hospital; The Cincinnati General Hospital and the Children’s Hospital of San Francisco.

In the first report of inspections, in which the recommendation of the establishment of the school was presented, we stated as follows:

The awakened interest in nursing through the war and the desire to render such care which is aroused in the minds of young women of education should not be lost, but should be directed into channels, through which they can render the widest and most enduring service. While the military hospitals could not provide a complete professional preparation for nurses, much valuable experience would be obtained and the remainder could be easily provided through civil hospitals. These hospitals offer no problems from the standpoint of maintaining a school that are not constantly met in civil hospitals. They offer certain advantages that will enable the bringing into existence of the most model schools of nursing that have ever been known. At this time the appeal of this service to the young women of the country would be great.

The war has ceased. The appeal of nursing to young women may no longer be so great, but a year’s experience with the school leads us to look forward to its continuation with not less firm conviction that here may be founded, the most model school in the history of nursing. The very picture it presents today, I think I may justly say, gives this promise. A definite place is being given the school in the great scheme of the Surgeon General for the Army Medical School, back of which, it has been said, the whole medical profession is standing.

We cannot close without an expression of appreciation of the constant support that has been given the school, both individually and through organizations, by our profession. Again and again when the project was being launched (days and hours always so full of difficulties) reference was made with tangible results to the full indorsement of the school by the nursing organizations of the country. Back of us stood at all times the Committee on Nursing, with Miss Nutting as chairman, and back of this committee, the illustrious personnel of the General Medical Board of the Council of National Defense, with Dr. Franklin Martin as chairman.
The debt of our profession to Colonel Winford H. Smith (of the Hospital Division of the Surgeon General’s Office, under whose jurisdiction the school fell), for his steady upholding of our standards and many hours of service at a time of unprecedented pressure in his own field, will, I fear, never really be comprehended and can never be repaid; nor will ever be appreciated the difficulties, discouragements and anxieties of the directors and instructors in the various military hospitals, upon whom fell the heaviest burden of the development of the school and a number of whom left their civil posts and gave up their much needed rest to render this service.

Of the work of those in our office in Washington, with whose names you are familiar, I have already spoken.

While it is true that a nursing personnel of 1800 was an almost insignificant figure in comparison with the large numbers of graduate nurses, nevertheless, that the little band of students rendered service, and that they played a noble part in the influenza epidemic we have abundant evidence.

The untiring interest of those commanding them, their genuine regret when they have failed to measure up, and their sorrow when they have fallen in the ranks, indicates very clearly the place these students have made for themselves. Twenty-two laid down their lives in the line of duty,—a heavier toll exacted in these few months of life of the school than in years many times their number in other schools.

Miss Clayton: Our service as nurses during the war or our report of service during the war would not be complete if we did not hear a report of work done by nurses in civil hospitals. This subject will be presented to us by Miss Elsie M. Lawler, of Johns Hopkins Hospital, Baltimore. Miss Lawler.
HOW THE CIVIL HOSPITALS AND NURSING SCHOOLS MET THE WAR SITUATION

By ELSIE M. LAWLER

Superintendent of Nurses and Principal of the School of Nursing, Johns Hopkins Hospital, Baltimore, Maryland

To attempt to tell the whole story of how the Civil Hospitals and Nursing Schools met the war situation would be a task far beyond the ability of one person, for every hospital and school had its own particular trials, and I venture to say that each one felt that its problem was the greatest. Also we are perhaps still too near our recent experiences to be in a position to give an entirely unbiased account. However, there were some difficulties common to all, and these were met in much the same way throughout the country.

The situation that the hospitals and schools had to meet was the result of:

1. The withdrawal of so many doctors and nurses for war service, which was responsible for a much depleted and constantly changing staff.

2. The shortage of help—orderlies went to war and maids to munition factories, and any that escaped these calls left, attracted by the much larger wages paid by industrial concerns than could possibly be paid by hospitals, and,

3. The constant re-adjustments made necessary due to the difficulty in obtaining supplies of all kinds with which we had been familiar. Substitutes had to be used which meant oftentimes changes in methods.

How did the schools of the country meet the situation? I use the word schools advisedly, for with the lessened number of graduate nurses in our hospitals it was necessary to look to our pupils for assistance. In no hospital, I feel safe in saying, was the head nurse staff not depleted one-half, and in some hospitals much more. The graduates on duty were constantly changing, for as they were able they went on active duty with the Red Cross. If we could obtain the statistics it would be interesting to know if the percentage of institutional workers who enrolled for active service was not as large, if not larger, than that of any other department of nursing.
We had the same diminution in numbers and frequent changes among the doctors, and with newer doctors and fewer of them, new head nurses or none at all, the burden of responsibility fell heavily on the senior pupils, and also on the executive staff, for pupils cannot be expected to meet the difficulties as experienced graduates would and need assistance and supervision if the work is to go on satisfactorily.

It became apparent that if pupils were to take the places of head nurses, to take over in operating rooms and wards some of the duties formerly allotted to the doctors, that the number must be increased. With some schools this was a question of providing additional living accommodations but with others it was a question of obtaining the pupils, for some schools had a shortage of applicants and had not been able to fill up their classes.

The work done by the Committee on Nursing of the Council of National Defense, the Committee organizing the Vassar Training Camp for Nurses and the State Leagues of Nursing Education in arousing interest in the schools and presenting the advantages of the nursing profession to the young women of the country, has been of incalculable benefit, not only in meeting this war emergency but for all time.

The hospitals all over the country prepared to enlarge their schools. The necessary changes were made in Nurses Homes and in many instances houses were rented to accommodate this larger number of students.

Many schools arranged to shorten the period of training for women who had a college degree and the necessary changes were made in the curriculum to allow time for the work done in college, and still provide training in all the departments possible. In some schools arrangements were made to admit non-resident pupils, in this way solving in part the question of housing accommodations.

Unfortunately, in spite of all the interest aroused, not all schools were able to admit as many students as they desired or could accommodate. Nevertheless the "war work" done by the instructors and supervisors in our schools in handling additional teaching work caused by all these rearrangements and adjustments to meet the situation and with larger groups of students is something to be commended.
The problem of carrying on the ward teaching in a large, busy hospital is a difficult one at any time, but during the war it became very often almost an impossibility.

With orderlies and maids so hard to obtain that it was a question to get even the most necessary tasks done, the nurses were called on for many duties that had not been required of them previously. They had to accustom themselves to working with new materials, when those formerly used could not be obtained. They were required to assist in the rigid economy that it was necessary to practice everywhere. For instance, to remember that gauze cost three times as much as it had before the war and was hard to get; that food supplies must be handled most carefully, not only because of cost, but because it was needed in France; that we must consider the observation of wheatless and meatless days, and endeavor to arrange a diet so that the sugar ration might not be exceeded, or that the laundry staff was missing and one day's supply of linen must be made to do for two.

I know of one large, busy hospital where, when the situation in the laundry became acute, the pupils were called together and the difficulty put before them, and they were asked to cooperate to the fullest extent. As a result suggestions were made as to where paper doilies and paper towels might be used, draw sheets removed from beds of convalescent patients, fewer towels used in operating rooms and so on. As a result of this united effort the number of pieces in the laundry for one week was reduced from 69000 to 64000, a saving of 5000 pieces.

I firmly believe that nowhere in the country was there a more honest endeavor to carry out the instructions of the government concerning conservation of all supplies than in our hospitals.

With all these difficulties to be met, it can be readily understood that in some instances standards had to be lowered, cherished routines neglected and oftentimes work accepted that would not have been previously because we could not exact the impossible from our students.

The saving grace of the whole situation, it seems to me, was the wonderful spirit of cooperation that existed. Because of the impossibility of planning ahead and the necessity of meeting each day as it came, the graduate staff were brought into more intimate relations with the pupils than ever before, and the pupils
accordingly realized clearly their responsibility to the school and were inspired to do their best not only in the ward but in the classroom also.

But it was during the period of the epidemic last autumn that the schools met their greatest trials and sorrows. Wards were crowded with desperately ill patients, every department of the hospitals handicapped because of the daily decrease of workers due to illness, and the nurses developing the disease every day. No hospital in the country could have met the difficulties without the assistance that came to them from every side. Nurses who had given up nursing work because of marriage or some other responsibility, came back and took their places in the hospital wards. Women from every walk of life, nurses' aides, teachers, medical students, all came and offered their services and were given an opportunity to help. Women unaccustomed to hard work did whatever was necessary, assisted in the laundry, in the kitchen, washed dishes, swept, in short cared not what the task might be so long as they could help so that the sick might be cared for. In one large hospital, one of these volunteer workers was placed in charge of an information bureau to interview those who came offering assistance, and to conduct them to the department needing their help. In another, where it was impossible to obtain a sufficient number of orderlies, women were used to perform many of the tasks usually assigned to the orderly.

In one hospital connected with a medical school, when the classes were of necessity discontinued, the students offered their services. The men went into the wards and served as orderlies and assistants to the nurses, carrying trays and helping in whatever way they could, and bringing up the food supplies from the kitchen, when the man usually assigned to that task was missing. The women went into the surgical supply room and diet kitchen, many washing dishes for hours at a time and continuing as long as they were needed.

Day after day through it all the nurses did their best steadily and quietly, meeting the long hours and hard work with a forgetfulness of self and accepting the loss of associates and classmates with a wonderful courage, and students just entering upon their probation, who had been placed immediately in the wards, took their places beside the nurses.
I think we are apt to consider the wonderful work of our pioneer nurses, and feel that we in this commercial age are not developing in the profession, women of the same capabilities, of the same devotion to an ideal and with the same nursing spirit. If we have ever felt this our experiences these last two years and particularly during the epidemic will renew our faith and give us courage to go on. At no time have nurses displayed a higher ideal of service, and as we think with pride of the work our nurses did during the war and honor reverently those who made the supreme sacrifice while on duty with the Red Cross, let us not forget that the nurses and pupils in our hospitals at home did their part as surely as if they had been in France. At no time in the history of nursing have as many of our sisterhood been taken from us as this year. Every alumnae association in the country is mourning the loss of members and from every school, young students, just starting out so full of life and enthusiasm, have been taken. Schools that in a period of twenty years have lost two students, during the epidemic lost seven. These nurses surely gave their lives for their country and helped to win the war.

After all the question of how the schools met the difficulties is only part of the story, for while we had apparently to lower standards in some instances, yet already we see the reaction. Hospitals are recognizing the work done by the nurses and will, I believe, take a more constructive interest in the education of the nurse, and already we see an active interest in the question of shorter hours. May we not believe that our common difficulties and sorrows will draw us more closely together, that we have been roused as never before to the realization of our responsibilities and privileges and that great good will come to the nursing profession as a result of the manner in which we endeavored to meet the war situation.

Miss Clayton: Mrs. Helen Hoy Greeley, Counsel to secure rank for army nurses, was to have been with us tonight. She cannot be here but will be with us tomorrow night.

We had looked forward with a great deal of pleasure and interest in having Miss Nutting with us to tell us how we have met the duties of the war, and to sum up many of the things that have
been said tonight. Miss Nutting at the last moment has sent us word that she cannot come. We regret this very greatly, as most of us feel that Miss Nutting has been a great inspiration throughout these years, has helped us to meet the conditions when otherwise we would not have known how to meet them. Fortunately we have the President of the American Nurses Association with us, who will speak concerning some of the things that have been presented to us tonight. Miss Noyes.

HOW WE HAVE MET THE TEST OF THE WAR

By CLARA D. NOYES

President, American Nurses Association

I feel that I owe you an apology, first for appearing the second time on the same program the same evening, and second, for attempting to take the place of our distinguished confrere, Miss Nutting. I, therefore, approach this audience with deep humility. Miss Nutting was going to speak to you on how we met this war. It seems to me the papers which have been read by representatives from the Army School of Nursing, from the Army Nurse Corps, from the Navy Nurse Corps, from the American Red Cross, and from the Civil Hospitals, have shown us in no uncertain terms that we did meet the test of the war and we met it gloriously, we met it with colors flying.

It would probably, it seems to me, be repetition, to review our record of accomplishments. It is a glorious one, not equalled by any other country, I venture to say, in the world, not even approached. When you think of the administration of a staff of 25,000, approximately that number, 22,000, I think, in the Army Nurse Corps alone, and the Superintendent of the Army Nurse Corps, think what a stupendous piece of administration that must have been. Those of us who have supervised a hospital with several hundred have thought that it was a great task; and yet the Superintendent of the Army Nurse Corps was called upon to direct this great army. The navy, with its 1500, was a considerable administrative detail.

Then you have heard the report of the Red Cross. There is
HAVE WE MET THE TEST OF WAR

no need to say more except to congratulate ourselves upon the fact that a reserve of graduate nurses was ready when war was declared, something which no other country (except Japan) had. In all other countries the Red Cross nursing personnel, as you know, is composed of amateurs. Is this not sufficient cause to be grateful? Our army, our navy, had the best we could give them.

And then came the Army School, with Miss Goodrich as Dean, a statesmanlike approach to the solution of the question of supply. Again we have cause for gratitude that our profession is graced by women who, convinced of the righteousness of the cause, are ready to fight against seemingly impregnable fortresses of difficulties, who broke down all the barbed wire entanglements of military tradition and planted pupil nurses in military hospitals.

Then we turn to our civil hospitals and our schools, our public health organizations and other activities where nurses were at work; and while they suffered from the almost constant barrage of military withdrawal and need, they are still standing, not only are their walls intact, although a few breaks are evident, but their foundations are still strong. We cannot be too grateful for our preparedness and we cannot be too thankful for the soundness of our position today. We builded almost better than we knew.

While we review our past with just pride we cannot be content to live upon it. We find ourselves after two years of war in a stronger position than we were at the beginning. During the war the nurse was the most needed woman. At the conclusion of the war she is still the most needed. We have learned some lessons. Those who are coming out of the military service are seeing with new eyes, they are hearing with new ears. They have a new and broader vision. Like our men, they want something bigger than they did before. As one nurse said to me, "I cannot ever again be satisfied to sit down day after day as I have in the past with one patient, in a majority of instances not needing a nurse at all. No, I must have something different from that." She will find it, I am sure, for in the greater war which is to be fought for a stronger nation there will be work for her and many others like her.

Those who are interested in nurse education have also a greater
responsibility laid upon them. In order to meet the changed conditions brought about by the war many changes will be necessary—modifications, of course, of instruction to meet the need in the public health field; the preparation of a less highly trained group, not for the seriously ill but as nurse assistants and for chronic cases; and the education of the public to a sense of responsibility towards schools of nursing. When a school for nursing exists with conditions in that school so bad that it is impossible for a pupil to remain, then it becomes a matter for public concern. Education must be continued and, oh, the energy that it will require on the part of this body.

Then we have a definite responsibility towards the education of all women and young girls in hygiene and simple nursing procedures. Every woman should be educated to a sense of her responsibility as a health agent in her own home. We have a great task before us as we have had in the past. We have met the test of war gloriously. Are we prepared to meet the test of the greater war? Yes. I for one am optimistic enough to believe that we shall. We cannot do it alone, however; we must endeavor to secure the support of the public. We cannot permit fear of any group, professional or nonprofessional, to influence us. We have really nothing to fear after all, for as one eminent individual said, "The world cannot get along without you." In all humility, however, we must continue to meet our tasks.

Miss Clayton: We will close the meeting by singing "The Star Spangled Banner."

After singing the meeting adjourned.

Thursday Morning Session, June 25, 1919

The meeting was called to order by Clara D. Noyes, the president of the American Nurses Association.

Miss Noyes: We will come to order and take up the program of the morning War and Post-war Activities Relating to Nursing. The first topic is Impressions and Conclusions Based on Experience Abroad by Overseas Nurses. There are several, as you know, who are to speak on these topics, all of whom were chief nurses at base hospitals organized by the American Red Cross. The first speaker, Miss Parsons, needs no introduction to a League audience.
IMPRESSIONS AND CONCLUSIONS BASED ON EXPERIENCE ABROAD BY OVERSEAS NURSES

By SARAH E. PARSONS

Chief Nurse, Base Hospital, No. 6, A. E. F.

My observations represent twenty months' service overseas as a Red Cross reserve nurse. I had had no previous regular army training, so that I am speaking from my own base hospital experience only when I tell you what my observations and conclusions are, and I am speaking simply from my own experience and not from what I have heard.

In our hospital, which was Base No. 6, near Bordeaux, a long way from the front, I had an opportunity to observe hundreds of nurses and we had 25,000 patients pass through our base up to the time the armistice was signed. While we were organized to take care ultimately of 2500 patients, the day the armistice was signed we had 4319. At that time we had 97 nurses able to be on duty, but all half sick, and we had been having patients right from the front all through that spring and summer drive, when everything was so tense, both here and abroad—men with tourniquets on arm or leg and with the trench dirt and other things that you have heard about. So although we had felt quite badly about being placed so far from the front, in what we feared would be an unimportant base, after all we had our full share of duty.

We had nurses from the north and south and the east and west, from large schools and small schools, and I want to say that I believe the general excellence, the high type of woman, of professional ability, and the spirit of social service that almost all of them showed was largely due to the Red Cross enrollment standards which have made schools for the past few years work so hard to come up to the all-round training that would turn out fairly equipped nurses.

Now as to the education of the nurse who is going to serve the army in time of war, I would say that the nurse needs as complete an education as she can possibly have. I cannot imagine any condition when more can possibly be demanded of the nurse than is demanded in these hospitals. We had all kinds of contagion, I think, in our hospital except whooping-cough, and perhaps with
all the coughing that was going on we may have overlooked the whooping variety. We had everything else I can think of, even a maternity case. One morning about four o'clock a very unexpected case was brought to us, our consul's wife. When the night nurse came in and informed me just what had happened I was glad that the nurses were not just surgically trained nurses, that they were able to care for even a maternity case.

You would have been proud of the nurses that were sent over there, I am sure, if you could have seen their work. You would be proud of the relation they established with the patients, the sisterly and the motherly spirit, and what the patients' response to the nurses meant to the men. If the mothers of the men could know I think they would bless the nurses who went over there to care for their boys. The boys almost always called the nurse either sister or mother. It didn't matter how young or pretty the nurse might be, she was mother to the boys, many of them perhaps older than herself.

Now as to the status of the nurse over there, unquestionably she was a friend of the boys and she was a helper in every sense of the word. The medical officers said they did not know what in the world they should have done without the nurses. They themselves were so overworked during our busy months that they had to leave a great deal to the nurse that ordinarily they would have attended to themselves, and the consensus of opinion was that the nurse oversea was very much like the house officer or interne in our home hospitals, and they rose to the responsibility. The way they learned to stretch out over a large field and make themselves felt was perfectly surprising.

Fortunately, we had a chance to grow up to the demand and eventually we found that three nurses to the ward of fifty patients could really get excellent results, even with the untrained orderlies. The convalescent patients were perfectly wonderful about helping the nurses out and many of them were very intelligent and willing and they were of inestimable value. This of course with the army routine, where the patients did all the housework, and kitchen police, etc., which is very different from civil hospital conditions.

The position of Chief Nurse I felt was the least important of any. The nurses who had the direct care of the patients got the
brunt of everything. They are the ones who should have rank, if anybody, rather than the officers. And the Chief Nurse, as far as I was concerned, was merely a kind of buffer to act between the other authorities and the nurses. I was somebody the nurses could go to and I could run errands for them, although I was not really able to do anything for them. I had no authority, and I can scarcely think of anything that I recommended that was carried out. Nevertheless, the nurses seemed to think I served a certain purpose and I am glad I went.

I will say that if there is anything I did that was of any value I think it was trying to direct the social life of the nurses. That, I do think, needs some one old enough and unafraid enough to fight the battles of the rear and the battles of social life valiantly. With the number of people coming and going and the numbers of officers who wanted to be entertained and who were inclined to treat the base hospital as a kind of Coney Island dance hall or something of that sort, it needed somebody to help the nurses keep things sufficiently conventional so that we could maintain our self-respect and so that we could have a good time in a family sort of way rather than in an indiscriminate fashion.

Now as to living conditions, I must say of course, they were very casual at times. We had very fine barracks built for us, with shower baths, but one inspector after another came and went through and seemed to think they were too luxurious and too roomy. I know Colonel Washburn, who was our first commanding officer, thought he planned them so there was no question of two cots being put in them, but after various inspectors had visited us and we had other commanding officers our barracks were taken away and given back, and taken away and given back, until it really got to be funny. We finally had to bother in the eight barracks that were intended for us, with two cots in a room. Then we had a chateau for nurses, and Colonel Washburn and I thought that the chateau would perhaps quite comfortably care for forty-six nurses, yet ultimately it was decided that seventy-six nurses could be perfectly well taken care of in the chateau.

No soldier or nurse made any complaint over any unavoidable hardship or discomfort, but we used to get quite wrathy—and I haven’t got quite entirely over it—because of the unnecessary discomforts. It irritated us very much to be bunched up as we
were weeks and even months before there was any necessity for it. The army has not become accustomed, apparently, to taking care of women. They are as yet a more or less negligible quantity, as, if time permitted, we could demonstrate to your entire satisfaction.

I am going to be very frank in saying what I think, as long as I have been asked to. It may relieve my mind, so I will be a better Christian when I get through. But I do not want it to be in a destructive sense or a fault-finding sense, because it has been too great a privilege to have even a small opportunity of serving at this time to subside into a hopeless grouch. The organization seemed, to anybody who had worked in a civil hospital for twenty-five years with more or less freedom, though, never any too much, to be regular serfdom.

As to our relations with the orderlies, I may say that we taught a great many of them, and a very good class of men volunteered for that service. They put intelligence and goodwill into the work, and so long as we were allowed to have them in the wards they did excellent work, but we could not keep them. They were always promoted to the record room or to the ambulance department after they had demonstrated their efficiency with us. It got to be a camouflage later, when we found a pretty good orderly not to let on that he was a good orderly. Finally we degenerated into having high grade unfortunates that had been given us because they could not possibly serve in any other capacity, until the nurses said, "I don't care, Miss Parsons, whether I have an orderly or not, if the commanding officer will let us have some intelligent patients and not send them out on fatigue duty too often."

I want to tell you a story about orderlies. We had one who was in charge of a gassed man and he was a pretty decent sort. He wanted to do his work right. When my assistant was visiting the ward he said, "I wish you would take that fellow's pulse there." She took it and he said, "What did you get it?" She said, "It is 36." "Well," he said, "that is what I made it too." "But," she said, "you have recorded 50 on this chart." "I know it," he replied, "but it seemed to me too darned fishy that he should have 36 when the rest of them guys had 65 or 70."
Then as to the instructions, which we gave, I was often much amused. In the grand rush of our work, one nurse had under her charge from fifty to seventy patients, usually seventy; perhaps she had orderlies and perhaps she didn’t, and probably they didn’t understand their work if she had any. One came to the ward, one very busy morning, and she asked him to give baths to some of the new patients who had come in. He said, “I don’t know how to bathe them. Nobody showed me how.” “Well,” she says, “you know how to wash yourself, don’t you?” So on that basis he started in to wash patients.

You have heard, perhaps, that the nurses had their letters censored, not just the military censorship that all the people were subject to, but some officer at our base had to censor our letters. I want to protest against that censorship. We do not mind the military censorship, but every nurse there, was I think, at least twenty-five years old and many of us were nearer a hundred, and it incensed us to think that we could not interpret the censorship rules as intelligently as a young second lieutenant, and it was usually the youngest and the least responsible officers who were detailed to look after the nurses’ mail. Naturally, we could not write about anything interesting, because all those things were proscribed. It left us to fall back on social life and personal things if we were going to write. And while we would not mind a stranger censoring our letters we did object to having people who knew us read those personal things, and especially when they discussed the letters, as they did frequently. It seemed so unnecessary.

My conclusions are that under the military organization the work was hindered by the divided authority. Even that order that was gotten out giving the nurse responsibility of the wards did not help as far as her authority over the orderlies went. It was not worth the paper it was written on. If you complained about an orderly he might be shifted to another ward, that was all, and if he personally liked the nurse he might get along, but if he preferred to drive an ambulance or do something else he would simply make himself so useless he would eventually be changed to the service he preferred, and it did not work at all.

We were hampered in our work by lack of equipment. There was no emergency fund provided by the army regulations. We had some sort of a lamp that was given to us by the army and